Facilitating Optimal Coping Strategies in IBD: What Patients Can Do

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IT'S HOW MEDICINE SHOULD BE

Presentation Overview

I. Psychological issues specific to IBD

II. Optimal coping – for patients

III. Optimal coping – for the family

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"In summary, the management of patients with chronic IBD frequently requires a multidisciplinary approach. This holistic approach to the patient with IBD will dramatically improve quality of life and the patient-physician relationship. It is expected that these interventions will result in decreased healthcare use, improved knowledge, psychosocial parameters, outcomes, and adherence to medical regimens."

Mekechuk, J & Dieleman, L.A.,
Inflamm Bowel Dis, 2008; S65.

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Psychosocial Issues Specific to IBD

- IBD as a “silent” disorder
- Shame, embarrassment
- Illness course - uncertainty
- “But you don’t look sick” syndrome

Psychosocial Issues Specific to IBD

- Work-related issues
- Impact on family
- Issues related to social interactions

Psychosocial Issues Specific to IBD

- Body Image
- Side effects of medication
- Illness management (ie, Remicaid infusions)
- Economic burden

Impact of Coping

- Compliance with medical recommendations
- Effectiveness of medication
- Mood (stress, anxiety, depression)

Impact of Coping

- Quality of life
- Thoughts, attitudes, emotions about illness
- Interpersonal relationships
- (Flare-up?)

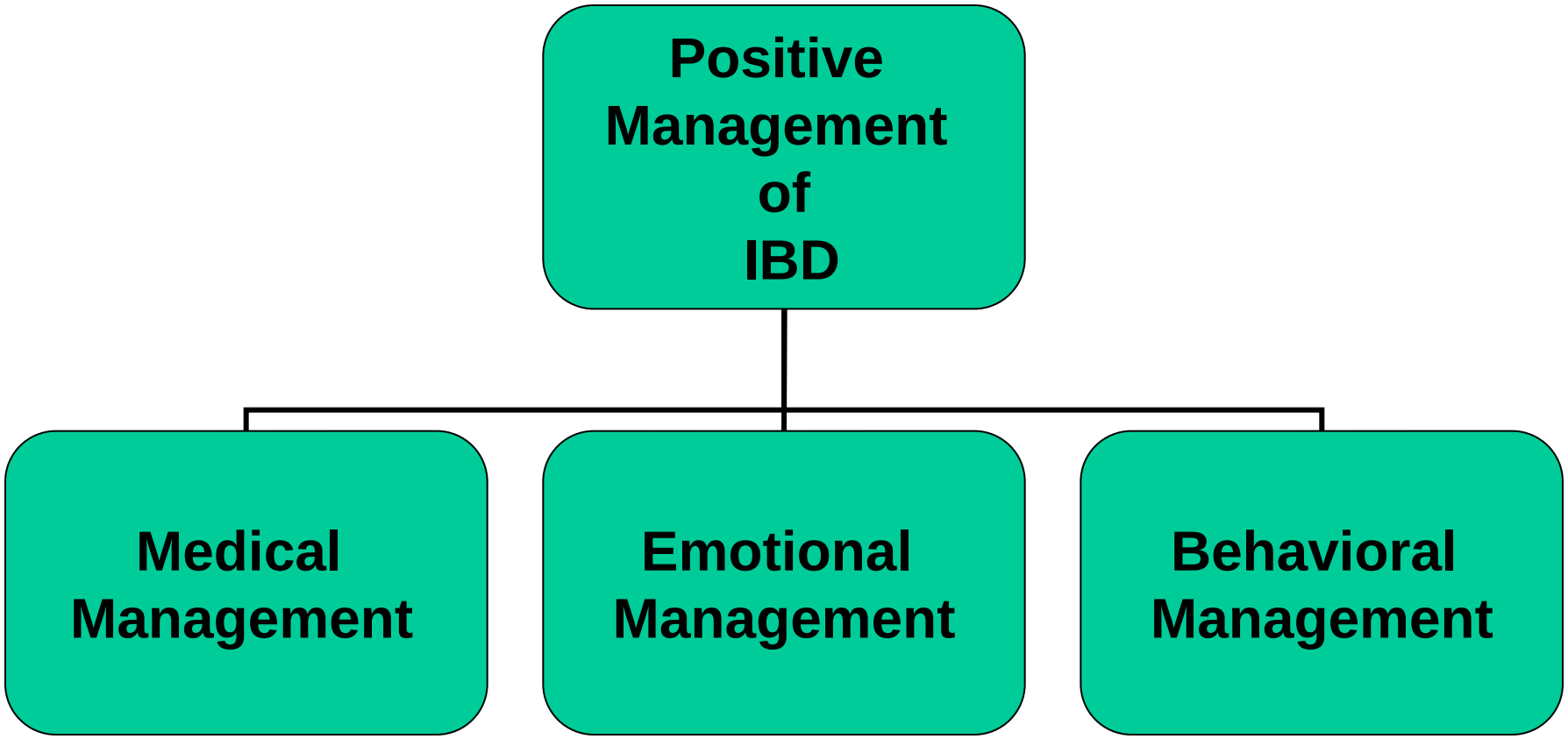
Adjustment to Chronic Illness

Factors that positive adjustment:

