CANIBD

Canadian IBD Nurses
ANNUAL CONFERENCE

Saturday, November 4, 2017
Ritz-Carlton Hotel, Toronto

csgna
Canadian Society of Gastroenterology Nurses & Associates
Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

Crohn's and Colitis Canada
Crohn et Colite Canada

Behaviour Change Institute

IBD and Mental Health

Michael Vallis, PhD R Psych
Psychologist, GI Unit NSHA-Central Zone
Lead, Behaviour Change Institute
Associate Professor, Dalhousie University
Halifax, Canada
tvallis@dal.ca
www.behaviourchangeinstitute.ca

nova scotia health authority

Disclosure

- I am on the Canadian Steering Committee for IBD Talk/Points, funded by Abbvie
- I am the Canadian Lead for the DAWN2 study funded by Novo Nordisk
- I am on an Advisory Board for Obesity, Novo Nordisk
- I regularly receive speaker's fees from:
  - Sanofi, Novo Nordisk, Merck Frost, Pfizer,, Roche, Abbvie, Bayer, BD, Janssen

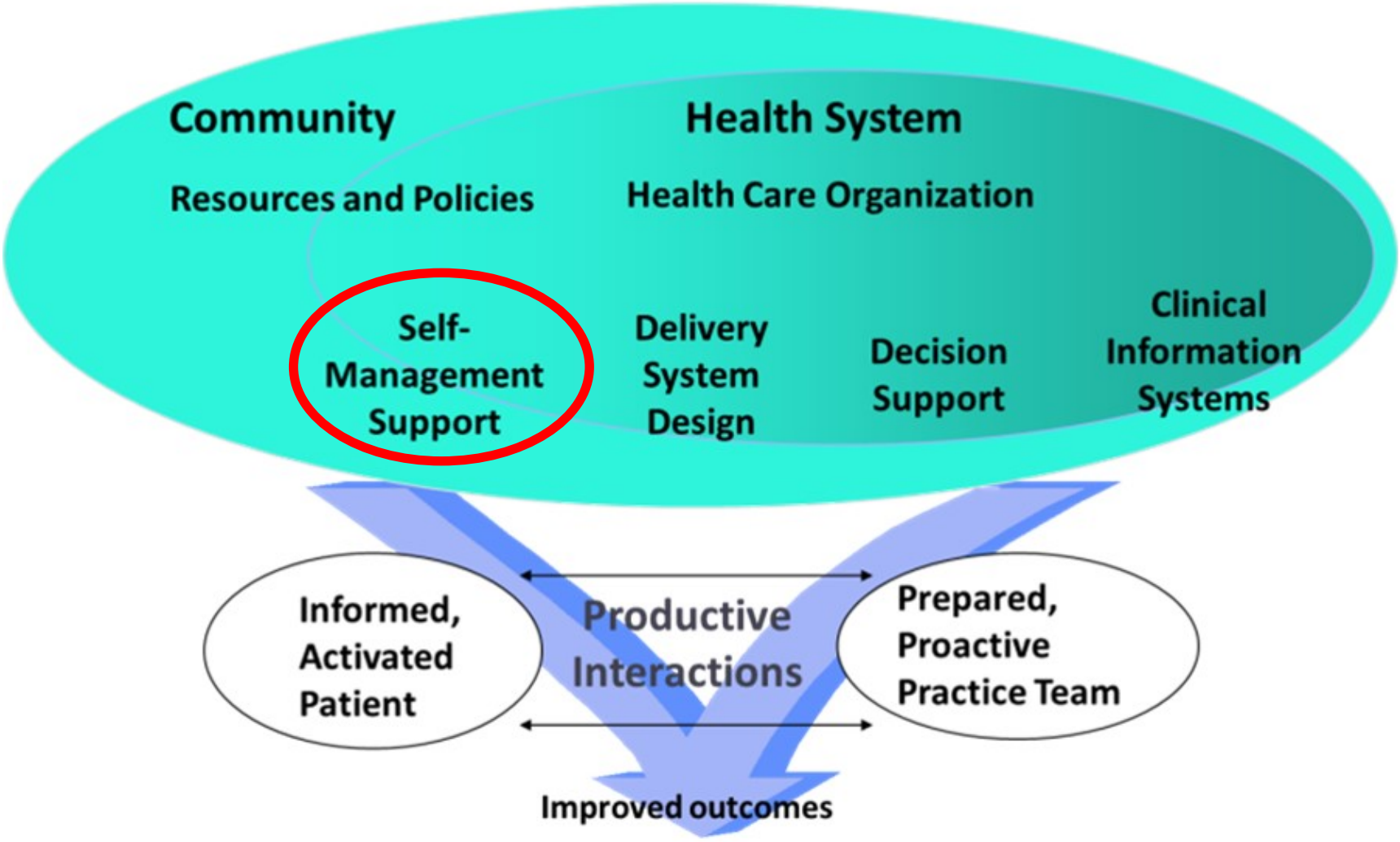
Objectives

- Discuss the importance of understanding the psychosocial issues that impact adjustment to IBD and adherence to medical management

