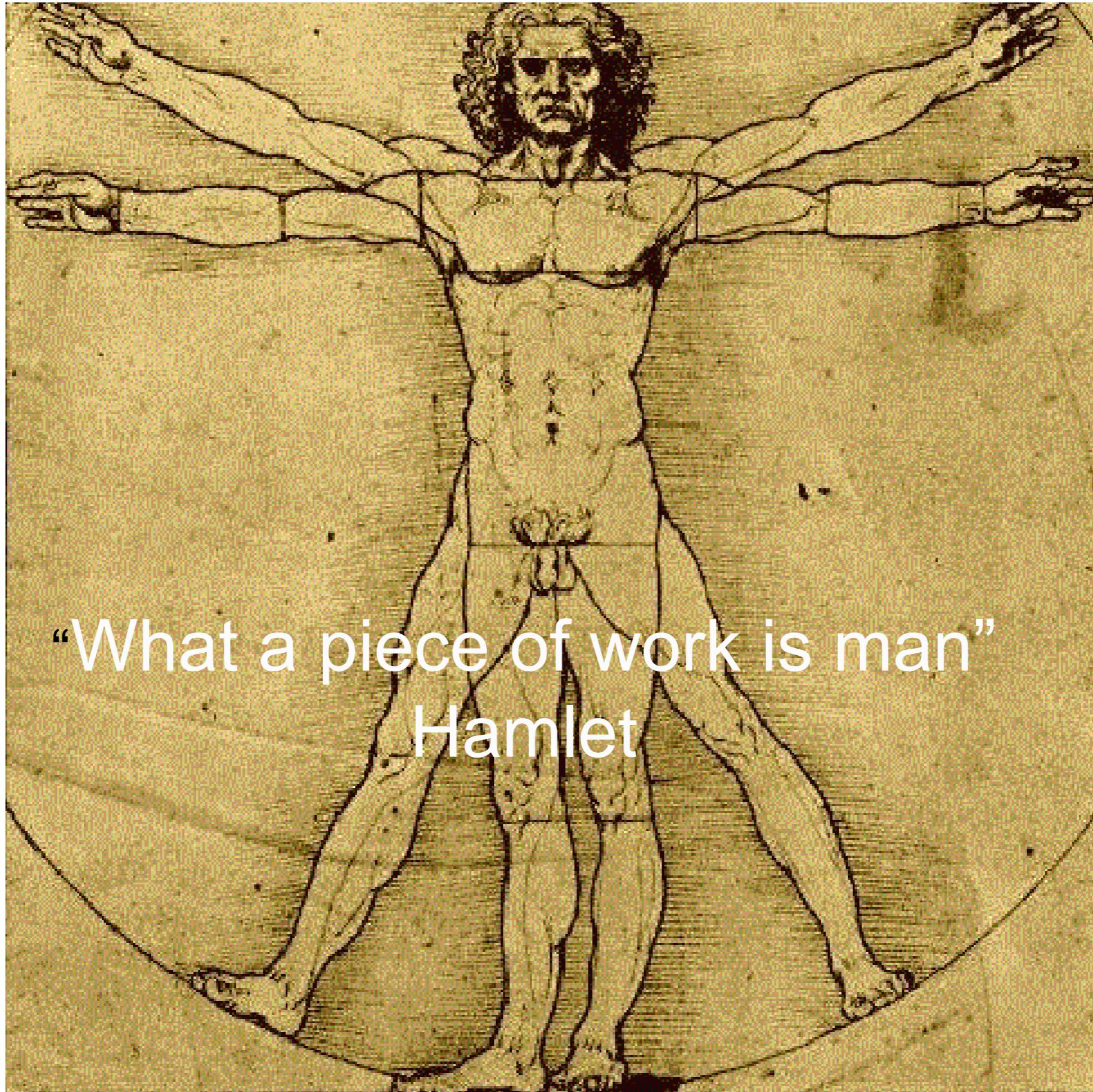


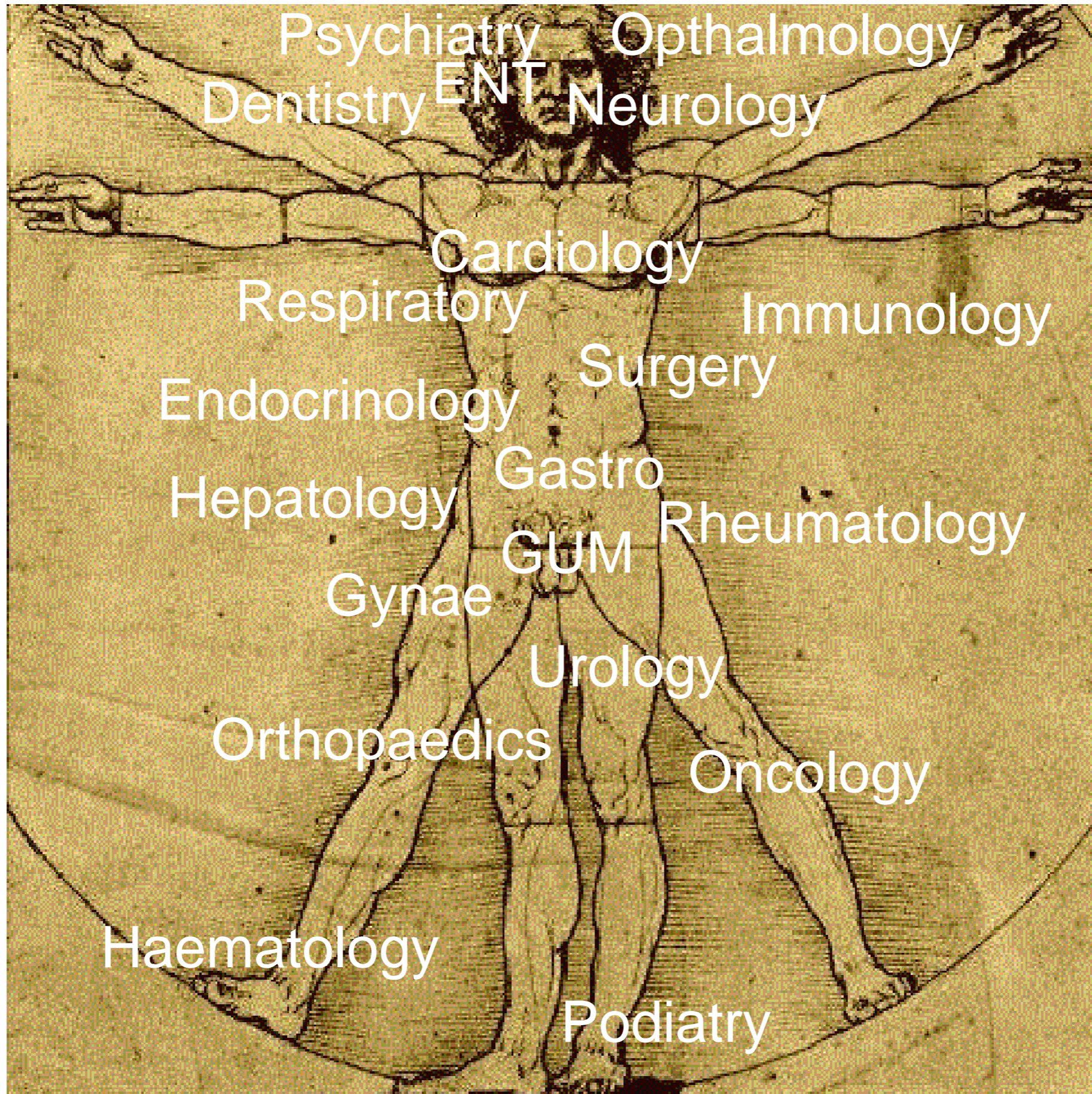
Integrating Psychological and Physical Health

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wellbeing

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“What a piece of work is man”
Hamlet



Psychiatry Ophthalmology
Dentistry ENT Neurology

Cardiology
Respiratory Immunology
Endocrinology Surgery

Hepatology Gastro Rheumatology
Gynaecology GUM

Urology
Orthopaedics Oncology

Haematology
Podiatry

What might be done?

