



*"When you can't breathe...  
nothing else matters"*<sup>®</sup>

## Chronic Obstructive Pulmonary Disease, anxiety and depression

Anxiety and depression are common in people with chronic obstructive pulmonary disease (COPD) and often appear together.<sup>1</sup> The good news is that there are effective treatments both for COPD and for anxiety and depression. With careful management, the symptoms of anxiety and depression can be treated along with those of COPD so they do not interfere with life.

### What is Chronic Obstructive Pulmonary Disease (COPD)?

COPD is a medical term that stands for Chronic Obstructive Pulmonary Disease.

- The word 'Chronic' means present for a long time
- The word 'Obstructive' means partly blocked
- The word 'Pulmonary' means in the lungs
- The word 'Disease' means an illness

Many people with COPD have a combination of emphysema, chronic bronchitis and asthma. You may also hear COPD referred to as COAD (Chronic Obstructive Airways Disease), COLD (Chronic Obstructive Lung Disease) or CAL (Chronic Airways Limitation). COPD cannot be cured or reversed, but it can be treated to manage symptoms and slow deterioration.

### What is anxiety?

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually pass once the stressful situation has passed, or the 'stressor' is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily. Anxiety can be a serious condition that makes it hard for a person to cope with daily life. There are many types of anxiety and some people with anxiety experience symptoms of more than one type.

## Signs of anxiety

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxious feelings, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person's life. There are many types of anxiety, and there are a range of symptoms for each.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.

Refer to section 'COPD and anxiety' for more specific symptoms that occur in people with COPD.

## What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is, just like a physical condition, depression is treatable and effective treatments are available.

## Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time for more than two weeks and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the list below.

It's important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

**Some common symptoms of depression include:**

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends
- being unable to concentrate and not getting things done at work or school

- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain
- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, “I’m a failure”, “Life’s not worth living”, “People would be better off without me”.

Please refer to section ‘COPD and depression’ for more specific information related to depression in people with COPD.

## What are the links between anxiety, depression and COPD?

Research indicates there is a link between anxiety, depression and COPD. There are around three million Australians living with depression or anxiety<sup>2</sup>. One in five women and one in eight men will experience depression at some time in their life<sup>2</sup>. On average, one in four people will experience anxiety<sup>2</sup>. For people who live with COPD these figures can be higher due to factors such as the impact of living with the disease or side-effects of their medicines.

### COPD and anxiety

Anxiety and panic attacks are more common in people with COPD than in the general population. A review of 22 published studies between 1999 and 2009 found that the prevalence of anxiety symptoms ranged from 6% to 74% and clinical anxiety was found in up to 55% of people with COPD.<sup>3</sup> Prevalence of panic attacks ranged between 8% and 37%, which is several times higher than found in the general population.<sup>4</sup>

The prevalence of one anxiety condition in particular, panic disorder, is approximately 10 times greater in COPD than the population prevalence of 1.5 – 3.5%, and panic attacks are commonly experienced.<sup>5,6</sup>

Living with COPD is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety. Feeling unable to breathe is a frightening experience and for some people may result in a panic attack. When a person is breathless, they worry they aren’t getting enough air and this causes anxiety. Anxiety then makes the person breathe harder and faster and this worsens the feelings of breathlessness, resulting in panic.

The link between breathlessness, anxiety and panic attacks can also increase social isolation for a person with COPD. The uncertainty of being able to climb stairs or walk a long distance creates anxiety and this results in a person avoiding social situations where this might be required or unknown.

Medicines can also cause symptoms that increase or mimic symptoms of anxiety. Overuse of reliever medicine can add to the anxiety symptom of a racing heart.

In COPD, anxiety has been linked to greater disability<sup>7</sup>, increased frequency of hospital admissions for acute exacerbations<sup>8</sup> and breathlessness<sup>9</sup>.

## **COPD and depression**

Knowing that you have a progressive and incurable lung disease that can eventually make activities of daily living (such as showering or making a cup of tea) challenging, can create feelings of hopelessness and despair for some people, which may lead to feelings of depression.