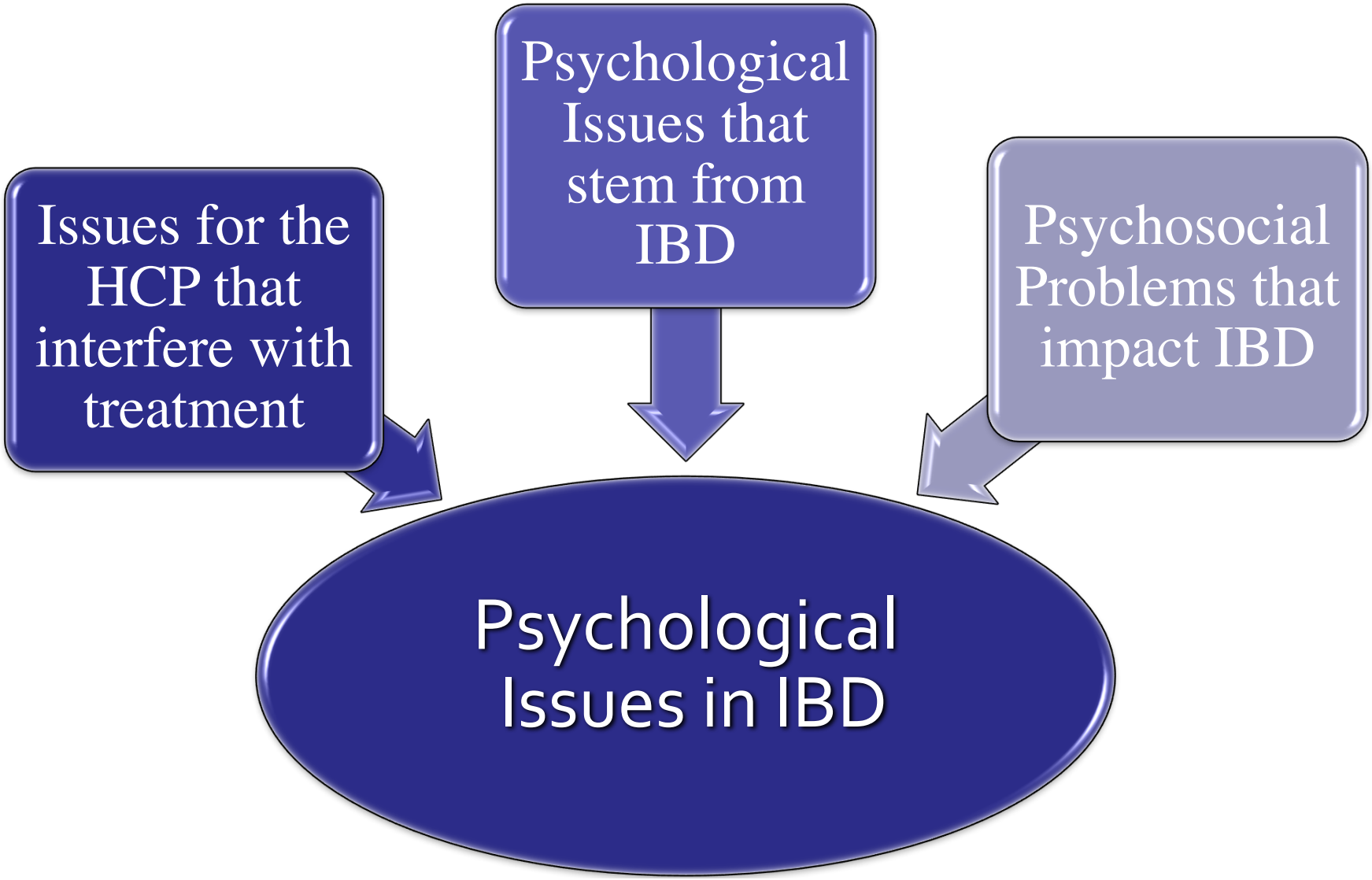
- Explain the psychological reactions to living with IBD that need to be addressed as part of medical management

- Review the mental health disorders that impact on treating the patient with IBD

Chronic Care Model



Wagner. Eff Clin Pract 1998;1(1):2-4


Psychological Issues that stem from IBD
Issues for the HCP that interfere with treatment
Psychosocial Problems that impact IBD
Psychological Issues in IBD

