

Depression as a symptom of arthritis:

treatment, coping strategies, and support

People living with rheumatoid arthritis are twice as likely as the rest of the population to experience depression. There are several reasons depression occurs in people with rheumatoid arthritis (RA). Sometimes it starts from the shock of diagnosis and finding out that it is an unpredictable disease that can become more painful and debilitating over time. Sometimes depression occurs because of feeling tired and unwell or isolated as a result of the disease. RA can affect the ability to work, look after family, and engage in social activities and interests. The stress that results from either of these situations can trigger depression in those who are predisposed by heredity or other factors.

Some symptoms of RA overlap with those of



depression, such as pain, fatigue, and troubles with sleep, making it more difficult for your doctor to diagnose depression. Other symptoms of depression to watch for may include reduced appetite, re-

duced sex drive, moving or talking slowly, feeling negative or pessimistic, low self-esteem, difficulty concentrating, losing interest in activities once found pleasurable, having suicidal thoughts, and experiencing headaches and body pain.

For someone with rheumatoid arthritis, or any chronic illness, depression can magnify the pain. The combination of these two conditions increases the level of disability, increases mortality rate, and reduces quality of life. Therefore, it is important to treat both rheumatoid arthritis and depression when depression has been determined.



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Relationship between arthritis and depression:

Rheumatoid arthritis can increase the chances of depression; depression may worsen RA symptoms, leading to higher disease activity and disability, which in turn can lead to depression. Several studies have indicated that depression in those with rheumatoid arthritis is linked to greater joint pain and other symptoms of RA such as fatigue and sleep disturbances, decreased immune function, and a higher mortality rate. Untreated depression may cause you to be less likely to take care of yourself, less motivated to stick to a treatment plan, more likely to isolate yourself from friends and family and avoid activities you once enjoyed. For all these reasons depression can affect the outcome of treatment.

Additionally, pain is an indicator of the highest chance of experiencing depression. Again, there may be a backwards and forwards relationship between pain and depression, with pain increasing depression and vice versa. A demonstration of the connection between the two conditions is a study that found almost one-third of individuals with RA felt they had a higher level of disease severity than their doctors evaluated. This disagreement occurred most often in RA patients who experienced symptoms of depression, and who had the lowest overall function.

Pain researchers are discovering how emotions, thoughts, and behaviours can influence the level of pain someone experiences and

how well they adjust to it. For instance, how an individual responds to stress can predict how well they will recover from hip replacement surgery. Even how a patient feels about whether their coping strategies are working, or not, can affect their experience of the pain itself. Other factors that can influence how well you manage with your disease are whether you feel helpless, tend to spend a lot of time thinking about your pain, whether you decide to accept your pain and carry on in spite of it, and how well you handle stress.

There appears to be no link between severity of the disease and a greater chance of depression; however, there is a link between depression and physical disability. Older patients, even with greater disease activity, tend to adjust better to their disease than younger ones.

How much loss you feel as a result of your disease is likely a large part of how well you cope with it. You may be more likely to become depressed if you have lost your job or friends due to your diagnosis, are unable to participate in previously enjoyed recreational and social activities, or have more difficulty looking after your family.

There are steps you can take to improve the outcome of your arthritis. Untreated depression can lead to a downward spiral of health, so if you think you may be depressed, consider finding help from your doctor or a therapist.

*Untreated depression
can lead to a downward
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[IT'S NOT YOUR FAULT YOU ARE DEPRESSED]



An important thing to understand is that it is NOT your fault you are depressed, therefore, YOU are not making your RA worse. It is natural to feel anxious or sad as a result of the diagnosis and to be depressed as a symptom of the disease.

Instead, realise that it just demonstrates that rheumatoid arthritis is a complex condition that may require multiple levels of treatment; and, that an important strategy for reducing the pain of arthritis is treating your depression. Two approaches can be used, non-pharmacological and pharmacological, together or individually.

Separate from improving mood, antidepressants have been shown to reduce pain in many different chronic conditions, including arthritis, and they work even when depression is not a factor. How these drugs work to reduce pain is not fully understood, but may have to do with improving sleep, relaxing muscles, or increasing neurotransmitters in the spinal cord that are responsible for lessening pain signals.

Please consult your doctor to discuss your treatment options.