- You probably know better than I do
- However at the risk of impertinence:
 - It is relatively straightforward to screen for anxiety and panic in older children at least
 - Simple advice and education is likely to have an impact, but not to solve the problem entirely
 - There is a lack of services for children for common mental health problems compared to adults so referral out is difficult for those <18
 - It should be possible to build in advice and management of anxiety into materials for children and parents as it is for adults
 - For older children and young people the interventions for adults work just as well
 - I would have thought that simple standardised interventions would be relatively easy to develop for younger children and there is an existing evidence base for treatment of panic and anxiety in children. However an intervention would likely need to involve parents.

Why?

- Driven by the fact that there is now so much information that it is no longer possible to be expert in anything other than a small fraction of medicine
- However it has unfortunate consequences:
 - Lack of co-ordination of care
 - No-one has an overview of the patient leading potentially to misdiagnosis and mistreatment
 - It costs a fortune as we shuttle patients through multiple specialties
 - Polypharmacy is rife, particularly in older people. Everyone adds a drug but no-one takes any away
 - There are long delays as we send patients round different services
 - Patients spend hours travelling to and from appointments and it costs them a fortune
 - Patients spend large parts of their lives in hospitals, clinics and primary care



Failure to integrate care

- Is wasting a lot of money
- Is leading to worse care for patients and worse outcomes
- Is at its most acute in the divide between mind and body
- Is absurd in the 21st Century

There is a circularity between asthma and anxiety

- Anxiety tends to trigger asthma attacks and to worsen them
- Asthma attacks provoke anxiety

Adults

Prevalence of anxiety and depression in asthma patients is high and asthma is associated with developing panic disorder *Katon W., Richardson L., Lozano P., & McCauley E. (2004). The relationship of asthma and anxiety disorders. Psychosomatic Medicine: 66, 3.*

Our review for a grant applications suggested OR is 4-5

Despite this, psychological comorbidity in asthma patients is often not recognised, meaning asthma patients may be underrepresented in mental health services *Thomas M., Bruton A., Moffatt M., & Clelan J. (2011). Primary Care Respiratory Journal: 23, 3.*

Adults

For patients with asthma and anxiety, their quality of life and treatment compliance is reduced and depression is associated with non compliance in asthma treatment *Ten Thoren C., & Petermann, F. (2000).Respiratory Medicine, 94, Bosle C. M., Fosbury J. A., & Cochrane, G. M. (1995). European Respiratory Journal: 8.*

Depression and anxiety are also associated with poorer asthma control and greater healthcare utilisation *Di Marco F., Verga M, Santus P., Giovannelli F., Busatto P., Neri M., Girbino G., Bonini S., & Centanni S. (2010). Respiratory Medicine: 104, 1*

Significantly for patients and their families, non adherence to treatment is associated with greater hospitalisation and death *Horne R. (2006) Chest Journal:130, 1..*

Adults

CBT has been found to significantly reduce asthma related fear, and integrating CBT and asthma education improved panic, anxiety, asthma symptoms, and quality of life *Ross C. J., Davis T. M., & MacDonald G. F. (2005) Clinical Nursing Research: 14, 2. Parry G., Cooper C., Moore J., Yadegarfar G., Campbell M., Esmonde L., Morice A., & Hutchcroft B. (2012) Respiratory Medicine: 106, 6.*

This suggested to us that, by creating an integrated physical/psychological treatment manual for asthma patients, their quality and length of life might increase. A similar manual for COPD reduced A&E admissions by 42%, and found significant improvements in depression, anxiety, and dyspnoea, with significant savings in costs *Howard, C. & Dupont S., (2014). Primary Care Respiratory medicine: 24*

Children

- I am not an expert on asthma in children
- However a quick scan of the literature shows:
 - Children with asthma are more likely to be anxious and more likely to develop panic disorder (OR 3)
 - Anxiety is associated with poorer control of asthma, although the direction of causation is unclear and may be bidirectional
 - There was some rather evidence that intervening in anxiety might impact on anxious children's control of their asthma