Issues for the HCP that interfere with treatment

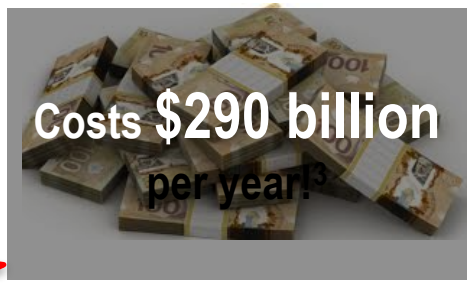
Given that these are issues of concern to you
you will play a large role in their resolution

Patients Have Poor Adherence to Therapy

All prescriptions written for chronic disease

70% will be filled[1]

50% of those will be taken as prescribed[2]



35%

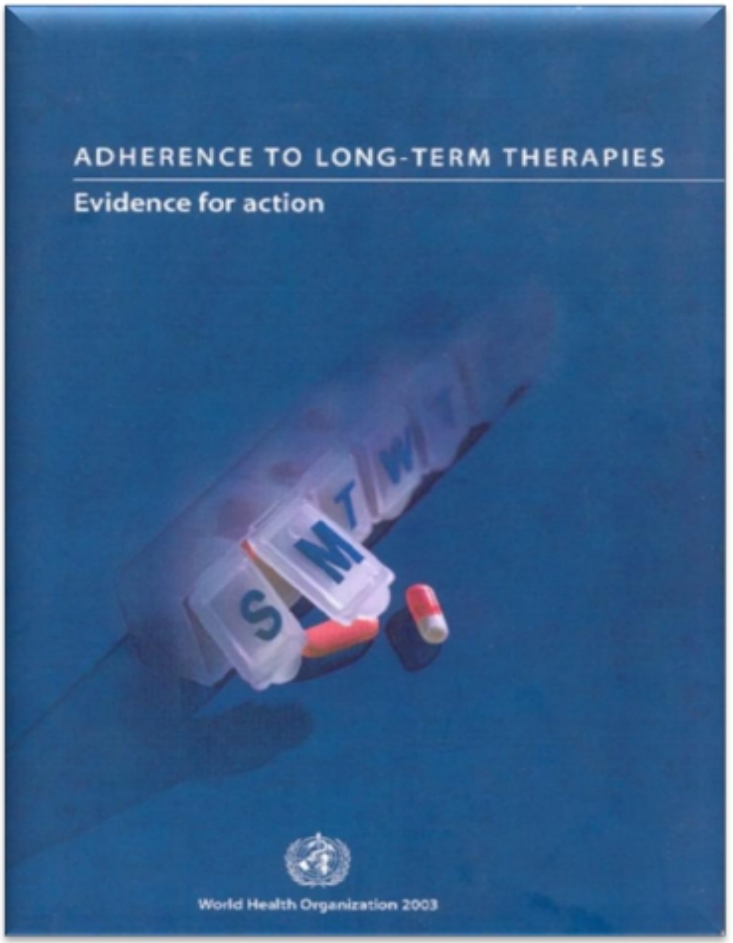
0%

100%

1. Tamblyn, et al. *Ann Int Med* 2014;160:441-50. 2. Balkrishnan R. *Medical Care* 2005;43(6): 517-20.
3. NEHI Research Brief, August 2009.

The challenge of poor adherence

- 30–70% of medicine prescribed for long-term illnesses are not taken as directed
- This poor adherence leads to:
  - Poor health outcomes
  - Increased healthcare costs (direct and indirect)



Drivers of Poor Adherence

- Need to differentiate
  - Intentional poor adherence
  - Unintentional poor adherence (forgetting)
- Factors examined
  - Demographics – no consistent findings
  - Clinical factors – no consistent findings
  - Psychological factors
    - Psychological distress/symptoms – associated
    - Provider-patient discord – associated
    - Health beliefs - associated

Selinger CP, et al, Exp Opin Drug Safety 2011;10:863–70

Communication Skills Improve Adherence

- Understand behaviour before trying to change behaviour

Ask…

Listen…

Summarize…

Invite….

Zolniak & Di Matteo. Med Care. 2009;47:8

Motivational Communication: Supporting Change Talk

- ✓ Ask questions, Minimize statements
- ✓ Take a curious, nonjudgmental stance
- ✓ Learn to sit with ambivalence
- ✓ Avoid argument

Needs and concerns assessment

- Assess the patient's view of the needs for the medication
- Assess his/her concerns about the potential side-effects

		Concerns	
		High	**Low**
Needs	**High**	**Ambivalent**	**Accepting**
	Low	**Sceptical**	**Indifferent**

Horne R, *et al. Inflamm Bowel D*is 2009;15:837–44

Decision Aid: SURE test

Yes equals 1 point No equals 0 points If the total score is less than 4, the patient is experiencing decisional conflict		Yes [1]	No [0]
Sure of myself	Do you feel SURE about the best choice for you?	☐	☐
Understanding information	Do you know the benefits and risks of each option?	☐	☐
Risk-benefit ratio	Are you clear about which benefits and risks matter most to you?	☐	☐
Encouragement	Do you have enough support and advice to make a choice?	☐	☐

