

DEPRESSION AND COPD: Common Partners



By Batya Swift Yasgur

Sadness. "The blues." Lack of interest in friends or once-enjoyable activities. Feeling "blah." Most people experience these feelings from time to time, but then they persist more than a few weeks they may be signs of depression. Although all types of people suffer from depression, it is especially common in people with chronic obstructive pulmonary disease (COPD). "Depression affects almost half of people with COPD," says Rachel Norwood, MD, Instructor of Psychosocial Medicine at the National Jewish Medical and Research Center in Denver.

It is normal to experience feelings of sadness when facing a chronic illness and it is certainly painful to receive the diagnosis and accept the permanence of the condition. Just contemplating the day-to-day difficulties posed by the illness may seem overwhelming. However, if feelings of sadness or hopelessness settle in rather than dissipate with time, they are symptoms of depression. This type of depression, triggered by bad news or life challenges, is called a reactive depression because it is a reaction to circumstances.

However, the depression that affects people with COPD goes beyond the reactive depression that affects individuals with other chronic conditions. "One of the most interesting aspects of COPD depression is that it is more prevalent in people with COPD than in people with other chronic conditions, such as heart disease, HIV, and even cancer. "This suggests that there are organic or chemical-not just reactive-components," Dr. Norwood explains.

WHY THE HIGHER RATES OF DEPRESSION IN COPD?

There are many reasons why people with COPD are more prone to depression, Dr. Norwood notes. "We are just beginning to understand them." The first is a genetic predisposition, which can be present as early as childhood. "The tendency to become depressed may begin during the teen years and may increase the risk of nicotine addiction," she explains. Research has shown that adolescents who are depressed are more likely to become addicted to cigarettes. "Many kids experiment with cigarettes but those who are not depressed are more likely to discontinue use compared with those who are depressed."

Thus smokers have a higher rate of depression than individuals in the general population; and smoking is also a leading risk factor for the development of COPD. "It is a double-barreled situation—depressed people are more likely to turn to cigarettes and smoking causes COPD," Dr. Norwood says. "Additionally, cigarette smoking creates a biochemical environment in me body that contributes to depression."

Cigarette use causes a state of hypoxia, or diminished oxygen levels. "In the event of an oxygen shortage, the heart gets first dibs on the limited oxygen supply," she explains, "so the brain may not get all the oxygen it requires. In fact, the brain is the organ that uses the most oxygen. Chronically low levels of oxygen can cause subtle brain damage that leads to depression. "Magnetic resonance imaging (MRI) studies of the brains of heavy smokers and those of people with depression look virtually the same compared with those of people with no history of smoking or depression. "This suggests that cigarette smoking might cause chemical changes in the brain that lead to depression," Dr. Norwood suggests. Of course, COPD itself causes hypoxia, depriving the brain of still more oxygen.

THE ROLE OF MEDICATION

Antidepressants are the mainstay of treatment in people not affected by COPD. Many depressed individuals with COPD could also benefit from antidepressant medications but are not adequately treated. One reason is that they often do not ask for help, erroneously assuming that it "normal" to be depressed in the face of such major life challenges.

Another problem is that medical professionals sometimes shy away from prescribing antidepressants for these patients. "Some Pulmonologist and internists are not sufficiently aware of the fact that COPD depression has an organic component that can be treated with antidepressants, says Greg Clary, MD, Assistant Professor of Internal Medicine and Psychiatry at Duke University Medical Center in Durham, North Carolina. "Conversely, many psychiatrists are hesitant to prescribe antidepressant medications to patients with COPD because they are afraid of drug interactions with the usual COPD medications," he explains.

Dr. Clary advises people with COPD to be proactive in addressing the issue with their clinicians. "While some antidepressants should be avoided by people with COPD, there are others that can be extremely effective and that will have minimal negative interactions with COPD drugs," he says. "I don't believe in a permanent state of reactive depression," he adds. "When people don't adjust to chronic illness, they are depressed, which is an organic process that requires medical intervention. They can be significantly helped."

COPD DEPRESSION IS ALSO REACTIVE

Acknowledging that COPD depression has an organic component does not negate the role of emotions.

"Most pleasurable activities, such as sports or social or cultural events, involve some degree of physical exertion. A person with COPD may no longer be able to participate in these activities without enormous effort," says Dr. Clary. At a certain point, it becomes easier to stay home rather than face the challenges of even the simplest activities. "Being at home all the time can lead to withdrawal and reduced interest in things that used to be fun," he adds.

