PSYCHOLOGICAL INTERVENTION IN TERTIARY PREVENTION OF CHRONIC DISEASES

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Abstract: *The need to recognize the role of clinical psychology within the health insurance system, implicitly the reimbursement for specific services has become a reality since 2014. These health care related services are provided by psychologists in the specialities of clinical psychology, psychological counselling, psychotherapy and special education. Psychological counselling and the specific forms of psychotherapy accepted as health care related services can be applied to both children and adults, diagnosed with psycho-behavioural disorders, autism spectrum disorders, terminally ill patients, patients in emergency situations, or for the rehabilitation of the chronically ill etc. This paper aims at analysing the legislative framework in the field, literature reviewing with emphasis on the importance of psychological interventions on patients who require these services for the prevention of mental disorders, as tertiary prevention measure, in order to increase the quality of life of the chronically ill.*

1. Current situation of Romanian psychological interventions

Gradually, psychological services occupy their rightful place in the collective consciousness, getting rid of prejudices that gravitated around them until recently. People realize the importance and benefits of counselling or psychotherapy sessions, understanding much better the support they bring in overcoming the difficulties they face in life, emotional problems, health, but also in terms of changing attitudes or the unhealthy behaviour habits.(1) Psychology is a branch of medicine, whose one of the main activities focuses on assuming an interpersonal relationship, a special kind of human contact between the one who suffers and the one who helps, the ultimate goal being to relieve human suffering.(2) Thus, the role of psychological services in respect to diseases is to improve and/or cure pain, suffering, even the disease, but also to raise patient's awareness about how to manage and live with his disease.(3)

In our country, psychological services were considered an "annex", less important, and not related to health status, which is conceptualized as a state of physical, mental and social well being.(4) Psychological services were not considered as beneficial for health. In a press release given by the College of Psychologists of Romania, it is shown that in our country, over 40% of the rural population have never received a psychological evaluation and do not know what a psychologist does.(5) There is no need to mention the fact that depression will become the second cause of death and disability in the world by 2020, according to research conducted by the World Health Organization.(6) Psychological problems are numerous and multiple, affecting all age segments of the population. This is due to the reduced accessibility of psychological services. The status and health of a large number of people is getting worse because they cannot afford resorting to the services of a psychologist. In the private sector, these are very expensive, and in the state system, such services are virtually nonexistent.

Following repeated steps taken by the College of Psychologists of Romania, starting with 2014, the Romanian National Health Insurance House has understood the importance of psychological services (psychological evaluation, clinical psychological counselling and psychotherapy) and their need for the Romanian population, introducing them in the Framework-Agreement for the years 2014-2015. Thus, from 1 June 2014, it is provided that psychotherapy services to be reimbursed in Romania and psychological evaluation, clinical psychological counselling and psychotherapy for children diagnosed with autism spectrum disorders to be included among insured health services.(7) This has been happening for long time in most European Union countries, where psychological services are considered health services.

According to the Framework-Agreement regulations, psychological health services related to medical care are provided by psychologists in the specialities of clinical psychology, psychological counselling, psychotherapy and special education and may be subject to contracts concluded by health insurance funds with psychologists and physicians specialized in the following clinical specialties: medical oncology, diabetes, nutrition and metabolic diseases, neurology and paediatric neurology, otorhinolaryngology, nephrology, hematology. By reimbursing psychological assistance, psychologically vulnerable people are envisaged, as well as the chronically ill, terminally ill, children with emotional or behavioural problems, or with difficulties of adaptation. By the psychological assistance provided, patients can receive psychological counselling on optimizing their health, on facilitating adjustment to illness, accepting diagnosis and reducing emotional reactivity in the face of illness, changing the risk factors for a more rapid recovery, education, information on modifying risk behaviours (patients are advised how to quit smoking, to carry out more physical activity, to eat healthier etc.). Also, patients are helped to acquire skills on increasing resilience in dealing with various physical or emotional traumas.