Légaré F, *et al. Can Fam Physician* 2010;56:e308–14

Psychological Issues that stem from IBD

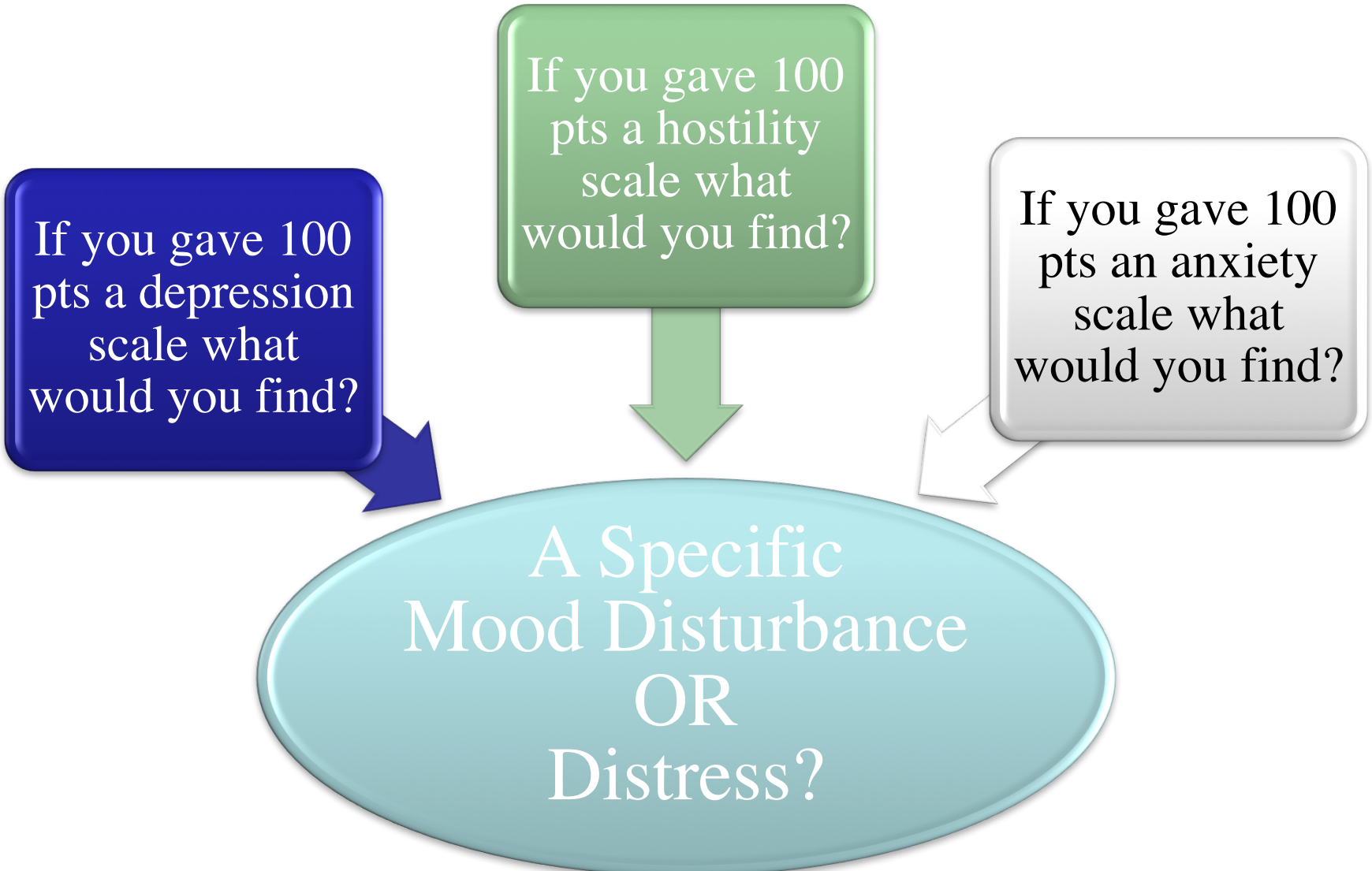