"If a person is unable to go out due to oxygen dependence or shortness of breath, he or she can become isolated and lonely, which can lead to depression," Dr. Clary notes. Social isolation can be worsened by the fear of becoming a burden. "Many people who have always been independent and self-reliant are afraid of reaching out for help or companionship," Dr. Norwood points out.

Additionally, some people who could go out are uncomfortable doing so because they are self-conscious about their use of supplementary oxygen. "There are patients who are embarrassed about their oxygen equipment. They may also feel that having COPD is a stigma and that other people are judging them," Dr. Clary observes.

Social isolation is only part of the problem of being homebound. "Being unable to continue working is a great stressor. It obviously means loss of income, but also means the loss of opportunities to socialize with coworkers and a change in self-perception as family provider," Dr. Norwood says. These losses often lead to depression.

THE ROLE OF THERAPY AND EMOTIONAL SUPPORT

Taking medication for depression does not preclude addressing emotional and social issues on their own terms. In fact, it is essential to do so.

"Some issues must be confronted. While antidepressants can offer some help, medication alone won't solve these problems," remarks Dr. Norwood.

Creating a New Identity

Human beings are multifaceted and capable of contributing to family and society in a variety of ways. However, most people become accustomed to a particular set of contributions, such as bringing home a paycheck or taking care of children. These roles become their self-identity. "The core of self-esteem for many in our society-particularly men-is tied up with their role as breadwinner and employed person. Losing this role due to illness can be devastating and can lead to depression," Dr. Norwood observes. "When a person is unable to perform these functions, it is important to establish a new self-understanding and identity."

Dr. Norwood acknowledges that this can be very difficult. "People, who have focused their adult lives primarily on work, without developing hobbies or personal relationships, can learn how to do so. We live in a society that tends to implicitly value members who are employed above those who are not-especially men. It requires time and rethinking to shift that perception and learn to value yourself even if you do not bring home a paycheck."

Women face equally formidable challenges. "Women who have defined their role in life as nurturing and taking care of others must learn how to be at the receiving end of care," says Dr. Norwood. She encourages women with COPD not to be uncomfortable about accepting help from others. "I tell my patients to imagine that their best friend needed a ride to the doctor or a shoulder to cry on and then ask them if they would be there for the person. My patients all say that they would be only too happy to help out. Then I say, you can help your friend or family members feel good and feel useful by letting them help you. Now it's your turn to receive, when all your life you've been the caregiver.

Mourning Losses

To create a new identity, a person must be able to mourn the loss of the old identity, the loss of an accustomed lifestyle that involves easy mobility, and the loss of activities such as sports that might no longer be possible. Mourning is not the same as depression. "Mourning means acknowledging the loss and confronting the difficulty the loss presents. It is an active process and enables people to move on," Dr. Norwood points out.

Social and Psychological Support Systems

It can sometime be difficult for people to recognize and verbalize their losses. Overcoming feelings of shame, self-consciousness, or fear of stigma also takes time and requires the rethinking of assumptions. Talking to a trusted counselor or psychotherapist can help. So can a support group. "A support group can be an excellent medium to make new friends and feel less isolated. Support groups also provide a venue where people can express feelings of loss, anger, fear, sadness, and other emotions that arise in the face of a chronic illness such as COPD," Dr. Norwood says.

Certain forms of psychotherapy are particularly useful in helping people come to terms with illness and learn new coping strategies. "I recommend cognitive behavioral therapy (CBT) to patients," Dr. Clary says. CBT teaches coping skills and enables people to develop a new repertoire of emotional responses. It also helps with practical challenges such as insomnia. "Taking medication and using CBT is a winning combination when it comes to COPD depression," he affirms.

EXPANDING YOUR WORLD

"For the person with COPD, it may appear as though the world is growing smaller all the time; certain activities become more difficult and social and employment opportunities dwindle. However, it is possible to grow and expand in other respects," suggests Dr. Norwood. She encourages people with COPD to avail themselves of programs for retired individuals offered by universities, community centers, and religious institutions. People can also develop new hobbies, make new friends, and deepen existing friendships.

"People tend to think that development is something experienced only by children or young adults," she observes, "but we experience development throughout our lives. Every difficulty offers opportunities for personal growth and redefinition. Certainly, having COPD is a major life challenge, but I have seen many people find new meaning in their lives and new ways to engage with the world."

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