There are many strategies you can try, which you may find useful **for helping you to avoid or alleviate depression without using drugs.**

No matter what suggestions you decide will work best for you, we recommend you speak with your doctor or therapist before getting started:

1. Try to find a way to **express your emotions**, including thoughts or feelings such as anger, in a safe environment. If you do not feel comfortable speaking with a spouse or friends, then you may want to consider seeing a therapist. If nothing else, keeping a diary might prove useful and it could help you understand your thought patterns and the cycle of depression. Realise, however, that a diary does not provide an exchange of ideas and you run the risk of entrenching your negative emotions. Write your rant, but include a few sentences at the end that begin with: "I appreciate my spouse/doctor/child for . . ." or "Even though I had a hard time getting out of bed this morning, I watched a really funny show/read a good book/had a chance to quietly think alone about . . ." Also you can read through what you just wrote and think about ways you could have turned a bad situation into a good one or acted differently in response to a negative event. Alternatively, if you can, read your diary to a supportive friend or a therapist.
2. Consider taking time to **examine your support network**. How do you feel about the type of social support you get? Is it sufficient? Are you in a relationship in which you have positive support? You may have support from a spouse, but is it problematic support, that is, support that reinforces negative feelings? When you talk about your pain with a partner or friend, do they change the topic, encourage you to stop dwelling, tell you that you worry too much, avoid discussing the problem, are overly helpful, or provide unsolicited or impractical advice (and get annoyed if you don't follow it)? Do their actions contribute to your positive or negative emotions? If you feel your support network is not helping, consider speaking to a therapist.
3. Try to **train your brain** to think more positively (focus on positive events no matter how small or rare they may seem), but try to feel less guilty about your emotions no matter how negative. A positive attitude helps to improve functioning of the immune and cardiovascular systems, increases the likelihood that you will participate in healthy activities, and can help improve the chances of getting support from friends, family, and the community.
4. Try to **find things to laugh about**. Laughter can boost your immune system, but it also just plain feels good. Some people take laughter so seriously, they attend laughing classes at yoga clubs.
5. Try to **stay grounded in reality** by not personalizing, or feeling responsible for, negative occurrences, and try not to expect the worst.
6. If your partner is depressed, that may be affecting how well you cope with arthritis and therefore contributing to your own depression. Consider talking to your partner about also getting treatment and **working together** to overcome depression.
7. When you feel safe to, **take control** by learning everything you can about your disease without overthinking your symptoms. It is important to understand your disease and how it affects your body, but concentrating on your pain too closely can make it take up too much space in your life.
8. Look for ways to **find purpose in your life**. If there are activities in your life you can no longer participate in because of your illness, find ones you can do. Fatigue and disability can feel limiting, but people have amazing adaptive abilities. Try not to forget there is always something you can do, something that may never have occurred to you, or you had once thought of doing but were too busy for. You may find, in a strange way, your arthritis has expanded your horizons.
9. Try to **practice mindfulness**. Essentially, it means paying close attention to events as they occur in a dispassionate, or non-emotional way. This is a Buddhist concept that is rapidly being taken seriously in the scientific community, particularly in the area of neuroplasticity. Neuroplasticity is the brain's ability to reorganize itself by forming new neural pathways, which means that our thoughts can change the structure and function of the brain no matter what age we are. For more information on this fascinating topic, read *The Brain that Changes Itself* by Norman Doidge.
10. Think about **joining a support group**, for arthritis and/or depression. Some resources you may find useful in your search include:
 - Mood Disorders Association of Canada: <http://www.mooddisorderscanada.ca/>
 - Mood Disorders Association of BC: <http://www.mdabc.net/>
 - Mood Disorders Association of Manitoba: <http://www.depression.mb.ca/>
 - Mood Disorders Association of Ontario: <http://www.mooddisorders.on.ca/>
 - The Arthritis Society: www.arthritis.ca
11. As much as you can, **attempt to exercise and eat healthfully**. Please refer to the May/June 2009 issue of JointHealth™ monthly titled, "Keeping Active with Arthritis." (<http://www.jointhealth.org/programs-jhmonthly-view.cfm?id=86>) If you would like a copy please contact us at info@jointhealth.org or call 1-866-974-1366. You may also find this and other JointHealth™ monthlies online at www.jointhealth.org. To learn about the role of nutrition in your health, you will find information in the About Arthritis section of the JointHealth™ website, under "Diet and Nutrition" (<http://www.jointhealth.org/aboutarthritis-treatments-diet.cfm>)
12. Try to do what you can to **manage your pain**. For tips and to learn more about pain, please refer to the April 2009 issue of JointHealth™ monthly, "The pain of arthritis" available here: <http://www.jointhealth.org/programs-jhmonthly-view.cfm?id=83>. If you are interested in learning more about pain and its role in arthritis, the Canadian Arthritis Network (<http://www.arthritisnetwork.ca/>) wrote a document titled, "Pain and Arthritis Workshop: The Consumer Perspective", which can be linked to from here: http://www.arthritisnetwork.ca/home/pain_and_arthritis_research_workshop_en.php

Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit

www.jointhehealth.org

Guiding principles and acknowledgement

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence

of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its web site, or during any of its educational programs or activities.

Thanks

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Disclaimer

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