The Law of The Instument

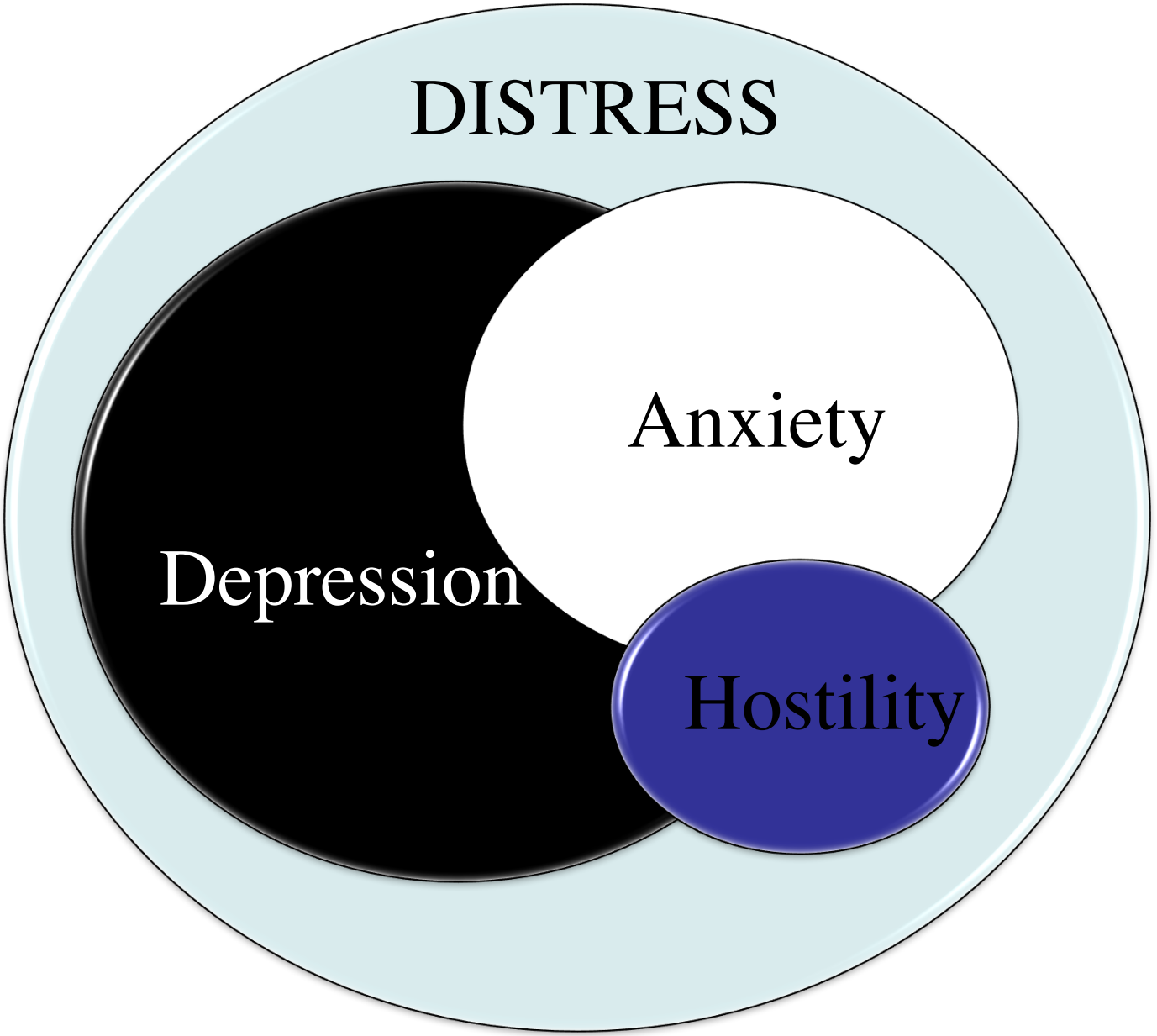
- Malsow's Hammer:
- "If all you have is a hammer, everything looks like a nail"

