Recognising anxiety and depression in patients with long-term physical conditions

People experiencing long-term physical conditions are predominantly cared for within primary care settings by nurses. These patients are two-to-three times more likely to develop mental health problems as a result of the detrimental impact of their illness on their physical and social functioning. They are also more likely to disclose mental health issues to nurses working in primary care — therefore, general practice nurses (GPNs) need to be able to recognise both mental distress and mental illness to ensure that their patients receive appropriate assessment, care and management. This article discusses the prevalence of mental health problems in patients with long-term physical conditions and how nurses in primary care settings can recognise, assess and support them.

KEY WORDS:

- Mental health
- Primary care
- Long-term physical conditions
- Depression
- Anxiety

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It is well known that people experiencing long-term physical illness, particularly cardiovascular disease (CVD), diabetes and chronic obstructive pulmonary disease (COPD), are two-to-three times more likely to develop mental health problems than the rest of the population (Dury, 2015) (*Table 1*). People with long-term conditions are predominantly cared for within primary care and are the most frequent users of health services.

Approximately 80% of all mental health care occurs in primary health care and hospitals (Department of Health [DH], 2014). Patients who have a combination of mental health and physical health conditions have higher levels of morbidity and mortality and lower quality of life than those with a chronic physical illness alone (Gagliotti et al, 2017). They tend to experience depression and anxiety; or, in the older person, cognitive impairment and dementia (DH, 2011; Naylor et al, 2012; NHS England, 2014).

> **The combination of physical and mental health problems causes increased difficulty with the management of a patient's illness and treatment.**

The combination of physical and mental health problems causes increased difficulty with the management of a patient's illness and treatment. It has a bi-directional effect — for example, if a person has depression, they are less likely to exercise, more likely to eat less nutritious foods and are at a greater risk of CVD (Majed et al, 2012; Davies, 2015). Equally, those with CVD are more likely to become depressed due to the negative impact of their physical symptoms on their life (Read et al, 2017). This in turn leads to poorer health outcomes and

reduced quality of life (Vollenweider et al, 2011; Naylor et al, 2012; Davies, 2013), particularly as their physical symptoms worsen.

In addition, people with a combination of both physical and mental health problems are more likely to experience social deprivation, such as poverty, isolation and discrimination (*Figure 1*).

BACKGROUND

Despite being aware of the prevalence of mental health conditions in those with long-term physical conditions, there is a disparity between mental health and physical health care — mental health issues are not regarded with the same level of importance as physical health conditions (DH, 2011; Health and Social Care Act, 2012; Royal College of Psychiatrists, 2013).

Mental illness is the leading cause for disability in the UK, and nine out of ten adults with mental health problems are seen in primary care (NHS England, 2014). This has led to the development of the Improving Access to Psychological Therapies programme (IAPT) — a programme of talking therapies available in the UK. This service is being expanded so that more people with disorders such as anxiety and depression can access this treatment (NHS England, 2014), with the *NHS Long Term Plan* stipulating further investment and 'a focus on long-term conditions' (NHS England, 2019: 68).

Improved recognition of mental health issues is imperative, not solely to treat, but also as part of effective health promotion and to improve overall quality of life. However, despite people with long-term conditions being frequent users of the health service, they will only spend approximately 1% of their time in contact with a healthcare professional (NHS England, 2014). This means that 99% of the time they manage their own lives with their carers and families. It is important that these groups are empowered with both information and support to make choices about their treatment and care using

