Chronic Illness and Depression

Who doesn’t want to live longer and live better? When a person has a chronic illness, such as heart failure, managing health can become a challenge. Two out of three patients with acute myocardial infarction have symptoms of depression and about 20% of them have a treatable illness, major depression. After coronary artery bypass surgery, 20 to 40% of patients have depression, which is associated with an increased risk of death. Cardiac patients who are depressed are at three times higher risk of death than heart patients without depression. They also report more frequent angina; more limited physical activity; decreased quality of life; and fair to poor overall health.

Often, it is assumed that a person with chronic illness would be expected to be depressed. After all, so many enjoyable activities are now not possible. However, research over the past two decades has shown that although major depression is common in those with chronic illness (about 1 in 4 patients), it is not normal. Major depression is an illness which causes much suffering, lowers the quality of a person’s life, and shortens life span. Recent research suggests that it is not only the psychological effects of stress that bring on depression, but also the physical stress of medical illness that cause brain chemical changes leading to depression symptoms.

Symptoms of depression include a persistent sad, apathetic, anxious, or irritable mood. Depression is also a physical illness because energy, sleep, and appetite are often disturbed. Thinking changes such as poor concentration are also common in depression. Most depressed patients are not suicidal, although many often feel hopeless or helpless.

If you or someone you know has symptoms of depression, talk with your health care provider. Depression treatment is effective and safe. Antidepressant medication has been shown to decrease the risk of death and recurrent heart attack in heart patients. Cognitive behavioral talk therapy has also been shown to be effective. A combination of talk therapy and medication may give the best results in treating depression. Help someone you know to get help.

Sources:
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Challenges for patients with heart failure

Our newsletter this quarter focuses on areas that I see patients struggle with while living with heart failure.

Statistics show us the two most common reasons for admission or readmission to the hospital are increased sodium in the diet or medication problems. Please read the articles from Mary Hampton and Pat Fisher and let us know if you have any questions or suggestions for other people with heart failure. Please come and bring a friend to the next Living Well Education and Support Group meeting on August 13.

The other area I see patients attempting to deal with is depression. Depression is real and harmful. The statistics for heart failure patients are one out of five heart failure patients have been found to have clinically significant depression and the incidence may be higher if the illness is more severe. Not treating it prevents a person from enjoying life to the fullest. If you are struggling with depression, please let the heart failure team or your primary care physician know.
**How to Use a Food Journal**

Studies suggest the most successful way to stick with dietary changes is to keep a food journal. The purpose of this self-monitoring is twofold: First, it provides a detailed picture of how you eat, and accountability for food choices, and second, by making you more aware of what you are doing at the very time you are doing it.

Keeping a food journal while following a 2000 mg sodium diet may help you include a few higher sodium foods occasionally as long as you stay around the 2000 mg/day level. Another benefit of eating a consistent amount of sodium is less medication changes and just overall feeling better. Here are a few tips to make your food journal a success.

1. Start with 2000 mg (we’ll call that your bank). Write down each food item you eat and subtract the sodium from your “bank.” Continue to do this throughout the day. Once your “bank” is empty, eat only low sodium foods such as fresh veggies and fruits.

2. By keeping track of your daily sodium intake as described above, you can focus on how much sodium you have left to eat instead of how much you can’t have. This slight difference in mindset can help you be successful. For example “I have 1500 mg left for the day.”

3. Pay attention to portion sizes and be specific on your food record. It is very easy to underestimate the amount of food you are actually eating. Remember, the sodium listed on the label is for a specific portion of food. Sometimes food manufacturers use smaller portion sizes to make the numbers on the label look good.

4. Don’t expect perfection. A little over one day and a little under the next day is okay. Keep in mind the general range of 1800-2200 mg per day.

**Make the Most of Your Doctor’s Appointment**

Have you ever gone home from a doctor’s appointment and realized you forgot to ask the question you’ve been thinking about for weeks? Have you ever been asked to present information you don’t know or didn’t bring along? Or has so much information come your way that you leave feeling overwhelmed and confused? These can be common patient concerns. Use these simple tips to help avoid some of your frustrations.

- Write down a list of questions and concerns you have when you see your doctor and nurses.
- Bring your medication bottles along to your next appointment. This includes prescriptions, non-prescription medications, and herbas.
- Bring any records of weights, food diaries, blood pressure, or blood sugar readings you take at home.
- Bring a trusted family member or friend along to your appointment. They can help to ask the important questions and help to catch the information given.
- Take notes about new instructions or directions from your doctor.
- Ask questions! If something doesn’t make sense, clear it up right away before it leads to confusion later.
- Bring your calendar along with you so you can schedule your next appointment.

Hopefully these guides can help to make your next doctor’s appointment a success. Remember, you are a partner in your healthcare. As much as you rely on your doctors, nurses, and pharmacists, etc, they rely on you as well.

**Good Tasting Low Sodium Foods**

Are you hungry for pizza, tacos, spaghetti, chili, chips, pretzels, canned soup? Have you been denying yourself these foods because you need to eat low-salt? These and many more foods can be homemade or purchased so that you can still meet your sodium guideline.

There are many low-sodium canned foods. No-salt-added tomato products (paste, puree, whole, stewed, juice) save a whopping 200-300 mgs. of sodium per serving (or more) and are the same price as the regular products. Low-sodium soups, spaghetti sauces and salsa are also available or can be homemade.

Salt-free seasoning for tacos, chili, spaghetti (and many more seasoning combinations) can be purchased in the bulk spice section and are often cheaper and fresher than packaged spice mixes.

Snack foods like chips, pretzels, popcorn and granola bars abound in low sodium varieties.

Meats and poultry that are not “enhanced” with a sodium solution are readily available. Take care not to overcook these meats so they don’t become tough.

Good-tasting and good-for-you foods are very possible while eating low sodium!