

Emotional response

Individuals with chronic illness	disbelief and denial - reinforced if symptoms are minimal anger and resentment - 'why me?', may see it as a form of punishment, may be directed to god, caregiver, doctors, self anxiety - less info (uncertainty) abt illness & treatment increases anxiety depression - due to loss of health, can increase symptoms and reduce adaptability acceptance - learn to live with it
Family (parents and siblings)	disbelief and denial - doubt diagnosis, consult various doctors anger and resentment - at self, doctor, patient anxiety - may become overprotective, preoccupied with their own health guilt - feel responsible for patient's condit, may project it to patient depression - more awareness of the condit, breakdown of patient's future expectations acceptance - have adapted, condit is no longer the primary focus
Physicians	avoidance - avoid giving new to family anger and resentment - time consuming paperwork, at family for expecting immediate assistance anxiety - accuracy of diagnosis, treatment, their communication of expectations depression - wrong diagnosis, patient death helplessness and guilt - uncertain diagnosis, limited treatment techniques, knowing there's no cure (or final stages)

Health belief model

Hochbaum, 1958; Rosenstock, 1966



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Health belief model (cont)

Theoretical framework used to explain and predict health-related behaviors

Developed to understand why people engage/don't engage in health behavior change (attitudinal approach)

2 primary beliefs - severity of illness (perceived health threat) & effectiveness of the behavior change (perceived threat reduction)

perceived health threat (susceptibility, severity)- influenced by 3 factors: general health values (how important health is to you), specific beliefs about personal vulnerability to a illness (possibility of illness), beliefs about consequences of illness

perceived threat reduction (benefits, barriers)- belief of effectiveness of behavior change

Components of HBM -

1. modifying variables: demographics, psychological - affects perceptions
2. perceived susceptibility - how likely you think you can have an illness
3. perceived severity - how dangerous an illness can be
4. perceived benefits - direct/immediate, tangible and indirect/long-term, abstract
5. perceived barriers/costs- what they lose due to the change (change happens when action outweighs barriers)
6. health motivation - personal importance to health
7. cues to action (bypasses all perceptions - internal (physiological - pain etc) or external (media etc))
8. action

Support for HBM- research provides support for:

1. Influence of individual's perceived susceptibility on health behavior change
2. Perceived barriers and susceptibility are best predictors of healthy behavior
3. Role of cues to action (external - informational input (warnings, knowledge)) in predicting health behavior

Conflicting findings- Some research showed that behavior change was related to low perceived severity

Criticisms of HBM-

1. Only focuses on conscious processing of information
2. Not much emphasis on social, environmental, economic factors
3. It's a static approach to health belief - no room for change
4. Did not include influence of health belief

[link text](#)

Health compromising behavior

Substance abuse and addiction	Compulsive engagement in a harmful activity/substance use despite it's negative consequences - occurs when a person has become physically/psychologically dependent on a substance due to it's repeated use over time Activates the mesolimbic pathway, a reward pathway that activates motivated behavior due to excessive release of dopamine A gene transcription factor, FOSB (a protein coding gene) - common factor involved in addiction Main cause of addiction is due to dependence Stages - (1) acquired tissue tolerance; (2) adaptive cell metabolism; (3) withdrawal and craving; and (4) loss of control. Factors leading to dependence: reinforcement (+ve: buss/rush of indulging in it, -ve: supresses -ve emotions) avoiding withdrawal symptoms (intense anxiety & hallucinations, tremors, blood alcohol level drop) physical dependence - body has adjusted to the substance and incorporates the use of that substance into the normal functioning of the body's tissues, involves tolerance tolerance level increases - leading to more consumption for same effects Craving - strong desire to engage in a behavior/consume a substance, due to physical dependence or envi triggers Types of addiction: Substance addictions (opiod, nicotine, marijuana, alcohol) - substance use disorders four stages of substance use: (1) initiation; (2) maintenance; (3) cessation; and (4) relapse Non-substance/Behavioural addictions (gambling, sexual, internet, shopping) - impulse control disorders Symptoms of addiction: 1. <i>Behavioral</i> - changes in appetite, sleep, attitude frequent, sudden mood swings - angry & irritable (increased lash outs and conflicts), anxious & paranoid w/o cause reduced performance, lack of motivation periodic hyperactivity hiding/in denial of certain behavior 2. <i>Physical</i> - abnormal pupil size & bloodshot eyes impaired motor coordination and periodic tremors poor physical appearence and body odour slurred speech sudden change in weight 3. <i>Social</i> - legal issues personal relationship issues sudden change in friend groups, hobbies, financial status Risk factors of addiction: Genetic predisposition - heredity, altered brain neurons due to envi Environment - life experience, peer pressure Age - teens have increased susceptibility (more impulsive desicion making), more resistant to treatment and more liable to relapse Comorbidity - ppl with comorbid mental disorders (ADHD,PTSD, depression, anxiety etc) Drug choice - some are more physically addictive Screening and assessment: Addictions Neuroclinical Assessment, Alcohol-Smoking & Substance Involvement Test (ASSIST), Drug Abuse Screening Test (DAST-10) Treatment and management: CBT, medication, rehabilitation
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Health compromising behavior (cont)