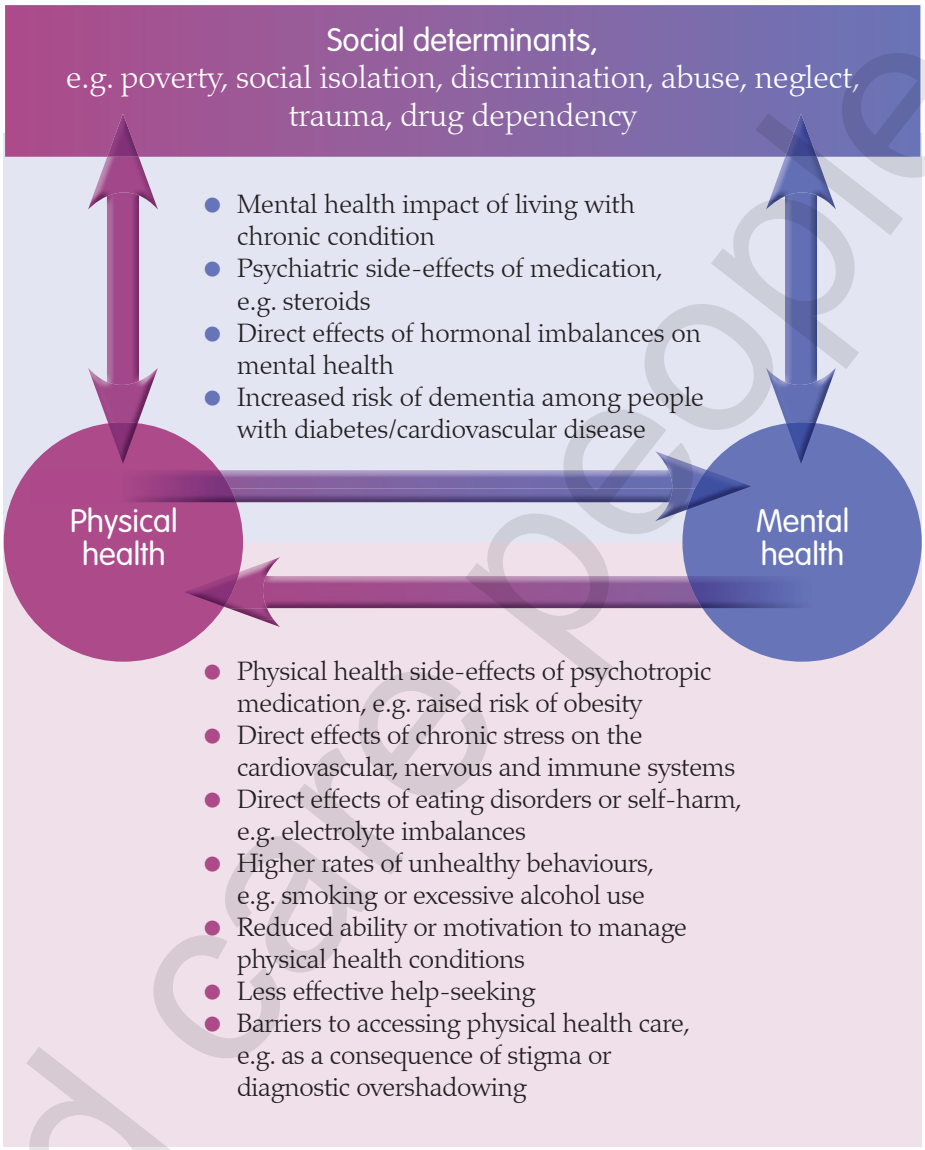

FIGURE 1.
Mechanisms through which physical and mental health interact (adapted from Naylor et al, 2016).

evidence-based educational and self-management approaches within their community (NHS England, 2014). The *NHS Long Term Plan* has recognised that people are, 'already taking control themselves supplemented with expert advice and peer support in the community and online' (NHS England, 2019: 25). Over the next five years, the NHS will support people to continue self-management with appropriate support. The first areas to be considered are diabetes, respiratory

Table 1: Long-term physical health conditions with the highest risk of mental illness

Physical illness	Type of mental illness/prevalence
Cardiovascular disease, including stroke	Depression: one in five patients with coronary heart disease or heart failure One in three after stroke (Cohen et al, 2015) Anxiety: 30% after acute myocardial infarction (MI) (Holt et al, 2013)
Diabetes — types 1 and 2	Two-to-three times more likely to have depression. More common in type 1 Bulimia nervosa more prevalent in type 1 Binge eating disorder: increased prevalence in type 2 (Garrett and Doherty, 2014)
COPD	Three times more likely to have mental health problems, particularly anxiety and panic disorder (10 times more prevalent than general population) Up to 55% experience anxiety (Breland et al, 2015) Depression: up to 42% (Elassal et al, 2014; Mehta et al, 2014)

