Under the Surface
Is the Mental more important than the Physical

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I'm Really Giving Up At Life, I Don't Have No Support Nor Help That I Need! This Sickle Cell Can Take Over Now, I Wanna Go To Heaven And Not Have To Suffer For No More!
Psychosocial health in SCD
What we see and what we can’t

- Undiagnosed or misdiagnosed
- Left untreated or inadequately treated
Depression in SCD

- 2-7% diagnosed with depression
- 21-57% report symptoms when asked

Depression

- Recognized
- Unrecognized

Patients with SCD who run into depression experience poorer outcomes

2.3x more hospital visits for pain

Is depression in SCD what we think it is?

- Dysthymia
  - 9:1 compared to major depression
- Poor self-management/adherence
- Irritability
  - → frustration, hostility, aggression
- Insomnia
  - 50% adults with SCD (V Mann-Jiles 2015)
Small social life

“...I didn’t like the way the majority of the other kids ask me questions about myself”

“I shouldn’t be making friends...because therefore I make them accept I’m dying”
Negative interactions in the health care environment

• “you aren’t really in pain”
• “you labs don’t show there is anything wrong”
• “you’re drug-seeking”
• “…a junkie”
Low Hemoglobin \(\rightarrow\) Poor brain function

- 15% of cardiac output
- 25% of total oxygen supply
- 50% under cognitive demand
Biopsychosocial model of SCD pain

**EXTERNAL STRESSORS**
Job loss, family conflict, bills, child care, unexpected health complication

**NEGATIVE THOUGHTS**
Low self-efficacy, catastrophizing, self-doubt

**PERCEIVED STRESS**
Overwhelmed, helpless, life is out of control

**PAIN SYMPTOMS**
Uncontrolled pain and hospitalizations

**DEPRESSED MOOD/ANXIETY**
Feelings of depression, worry, irritability

**PHYSIOLOGICAL AROUSAL**
Muscle tension, ↑HR, BP, adrenaline/cortisol
Trust vs. Competence

- Trust is more important to patients, perceived competence more important to us
  - Sit down
  - Listen (clarify understanding)
  - Apologize if appropriate
  - “Slow play, long game” – Assess patient readiness
  - Normalize
Take Home Message:
Anything is better than nothing

- Our best intervention is to show we care
  - Create an environment of trust/respect
  - Assess depression/anxiety, acknowledge the need, provide access to an intervention if available