

MENTAL HEALTH and IBD: Supporting the Patient

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Conflict of Interest Disclosure

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Learning Objectives

1. Examine the impact of mental health on IBD
2. Discuss ways to approach mental health support with the patient
3. Explore support options, from patient education to mental health specialist referral

Mental Illness in Canada



- **Mental illness is common**

- **1 in 5** in any given year

- By age 40, **1 in 2** have or had a MI

- Depression, anxiety, substance use most common

- (past year prevalence -~5%, ~5%, ~6%; lifetime close to double)

- Peak onset – adolescence, young adult
- Leading cause of disability in Canada
- Suicide is 2nd leading cause of death for age 15-34
- Chronic medical disease – higher risk of mood disorders

Mental Illness and IBD

- **Elevated risk in patients with IBD**
 - Higher incidence rates IBD compared to matched controls
 - incl. depression, anxiety, bipolar illness, schizophrenia
 - Higher prevalence rates IBD
 - Depression rates twice as high for IBD vs matched community (9 vs 5% current; 27 vs 13% lifetime)
 - GAD rates twice as high for IBD (3.7% vs 2%; 13% vs 6% lifetime)
 - 30-50% prevalence rates for MH conditions overall for IBD
 - Within IBD, higher incidence for young adults, women
- **Suicide risk – higher for IBD** (pediatric and adult onset; low base rate overall)



Mental Illness and IBD

- Evidence for elevated MI predating IBD diagnosis
- Highest risk comorbid MI around IBD diagnosis, first yrs
- Increased incidence first year after diagnosis
- Higher risk of depression /anxiety throughout disease course, independent of disease activity

Added currently by pandemic impact

- isolation/ changes/financial uncertainty, future uncertainty
- Increased mental illness burden especially among young people

Walker 2008; Ludvigsson 2021; Taft 2017

IBD and Mental Health Challenges: the high cost



- **Potential high miss rate**
 - 1/3 with depression, 2/3 with anxiety undiagnosed in IBD
- Comorbid MI associated with **lower QoL**
- Comorbid MI **impacts disease course and severity**
 - 2 times more likely to have disease flare, require med changes with elevated anxiety
- Comorbid MI associated with **higher health care utilization**
 - More hospitalizations, more ED visits, more surgeries

Lewis 2019; Sgambato 2017; Gracie 2018

Mental health concerns and the IBD Patient



- Case example illustrative
 - pediatric onset
 - Can be school absences, embarrassing symptoms, diet changes, treatment adherence issues, medication side effects
 - adolescent/emerging adult challenges
 - peer relationships, romantic partners, self-identify, independence from family, educational achievement, job/career directions
 - Higher risk of mental illness onset
 - For IBD patient, risk in transition from peds to adult care
 - higher risk of disease relapse within 1 yr to adult care

Caring for your IBD Patient

Introduce mental health and IBD early

Include IBD-related mental health information as part of orienting to new IBD diagnosis, when starting with IBD patient new to you

Normalize, validate, destigmatize

Stress and/distress common; normal to feel overwhelmed at time; disease is unpredictable and challenging

Distress can fluctuate; risk of developing into more serious mental health concern

Assessing your Patient



- **Include mental health screen as part of systems review**
We will work together; I will ask/tell me what you notice
- Over 1/3 of GI physicians don't feel qualified to assess mental health issues
- 50% of GI physicians 'routinely inquire' BUT patients said only occurs 25% of the time
- Only 16% of patients asked about their mental health by GI doc or nurse
despite > 50% experiencing distress
close to 70% with severe distress had not seen MH provider
- NIH survey – IBD and impairing psychological distress – only 1/3 had seen MH provider

Marin-Jimenez 2017; Mickoka-Walus 2020; Greywoode 2022)

MH Screening : Just Ask



- **Provide rationale:** disease can be stressful; life can be stressful - how are you doing?
- **Stress Rating:** scale of 1 to 10; what most stressful currently
- **Check MI history:** ever diagnosed, ever treated for anxiety or depression
- **Current status :** have you noticed
 - Feeling down, depressed, or hopeless? | Little interest or pleasure in doing things?
 - Feeling nervous, anxious, on edge? | Not able to stop or control worrying?
- **Check substance use:** alcohol, cannabis, street drugs – changes in use?

NOTE: PHQ2; GAD2

Brief Symptom Review

Anxiety

- Can be very physical
 - increased heart rate, sweating , trembling, rapid breathing, jaw clenching
- Pronounced worry, difficulty controlling
- feel wound up
- Avoidance

