

Emotional Management In Chronic Disease

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Abstract

Persons living with chronic disease present with a wide array of emotions. These range from affable and accepting, action-oriented attitude, to anxious, afraid or apathic, adynamic acceptance of disease. Yet others may be argumentative and angry, or openly aggressive and antisocial. Increasingly, primary care practitioners also encounter 'pseudo academic' or hyperaware' patients, who base their knowledge on non scientific social media. This communication describes the various array of emotions encountered in chronic diseases such as diabetes and obesity, and suggests an individualized approach to deal with them.

keywords: Biopsychosocial model, chronic care, emotional health, mental health psychology, psychosocial aspects

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Introduction

Each chronic disease has an emotional component. Being diagnosed with a chronic disease or its complication, living with the condition, and navigating its management, all lead to emotional ill health. This has been described as diabetes distress or dialysis distress.^{1,2} However, the range of emotions that may be encountered in chronic care extend beyond distress, dejection or despair.³ We present this spectrum as the 6A array of emotions (Figure).

Positive Emotions

Some persons behave in an affable or friendly manner, in action-oriented mode, accepting their diagnosis and the suggested plan of management. Such individuals are able to share decision making and more towards optimization of health more rapidly as compared to others. They require comparatively less support and counselling, and

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are happy to receive the necessary education and training

Neutral Emotions

Other people appear to be apathic or adynamic. They may be termed 'anonymous' (personal communication: Rajshri Mallabali, Bangalore, India), as the treating physicians may be unable to ascribe a unique personality to them, or remember them later. These individuals need motivation to initiate and persist with treatment. Focus should be laid on explaining the disease state, describing the advantages of treatment, and identifying motivating cues which will help in adherence. Motivational therapeutics is as important as biomedical-based therapy in such cases.

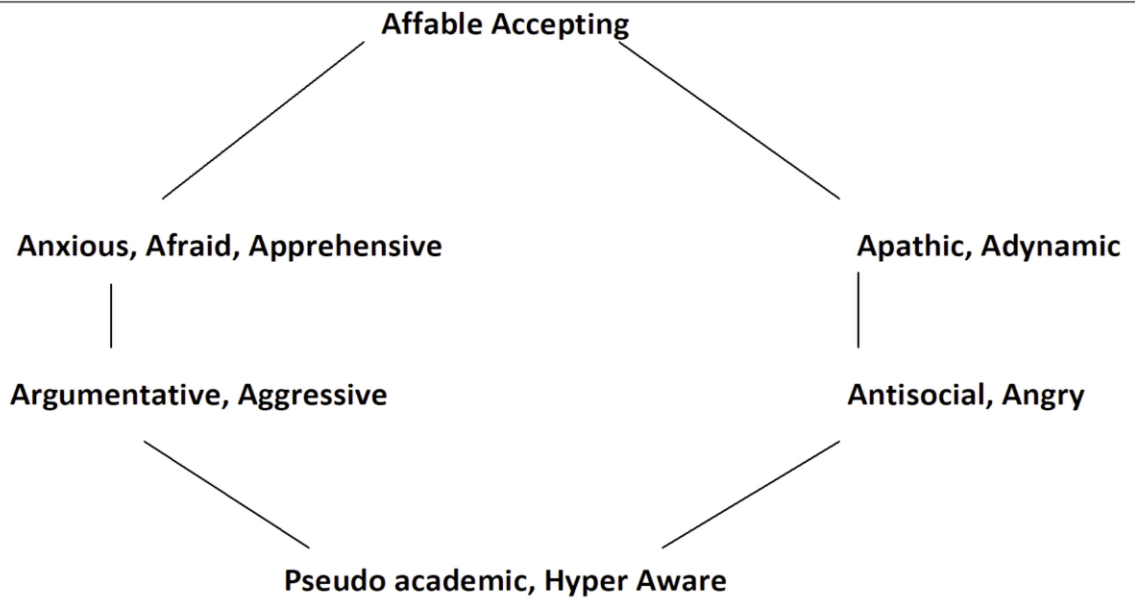
Negative Emotions

Yet others are genuinely anxious, apprehensive or afraid, fearful of their disease and possible complications. They need intensive counselling, support and reassurance. Relatively simple investigative and therapeutic protocol should be followed, until optimal bonding and trust are achieved. Simultaneously, the reason for fear and mistrust should be evaluated: it may be due to past(unsavoury) experiences with the health care system, due to unfounded beliefs, or misinformation from various sources.

This emotional state overlaps with the 'pseudo academic' or hyperaware' personality state. These individuals go into information overdrive, or information burnout, reading and researching about their health status. Unable to differentiate between information, misinformation and disinformation, they may be perceived as being unnecessarily argumentative or 'attitudinal'. The right approach is to explain facts in a calm and composed manner, without being sarcastic or judgmental. The concept of therapeutic patient education, informed decision making, and shared decision making are relevant here.

A more extreme level of negativity may be encountered in the form of angry, aggressive or antisocial persons. These differ from the previously described category of patients. The earlier emotions lack the right information, or mis-programmed due to wrong knowledge. The latter, however, harbour generalized nonspecific anger against the health care system, health care professionals, and

The 6A ARRAY OF EMOTIONS IN CHRONIC DISEASE



modern health care interventions. A slow and steady approach towards education and explanation, in an empathic and elastic manner, yields dividends. Patient listening, combined with expression of understanding, helps break barriers, one at a time.

Clinical Implication

Emotional well being is an integral part of overall health. Emotions contribute to health, and also to acceptance of health care. At the same time, emotions may cause, contribute to, confound or complicate ill health. Management of emotions, therefore, becomes an integral part of chronic care. An understanding of the wide variety of dysfunctional psychological states allows creation of individualized strategies to correct them, and achieve

optimal health.

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