

## **Disease Management Brief: The Nature of Chronic Disease**

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Our healthcare system is based on an acute care model. One germ and one cure. The doctor and technology are in control and the patient is the passive recipient of pharmacological miracles and technology triumphs. However, according to the Centers for Disease Control and Prevention, 70% of all deaths in the US are due to chronic disease and the top four are cardiovascular disease, cerebrovascular disease, cancer and COPD. Of those over the age of 65, it is estimated 85% have one or more chronic diseases. If you are working in Long Term Care you are working in the context of chronic conditions

So what is a chronic disease? A chronic disease does not have a single cause, specific onset or stable symptoms. The course is marked by exacerbations and remissions in symptoms. Unpredictability is the rule. Treatment requires biopsychosocial interventions with emphasis on coping, self-management and palliative care.

There are four types of chronic illnesses:

- a. life-threatening diseases such as fast growing cancers, stroke or heart attacks;
- b. manageable diseases like diabetes, hypertension, osteoarthritis, chronic sinusitis;
- c. progressively disabling diseases like Parkinson's, lupus, RA and multiple sclerosis;
- d. those with waxing and waning course like fibromyalgia and chronic fatigue syndrome.

Other important distinctions between acute and chronic illness (CI) include:

- Acute illness onset is abrupt and CI is gradual
- Acute illness is time-limited and CI is indefinite
- Acute illness tends to have a single cause and the causes of CI are multiple and changing
- Acute illness prognosis is accurate and the prognosis in CI is uncertain
- Technology is effective in acute illness and indecisive in CI
- There is a cure for acute illness but rarely a cure for CI
- Uncertainty is pervasive in CI
- Professionals have the important knowledge in acute illness and both the patient and professionals have complementary knowledge in CI.

Since cures are rare in chronic disease, the best outcome we can expect is adjusting to the illness and disability. There seems to be a pattern that most patients follow. There seem to be phases of recovery that most patients share. Patricia Fennel who authored *Managing Chronic Illness: Using the Four Phase Treatment Approach*, describes four phases:

Crisis => Stabilization => Resolution => Integration

Kenneth Sharoff who practices in Maryland and who authored *Coping Skills Therapy for Managing Chronic and Terminal Illness*, describes five phases:

Crisis Phase => Post-crisis Phase => Alienation Phase => Consolidation Phase => Synthesis Phase

Both agree that patients may move through the phases at different rates and that patients may return to an earlier phase. In fact, without intervention, a patient may return often to the crisis phase.

During the crisis phase, patients must mobilize support, learn to manage discomfort, preserve a sense of identity, and begin to learn how to deal with suffering. The diagnosis is associated with unstable emotions. The best approach for the behavioral health professional during this period is to engage in crisis intervention with the patient and the family. Educational efforts or lifestyle change tends not to take during the crisis.

During the post-crisis or stabilization period, the patient may very well try to return to pre-illness patterns and failure in that attempt may, in turn, lead to a return to the crisis phase. The basic goal in this period is to restructure life patterns and perceptions so they can move on with the illness as part of their life. Sharoff identified a phase called alienation during which there is a high level of anxiety and anger that expresses itself in bitterness. However, not all patients seem to go through such a phase.

During the consolidation or resolution phase, the patient must learn to manage limitations and find meaning. The patient must develop a new sense of self that is acceptable in spite of the illness and must develop a philosophy of life.

In the final phase of integration or synthesis, the patient must meld the old self with the new self and yet experience a complete life in which illness is only one aspect. The person must unify the illness with a healthy identity.

In that context, what is the goal of our intervention? According to psychologist Len Sperry "...the goal of Biopsychosocial therapy is to achieve integration of the chronic condition as part of a healthy sense of self...the highest level of wellness possible while living with a progressively degenerative or life-threatening illness."

Howard Leventhal and others have suggested that self-regulation is a critical issue in chronic illness and is influenced by a patient's view in each of these five areas.

Identity: The meaning of the label applied to the illness. For some cancer means death. A stroke means permanent disability. We must know the meaning to the patient and not just the doctor.

Timeline: The expected duration of the disorder. Do they apply acute care thinking to chronic conditions? Do they expect to have the illness for the remainder of their lives?

Consequences: What is the expectation of the outcome? Is it permanent disability? Death? Do they see themselves overcoming the illness? Being cured? Living with it the best they can?

Cause: Some patients see the cause of illness in the microbes and have no context of host vulnerability. What is their concept of the role of stress on their illness? What of the role of lifestyle, or genetics, on their illness?

Control: The key question is “Are there treatments that work?” If I change my behavior will that help? These are key dimensions that we should know about as we plan care.

## SUMMARY: FEATURES OF CRONIC ILLNESS

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- c. Consequences - What is the expectation of the outcome? Is it permanent disability? Death? Do they see themselves overcoming the illness? Being cured? Living with it the best they can?
- d. Cause - Some patients see the cause of illness in the microbes and have no context of host vulnerability. What is their concept of the role of stress, or lifestyle, or genetics on their illness?
- e. Control - The key question is "Are there treatments that work?" If I change my behavior will that help? These are key dimensions that we should know about as we plan care.