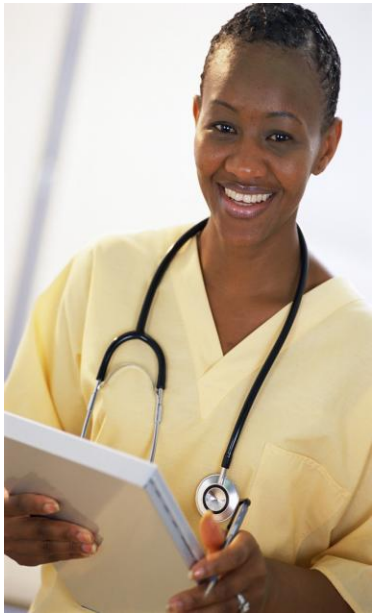
- Self-management
- Emotional expression
- Education
- Development of adaptive coping techniques
- Problem-solving attitude
- Sense of personal control, mastery

Ridder et al, 2008; *Lancet,* 372: 246-255; Taylor & Stanton, 2007, *Annu Rev Clin Psychol*, 3:377-401; Turk, 1979, *Stress and Anxiety*

Optimal Coping: for Patients



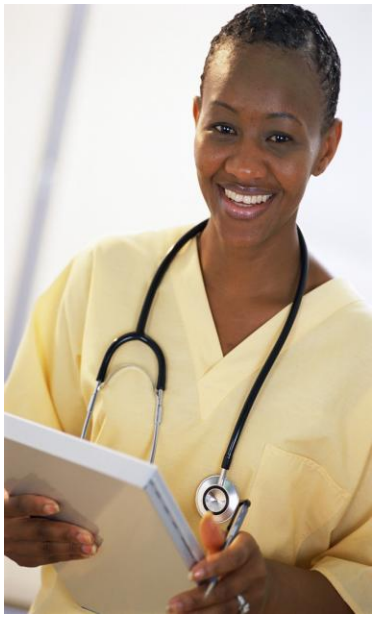
I. Medical Management



- Trust physician = foundation
- Participate actively
- Self-educate,self-educate,self-educate

I. Medical Management

- Alternatives or additions to medication
- Be candid with physician about changes
- (Obtain second opinion)



II. Emotional Management

- Verbalize emotions
- Modify maladaptive thoughts about disease
- Develop *positive* coping techniques
- Maintain (increase) social support
- Address impact on family, loved ones

II. Emotional Management

- Discuss range of emotions, thoughts, concerns about living with IBD with trusted family, friends, others with IBD

II. Emotional Management

- Modify maladaptive thoughts about disease
  - √ *Catastrophic thinking*
  - √ *All-or-nothing thinking*
  - √ *Overgeneralization*

II. Emotional Management

- Modify, reduce unrealistic expectations

II. Emotional Management

- Develop specific techniques

  - √ Approach-oriented coping
  - √ Problem-solving attitude
  - √ Disease ≠ identity
  - √ Humor
  - √ Creative application
  - √ Recognition of “benefits” (if possible)

IBD and Humor…

IBD Personals…

"Single professional male, 31, seeks female companion for recreational surgery. Twice denied for life insurance - you must be financially secure. Enjoy reading (pathology reports), sleeping-in (hospital beds) and experimenting with drugs. No salad eaters, please."

II. Emotional Management

- Factors associated with maladaptive coping
  - √ Avoidance-oriented coping
  - √ Self-destructive behavior
  - √ Social withdrawal
  - √ Poor sleep hygiene
  - √ Increase in food, alcohol, cigarettes,.
  - √ Limited/no periods of calm or rest

Emotional *Extremes*

←

Helplessness…Anger…Sadness...Jealousy...Frustration...Relief…Optimism…"Pollyanna"

Hopelessness,

"Victimization"

→

II. Emotional Management

- Maintain (increase) social support
  - √ Family, friends
  - √ Religious community
  - √ Online resources (anonymity)

II. Emotional Management

- Address impact on family, loved ones

III. Behavioral Management

- **Maintain pre-IBD ("normal") lifestyle**
- Educate family, friends, co-workers
- Get involved: advocacy, volunteer, research
- *Recognize*, *reduce* stress, anxiety, depression

III. Behavioral Management

- Emotional signs of stress
  - √ Forgetfulness
  - √ Worrying
  - √ Lack of concentration
  - √ Poor motivation
  - √ Diminished productivity
  - √ Indecisiveness

III. Behavioral Management

- Physical signs of stress
  - √ Headaches
  - √ Shoulder, neck, back pain
  - √ Muscle stiffness
  - √ Rapid, shallow breathing
  - √ Eye strain
  - √ Teeth grinding

THANK YOU!