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Short Communication

Chronic Obstructive Pulmonary Disease (COPD) Patients Dealing with Depression and Anxiety

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DESCRIPTION

When the airflow from the lungs becomes blocked due to the chronic inflammatory lung illness it is known as Chronic Obstructive Pulmonary Disease (COPD). Symptoms of this disease include wheezing, coughing up mucus (sputum), and trouble breathing. The lungs and airways damage from Chronic Obstructive Pulmonary Disease (COPD) when they weaken and became inflamed. It is typically linked to long exposure to toxic chemicals like cigarette smoke. In around 9 out of every 10 cases, smoking is considered to be the primary cause of COPD. The lining of the lungs and airways can become damaged by the toxic compounds in smoke. Quitting smoking can help stop the deterioration of COPD. At first people cannot experience any symptoms [1]. But if the condition worsens, they can get these COPD symptoms: Coughing vigorously mucous being coughed up a lot, Breathing difficulties, especially when people are physically engaged, wheezing, or squeaking, chest constriction repeated colds or the flu, blue nails, low strength, dropping pounds without trying at the later stages, enlarged legs, feet or ankles.

The spirometry test is the most popular. Users will inhale into a sizable, flexible tube that is attached to a spirometer. It will gauge how much air ones lungs can contain as well as how quickly they can exhale it. If it gets higher then doctor may suggest surgery like Bullectomy in which removes bullae, large air gaps that develop when air sacs collapse, or surgery to decrease lung capacity where lungs unhealthy tissues are removed and the last option will be transplanting a lung that means swaping out a sick lung for a healthy one.

The increasing incidence of anxiety in COPD is frequently explained by factors associated to smoking and dyspnea. High levels of anxiety have been established as a risk factor for teenagers starting to smoke, and tobacco use is widely acknowledged as the single most significant environmental risk factor for the development of COPD. Emphysema and chronic bronchitis are among them. For the 16 million Americans with COPD, breathing gets difficult [2]. There are millions more people who have COPD but have not received a diagnosis or treatment. Although COPD cannot be cured, it can be managed. One of the most frequent chronic lung disorders today is chronic obstructive pulmonary disease, which poses a severe health, economic, and societal issue. It is defined by an airway blockage that worsens over time, eventually causing respiratory failure, even to co-morbid mental problems, such as anxiety and depression, is especially common in patients with this condition. Although it has some severe extrapulmonary consequences, Chronic Obstructive Pulmonary Disease (COPD) is a common condition that can be treated and prevented.

An airflow restriction that is specific to COPD's pulmonary symptoms is partially irreversible usually; it progresses and frequently connected to an atypical inflammatory response of the lungs to harmful gases or particles. Patients with COPD, particularly those who have severe disease, frequently experience various degrees of depression. This is thought to be a response to poor health, an increase in immobility and dependency on others, and a declining quality of life [3]. The development of depression, which is claimed to occur in 19%–42% of cases when it is severe, is commonly credited to the patients' overall psychosocial status. In addition, it is discovered that people with severe COPD have a 2.5 times higher chance of developing depression than the patients without COPD or having just respiratory asthma.

Patients with COPD who are women experience a lot more psychological discomfort as compared to males, which may be associated with poorly regulated illness symptoms, particularly dyspnea. It is assumed that sleep plays a significant role in depression in COPD patients. However, the majority of recent research has only looked at the association between personal resources or coping mechanisms and psychological outcomes for COPD patients. According to the results of earlier COPD studies, patients who had better levels of self-efficacy to control their COPD symptoms reported less despair and anxiety. Timely detection and accurate diagnosis of COPD can lessen COPD fear and can enhance the quality of life. Improving patient's quality of life with measures such as immunization and quitting smoking and taking regular meds can help people to overcome the depression phase.

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The main Causes of depression in COPD patients are Increased physical disability, Severity of COPD or asthma, Social isolation, Severe dyspnea, Impaired quality of life, Low self-esteem, Decreased exercise tolerance, Being on Long Term Oxygen Therapy, Cognitive impairment, Presence of two or more comorbidities, Tumor necrosis alpha [4]. There are various questionnaires available to quantify anxiety-related symptoms. Only anxiety symptoms are measured by questionnaires like Beck Anxiety Inventory, and State-Trait Anxiety Inventory. Other surveys, such the Hopkins Symptom Check List, the Hospital Anxiety and Depression Scale, and the Patient Health Questionnaire, assess various aspects of psychological function and offer a subscore for symptoms associated to anxiety.

CONCLUSION

Clinicians may be able to minimize these symptoms and enhance quality of life for patients with chronic obstructive pulmonary disease by having a better understanding of the psychological history and coping mechanisms of their patients as well as the role of anxiety and depressive reactions to illness. Although psychological symptoms like anxiety significantly contribute to the morbidity of COPD, the use of these measures in medical practice appears to be low 49–5. For some of these measures, specific cutoff points have been developed, making it possible to identify those people who run the risk of displaying anxiety-related disorders.

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