There is a wide variation in estimates of the prevalence of depression in COPD, ranging from 7% to 80%.<sup>2,10</sup>

Both COPD and depression, if untreated, can impact greatly on a person's ability to keep active and enjoy life. Research has identified a relationship between severe COPD and depression.<sup>11</sup> Prevalence of depression increases with the severity of COPD<sup>12</sup>, and patients with severe COPD and depression have a higher likelihood of exacerbation,<sup>13</sup> frequent readmission<sup>14</sup> and worse survival<sup>15</sup>.

People with COPD are not only at high risk of depressive symptoms and mood disorders, but are at higher risk than people with other chronic conditions. People with COPD are more likely to report depressive symptoms than people with stroke, hypertension, diabetes, coronary heart disease, arthritis or cancer.<sup>16</sup>

It is very important to know that both COPD and depression can be treated. Managing anxiety and depression can greatly improve people's wellbeing and quality of life as well as their COPD and their attitude towards it. People with anxiety and/or depression can find it difficult to take the first step in seeking help. They may need the support of family, friends and a health professional. Seeking proper treatment for COPD and anxiety and/or depression is important.

## **Smoking and anxiety and/or depression**

Smoking is not only the most important risk factor in the development of COPD, but it also has a complex relationship with mental health.<sup>11</sup>

There is evidence of higher occurrences of depression in smokers. There is also an element of shame associated with a smoking-related disease, and some people may feel that they brought it on themselves, or that they deserve to have lung disease. While smoking is the main risk factor, not everyone who smokes gets COPD and no one deserves lung disease.

Numerous studies have concluded that depression and anxiety are risk factors for initiating tobacco smoking, often in adolescence or early adulthood.<sup>17,18</sup>

Smoking rates amongst those with severe mental illnesses, such as major depression, are high.<sup>19</sup>

People who are trying to stop smoking often increase their caffeine consumption and this increases agitation and symptoms of a racing heart, which can lead to anxiety and in some cases panic attacks.

Smokers with a history of depression and/or anxiety are more likely to experience worse nicotine withdrawal and have significantly more failed attempts at quitting.<sup>20,21</sup> A number of studies have found that smoking cessation itself may induce depressive symptoms in some individuals, particularly smokers with a history of depression<sup>22,23</sup> leading to the suggestion that nicotine has an effect on mood<sup>24</sup>.

Repeated, unsuccessful attempts to quit can result in feelings of worthlessness as a consequence and lead to depression.

## What are the treatments for anxiety and depression?

There is no one proven way that people recover from anxiety or depression and it's different for everybody. There is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety, depression and COPD can do to help themselves to recover and stay well. The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety or depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety and depression, through to psychological and medical treatment for more severe episodes. The treatment for anxiety and depression in someone with COPD involves a coordinated approach that monitors and treats the symptoms of anxiety, depression and COPD.

### Psychological treatments

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained mental health professional.

- Cognitive behaviour therapy (CBT) is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their thought patterns and the way they react to certain situations.
- Interpersonal therapy (IPT) is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

### Pulmonary Rehabilitation

Growing evidence shows benefits of pulmonary rehabilitation (a 6-12 week program involving medically supervised exercise and education) for COPD patients who have depression and anxiety.

Pulmonary rehabilitation involves assessment of patient problems and goals, exercise training, education, nutritional intervention and psychosocial support<sup>25,26</sup> with the aim of restoring the patient to the highest possible level of independent functioning<sup>27</sup>.

Pulmonary rehabilitation has been shown to improve mood and decrease depression, assist with control of symptoms of anxiety and panic and removes social impediments<sup>17</sup>.

For more information on pulmonary rehabilitation or to find out how to access a program contact Lung Foundation Australia or visit the website for a fact sheet

[http://lungfoundation.com.au/wp-content/uploads/2013/12/Pulmonary-Rehabilitation-Factsheet\\_170113.pdf](http://lungfoundation.com.au/wp-content/uploads/2013/12/Pulmonary-Rehabilitation-Factsheet_170113.pdf)

## Medicines

Although there is a current lack of evidence about the benefits of depression and anxiety medicines in people with COPD, we can refer to the abundant amount of evidence for general populations. Antidepressant medicine, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions.

Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should discuss differences in effects and possible side-effects of medications. Some side-effects are minor and others can be more significant. Some anxiety and depression medicines can compound the side effects of COPD medicines. More significant side effects can occur in people who have been identified as carbon dioxide (CO<sub>2</sub>) retainers as one class of anxiety medicine (benzodiazepines) has been associated with reduced respiratory drive, raising fears of respiratory failure. Stopping medication should only be done gradually, with a doctor's recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

For more information on anxiety and treatments see the *beyondblue Understanding anxiety* fact sheet or visit the *beyondblue* website [www.beyondblue.org.au/anxiety](http://www.beyondblue.org.au/anxiety)

For more information on depression and treatments see the *beyondblue Anxiety and depression: An information booklet* or visit the *beyondblue* website [www.beyondblue.org.au/depression](http://www.beyondblue.org.au/depression)

## Who can assist?

A General Practitioner (GP) is a good first step to discuss your concerns. Your GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments
- if appropriate, work with you to draw up a Mental Health Treatment Plan so you can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer you to a mental health specialist such as a psychologist, social worker or psychiatrist.

Make sure that the doctor managing your COPD knows if you have anxiety or depression. It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

**Psychologists** are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

**Psychiatrists** are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication.

Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person's treatment.

**Mental health nurses** are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person's mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

**Social workers in mental health** are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

**Occupational therapists in mental health** help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.

**Aboriginal and Torres Strait Islander mental health workers** understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. See *beyondblue's Getting help – How much does it cost?* fact sheet at [www.beyondblue.org.au/resources](http://www.beyondblue.org.au/resources)

To find a mental health practitioner in your area, visit [www.beyondblue.org.au/find-a-professional](http://www.beyondblue.org.au/find-a-professional) or call the *beyondblue* support service on 1300 22 4636.

## Helpful strategies and tips

- Learn about anxiety, depression and COPD and how these conditions interact.
- Attend pulmonary rehabilitation to learn how to manage your symptoms of COPD which will help to reduce feelings of panic and anxiety.
- Learn how to distinguish the symptoms of COPD from the symptoms of anxiety or depression.
- Plan with your doctor – have a mental health plan in addition to your COPD Action Plan.
- Visit your doctor regularly to review your COPD and mental health management.
- Use your COPD medicine as prescribed. Talk to your doctor about possible barriers to taking medicine, such as cost, organisation or planning, as well as what to do if your COPD worsens.
- Get help, support and encouragement from family and friends and have them help you to follow your COPD Action Plan and mental health plans.
- Learn relaxation techniques (These are also taught at pulmonary rehabilitation).
- Get involved in social activities. Consider joining a patient support group.
- Stay active and exercise under the supervision of a doctor or as part of a recognised pulmonary rehabilitation program and/or exercise maintenance program.
- Eat healthily and include a wide variety of nutritious foods.
- Stop smoking and limit your substance use (including alcohol and coffee).

## How family and friends can help

- When a person has COPD and anxiety or depression, it can affect family and friends. It's important for family and friends to look after their own health as well as looking after the person who has COPD.
- Learn about COPD, anxiety and depression and their symptoms to help you recognise warning signs.
- Encourage the person to go to the doctor if their COPD, anxiety or depression gets worse. Make sure you seek help if you think you need it, too.
- Support the person by helping them to follow their COPD Action plan and mental health plans. Gently remind the person to take their COPD, anxiety and depression medication regularly and to attend all their medical appointments.
- Encourage the person with COPD to do things that they would normally enjoy.
- Look after your own health by eating well, exercising regularly, getting enough sleep and doing things that you enjoy, too.

## Where to find more information

### Lung Foundation Australia

[www.lungfoundation.com.au](http://www.lungfoundation.com.au)

1800 654 301

Speak with our Lung Care nurse or be connected to patient support groups and rehabilitation programs.

### *beyondblue*

[www.beyondblue.org.au](http://www.beyondblue.org.au)

Learn more about anxiety and depression, or talk it through with our Support Service.

Phone 1300 22 4636

Email or chat to us online at [www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)

### *mindhealthconnect*

[www.mindhealthconnect.org.au](http://www.mindhealthconnect.org.au)

Access to trusted, relevant mental health care services, online programs and resources.

This fact sheet was jointly developed by Lung Foundation Australia and *beyondblue*.



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