

Coping With Chronic Disease

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Abstract

As medical science evolves, so do diseases. While we have succeeded in conquering many acute illnesses, such as smallpox and polio, the prevalence of chronic diseases is increasing. This is reflected in the list of leading causes of death published by WHO (1). The main causes of mortality include coronary heart disease, stroke, and other cerebrovascular disease, which together account for 20.9% of all deaths. These and other chronic diseases account for the majority of deaths in middle and high-income countries (1).

The approach to management of chronic illness differs from that of acute illness. Both physicians and patients have to adopt, and accept, that chronic disease is to be managed, treated and 'lived with' for a long period of time.

Diabetes mellitus, hypertension, coronary artery disease, hypothyroidism arthritis, depression and dementia all need long term management, and usually cannot be "cured" in a finite time.

One has to learn how to handle life with these diseases, or cope with them. This leads to stress, not only for the patient, but also for her or his family members and care givers. These people may or may not be trained or capable of coping with their illness.

Effective management of chronic disease calls for development of coping skills, not only in patients, but also in their family members and care givers, as well as doctors and other health care professionals. To cope is defined as "to face and deal with responsibilities, problems, or difficulties, especially successfully or in a calm or adequate manner" by Dictionary.com (2). In the context of chronic disease, coping means dealing with the disease successfully, and managing it calmly.

Coping mechanisms are the methods used to cope with stress, including illness. The dictionary defines coping

mechanism as "an adaptation to environmental stress that is based as conscious or unconscious choice and that enhances control over behavior or gives psychological comfort" (2).

Coping mechanisms are different from defense mechanisms, which are "unconscious processes, such as denial or projection, that protect an individual from unacceptable or painful ideas or impulses" (2), such as the diagnosis of diabetes or cancer.

The synonyms of coping, including battling, comfortably dealing, enduring, facing, living with, struggling, suffering, weathering, wrestling and surviving, speak of the wide spectrum of emotions endured by patient with chronic disease.

Effective, functional or positive coping is essential for optimal management of disease, including appropriate behavior related to health care professionals, investigations and treatment. At the same time, negative or dysfunctional coping on part of the patient prevents her or him from achieving good concordance with the health care provider, adequate disease control and optimal quality of life. For example, a patient of diabetes who keeps on thinking that the world has come to an end, or who remains preoccupied with her or his disease the whole day, will have more chances of developing hypertension or coronary artery disease, will be less likely to accept insulin from his doctor, and will end with avoidable complications. It becomes important, therefore, for patients of chronic disease to be taught positive coping skills. This aspect of chronic disease management is known as coping skills training (CST), and is best done the family practitioners.

The family practitioners enjoys a long standing, robust bonding with the patient and her or his family, is aware of their personalities, likes and dislikes, and thought patterns. The family physician also knows the social, economic and cultural backgrounds of her or his patients, and can choose

appropriate, apt analogies, explanations and methods of behavioral change for them.

CST involves diagnosing the patients or caregiver's present coping strategies, helping them understand and de-learn negative coping mechanisms, and their encouraging them to utilize and integrate positive coping skills into their day – life.

Family physicians should be able to recognize negative mechanisms such as rumination (excessive thinking about the disease), catastrophizing (assuming undue negative impact to the disease), self –blame (blaming oneself for the illness), and other –blame (blaming others for one's condition) (3).

Doctors should be able to help their patients de-learn these skills, and substitute them with positive skills, and substitute them with positive skills, such as positive reappraisal (reassessing the disease in a positive light), putting in perspective (making a rational assessment of the impact of illness), positive refocusing (shifting one's thoughts to pleasant matters) and focusing on planning (using one's energy to plan for the future, and make the best of the situation) (3).

These coping skills will not only help patients of chronic disease, but also the family practitioner, as she or he often falls prey to the excessive stress associated with clinical work, and develops compassion fatigue or burnout (4).

Coping skills training should also be made an essential part

of medical curricula and continuing medical education programmes for family practitioners and physicians who deal with chronic disease. A simple mnemonic (AEIOU), used at Bharti Hospital, Karnal, India, reminds doctors and other caregivers to Assess and Analyze the patient's coping skills, Explain and Eliminate negative mechanisms, Integrate and Internalize positive strategies, Observe for Ongoing changes, and help in Utilization and Up gradation of coping skills. This mnemonic can be used to simplify CST for medical students as well as practicing physicians.

The curriculum should also include the differences in coping styles seen between different age groups and genders (5, 6).

Upgrading one's own coping skills will go a long way in enhancing the quality of care, and improving the therapeutic outcome, of patients with chronic disease.

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