Screening For Depression in Chronic Disease

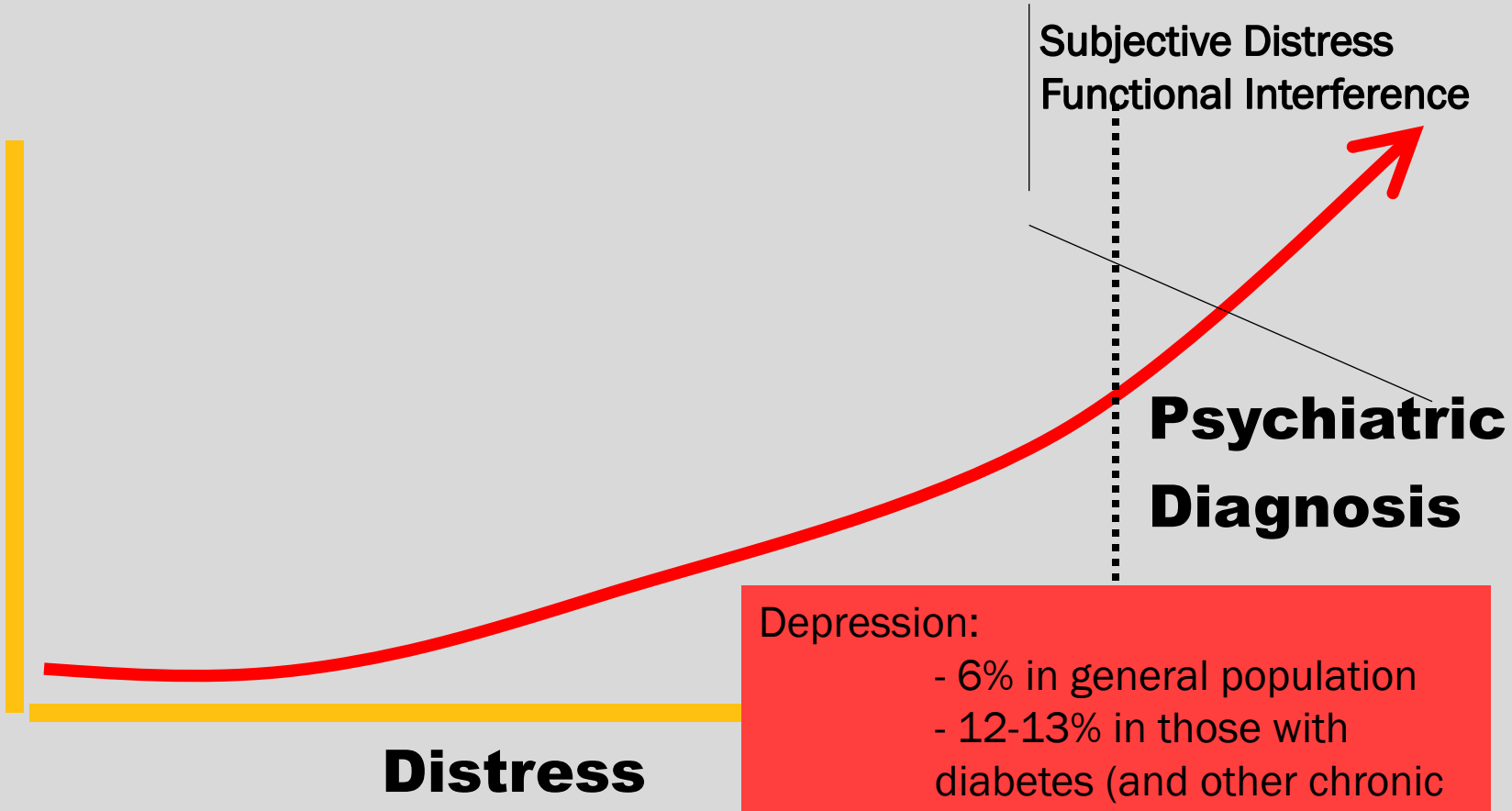
- Is it true that:
- We are not interested in patients who are worried, anxious or avoidant?
- That we are not interested in patients who are irascible, irritated, suspicious or angry?
- That we are not interested in patients who experience relationship challenges
- That we are not interested in patients who experience social stress issues?

What Are We Really Interested In?




DISTRESS
Anxiety
Depression
Hostility

Putting Emotion in Context: Where do we Draw the Line?



Depression:

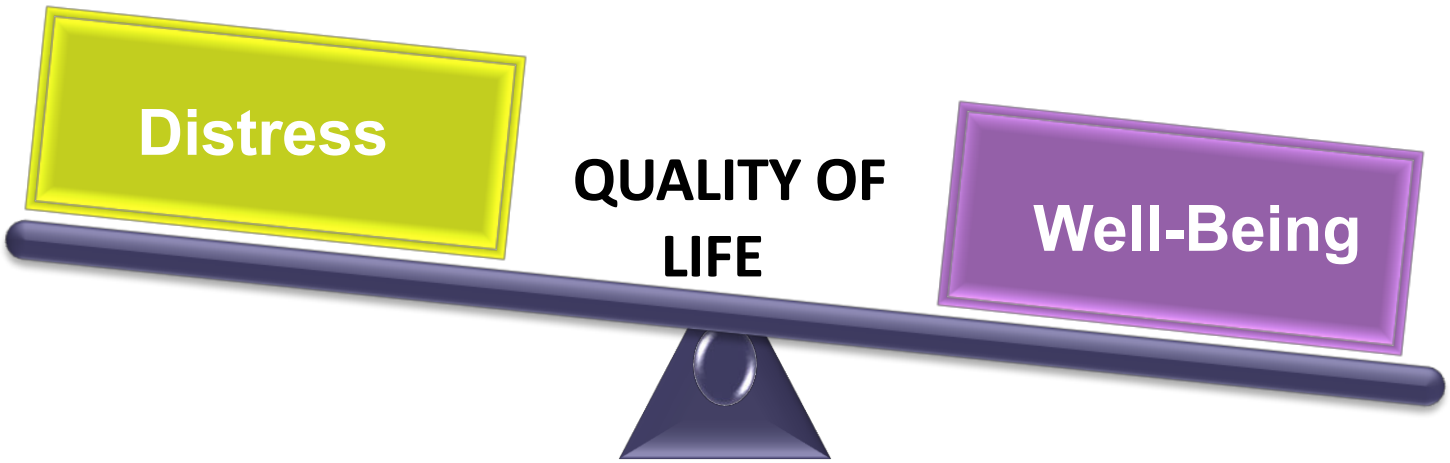
- 6% in general population
- 12-13% in those with diabetes (and other chronic diseases)

