

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 condt, may project it to patient depression - more awareness of the condt, breakdown of patient's future expectations acceptance - have adapted, condt 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 (precieved health threat) & effectiveness of the behav change (perceived threat reduction)

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

percieved threat reduction (benefits, barriers)- belief of effectiveness of behav change

#### Components of HBM -

- 1. modifying variables: demographics, psychological affects perceptions
- 2. perceived susceptibility how likely you think you can have an illness
- 3. percieved severity how dangerous an illness can be
- 4. percieved benefits direct/immediate,tangible and indirect/long-term,abstract
- 5. percieved barriers/costs- what they loose 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 indiv's percieved susceptibility on health behav change
- 2. Percieved barriers and susceptibility are best redictors of healthy behav
- 3. Role of cues of action (external informational input (warnings,knowledge)) in predicting health behav

Conflicting findings- Some research showed that behav change was related to low percieved severity

#### Criticisms of HBM-

- 1. Only focuses on conscious processing of info
- 2. Not much emphasis on social, envi, economic factors
- 3. Its 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. Behavioral -

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. Physical -

abnormal pupil size & bloodshot eyes

impaired motor coordination and periodic tremors

poor physical appearence and body odour

slurred speech

sudden change in weight

3. Social -

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

Comorbitity - 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 desicion 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 effects 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 envi 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	psychology is consequence of
perspe-	(caused by) chronic illness
ctive	
Health	psych plays role in illness
psych	from onset to final outcome,
perspe-	including beliefs, behaviors,
ctive	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

success

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

key physical and social functimeasure oning, psychological status, illness/treatment symptoms treatment

can lead to better health outcomes and higher patient satisfaction

holistic physical aspects of the illness + impact on the patient's daily approach to patient life and overall well-being care (personalized and patient centered) specific problems for each help gain knowledge disorder

impact of treatments

expectations from medical procedure and likely course of recovery

best healthcare

### Psychological difficulties

Persistent	Illness, it's progression and
reisisteilt	illiess, it's progression and
fear,	long term effects
stress,	Dying
anxiety of	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	body image issues	
appearence		
Social	isolation, bullying	
difficulties		
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 mostly occurs in patients who have already suffered damage to cardiac death the heart through previous AMIs

## Health enhancing behavior

weight control and diet exercise

yoga

sleep

### Issues due to chronic illness

may limit child from engaging in Children

> activities contributing to development and learning (sports, attending school, going to sleepovers) limits are set by medical providers or parents

Adolesautonomy issues

cents 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

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role of psych in CHD

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

behavior seems effortful

behaviors - diet, exercise,

personality

rehabilitation - changing belief and behavior (health edu,

relaxation, counselling, modify risk factors),

coping with CHD

Outcome recovery

CHD

quality of life

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