CANIBD
Canadian IBD Nurses
ANNUAL CONFERENCE
Saturday, November 4, 2017
Ritz-Carlton Hotel, Toronto
IBD and Mental Health

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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
Psychological Issues in IBD

Issues for the HCP that interfere with treatment

Psychological Issues that stem from IBD

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\(^2\)

Costs $290 billion per year\(^3\)

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

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

<table>
<thead>
<tr>
<th>Needs</th>
<th>High</th>
<th>Ambivalent</th>
<th>Accepting</th>
<th>Low</th>
<th>Sceptical</th>
<th>Indifferent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
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<td>Low</td>
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</table>
## Decision Aid: SURE test

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

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Psychological Issues that stem from IBD
The Law of The Instrument

• 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?

If you gave 100 pts a depression scale what would you find?

If you gave 100 pts a hostility scale what would you find?

If you gave 100 pts an anxiety scale what would you find?

A Specific Mood Disturbance OR Distress?
Hostility

Anxiety

Depression

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

Distress

Subjective Distress Functional Interference

Psychiatric Diagnosis

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
QUALITY OF LIFE

Distress

Well-Being
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

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
    • It's 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 your 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!

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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?