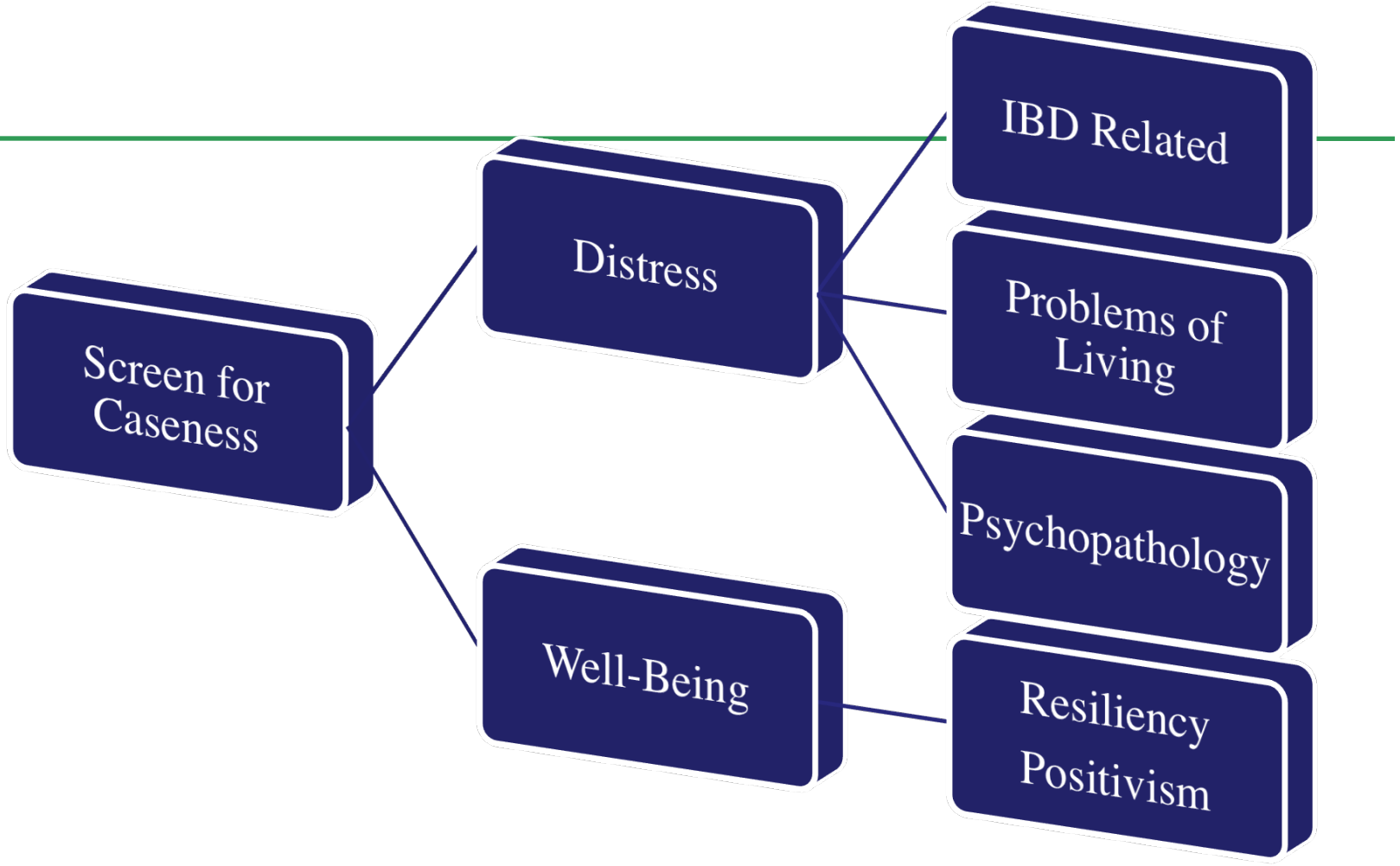
Cognitive Psychology

- The normal emotional experience associated with the perception of loss….
  - Depression
- The normal emotional experience associated with the perception of threat….
  - Anxiety
- The normal emotional experience associated with the perception of intrusion….
  - Anger