Box 1

Brief description of depression

- Depression is graded as mild, moderate or severe, which guides treatment regimen
- Depressed mood, present most of the day, every day. May have diurnal variation in mood, feel worse in morning and mood improves as day continues
- Psychomotor agitation or retardation
- Lack of enjoyment in previous pleasurable activities (anhedonia)
- Poor appetite or increased appetite expressed as comfort eating, leading to weight loss or gain
- Poor concentration, difficulty making decisions
- Persistent tiredness/fatigue
- Sleep disturbances: early morning waking, 2–3 hours earlier or hypersomnia
- Self-neglect
- Feelings of worthlessness or guilt
- Recurrent thoughts of self-harm and suicide
- In extreme cases may have delusions and hallucinations.

Box 2

Brief description of anxiety and related disorders

- Persistent irrational worrying
- Physical symptoms: fight or flight response — palpitations, diaphoresis, tremors, vertigo, muscle tension and pain, indigestion and diarrhoea
- Disturbed sleep and tiredness
- Poor concentration
- Panic attacks: short-lived overwhelming sense of loss of control with physical symptoms of palpitations, hyperventilating and diaphoresis, imminent sense of death or doom
- Phobias: extreme fear triggered by specific objects/situation
- Obsessive compulsive disorder — associated with depression and anxiety characterised by obsessions and compulsions
- Obsession: idea, image or impulse which is recognised as the person's own but is repetitive, intrusive and distressing. When resisted, anxiety escalates
- Compulsion: behaviour or action recognised by the person as unnecessary, but they cannot resist performing the action repeatedly (e.g. checking, washing) to avoid an adverse event.

conditions, maternity and parenting support and online therapies for mental health problems (NHS England, 2019).

RECOGNISING MENTAL HEALTH ISSUES

Primary care teams, in particular nurses, are often the first point of contact for patients and have to identify those presenting with mental health problems such as anxiety and depression. Conversely, as 40–60% of primary care visits are due to psychosocial issues (Woods et al, 2015), healthcare professionals also need to know how to support individuals through these common life experiences, such as loss and bereavement.

General practice nurses (GPNs) are well placed to recognise the impact of a long-term physical illness and ensure that care is continually reviewed and evaluated through holistic assessments. It is important not to underestimate the impact of chronic pain, the stress of frequent health appointments, as well as the negative effect of restrictions on functioning and quality of life due to physical illness, and the impact it can have on an individual's mental wellbeing (Currid et al, 2012).

Initial changes in behaviour may become obvious to the nurse, as therapeutic relationships are often already developed, facilitating frequent monitoring or regular health reviews (Haddad, 2010). As such, the nurse may be able to identify subtle changes in the presentation of their patients or in changes in their attendance to appointments, for example, attending more frequently with unusual symptoms/concerns, not attending at all, or forgetting appointments and arriving on the wrong day. Guthrie et al (2016) reported that these patients may not recognise that they are depressed and therefore not inform the nurse of low mood. However, if a trusting relationship has been developed with the nurse, patients are more likely to ventilate their anxieties and concerns (Girard et al, 2017).

Therefore, nurses in primary care need to be able to differentiate between ill health distress and diagnosable mental illnesses, such as depression. This is complicated by the fact that both depression and anxiety have somatic/physical components such as fatigue, loss of appetite, and sometimes pain (Haddad, 2010). The nurse has to identify what requires further intervention, such as health promotion to enhance the person's wellbeing, referral for first-line psychological treatments, or when a higher level of intervention is required, such as starting psychopharmacological management or referring to secondary mental health services (Haddad, 2010). The majority of cases seen by nurses in primary care are likely to require psychosocial interventions, such as general advice and signposting to resources for sleep hygiene, stress management, or befriending to tackle loneliness. Thus, it is vital to ensure that appropriate assessments, care and support are implemented so that the person receives effective care and improved health outcomes.

ASSESSING MENTAL HEALTH

Individuals will often describe themselves as 'anxious' or 'depressed'. The colloquial use of these terms has become much more common. While the symptoms may not meet the diagnostic criteria for these mental illnesses, it is important that they are explored and tackled to prevent delaying recovery from ill health or developing into a mental illness at a later date. The nurse should explore the duration of the problems — when they began and the effect on the patient's life. For example, what coping strategies does the patient use when feeling anxious or low, or experiencing difficulty sleeping? Such information helps to identify how a person self-manages and may highlight some areas for change or improvement.

