Long-term health conditions and mental health
Research is beginning to recognise the relationship between long-term health conditions and mental health. Many individuals living with long-term health conditions struggle with co-morbid mental health problems. Facing a long-term health condition or mental health condition can be difficult alone, so understandably experiencing both together can increase the distress that an individual experiences.

What is a long-term health condition?

There are a range of long-term health conditions that an individual may experience. These may include, but are not limited to, chronic pain, fibromyalgia, irritable bowel syndrome, arthritis, diabetes or coronary obstructive pulmonary disease (COPD).

It is difficult to ascertain what causes long-term health conditions. There may be multiple causes including, but not limited to, genetics, lack of exercise, long-term poor diet, stress or environmental and lifestyle factors. The onset can vary between individuals and the course of the condition can be unpredictable, often adding to the distress that individuals face. Overtime, individuals may develop further symptoms and this can contribute to a loss of physical functioning.

Common symptoms of long-term conditions can include:

- Pain
- Fatigue
- Lack of mobility not necessarily directly linked to injury
- Poor sleep
- Poor appetite
- Unexplained medical symptoms that are recurrent, persistent and not explained medically
How many people experience a long-term health condition?

Research has found that more than 15 million people in England (30% of the population) have one or more long-term conditions (Department of Health, 2011). Fibromyalgia has been suggested to affect 2-4% of the US population or as many as 6-12 million. Whilst fibromyalgia can affect both men and women, approximately 90% if sufferers are female (American Pain Association, 2017).

The American Academy of Pain Medicine has found that more than 1.5 billion people around the world experience chronic pain and it’s the most prevalent disability in the US affecting approximately 100 million Americans (Cirino, 2017).

Between 20-25% of the UK population report IBS symptoms throughout their lifespan. However, it appears to be most prevalent in women. It is difficult to pinpoint exactly how prevalent IBS is, as many individuals experience the symptoms but may not seek help (IBS Centre, UK 2017).

What’s the relationship between long-term conditions and mental health?

Long-term health conditions can be managed but often not cured. Understandably, an individual’s primary concern is relief from symptoms but this is not always possible.

Those who suffer with long-term conditions can experience continuous and frequent pain, fatigue and weakness. In turn, this can impact on mood, anxiety levels, self-esteem, relationships, occupations, activity levels and lifestyles.

Research consistently demonstrates that people with long-term conditions are two to three times more likely to experience mental health problems than the general population, particularly anxiety and depression (Naylor, Parsonage, McDaid, Knapp, Fossey & Galea, 2012). The severity of depression that individual’s with long-term conditions experience is determined by both the number and severity of symptoms, as well as the degree of functional impairment (NICE Guidelines, 2009).

What causes a long-term health condition?

As with all conditions, it is difficult to ascertain the specific underlying causal factors and these differ according to the long-term condition. Here, we will consider the possible causes of some of the most common long-term conditions, including fibromyalgia, irritable bowel syndrome and chronic pain.

Fibromyalgia

The exact cause(s) of fibromyalgia are unknown. However, it’s likely that a number of factors are involved, including abnormal pain messages, chemical imbalances, sleep problems, genetics and environmental factors.

One of the most commonly research theories in the development of fibromyalgia includes abnormal pain messages. Evidence has found that individuals with fibromyalgia have developed changes in the way the central nervous system processes pain messages, causing individuals with fibromyalgia to feel more sensitive to pain.
Researchers have also investigated the chemical imbalances evident in individuals with fibromyalgia. Research has found that individuals who suffer with fibromyalgia have low levels of dopamine, serotonin and noradrenaline in the brain. These hormones play a key factor in regulating people’s mood, appetite, sleep, behaviour and responses to stressful situations. These hormones can also play a role in processing pain messages.

Environmental factors that can contribute to the development of fibromyalgia can include a physical injury, a viral infection, the breakdown of a relationship, being in an abusive relationship and a bereavement. However, it is important to identify that not all cases of fibromyalgia develop after an obvious trigger (NHS choices, 2017).

Irritable Bowel Syndrome (IBS)
Similar to fibromyalgia, the exact causes of irritable bowel syndrome are unknown.

Many experts argue that IBS may be caused by digestion problems. In IBS, food is thought to move through the digestive system too fast or too slow. When food moves too quickly, water is not absorbed quickly enough from the food and it can cause diarrhoea. When food moves too slowly, individuals can become constipated.

Another potential cause is increased gut sensitivity. Some researchers have found that individuals with IBS may be oversensitive to digestive system signals that tell us if we’re hungry or full. Therefore, mild indigestion can be perceived as very painful for individuals with IBS.

Some research has investigated the role of psychological factors in the development of IBS. Anxiety and stress reactions can interfere with the digestive system. It has been found that individuals who have experienced traumatic events during childhood can develop IBS (NHS choices, 2017). However, it is not possible to ascertain that this is the definite cause as many individuals who have not experienced traumatic events can develop IBS.

Chronic pain
Some of the most common types of chronic pain include headache, lower back pain, arthritis pain, neurogenic pain (pain caused by nerve damage) and psychogenic pain (pain that isn’t caused by disease, injury or nerve damage).

A vast amount of research has been carried out into the causes of chronic pain. Chronic pain is usually caused by an injury; it can develop once the nerves have been damaged. The nerve damage can prolong the pain and make it more intense. However, some people can experience chronic pain without having an injury. The chronic pain can therefore be caused by an underlying health condition such as chronic fatigue syndrome, endometriosis or fibromyalgia to name a few (Cirino, 2017).
What treatment is available for co-morbid mental health and physical health?

In most instances, individuals managing long-term conditions are advised to monitor their diet and lifestyle choices. Having a balanced diet, good activity levels and a healthy sleep pattern can reduce the impact of long-term conditions on our wellbeing. Individuals can increase their mood by implementing pleasurable activities. Whilst living with a long-term condition can make it difficult to continue with these activities, withdrawal and isolation will have a further negative impact on mood (Cirino, 2017).

There has lots of support groups available for individuals coping with long-term conditions. These can be beneficial to help sufferers meet like-minded others and learn new coping strategies to manage with a long-term condition. For example, the Expert Patient Programme runs throughout many cities and offers individuals living with long-term conditions the opportunity to meet others in a similar situation.

However, for individuals who continue to struggle with the impact of long-term conditions on their mental health, there are evidenced-based treatments available. An effective treatment is cognitive behavioural therapy (CBT). CBT focuses on identifying skills to manage the symptoms of the condition because it’s not always possible to discover the cause or the cure. CBT also teaches people skills to enhance the quality of their life so they can continue with their daily activities. A key area is developing the skills to manage the emotions, such as stress management.

A key element of CBT for long-term health conditions includes activity management. This includes pacing the activities you engage in and taking time to rest and relax.

For more information on living with mental health problems please visit our website www.shawmindfoundation.org
References


