

COPING WITH IBD

Laurie A. Stevens, M.D.
Associate Clinical Professor of
Psychiatry
Columbia University College of
Physicians and Surgeons

Quality of life and psychological well-being

- Living with a chronic disease
- Medication side effects
- Impact on your self-image
- Impact on body image (scars,steroids, stoma)
- Impact on social relationships
- Impact on sexual functioning & intimacy
- Pain

PAIN

- What type of pain?
- Frequency and severity?
- Food diary to see which foods may cause pain (coffee, alcohol, tobacco)

Top 10 Tips for Pain Relief

1. Don't be afraid to speak up.
2. Knowledge is power.
3. Set realistic goals.
4. Tell your MD what meds you take and health habits.
5. Keep a pain journal.
6. Write down questions before each appointment.
7. Bring someone to your appointments, if possible.
8. Find out about support groups and educational programs.
9. Reach out to supportive friends and family when necessary.
10. Know there will be good days and bad days.

Treatments for Pain

- Non-medication therapies
 - hypnosis
 - meditation
 - biofeedback
 - breathing

Treatments for Pain- Medications

- analgesics

- narcotics

- antidepressants

 - Tetracyclic

 - Tricyclic

 - Serotonin reuptake inhibitors

 - Serotonin-Norepinephrine Reuptake
Inhibitors

- anti-anxiety medications

Treatments for Pain

Why do we use antidepressants and anti-anxiety medications to treat pain?

Does that mean I am depressed?

Which came first, the pain or the depression? Does it matter?

Pain Treatment

Tricyclic antidepressants

- Elavil (amitriptylene)
- Tofranil (imipramine)
- Pamelor (nortriptylene)

Pain Treatment

Serotonin reuptake inhibitors

- Prozac (fluoxetine)
- Celexa (citalopram)
- Paxil (paroxetine)
- Lexapro (escitalopram)
- Zoloft (sertraline)

Pain Treatment

Tetracyclic Antidepressant

- Desyrel (trazodone)

Serotonin-Norepinephrine Reuptake Inhibitor Antidepressants

- Cymbalta

- Remeron

- Effexor

- Pristiq

Pain Treatment

Anti-anxiety medications

Xanax (alprazolam)

Klonopin (clonazepam)

Ativan (lorazepam)

What is wrong?

Are you clinically depressed or just demoralized by living with a chronic disease?

Associations between IBD and Anxiety & Depression

- Prevalence of anxiety and depression is higher in people with GI problems than in the general population-estimated to be around 30%
- In IBD, the rate is estimated at 29-35% during remission and as high as 80% for anxiety and 60% for depression during relapse

Symptoms of Depression

- Sleep disturbance
- Appetite disturbance
- Diminished ability to concentrate
- Poor energy
- Feelings of sadness, tearfulness
- Poor motivation
- Suicidal thinking
- Ruminating, worrying
- Difficulty experiencing pleasure
- Diminished sexual drive

Symptoms of Anxiety

- Feeling nervous or keyed up
- Sleep disturbance
- Muscle tension
- Stomach problems like nausea, diarrhea
- Edgy, restless
- Tires easily
- Palpitations
- Shortness of breath
- Chest tightness or discomfort

“Normal” Worrying versus Anxiety Disorder

Your worrying doesn't get in the way of your daily activities and responsibilities.

You're able to control your worrying.

Your worries, while unpleasant, don't cause significant distress.

Your worries are limited to a specific, small number of realistic concerns.

Your bouts of worrying last for only a short time period.

Your worrying significantly disrupts your job, activities, or social life.

Your worrying is uncontrollable.

Your worries are extremely upsetting and stressful.

You worry about all sorts of things, and tend to expect the worst.

You've been worrying almost every day for at least six months.

The problem with illness

- We know well how to be sick but do we know how to be well?
- How do we not allow the illness to take over our lives?
- How can we focus on being healthy and not being sick?

What Can We Learn About Coping With Illness From The Ancient Philosophers?

- Cicero (106-46 BCE): Cultivate and appreciate true friendship
- “Friendship improves happiness and abates misery, by the doubling of our joy and the dividing of our grief...It gives us bright hopes for the future and forbids weakness and despair.”

What Can We Learn About Coping With Illness From The Ancient Philosophers?

Epictetus (55-135 CE): Recognize what is (not) in your control

- “Some things are up to us and some are not up to us. Our opinions are up to us, and our impulses, desires, aversions-in short, whatever is our own doing. Our bodies are not up to us...”
- If we try to control what we cannot, we will lament and be disturbed...

What can we do to manage that which we cannot control?

- Take steps to discover ways to buffer our negative responses and to not take on destructive negative stress.
- Acknowledge some degree of lack of control and control what we are able to control.

Practical tips

- Find restrooms ahead of time or when you arrive at a destination
- Carry extra undergarments
- Carefully plan when you travel
- Time when you eat
- Plan what you eat

Strategies

- Try to continue usual and “normal” daily functioning including school, social, occupational, family activities
- Take the time out to deal with health related issues but get back to usual life activities ASAP
- Take advantage of social networks and supports (friend networks, support groups, etc.)
- Try not to isolate yourself

Strategies-continued

- If you are depressed and/or anxious, see a psychiatrist for an evaluation to assess if you could benefit from medication and/or psychotherapy.
- Don't expect yourself to tough out the pain; consider accepting pain treatment which will enable you to live as "normal" a life as possible. This may minimize depression and anxiety. Also treating depression and anxiety can positively affect your experience of pain.

Types of psychological help

Individual and group psychotherapy

- insight oriented
- cognitive-behavioral
- supportive

Psychopharmacological treatment

- antidepressant medication
- anti-anxiety medication

Things you can do to raise your happiness baseline

- Exercise: the natural antidepressant and natural pain medication
 - At least 15 minutes daily
- Breathing and meditation
 - At least 20 minutes daily

Restoring Intimacy

If you are having difficulty maintaining intimacy with your partner, you are not alone.

Couples living with chronic pain or chronic illness find as many as 75% have little or no sexual contact.

Restoring Intimacy

1. Learn to talk about it.
2. Spend quality time together without distraction.
3. Think about sex in a different way.
4. EXPERIMENT, EXPERIMENT, EXPERIMENT.
5. Agree on a non-verbal sign.
6. Monitor your pain and make a date.
7. Take care of yourself and listen to your body.
8. Relax (breathing and relaxation exercises)
9. Practice positive self talk.

Conclusion

Like many illnesses, the course of IBD is often unpredictable.

What this unpredictability requires of you

- to be resilient
- to learn how to ride the waves
- to be thankful for your blessings
- to make sure the illness does not become your identity or to take over your life
- to not permit it to affect how you see yourself and how others see you
- to not isolate yourself (be with friends and family and avail yourself of support)