Using knowledge of the symptoms of depression and generalised anxiety or panic disorder (*Boxes 1* and *2*) can help guide questions. For example, asking someone what their hobbies are and finding out if they are still engaging with them can help gauge any changes in their level of activity or social interaction; while asking if they feel anxious all the time, or whether it comes in intense waves, can help to identify the nature of their anxiety (Callaghan and Gamble, 2015).

It is important to establish a timeline of when symptoms began and what else may have preceded the symptoms, or be occurring in the individual's wider society at the time. While it is possible that their symptoms may be related to their physical illness, it is important that other factors are considered. Simple enquiry into other aspects of someone's life can reveal significant events, such as bullying in the workplace, the loss of a long-standing relationship, or a bereavement (Dury, 2015). It may be that managing their long-term health condition on a day-to-day basis has become overwhelming, or that their partner or carer is no longer able to provide the same level of support as they once had.

Practice point

Patients may not always recognise that they are depressed, and therefore will not express this to their GPN. However, if a trusting relationship has been developed, patients are more likely to express any worries or concerns, which may in turn lead to the GPN recognising wellbeing problems or mental health issues.

Maria's story

Presenting situation: Maria, 55, sees her GPN for her annual asthma review. She is asked to bring her inhalers but unusually has forgotten these and appears breathless and stressed throughout the consultation. The nurse states that she is aware that Maria's husband died three months previously and asks how she has coped since his death. Maria becomes tearful and reports how sad she feels and that she is having difficulty managing both her asthma symptoms, which have become much worse, and sleep difficulties. After the discussion, Maria expresses relief and thanks the GPN for speaking to her about her loss. She is provided with information about bereavement counselling and sleep hygiene, and the nurse arranges to see Maria in two weeks' time to review both her physical and emotional problems.

Follow-up: When Maria returns in two weeks, although she is still tearful when talking about her husband, she is feeling much better having contacted and set up some counselling to start next week. Her asthma is more controlled and her sleep has improved. The nurse therefore decides to review Maria's asthma as usual in six months.

Paying attention to the person's needs as a result of these life events is often sufficient to alleviate some of the suffering. Therefore, it is imperative to identify the underlying cause for a patient's distress, as there may be both practical and emotional issues that will require further discussion, problem-solving and intervention (Chew-Graham et al, 2013), which are within the capability of all healthcare professionals.

In the first patient story (Maria), the GPN identified that the loss of Maria's husband preceded the development of her symptoms of low mood. Both Maria and her GPN recognised that bereavement counselling, which Maria arranged herself, could be beneficial.

As part of the holistic assessment, asking questions about other factors associated with mental illness, such as alcohol and drug use, is imperative. Misuse of these substances can be the cause of symptoms or mental illness (Blows, 2016), as well as a commonly used coping strategy that can mask an underlying mental illness (Heggeness et al, 2019). If the nurse is unsure and wishes to establish if there is an anxiety or affective disorder that may require more specialist intervention by a GP or advanced mental health nurse practitioner, a simple screening assessment can be used, such as the PHQ9 or GAD 7 (*Figure 2*). Completing these tools after the person has reduced or stopped their substance use will provide a more accurate picture of any underlying problem, and help to rule out substance misuse as the cause. A useful pneumonic created by the authors can help to guide an assessment in a primary care setting (*Box 3*).

INTERVENTIONS

The nurse will need to establish what level of intervention is required, such as health promotion to enhance a person's wellbeing,

GAD-7 Anxiety

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Column totals: ___ + ___ + ___ + ___

= *Total Score* ____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

PHQ-9 Depression

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving .around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column totals ___ + ___ + ___ + ___

= *Total Score* ____

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring notes.

- ***PHQ-9 Depression Severity***

Scores represent: **0-5 = mild 6-10 = moderate 11-15 = moderately severe 16-20 = severe depression**

- ***GAD-7 Anxiety Severity.***

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. GAD-7 total score for the seven items ranges from 0 to 21.

