

Depression in Patients with Chronic Obstructive Pulmonary Disease is treated with Psychological Therapy

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Description

The prevalence of chronic obstructive pulmonary disease (COPD), one of the main causes of illness and mortality worldwide, has been acknowledged as a global health concern. According to World Health Organization (WHO) projections, COPD will overtake heart disease as the third largest cause of death globally by 2030 as prevalence rates rise. A significant comorbidity of COPD patients is depression, which can occur in up to 80% of cases in the most advanced stages of the disease. According to prevalence studies, people with COPD are four times more likely to experience depression than people without the condition. They very infrequently get the right care for depression caused by COPD [1]. Trial results that are currently available show that untreated depression is linked to poorer adherence to medical care, decreased quality of life, higher mortality rates, more frequent hospital admissions and readmissions, longer hospital stays, and consequently higher costs to the healthcare system. Given the burden and high frequency of untreated depression, it is critical to analyse and update the available experimental evidence using a rigorous methodology and to find efficient psychological therapy for patients with depression due to COPD [2].

Emphysema and chronic bronchitis are both parts of the disease known as chronic obstructive pulmonary disease (COPD). As one of the leading causes of death worldwide, it is acknowledged as a severe health issue. The World Health Organization (WHO) reports that the number of people with COPD is increasing and that, by 2030, it will overtake heart disease as the third leading cause of death worldwide. Depression is a common symptom among COPD sufferers. Up to 80% of people with more severe COPD have been shown in studies to experience depressive symptoms. According to other research, COPD sufferers are four times more likely than non-sufferers to experience depression. In this article, individuals with moderate to severe chronic obstructive pulmonary disease were treated for depression using psychological therapy (COPD). The conclusions are based on 13 RCTs with a total of 1500 participants. Ten trials, totaling 1355 individuals, used cognitive behavioural therapy (CBT)-based therapies [3]. Two trials, totaling 95 people, reported employing psychotherapy sessions (one of which used aspects of cognitive therapy while the other did not disclose any specifics) (50 participants). Psychological counselling in comparison to no intervention A CBT-based intervention was linked with a substantial, if minor, treatment effect for improvement in depression symptoms when compared to usual care or attention placebo, according to the pooled analysis of six trials. Due to clinical heterogeneity and a substantial likelihood of bias, we gave this evidence a very low quality rating. The variation in the participants' baseline levels of depression severity, the variety of outcome measurement types used, and intervention characteristics were the main causes of clinical diversity (e.g.

diversity in therapy techniques and settings) [4]. For a subset of trials that only included people with clinically significant depression symptoms, a treatment effect was also found to be statistically significant. Once more, we deemed the evidence's quality to support this conclusion to be of very low quality. According to this article, there is no proof that psychological therapies, which mostly employ CBT, increase quality of life when compared to no treatment. Due to the three trials, a small number of studies, a significant risk of bias, and clinical variation, we gave the quality of the evidence a very low rating. The CBT-based intervention was found to be more beneficial than "no intervention" in the sensitivity analysis of the two studies that employed the St. George's Respiratory Questionnaire (SGRQ), a single measure of quality of life. The critical outcomes of adverse events, change in dyspnea, forced expiratory volume in one second (FEV1), exercise tolerance, hospital admission rates, or cost-effectiveness were not assessed in any of the studies.

Education in comparison to psychological therapy the comparison's pooled analysis of three studies revealed that CBT-based therapies were more successful than educational approaches at reducing depression symptoms. No studies gathered information on unfavourable incidents. For the secondary goals of improved quality of life, dyspnea, and exercise tolerance, the effects of CBT-based therapy were inconclusive. None of the studies evaluated FEV1, and just one study examined cost-effectiveness and hospital utilisation rates, demonstrating that the intervention group experienced more notable declines than the control group. When compared to pulmonary rehabilitation alone, psychological counselling is more effective (PR) Since there were only two research included, there was not enough evidence to support this comparison. According to the research, a PR campaign and psychological counselling considerably reduced depression symptoms more than just a PR programme on its own. N = 114 participants made up a relatively small sample size, and the smaller research (which included 30 participants) had a number of methodological flaws [5]. Additionally, the therapies employed and how they were delivered varied significantly. The eleven studies that were analysed in the meta-analyses evaluated the efficacy of interventions based on cognitive behaviour therapy (CBT) for treating depression in chronic obstructive pulmonary disease, compared to no intervention, education, or when combined with pulmonary rehabilitation programme (PRP) and compared to PRP alone. There was insufficient data to support the claim that a CBT-based therapy for COPD patients with depression might significantly lessen depressed symptoms when compared to any of the three types of control groups [6]. The clinical heterogeneity among the trials was significant, despite the fact that the results of the pooled analysis indicate possible efficacy.

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Conflict of Interest

None.

References

1. De Godoy, Dagoberto V and Rossane F. de Godoy. "A randomized controlled trial of the effect of psychotherapy on anxiety and depression in chronic obstructive pulmonary disease." *Arch Phys Med Rehab* 84 (2003): 1154-1157.

2. Doyle, Colleen, Sunil Bhar, Marcia Fearn and David Dunt, et al. "The impact of telephone-delivered cognitive behaviour therapy and befriending on mood disorders in people with chronic obstructive pulmonary disease: A randomized controlled trial." *Br J Health Psychol* 22 (2017): 542-556.
3. Doyle, Colleen, David Dunt, David Ames and Sunil Bhar, et al. "Study protocol for a randomized controlled trial of telephone-delivered cognitive behavior therapy compared with befriending for treating depression and anxiety in older adults with COPD." *Int J Chron Obstruct Pulmon Dis* 11 (2016): 327.
4. Farver-Vestergaard, Ingeborg, Mia S. O'Toole, Maja O'Connor and Donal J. Cox, et al. "Mindfulness-based cognitive therapy in COPD: A cluster randomised controlled trial." *Eur Clin Respir J* 51 (2018).
5. Hynninen, Minna J, Nina Bjerke, Ståle Pallesen and Inger Hilde Nordhus, et al. "A randomized controlled trial of cognitive behavioral therapy for anxiety and depression in COPD." *Respir Med* 104, no. 7 (2010): 986-994.
6. Pollok, Justyna, Joep EM Van Agteren, Adrian J. Esterman and Kristin V. Carson-Chahhoud. "Psychological therapies for the treatment of depression in chronic obstructive pulmonary disease." *CDSR* 3 (2019).

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