Depression

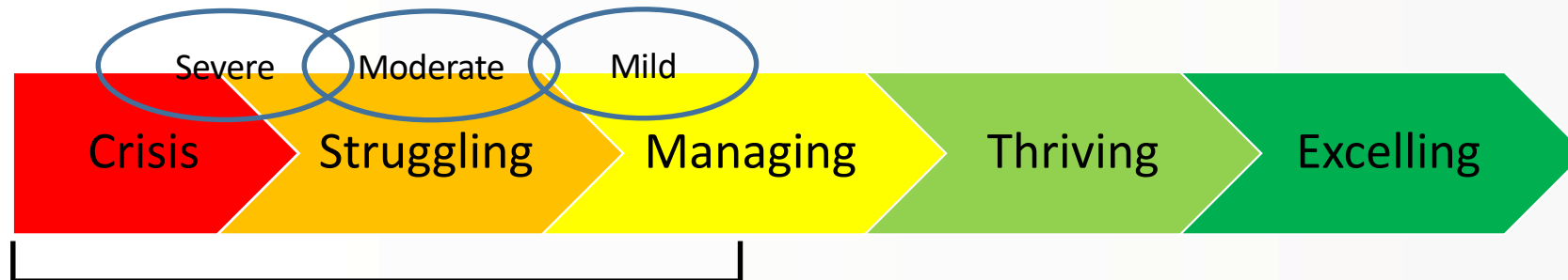
- more than sad/down mood; incl somatic, cognitive
 - Loss of interest, difficulty with motivation, difficulty finding pleasure
 - Hopeless, helplessness
 - Disrupted sleep, appetite, energy
 - Difficulty concentrating ,focusing



Frequency (most days?), **Duration** (more than 2-3 weeks?) **Interference** (in day to day?)

Suicide risk probe? when and how

Mental Health Continuum



- Mental Illness
 - **Treatment focus** aims to move from crisis to struggling/ **struggling to managing** when depression, anxiety
- Resilience as a key to Mental Health - Canada Future Directions tomorrow
 - **Resiliency interventions** aim to prevent, early intervention for stress-related disorders; focus on **managing/thriving** despite chronic disease

adapted from Continuum concept Delphis.org.uk

MILD: elevated stress, mild depression, anxiety symptoms

What you can do:

Validate: *not surprising you are feeling stressed; lots you have to deal with - looking after the IBD, not sure of direction with school; trying to find job, just coming out of pandemic*

Let's keep an eye on this

Engage Patient:

Review health behavior basics:



Connect with friends



'Antidepressant' behaviors:

small goals - something can accomplish; something fun

'Antianxiety' behaviors: calming activity; avoid avoiding!



MILD to MODERATE

Connect to peer resources – CCC for Youth; local CCC chapter

Connect to self management resources

Online/internet/computerized - guided self help, most without therapist time

Usually based on **CBT skills and strategies**

IBD patients reported preference for online over face to face

General: Bounceback - depression www.bounceback.cmha.ca
Anxiety Canada – My Anxiety Plan www.maps.anxietycanada.com

IBD-focused Tame Your Gut (Mikocka-Walus Andrews) www.tameyourgut.com

IBD Stress Kit (IMAGINE substudy; Furer Graff)

BOOK: Coping with Crohn’s and Colitis (M. Hunt)

Connect to trusted counselling

employee assistance programs, post secondary student counselling programs



MODERATE TO SEVERE

Refer to mental health specialist

Explain like to involve another specialist (same if osteoporosis, fertility issues, cancer)

Explain what they do - you do not need to know what type of therapy they will advise

Psychologist

uses targeted evidence based psychological therapies for anxiety, depression
robust evidence for efficacy in general population, and when tailored for IBD

skills based therapies;

customize for IBD, if psychologist has IBD knowledge, works with IBD team

Psychiatrist

may recommend, or initiate and follow antidepressant medications

will consider interactions/ contraindications with IBD meds

if mental health crisis, may expedite crisis assessment/hospitalization



Psychotherapies

- Helpful to have some knowledge of psychological therapies to enhance patient readiness, trust, and willingness to engage
- **Cognitive Behavioral Therapy**
 - Overall term for a class of therapies (like 'SSRIs'); depression protocol different than anxiety protocol
 - best researched/robust evidence for depression, anxiety generally
AND for IBD patients with comorbid depression/anxiety
 - Improves depression, anxiety; QoL; can have positive impact on IBD
 - Short term, skills focused; targets thoughts, behaviors that can reduce fear, avoidance, improve cognitive flexibility, problem solving ; often includes relaxation training, learning to view situations from different perspectives; behavioral 'experiments'
- **Mindfulness/Mindfulness Based Stress Reduction**
 - Emerging with promising outcomes for IBD and depression/anxiety
 - Short term; mindset shift with focus on present moment, nonjudgmental; calming emotions

Keefer 2018; Neilson 2016; Dubinsky 2021

Pharmacotherapies

- ~ one-third IBD patients taking antidepressant medications
- common indicators –pain, depression, anxiety
- TCAs, SSRIs most common
- SSRIs generally well tolerated for IBD patients, but caution re side effects
- More likely to initiate antidepressants in year following diagnosis
 - For 2/3s, treatment shorter duration than guidelines, many less than a month
 - Young adults more likely to discontinue early

antidepressant medications may have beneficial effect on depression/anxiety in IBD and on disease course but little data on efficacy in IBD patients (1 RCT < 30 pts, small open trials, case series)

Learning Pearls



- Mental illness is common in community
- IBD patients more at risk for depression, anxiety than community
- High risk around diagnosis, but can occur at any point in disease course
- **Proactively discuss mental health with your patient**
- **Routinely monitor mental health status**
- Support through patient education, coping strategies, resource guides
- Refer to mental health specialist when moderate to severe