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Ohio Cardiovascular and Diabetes Health Collaborative

Mental Health and Chronic Conditions:

Treating the Whole Patient to Improve Self-Care

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Mental health and chronic conditions are frequently co-occurring. However, simultaneously addressing these conditions can be complex and challenging.

Of the many mental health conditions, anxiety and depressive disorders are most common. The most effective treatment for anxiety and depression is often the combination of medication, counseling (such as cognitive behavioral therapy), and physical activity. Helping patients who have recurrent depression and anxiety create a long-term plan with these supports may be needed to sustain long-term cardiometabolic health and mental well-being.

The purpose of this document is to discuss the intersection between mental health and chronic conditions, specifically cardiometabolic disease. This document also discusses culture, stigma, and other barriers to receiving care for mental health conditions. Finally, evidence-based tools and interventions are reviewed to assist primary care providers in helping patients understand and address their conditions.

Importance of Identifying and Treating Mental Health Conditions in Patients With Cardiometabolic Disease

Psychological distress and mental illness are associated with increased risk of cardiovascular death, with rates of mental health disorders higher in patients with diabetes. Combined, cardiovascular disease (CVD) and mental illness are among the leading causes of morbidity and mortality worldwide.[1] Many mental health disorders and chronic diseases, specifically CVD and diabetes, have bidirectional relationships with shared biological, behavioral, psychological, and genetic mechanisms.[1-7] Mental health conditions impair self-management and likelihood of following a treatment plan, which can worsen cardiometabolic outcomes.[1]

For minority populations, a lower frequency of these conditions is often reported. The lower rates are thought to be due to sociocultural factors, including stigma associated with mental illness, making these conditions less likely to be diagnosed or treated in patients who identify as part of a racial or ethnic minority. Having both cardiometabolic conditions and comorbid mental health condition(s) worsens clinical outcomes for both types of conditions.[7,8]

- Individuals with common mental health conditions, such as major depressive disorder, have a 55% increased risk of developing CVD.[1]
- Individuals with anxiety and posttraumatic stress disorder (PTSD) have a 27% increased risk of developing CVD.[1]
- Individuals with PTSD have a two-fold increased risk of developing diabetes.[2-6]
- Individuals with diabetes, compared to those without diabetes, are two to three times more likely to have depression and are 20% more likely to have anxiety.[7]

Common Signs and Symptoms of Mental Health Disorders

Certain patterns of physical and behavioral symptoms can alert a provider that a patient may be struggling with a mental health condition. Unfortunately, the stigma and cultural norms about these conditions may lead patients to hide or feel ashamed of their symptoms and distress.

Figure 1. Signs and Symptoms of Anxiety and Depression

Physical

Anxiety or emotionality can exacerbate and cause physical symptoms to persist[9-12]

Somatization (in general)

- Any atypical complaint
- Symptoms out of proportion to pathology
- Limited ability to reassure
- Past acute event

Chronic Somatic Medical Conditions

- Irritable bowel syndrome
- Obesity[13-23]
- Asthma exacerbations

Unexplained Somatic Symptoms

- Pelvic pain syndrome
- Chronic pain
- Cardiac symptoms including sinus tachycardia and recurrent chest pain, if other causes have been ruled out
- Dizziness
- Headache
- Insomnia
- Fatigue
- Dyspepsia

