

A brief note on mental health and chronic disease.

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Introduction

Mental health and chronic disease are two facets of healthcare that, although distinct, are intricately interconnected. The relationship between mental well-being and chronic conditions is bidirectional, with each influencing the other in a complex interplay. This article delves into the symbiotic connection between mental health and chronic diseases, exploring the impact of mental well-being on the course of chronic illnesses and vice versa. Living with a chronic illness presents a myriad of challenges that extend beyond the physical realm. Individuals grappling with conditions such as diabetes, cardiovascular diseases, or autoimmune disorders often face increased stress, anxiety, and depression. The relentless management of symptoms, medication adherence, and the uncertainty of the future contribute to the mental health burden [1,2].

Chronic diseases can significantly alter an individual's lifestyle, relationships, and overall sense of normalcy. The psychosocial impact of managing a chronic condition can lead to feelings of isolation, frustration, and a diminished quality of life. Patients may grapple with societal stigmas associated with their conditions, impacting their self-esteem and identity. Conditions that are visible or have a perceived link to lifestyle choices can be particularly challenging in terms of societal judgment [3,4].

Chronic pain, a common aspect of many chronic diseases, not only affects physical well-being but also takes a toll on mental health. The constant struggle with pain can lead to heightened stress, anxiety, and depression. Conversely, mental health plays a pivotal role in the onset, progression, and management of chronic diseases. The intricate connection between the mind and body is evident in the following aspects: Mental health influences behaviors that can either contribute to or mitigate the risk of chronic diseases. Factors such as diet, physical activity, and substance use are often intertwined with one's mental state. Individuals with mental health challenges may face barriers to adhering to prescribed treatments for chronic conditions. Medication adherence, lifestyle modifications, and regular medical appointments can be compromised in the presence of mental health issues. Mental health conditions, especially chronic stress and depression, can trigger inflammation and impact the immune response. This, in turn, may exacerbate the progression of certain chronic diseases [5,6].

The biopsychosocial model recognizes the intricate interplay of biological, psychological, and social factors in health and

illness. Understanding this model is crucial in addressing the holistic needs of individuals managing both mental health and chronic diseases. Recognizing and addressing the interconnection between mental health and chronic disease is essential for providing comprehensive and effective healthcare. Several strategies can be implemented to integrate mental health support into chronic disease management. Routine screening for mental health conditions within the context of chronic disease management allows healthcare providers to identify and address issues early. Screening tools and assessments can be integrated into regular healthcare check-ups. Adopting collaborative care models that involve a multidisciplinary team can ensure that both mental health and chronic disease management are addressed comprehensively. This approach facilitates communication among healthcare professionals, fostering a more holistic understanding of the patient's needs [7,8].

Educating patients about the bidirectional relationship between mental health and chronic diseases empowers them to actively participate in their care. This includes providing resources for mental health support and promoting self-management skills. Incorporating behavioral interventions, such as cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction, into chronic disease management can enhance mental well-being. These interventions address both the psychological aspects of coping with a chronic condition and the behavioral factors influencing disease progression. Establishing support groups and peer networks for individuals managing chronic diseases provides a sense of community and reduces isolation. Peer support can play a crucial role in addressing the psychosocial impact of chronic illnesses [9,10].

Conclusion

The intersection of mental health and chronic disease necessitates a paradigm shift in healthcare, moving towards a more integrated and holistic approach. Acknowledging the bidirectional relationship between these two facets is crucial for developing effective strategies that address the comprehensive needs of individuals. By adopting collaborative care models, incorporating mental health screenings, and promoting patient education, healthcare providers can contribute to improved outcomes for those managing both mental health challenges and chronic diseases. Ultimately, a holistic understanding of health—one that encompasses both the mind and body—is key to advancing the well-being of individuals navigating the complex terrain of chronic illness and mental health.

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References

1. Egede LE, Bishu KG, Walker RJ, et al. Impact of diagnosed depression on healthcare costs in adults with and without diabetes: United States, 2004-2011. *J Affect Disord.* 2016;195:119-26.
2. Hendrie HC, Lindgren D, Hay DP, et al. Comorbidity profile and healthcare utilization in elderly patients with serious mental illnesses. *Am J Geriatr Psychiatry.* 2013;21(12):1267-76.
3. Su CH, Chiu HC, Hsieh HM, et al. Healthcare utilization and expenditures for persons with diabetes comorbid with mental illnesses. *Psychiatr Q.* 2016;87:545-57.
4. Gao S, Manns BJ, Culleton BF, et al. Access to health care among status Aboriginal people with chronic kidney disease. *Cmaj.* 2008;179(10):1007-12.
5. Tonelli M, Wiebe N, Fortin M, et al. Methods for identifying 30 chronic conditions: application to administrative data. *BMC Med Inform Decis Mak.* 2016;15:1-1.
6. Manns L, Scott-Douglas N, Tonelli M, et al. A population-based analysis of quality indicators in CKD. *Clin J Am Soc Nephrol.* 2017;12(5):727.
7. Thompson S, James M, Wiebe N, et al. Cause of death in patients with reduced kidney function. *J Am Soc Nephrol.* 2015;26(10):2504.
8. McBrien KA, Manns BJ, Chui B, et al. Health care costs in people with diabetes and their association with glycemic control and kidney function. *Diabetes Care.* 2013;36(5):1172-80.
9. Klarenbach S, Tonelli M, Pauly R, et al. Economic evaluation of frequent home nocturnal hemodialysis based on a randomized controlled trial. *J Am Soc Nephrol.* 2014;25(3):587.
10. Tavallai SA, Ebrahimnia M, Shamspour N, et al. Effect of depression on health care utilization in patients with end-stage renal disease treated with hemodialysis. *Eur J Intern Med.* 2009;20(4):411-4.