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2. Tertiary prevention of chronic diseases

Chronic diseases are diseases of long duration and generally with a slow evolution. Chronic diseases, such as coronary heart disease, stroke, cancers, chronic respiratory diseases, diabetes are by far the leading cause of death in the world, accounting for 63% of all deaths (8,9) and 30% of a given population.(10) These are diseases that can be prevented. One method relates to tertiary prevention, which aims at reducing problems resulting from complications of the disease (tertiary prevention is expressed, for example, in increasing the quality of life of people with severe mental disorders). Prevention is a solid principle which underpins the international bodies concerned with the health of populations. Thus, several reports and official documents (11) are promoting principles and recommendations on what measures should be implemented by each health system to improve the mental health of individuals, measures that can be adapted to the cultural, social and economic context of each country.

Treatment of chronic patients is one of the biggest challenges of medicine because most often, chronic diseases are influenced by psychosomatic and biopsychic factors.(12) The therapeutic intervention in chronic diseases takes into account several objectives: psychological symptoms, personality traits, patients' attitude towards disease, life, risk behaviours, lifestyle, patients' internal resources to cope with stressful events, traumatic situations etc.(12) Stress factors important for the emergence or worsening of chronic diseases include pathological mechanisms involved in the disease etiopathogenesis, psychological mediators, behavioural risk factors, severity of the disease itself, psychological and sociological effects. It is important to note that treatment of chronic diseases does not include only drugs; there is also need for psychosocial interventions. Therapeutic interventions addressed to the chronically ill focus on communication skills between doctor and patient, and the psychologist can come up with additional information about the chronic disease, information that the doctor has not been able to provide to the patients, largely because of lack of time available for each patient. Now, the chronically ill can receive free psychotherapy sessions depending on condition: individual or group psychotherapy, cognitive-behavioural, supportive psychotherapy. The psychologist specialized in clinical psychology has the skills to recognize and understand the needs of patients and, based on the therapeutic relationship of trust established between patient and therapist, patients can help to regain confidence and look to the future with hope.

Chronic diseases can cause low levels of self esteem, emotional distress, feelings of discomfort regarding the everyday life. As a result of disease symptoms, chronic patients can experience a number of major changes in terms of lifestyle with repercussions on that of other family members, some may even face the phenomenon of stigmatization, social isolation, no longer being able to perform the same activities as they did before the onset of disease.

Gaining a better understanding of the disease in terms of aggravating factors, beliefs, convictions and emotions on which information processing is carried out, the perspective of patients on their health is thus developed. The psychosocial impact of the disease may help improving the mental health of the chronic patients, through a more effective collaboration between this one, physician and the social support network.(12)

The first set of attitudes that the doctor or psychologist encounters when dealing with patients with chronic diseases or who are terminally ill are related to the fear of disease. It is very important that both, the doctor and the psychologist to know not only the results of morphological and histological biology, but especially the personality structure of the patient. The physician, and especially the clinical psychologist can instil confidence in patients regarding their favourable evolution of the disease, and of the quality of the provided therapy.

Generally, patients want and require communication, dialogue and through the psychological counselling or psychotherapy sessions, they will be surrounded by the warm but balanced attitude of the therapist, of which hope should not miss. There are studies showing that mental state changes the general status of the disease, therefore instilling hope and not excessive care can be positive arguments of the clinical psychologist's activity and of the psychological services offered by this one. Initially, when the patient tries to escape disease, or to ignore it, hypochondriacal symptoms occur, as well as depression, anxiety, isolation. When the patient learns about the diagnosis, he goes to another stage of evolution, when there is a general mobilization of forces. The patient devotes its ability to hope for healing, so he should be helped by taking advantage of specialized psychological guidance and support of a psychologist with expertise in clinical psychology.(13)

In the psychology of chronically ill or terminally ill, it was found that there are five stages through which they pass in the moment of finding out the diagnosis: the first one is *denial*, when the diagnosis is denied as not being the real one; the second stage is the *anger* stage, when anxiety invades the patient in connection with the diagnosis and prognosis of his illness, the third stage is the *"bargaining"* stage, when the patient tries various forms of collateral solving of his affection; *depression* stage, appeared as a reactive and exhaustion decompensation of the defense mechanisms; *acceptance* stage, when the patient disarms, resignedly accepting the fulfilment of destiny.(14) In such cases, individual or group psychotherapy sessions can bring great benefits to the mental state of the patient. It is, therefore, very important to pay special attention to the psychology of the patient, that can be offered through psychological support and, currently, it can be offered for free by the reimbursement for the psychological services.