Behavioral

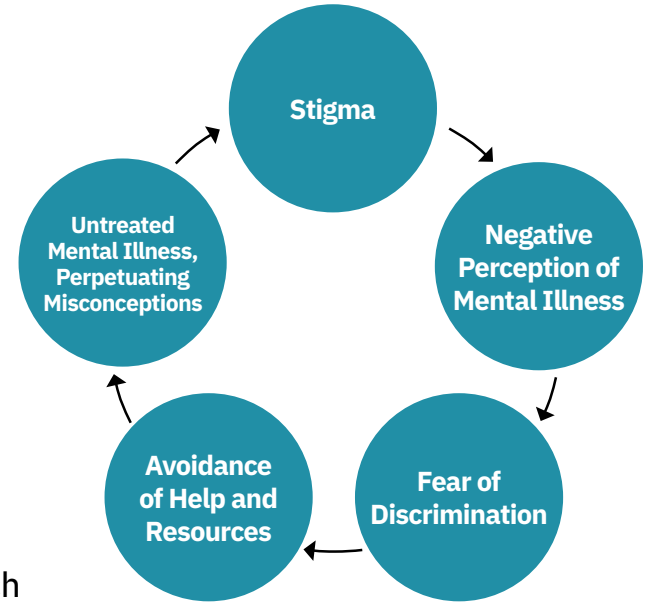
- Abuse of and dependence on substances, including tobacco, cannabis, alcohol, or other substances[24]
- Engagement in impulsive or risky behaviors that may manifest as: high-risk sexual activity, frequent sexually transmitted infections, frequent or atypical legal trouble, failure to maintain healthy relationships, inability to maintain a job, or frequent car accidents
- Chronic anger and irritability
- Low engagement with agreed-upon treatment plans
- Avoidance behaviors (e.g., canceling appointments, delaying workup)[25]

The Impact of Stigma on Receiving Care

Stigma is defined as "the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual."[26] It is the fourth-highest ranked barrier to help-seeking.[27]

Racial and ethnic minorities, youth, men, and those in the military and health professions report having a negative perception of healthcare as a result of stigmatization. How or whether one experiences stigma or internalizes shame because of stigmatization varies based on a wide number of intrinsic and extrinsic factors. Individual factors such as lived experience, race, culture, religion, gender, age, socioeconomic standing, and profession can impact the extent to which stigma affects health outcomes and personal wellness.[28]

Figure 2. The Cycle of Stigma



Common Reasons Cited for Not Seeking and Accepting Treatment for Mental Health Disorders

- Mistrust of health care providers due to longstanding inequalities in healthcare access and care (e.g., lack of culturally informed care)[27, 29-31]
- Belief that mental health conditions violate the cultural value of being a hard-working person who must independently overcome and manage problems (e.g., males should be self-sufficient at managing mental health conditions)[28, 31-34]
- Belief that antidepressant medications are addictive, change thinking processes or personality, or cause loss of control, and/or do physical harm[31]
- Hesitancy disclosing private thoughts and emotions to others[31, 35]
- View that symptoms are a sign of insufficient faith, spiritual weakness, or bad karma from past misdeeds[31]
- Thought that a mental health condition will limit one's competitiveness in obtaining or maintaining high-performing jobs[31]
- Negative attitudes toward mental health care and lack of perceived need for treatment[30, 31]

Common Barriers to Making Changes to Address Health Issues

- Anhedonia or social withdrawal related to depression[28,32]
- Disorganization related to anxiety (e.g., other stresses predominate, difficulty making decisions)[32]
- Avoidance related to health anxiety (too overwhelming to confront disease)[32, 36]
- Avoidance due to phobias[32]
- Concern that a lifestyle change may deprive a person of unhealthy coping behaviors (e.g., stress eating, smoking) without offering an alternative way to manage stress and difficult feelings[32]
- Distrust of provider or medical establishment in general; can be due to personal, familial, or historical trauma or negative experience[32]
- Cost or financial barriers[32, 36]
- Effort needed to find insurance coverage and "in-network" clinicians[32]

Managing Patients' Multiple Care Needs

Both clinicians and patients can be overwhelmed. Everything cannot be accomplished in one visit, but with the right approach, the initial conversation can end with empathy and hopefulness. The clinician can plan with a patient to discuss education and treatment options at subsequent visits.

Start by normalizing symptoms with the patient. Consider saying, *"Many patients struggle with feeling sad or down, overwhelmed, or worrying a lot. Is it possible that this is something you may be struggling with as well?"*

Ask for the patient's thoughts about a particular mental health condition that may be impacting their health. Listening to their experience of symptoms and feelings about a mental health condition is the first step to overcoming barriers to accepting treatment for these conditions.