Scores represent: **0-5 mild 6-10 moderate 11-15 moderately severe anxiety 15-21 severe anxiety.**

FIGURE 2

GAD-7 Anxiety and PHQ Depression screening tools.

referral for first-line psychological treatments, or a higher level of intervention, such as consideration of psychopharmacological management or referring to secondary mental health services.

In the first instance, offering information and advice, for example, around substance use or sleep hygiene, and reviewing within two to four weeks, may be a very effective intervention. However, in cases where simple health promotion and guided self-help are unsuccessful, nurses will need to know the next steps.

In the second patient story (Geoff), the patient's symptoms did not improve with the simple intervention of reducing and stopping drinking, indicating that further interventions were required. In the absence of intent or planning to act on thoughts that put themselves or others at risk, psychological interventions are recommended as first-line treatment (National Institute for Health and Care Excellence [NICE], 2018).

Care and treatment guidelines indicate that mild-to-moderate symptoms should be treated with general advice and direction to self-help online resources in the first instance, and then progress to first-line psychological treatment through IAPT services. These services operate a 'self-referral' basis, which means the nurse's role is to provide the person with the information needed to empower them to access this treatment. Each time an individual refers themselves, an assessment is completed to identify the level or intensity of intervention required to ensure the best possible outcome (National Collaborating Centre for Mental Health, 2019).

Box 3
TALK: a mnemonic from the authors to guide brief assessments of:

T Timeline of events — when did it start, what else was happening in the person's life, triggers, stressors?

A Assess the symptoms — ask for descriptions, when and where; consider thoughts, feelings and changes in behaviours, what helps, what makes it worse?

L Listen to the person's views and wishes — often they will have the answers and just want someone to talk to.

K Keep it simple — people are complex, so focus on the key issues and help problem solve or offer advice. If in doubt, talk to a colleague.

While IAPT offers first-line services, there are individuals who require both psychological and pharmacological treatment for moderate-to-severe symptoms of anxiety or depression. It is widely accepted that dual interventions can improve long-term outcomes (NICE, 2014; NICE, 2018; Taylor et al, 2018). If there is evidence that a person's condition is severely impacting on their life, or there are concerns that the person is a risk to themselves or others, follow-up by a GP or mental health practitioner should be indicated for more detailed assessment and consideration of medication such as antidepressants (Taylor et al, 2018). However, as IAPT is able to deliver high-intensity treatment for moderate-to-severe illness (National Collaborating Centre for Mental Health, 2019), referral to secondary health services may only be indicated in the event of significant concerns for someone's safety, or in complex cases not responding to treatment.

SKILLS AND TRAINING

It is recognised that more investment is required to equip staff working in primary care with the knowledge and skills regarding substance misuse and mental health issues (Organisation for Economic Co-operation and Development, 2019). In addition, skills such as problem solving, coaching and education regarding both mental health issues and the resources available to patients both online and service provision are required.

While it can be time-consuming, it is imperative to find out what services and resources are available locally, whether they are NHS services or local organisations, such as the mental health charity Mind. Such services can provide healthcare professionals with the appropriate tools to support and offer advice to individuals presenting with complaints of common mental illness. If patients feel that their concerns are being taken seriously and with equal parity to their physical symptoms, this also offers a positive 'patient experience' (Currid et al, 2012).

Primary care/general practice nurses are increasingly expected to provide care and support to their patients with both physical and mental health conditions.

There are a variety of national organisations offering first-steps advice and signposting (see *Further information*). Additionally, Health Education England (HEE) regional centres and a variety of online learning from the e-learning for health site (www.e-lfh.org.uk/programmes/) frequently offer a variety of training for healthcare professionals that is based on best practice.

CONCLUSION

Primary care/general practice nurses are increasingly expected to provide care and support to their patients with both physical and mental health conditions and are ideally

Geoff's story

Presenting situation: Geoff, 35, has arranged to see the nurse practitioner as he has not been feeling himself for the past few months. He feels very worried about everything and on edge all the time, particularly on waking. He has a poor appetite. He is working full time and is able to enjoy spending time with his friends and going for long cycle rides at the weekends. Geoff has never felt this way before but recalls his mother always used to say he was 'an anxious child' and just like his grandfather who suffered with his 'nerves'. After holistic assessment, the nurse discovers that Geoff has been drinking four to five pints of ale every evening for the past six months. The nurse recommends that he reduces the amount of alcohol he drinks and gives him some information on how to do so gradually. She also arranges to see him in a month's time. Geoff thinks this is a good plan and is grateful to the nurse for taking his worries seriously.