The impact of chronic diseases is multidimensional and affects not only the individual concerned but also his family. Effects of chronic diseases are ranging from depression, anxiety, loss of employment, and hence reduced revenues, increased levels of stress, physical limitations, pain, emotional problems, decline in self-concept, changes in the social status, including difficulties in treatment compliance. Thus, to successfully adapt to living with a chronic condition, an individual and his family must permanently adopt behavioural, social and emotional changes.(15,16) However, it is unlikely that the patient and family members have the necessary resources to initiate these changes. To this end, a series of psychosocial interventions are designed to help them adapt to the reality of their chronic health status, adhere to a lifestyle that manage and reduce symptoms, and improve their quality of life despite their condition.

The objectives for most psychosocial interventions are to provide the patient (and his family, if appropriate) with autonomy in managing and living with his/her chronic condition. Self management is the key tool that provides the patients with coping strategies, problem solving skills and a greater capacity to deal with the situation without resorting so often to the help of a healthcare professional.

Some psychological interventions are more basic and cover a single element, such as stress or anxiety, which not only are symptomatic but also exacerbate the chronic disease. For example, relaxation techniques aim at teaching patients how to better manage stress and anxiety (17) using techniques such as progressive muscle relaxation and attentional strategies.

Counselling sessions are designed to educate patients,

to give them information about their health, and this may prove useful in dispelling preconceptions, reduce worries and concerns about future, normalizing experiences (through peer support groups) and often, they aim at involving patients' families, allowing them collectively to better understand the situation and to deal with it.(15)

Other aspects of counselling/psycho-education sessions can focus on aspects such as: learning new skills, setting goals, increasing self-efficacy, social involvement, hope and life satisfaction.(17)

Psychological interventions in tertiary prevention of chronic disease take the form of the already known psychotherapies. For example, behavioural interventions aimed at the compliance and adherence to a particular lifestyle by motivating patients through self-monitoring programmes and rewards. Joining a certain lifestyle proved to be important for patients with chronic illnesses, improving their lives and reducing the risk of progression of existing disease. On the other hand, cognitive interventions help patients analyzing their thoughts, beliefs and emotions, and also removing and modifying dysfunctional patterns of thinking, which are "useless" or negative, and which in the case of chronic conditions or in the case of incurable diseases, are quite frequent as a result of co-morbid depression. Often, secondary co-morbid disorders (e.g. depression or anxiety) can be effectively addressed as part of this treatment, and given that chronic diseases often give rise to secondary co-morbid diagnoses, an effective set of therapeutic interventions could be targeted in order to cover them as well.(18)

In practice, psychotherapeutic approach of the patients can be guided depending on patients' type of response to the disease. Among them, we can mention: realistic acceptance of sickness and trying to handle the situation in a "therapeutic alliance" with the doctor, the psychologist, the entire medical team; minimizing or degenerating the significance of the disease and trying to continue its existence as if this has not happened; reducing excessive dependence on the situation and on the status of the patient, as well as the tendency to perpetuate the role of being sick.

All these interventions can be offered either individually or at group level, through the participation of a certain number of patients with the same type of affection. Regardless of the development manner, psychological interventions can only bring benefits in terms of additional support provided by reducing the period of hospitalization, decreasing co-morbid anxiety and depression, reducing the incidence of complications and facilitating a new and adaptive lifestyle.

The association of psychological intervention to the pharmacotherapeutic treatment in chronic diseases is recommended not only to reduce the doses of medication, but especially to ensure the psychic balance of these patients.

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