Alcoholism Can lead to dependence and addiction

Problem drinking and alcoholism - substance dependence disorders

Alcoholic- someone who is physically addicted to alcohol, symptoms - high tolerance, more craving, withdrawal

Problem drinking- may not have symptoms like alcoholics, more social, psychological, and medical problems resulting from alcohol

Alcohol consumption is linked to:

positive effects -

light and moderate drinkers had lower morbidity and mortality rates reduces coronary heart disease

negative effects -

high blood pressure, stroke, cirrhosis of the liver, some forms of cancer, brain atrophy and consequent deteriorating cognitive function

facilitates risky behavior, impaired judgement and decision making

increase in financial (buying alcohol) and economic (accidents, fights etc) costs, legal issues (DUI, underage drinking, public intoxication)

risk of overdose

interferes with medication - decreases efficiency of meds and increases risk of side effects, can lead to intense outcomes (respiratory depression, internal bleeding, excessive sedation)

social isolation and relationship problems

can affect genes and fetal development (FASD - fetal alcohol spectrum disorders)

Treatment:

around 50% - stop on their own

60% treated may relapse

1. *clinical* -

aversion therapies (negative association with alcohol - drug antabuse)

contingency contracting (contract with fam/therapist)

cue exposure procedure (find env triggers and coping strat)

self management (self monitoring)

2. *rehabilitation* -

behavioral therapies (cbt, motivational interviewing etc)

group support, indiv counselling

detox programmes



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Health compromising behavior (cont)

Smoking 30 per cent of the adult population
smoking initiated in childhood has an increased chance of lung cancer
Causes: for fun and pleasure, to calm nerves, for confidence, due to parental smoking (children 2x likely), peer pressure, hobby - low income women for themselves

smoking symptoms:

positive effects- relaxation and stress relief, confidence

negative effects-

increased risk of cancer

respiratory and cardiovascular diseases

reduced lung function

reduced fertility, premature aging

Treatment strategies:

Nicotine replacement therapy (NRT) - using nicotine patches, gum etc

Behavioral support - support groups, counseling sessions, cbt

Medications- to reduce cravings and withdrawal symptoms (bupropion)

Chronic illness

A long lasting condition that can be controlled but not cured.

Factors: physical symptoms, treatments (complications, outcomes, possible recurrence), lifestyle changes (dietary restrictions, disruptions in normal life - missing classes, leaving jobs etc), monitoring and frequent medical attention

Difficulties in adjustment and coping

Role of psychology:

Biomedical perspective psychology is consequence of (caused by) chronic illness

Health psych perspective psych plays role in illness from onset to final outcome, including beliefs, behaviors, coping, symptom perception, stress, adaptation, and quality of life.

role of psych in CHD

Before CHD onset beliefs - believe they have low susceptibility and have less seriousness to it, healthy behavior seems effortful

behaviors - diet, exercise, personality

CHD rehabilitation - changing belief and behavior, coping with CHD

Quality of life

overall well-being and satisfaction of an individual in various aspects of life

key measure of treatment success physical and social functioning, psychological status, illness/treatment symptoms

can lead to better health outcomes and higher patient satisfaction

holistic approach to patient care (personalized and patient centered) physical aspects of the illness + impact on the patient's daily life and overall well-being

help gain knowledge on specific problems for each disorder

impact of treatments

expectations from medical procedure and likely course of recovery

best healthcare

Psychological difficulties

Persistent fear, stress, anxiety of Illness, it's progression and long term effects
Dying
Hospitals and/or medical procedures

Excessive mood swings sadness, anger, irritation

Behavior problems sleep patterns, appetite, or engaging in risky behaviors

Psychological difficulties (cont)

Physical appearance body image issues

Social difficulties isolation, bullying

Difficulty in relationships coping with stress self-care decision-making adjusting to changes

Coronary heart disease (CHD)

occurs when plaque builds up in the walls of the coronary arteries, which supply blood and oxygen to the heart. This buildup can narrow or block the arteries, reducing blood flow to the heart - risk of heart attack

angina strong pain in the chest, which sometimes radiates down the left arm - occurs when blood flow to the coronary arteries is restricted to such an extent (**most blockage**) that the heart muscle is starved of oxygen

acute myocardial infarction (AMI) occurs when blood flow is restricted below a threshold level (**moderate block**) and some heart tissue is destroyed - blood clot restricts further blood flow to heart



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Coronary heart disease (CHD) (cont)

sudden cardiac death mostly occurs in patients who have already suffered damage to the heart through previous AMIs

Health enhancing behavior

weight control and diet

exercise

yoga

sleep

Issues due to chronic illness

Children may limit child from engaging in activities contributing to **development and learning** (sports, attending school, going to sleepovers) limits are set by medical providers or parents

Adolescents **autonomy issues**
have to be more dependent on caregivers
limited time spent with peers
self-esteem issues

Adults **relationship issues**
can influence overall health, functioning and productivity.
families have to cope with pressures of caregiving and fear of losing a loved one
factors - intimacy, finance, housekeeping, parenting

role of psych in CHD

Before CHD onset beliefs - believe they have low susceptibility and have less seriousness to it, healthy behavior seems effortful

behaviors - diet, exercise, personality

CHD rehabilitation - changing belief and behavior (health edu, relaxation, counselling, modify risk factors) , coping with CHD

Outcome recovery
quality of life



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