Emotions

- Primary Emotions
  - Natural, appropriate emotional responses to live experiences
  - Expressing and “sitting with” lead to transformation (grief)
- Secondary Emotions
  - Often come from our thoughts when we review experiences
- Interpersonal Emotions
  - Emotional displays that serve a purpose in terms of eliciting reactions from others


Distress
QUALITY OF LIFE
Well-Being


Screen for Caseness
Distress
Well-Being
IBD Related
Problems of Living
Psychopathology
Resiliency
Positivism

Rating Form of IBD Concerns (RFIPC)

- 25 items, rated on 0-100 scale:
  - Impact of disease
    - Pain, uncertainty, burden, concern over bowel control or medications
  - Sexual Intimacy
    - Loss of drive, ability to perform, attractiveness
  - Complications
    - Surgery, ostomy, cancer
  - Body stigma
    - Odour, cleanliness

1. Drossman et al. Psychosomatic. Med 1991;53:701–12.
2. De Rooy et al. Amer J Gastro. 2001;96:18161821
3. Jelsness-Jorgensen et l. Gastro Res Pract. 2011; Article ID 492034, 8 pages

PSYCHOLOGICAL ISSUES ASSOCIATED WITH IBD

- The Diagnosis
  - Confusion during onset (stress or disease)?
- The Disease
  - Stress of a remitting/relapsing disease in terms of meaning, emotions, relationships, occupation
- The Treatment
  - Stressful medical procedures, repeated hospitalizations, surgeries, ostomies
- The Remission
  - When to let guard down, how to handle garden variety illness

PSYCHOLOGICAL ISSUES ASSOCIATED WITH IBD

- Who does what?
  - What psychosocial supports can be accessed from the IBD team?
    - Md, NP, RN
  - Is there access to Psychology, Psychiatry, or Social Work to join the team?
  - Have the Mental Health staff been educated about IBD?

COPING WITH IBD

- **PSYCHOLOGICAL IMPACT**
  - **Accept the illness but don't give up**
  - **A different person but still a person**
    - **Protect self-esteem**
  - **Find meaning in life**
  - **FOR PARENTS**
    - **Don't blame yourself**
    - **Help your child to be as normal as possible**
    - **Don't turn your home into a clinic**
    - **Don't forget your other children**

COPING WITH IBD

- **EMOTIONAL IMPACT**
  - **Anxiety**
    - **Its ok to be afraid, not ok to be terrorized**
    - **Find ways to calm yourself**
    - **Seek social support**
    - **Take things in small manageable steps**
  - **Depression**
    - **Take things one step at a time**
    - **Focus on pleasure and accomplishment**
    - **Identify negative thoughts and challenge them**
  - **Frustration/Anger**
    - **Accept your limitations**
    - **Focus on what you can do, not what you can't do**
    - **Be assertive, but don't expect miracles**

COPING WITH IBD

- **SOCIAL IMPACT**
  - **Family**
    - **Have family conferences**
    - **Reassign roles**
    - **Allow some distance**
  - **Friends**
    - **Don't avoid**
    - **Sort out those who can understand from those who won't**
    - **Continue to meet your friends' needs**

- **Medical Team**
  - **Be more than a patient**
  - **Discuss you illness and your expectations openly**
  - **Avoid quackery**
  - **You have choices**

Psychosocial Problems that impact IBD

Screening for Anxiety and Depressive symptoms (PHQ4)

Over the past 2 weeks, how often have you been bothered by the following problems? (not at all, several days, more than half the days, nearly every day)

- Feeling nervous, anxious or on edge
- Not being able to stop or control worrying
- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless

Kroenke et al Psychosomatics 2009; 50: 613

When to screen?

- Initial Diagnosis
- Active disease
- Refractory symptoms despite adequate therapy and absence of disease activity
- Patient presentation suggestive of anxiety or depression
- Consider routine screening

When to refer

- Severe anxiety or depression
- Any acute psychiatric risk
- Comfort level of GI, GP treating psychosocial issues
- Patient refractory to initial treatment
- Complex comorbidity
- Patient preference

Referral Options

- Mental Health Services
- Collaborative Care Services
  - Shared care clinics
  - Community Health Teams
- Social/community services
- Mental Health Clinics
- Consultation/Liason services

THAT'S ALL: THANK YOU!

tvallis@dal.ca
www.behaviourchangeinstitute.ca

Incorporate into your interview

- Living with IBD can be difficult…

- Have you been having difficulty with stress or worry?
- Have you been feeling anxious, tense, on edge much of the time?
- Have you felt down or depressed most of the day?
- Have you lost interest in most things or find you just don't enjoy things lately?