Patients can become more accepting of diagnosis and treatment of mental health conditions when they learn how mental health conditions and medical problems can interact. Patients should understand that if both types of conditions are not treated together, the patient's health and quality of life may be much worse. For example, the clinician might say: *"We talked about how the mind's automatic reaction to anxiety about blood sugar levels is to avoid checking those levels. But then, your diabetes gets worse, and your anxiety about diabetes becomes even more intense. To stop this cycle, we need to focus on treating anxiety and diabetes together, not just one or the other."*

If short on time or overwhelmed, remember patient outcomes are improved when the clinician:

- Listens to a patient share their anxiety and/or encourages them to share with a loved one
- Educates the patient on how anxiety works and how treatment improves outcomes
- Helps patients to feel understood and to know that treatment improves health
- Uses the BATHE technique to communicate more effectively with patients (See Figure 3) [37]

Figure 3. BATHE Technique

B = Background (e.g., Tell me more about this. What is going on in your life?)

A = Affect (e.g., How are you feeling about this?)

T = Trouble (e.g., What is the most difficult thing about this situation for you? What troubles you the most about this?)

H = Handling (e.g., How are you currently handling this problem/situation? How are you currently coping with this situation?)

E = Empathy (e.g., This must be hard for you. I can understand how this situation could be difficult for you.)

Adapted from *Acceptability of the BATHE technique amongst GPs and frequently attending patients in primary care: a nested qualitative study*[37]

Strategies to Improve Trust in Patient-Provider Relationships

- Build patient trust and rapport early[38]
- Make a positive first impression
- Ensure continuity of care (limiting the number of time a patient has to tell their story)
- Normalize emotions and avoid judgmental language and behaviors
- Decrease anxiety by providing reassurance and empathy, encouraging patient questions, and avoiding medical jargon
- Demonstrate competence[39]
  - Provide information about the medical condition, therapeutic regimen, and self-care
  - Provide directions and instructions for the therapeutic regimen
  - Ask for the patient's opinions and whether they understand
  - Partner with the patient in lieu of a paternalistic stance
  - Have familiarity with the patient's chart and condition
  - Clearly explain the rationale for tests and treatments
- Demonstrate warmth[39]
  - Greet patient warmly and use the patient's name
  - Engage the patient in positive and/or social talk
  - Be receptive to the patient's emotions
  - Use non-verbal body language that portrays interest and concern including things like eye contract and tone of voice

For more information, visit Cardi-OH's expanded resources on mental health, reducing stigma and shared decision making.

Evidence-Based Interventions to Improve Mental Health and Cardiometabolic Outcomes

A patient-centered approach involves mutual decision making, inclusion of patient preferences and values, shared care planning, and patient participation in goal setting. All components are necessary for partnering with your patient to manage complex conditions.[40]

Consider referring patients to a mental health care provider or counselor or providing one or more of the following interventions:

- **Psychoeducation** about the impact of worry and the connection between mental health symptoms and their medical disease(s). For example, "When distressing feelings or thoughts come up, the mind's automatic reaction is to make them stop or get away from them. But if that distress is related to a disease, and if the reaction makes you avoid caring for it, the disease can progress."
- **Methods of acceptance** that retrain the mind to navigate distress in a skillful way:
  - *Helpful thoughts:* "It does not matter if a thought is true or not, but is it helpful right now? If not, find a way to let it go and do what you need to do."
  - *Relaxation techniques:* Diaphragmatic breathing, progressive muscle relaxation
  - *Curiosity practice:* Open up to distress and explore how it feels without judgment. The free app, Mindfulness Coach, can help the patient learn about these techniques.[41]
- **Cognitive behavioral therapy**
- **Medications for depression or anxiety**
- **Care coordination / Team-based care models** (e.g., Collaborative Chronic Care Model)[42-46]
- **Self-help tools** including evidence-based stress reduction apps, websites, and books. Durable and positive effects on mindfulness, general psychiatric symptoms, and several aspects of quality of life at low costs are possible with smartphone apps.
- **Lifestyle changes** that can improve symptoms (e.g., exercise, sleep hygiene, healthy eating, reducing substance use)

The most effective treatment for anxiety and depression is often the combination of medication, counseling (e.g., cognitive behavioral therapy), and physical activity. Individualized and empathic support from care providers is essential. Helping patients with recurrent depression and anxiety in developing a long-term, yet flexible, plan is essential for maintaining both their cardiometabolic health and mental well-being.

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