Follow-up: When Geoff returns a month later, his symptoms are unresolved despite reducing and now abstaining from alcohol for the past two weeks. The nurse suggests that he might need treatment for anxiety and gives him some basic information on cognitive behavioural therapy (CBT). Geoff is keen on trying CBT and she shows him how to self-refer to the local IAPT service. They develop a plan of action, which includes him arranging another appointment if his symptoms worsen.

Useful resources

The following resources can be used by healthcare professionals who want to improve their knowledge and skills when working with individuals experiencing mental ill health and/or mental wellbeing needs:

- *The Oxford Handbook of Mental Health Nursing*, edited by Patrick Callaghan and Catherine Gamble, is a compact companion for clinicians working in all aspects of health care
- *The Clinicians Guide to Think Good Feel Good* by Paul Stallard is an excellent resource for learning how to use a cognitive behavioural approach to children and young people's health
- For e-learning on using motivational interviewing in consultations, to improve the response to health promotion strategies, as well as the mental health of children and young people, visit: www.makingeverycontactcount.co.uk/training/e-learning/other-e-learning-resources.

These resources are well written and trusted sources to direct individuals and families to in time of need:

Online self-help resources:

- https://web.ntw.nhs.uk/selfhelp
- www.getselfhelp.co.uk/index.html y
- www.mind.org.uk

For counselling/first-line treatment:

- Self-refer to your local NHS IAPT service for an assessment.

Loss or bereavement: Cruse Bereavement Care (www.cruse.org.uk)
Relationships problems: Relate (www.relate.org.uk)
Look for private counsellors and therapists at: www.bacp.co.uk or www.counselling-directory.org.uk

For young people, online self-help resources:

- youngminds.org.uk or www.themix.org.uk

Easy read self-help leaflets available from:

- www.ntw.nhs.uk/home/accessible-information/easy-read/self-help-guides

The What To Do When… books available online, are an excellent resource for parents and young people trying to overcome various problems.

Parents may consider parenting support via their local council or social care — services on offer will vary depending on region.

Important numbers:
Samaritans support freephone helpline: 116123
National Domestic Violence freephone helpline: 0808 2000 247
Calm (Campaign Against Living Miserably) support for young men aged 15–35 on issues including depression and suicide: 0800 585858

placed to do so (Girard et al, 2017). They need to be able to engage, assess and decide on a referral pathway if required (Currid et al, 2012). However, it is also imperative to consider health promotion and screening for patients with long-term conditions to help prevent or identify at the earliest stage if they are experiencing mental distress (Girard et al, 2017). Additionally, they need to equip the person with their own 'toolbox of resources' to help them self-manage both their physical and mental health (NHS England, 2019).

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Key points

- People experiencing long-term physical illnesses are predominantly cared for within primary care services by nurses.
- These patients are two-to-three times more likely to develop mental health problems (predominantly depression and anxiety), have higher levels of morbidity and mortality, and poorer quality of life.
- They are more likely to disclose mental health issues to healthcare professionals working in primary care.
- Nurses need to be able to identify mental health problems such as anxiety and depression and be aware of management and referral pathways.
- Holistic assessment, taking into account a person's personal circumstances, life events and any substance misuse is imperative.
- Health promotion and screening is important to help identify mental health problems at the earliest possible stage.

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Revalidation Alert

Having read this article, reflect on:

- The impact of long-term conditions on patients' mental health and wellbeing
- How changes in a patient's behaviour or patterns (such as time-keeping for appointments) can indicate mental health issues
- How certain mental health problems, such as depression, can have physical symptoms too
- The benefits of self-referral talking therapies.

Then, upload the article to the free GPN revalidation e-portfolio as evidence of your continued learning: www.gpnursing.com/revalidation

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