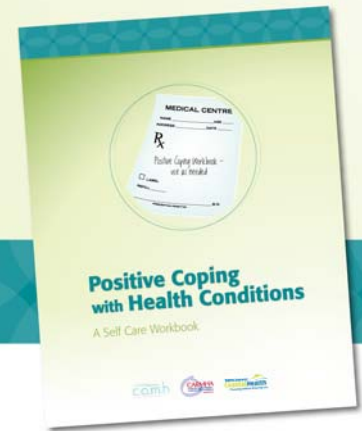


Positive Coping with Health Conditions

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PCHC...FACTS ABOUT HEALTH CONDITIONS AND MOOD DIFFICULTIES

Why should mood difficulties in individuals with a health condition be addressed?

- Many people with health conditions also experience mood difficulties (such as low mood, depression, worry, anxiety and anger).
- Higher rates of mood difficulties have been found among individuals with the following health conditions:
 - Stroke and heart disease
 - Diabetes
 - Obesity
 - Parkinson's disease
 - Epilepsy
 - Arthritis
 - Kidney Disease
 - Asthma
 - Pain
 - Cancer
 - AIDS
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Dementia
 - Alzheimer's disease
- Health conditions make it more likely that individuals will have mood difficulties.
- Mood difficulties can worsen the physical symptoms of health conditions.
- Mood difficulties make it difficult to carry out recommended treatment and self-care for health conditions.

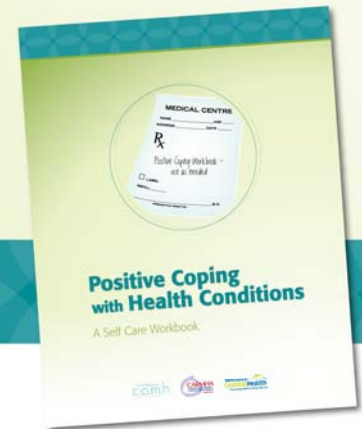
Kidney Disease:

- Individuals with a diagnosis of chronic kidney disease and major depression have worse health outcomes than individuals diagnosed only with chronic kidney disease.
 - Individuals with depression are twice as likely to not begin dialysis or to be hospitalized.

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- Some research has shown earlier mortality for patients with untreated depression.

Diabetes:

- About 1/3 of adults with diabetes also have depression (compared to about 5% of the general population). Being diagnosed with diabetes more than doubles the likelihood of having depression.
- Patients with diabetes and depression have poor metabolic control, higher complication rates, increased health care use, poorer quality of life, increased disability rates and increased mortality rates.
- A recent 2008 study found that individuals diagnosed with Type 2 diabetes and depression had higher blood glucose levels over a four year period than individuals who were not depressed. In individuals with diabetes, lower blood glucose levels, or greater glycemic control, is associated with fewer health complications, lower mortality rates, and a better quality of life.
- Increased severity of depression is associated with:
 - Poor self-care behaviours,
 - Poor participation in education programs,
 - Poor diet.
- Up to 40% of individuals with diabetes may have symptoms of anxiety and up to 14% of individuals may have general anxiety disorder.

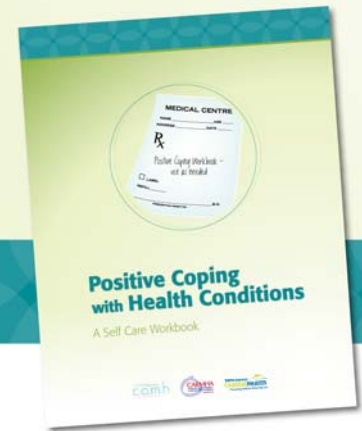
Heart Disease:

- About 1/3 of individuals with coronary heart disease have depression.
- For individuals who have had a heart-attack, post-heart attack depression is an even stronger risk factor for mortality and future cardiovascular events than smoking.
- Depression is associated with a 33% increased mortality risk in heart failure patients.

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- The impact of anxiety on individuals with heart disease is independent of depression and other risk factors for heart disease. Individuals with higher anxiety levels are five times more likely to experience in-hospital heart complications than are individuals with low anxiety.
- Panic attacks are significantly associated with increased incidence of coronary heart disease at all ages and increased incidence of heart attacks in individuals younger than 50 years of age.

Asthma:

- Almost ½ of individuals with asthma have depression.
- Up to ¼ of patients with asthma may also have panic attacks.
- Up to ½ of asthma patients may have a general anxiety disorder.

Chronic Obstructive Pulmonary Disease (COPD):

- COPD comorbid with depression is associated with longer hospital stays and higher rates of mortality.
- Anxiety and panic disorders occur at a higher rate in individuals with COPD in comparison with individuals in the general population.
- Anxiety has been found to have a negative impact on the quality of life of an individual with COPD.
- Up to ½ of the individuals with COPD may have depression or general anxiety disorder.

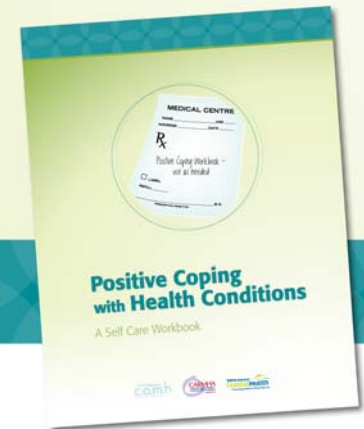
Pain:

- Patients with chronic pain have elevated rates of depression.
- Patients with increased depressive symptoms experience higher levels of pain.

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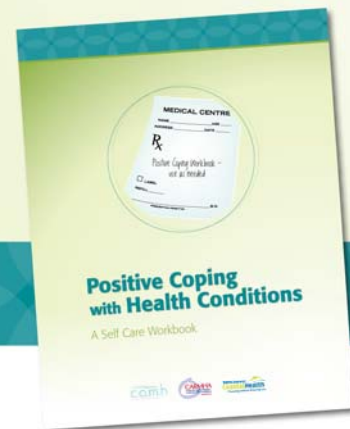
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ABOUT PCHC

How was *Positive Coping with Health Conditions (PCHC)* developed?

Positive Coping with Health Conditions, A Self-Care Workbook and accompanying materials have been authored by Dr. Dan Bilsker, R.Psych., Dr. Joti Samra, R.Psych., Dr. Elliot Goldner, MD, MHSc, scientist-practitioners with expertise in issues relating to coping with health conditions. These scientist-practitioners are with the Consortium for Organizational Mental Healthcare (COMH), a research group affiliated with CARMHA, Faculty of Health Sciences, Simon Fraser University. The manual was written on the basis of a review of the scientific literature; consultation with a range of stakeholders, including patients, physicians, psychologists, nurses, rehabilitation professionals and researchers; and adaptation of existing self-care depression programs. This manual is designed for individuals that deal with health conditions, including patients, physicians, psychologists, nurses, rehabilitation professionals and researchers.

How can the manual be accessed?

The manual is available for viewing and free download at www.comh.ca/pchc/. Individuals or organizations are free to print and make multiple copies of the guide, with permission from COMH (info@comh.ca). Print copies and audio CDs will also be available at a low cost from Rebel Communications 604-214-9695 or 1-866-678-5484 or info@rebelcom.ca) in Spring 2009.

For further information about PCHC and associated resources and materials, please visit www.comh.ca/pchc/.
This information will be updated on a regular basis.