

**Exploring the Impact of Anxiety and Depression on Patients with Chronic Diseases:
Understanding the Severity and Its Implications for Care**

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Abstract

Background: Chronic diseases such as diabetes, cardiovascular disorders, respiratory illnesses, and cancer profoundly affect both physical and mental health. The World Health Organization attributes 71% of global deaths to chronic illnesses, with a significant overlap between these conditions and mental health disorders like anxiety and depression. Emotional and psychological distress are often intrinsic components of chronic illness, exacerbated by the demands of long-term disease management.

Methods and Materials: This qualitative and narrative analysis drew from global reports, peer-reviewed studies, patient interviews, and clinical observations. Key data sources included WHO, peer-reviewed journals such as *BMC Primary Care*, and qualitative accounts from patient support platforms. Patient experiences and case narratives were used to illustrate the psychological burdens of chronic disease, including the roles of pain, social isolation, financial strain, and altered identity.

Results: Findings indicate a high prevalence of mental health issues among patients with chronic illnesses, often driven by lifestyle limitations, chronic pain, and social disconnection. Approximately 40% of individuals with chronic conditions display symptoms of anxiety and depression. Key contributors include loss of autonomy, distorted body image, and financial stress. Chronic illness can also alter brain chemistry, further predisposing individuals to mood disorders. Many patients feel hopeless, stigmatized, or burdensome, which exacerbates mental health deterioration and may increase the risk of suicide.

Conclusion: Mental health conditions in patients with chronic diseases are not merely secondary complications but central to the illness experience. Addressing psychological wellbeing is vital to managing chronic conditions effectively. Integrating mental health care into chronic disease management—through supportive therapies, resilience training, and telehealth access—can significantly improve health outcomes and quality of life. A holistic, patient-centered approach is essential in both prevention and care.

Keywords: *Chronic disease, Mental health, Depression and anxiety, Patient quality of life, Holistic care*

Chronic disease and mental health

Chronic diseases are conditions like diabetes, cardiovascular diseases, chronic respiratory conditions, and cancer that impede everyday activities or necessitate continuous medical care and last for a year or longer.

The World Health Organization (WHO) reports that chronic illnesses are a significant source of long-term impairment and account for 71% of deaths worldwide. These illnesses have a substantial correlation with mental health conditions, particularly anxiety and depression, in addition to their physical impact.

Research indicates that compared to the general population, individuals with chronic illnesses are more likely to exhibit symptoms of anxiety and sadness in up to 40% of cases.

In chronic disease patients, mental health problems are frequently an inherent aspect of the sickness experience rather than just a result of the restrictions of the condition. Chronic disease patients may suffer from severe emotional and psychological discomfort as a result of the day-to-day difficulties of managing their illness, which can result in clinical depression as well as anxiety disorders.

How living with chronic disease can act as a risk factor for depression and anxiety

Patients living with chronic diseases, regardless of the tireless efforts and best intentions of medical personnel, often experience a significant decline in their overall quality of life in comparison to the general healthy population. Even while contemporary medicine can offer therapies to control symptoms and enhance physical health, many patients continue to deal with a variety of chronic and incapacitating issues that impact almost every element of their everyday lives. Some of these challenges might include chronic pain, exhaustion, restricted mobility, frequent hospitalizations, and the requirement for continuous medication, all of which can significantly change their way of life and reduce their sense of independence. The psychological and emotional costs might be significant in addition to the physical ones. Feelings of helplessness, loneliness, and frustration can result from the continuous battle with a chronic illness, regardless of how well it is controlled. The stress and anxiety that come with having a chronic illness can make mental health conditions like depression and anxiety disorders worse, even if the underlying ailment has nothing to do with brain chemistry or cognitive function. Mental health can suffer as a result of a decreased feeling of hope brought on by the ongoing uncertainty of managing a chronic illness. The patient's capacity to actively participate in their treatment plan and manage the day-to-day aspects of their condition may be impacted by these emotional and psychological difficulties, which could further prolong a cycle of a lower quality of life.

Some of the challenges chronic disease patients suffer are;

Chronic disease patients frequently deal with a variety of *physical limitations* that have a big influence on their everyday lives and mental health. Walking, standing, and ascending stairs are made harder by limitations such as decreased mobility brought on by joint pain, muscle weakness, or exhaustion. In contrast, chronic pain can make everyday activities uncomfortable

and frustrating. A patient's sense of independence may be further diminished by impaired fine motor skills, such as trouble writing or eating, and endurance restrictions brought on by heart illness or respiratory conditions. Even the most basic actions can become difficult for individuals with balance issues, limited range of motion, and sensory sensitivity, making them feel powerless or reliant on others. The constant struggle with these physical obstacles can have a significant emotional impact, resulting in depressive, anxious, and frustrated sentiments. Because they cannot participate in the activities they used to enjoy, patients may feel a sense of loss, which can result in social isolation and a decline in self-esteem. These physical limitations can have an emotional toll that is just as crippling as the illness itself, frequently making it more difficult for patients to manage their condition or maintain hope for the future.

Besides physical restrictions, chronic disease can also affect patients' emotional health. Living with a long-term illness can lead to emotional problems such as loneliness, frustration, anxiety, and despair. Apart from the burden of living with a chronic disease, continuous medical treatment and manipulations can also cause patients' mental health to deteriorate.

The financial burden of managing a chronic disease can also impact a patient's mental health. Medical costs, such as prescription drugs, therapies, and doctor visits, can be stressful for both people and families. Reduced workability due to the illness may result in lost income, making it harder to maintain a particular living level, which can cause financial strain.

Another factor that may affect the mental state of chronic disease patients is the probable inevitable shift in social life. People with chronic illnesses frequently need to change their lifestyles, which can lead to social isolation or make it harder for them to engage in activities they used to love. Feelings of loneliness and despair may arise, developing into depression as a result of this break with friends and loved ones. Social situations can be difficult for those with self-care needs, dietary restrictions, or medication schedules, which may affect their sense of connection and belonging.

Physical appearance

For many patients suffering from chronic illnesses, whether mental or physical, body image is a significant concern.

Compared to healthy people living with no conditions that cause limitations, 31% of adults with health issues or disability that significantly restrict their daily activities reported feeling ashamed, and 47% felt depressed or low in the previous year due to their body image. Similarly, compared to 36% of persons without a limiting condition, 50% of adults with a health issue or handicap reported that their body image hurt their self-esteem.

Deprivation of autonomous existence

Patients' lives are impacted by symptoms such as exhaustion, discomfort, dyspnea, muscle spasms, and vertigo, making them feel dependent and insecure. Patients are forced to live knowing that activities that felt fine today might become unbearable the next day. Patients' desires and intentions for the future are impacted by their sickness's unpredictable exacerbations, thereby arousing a sense of loss of control over their condition.

Some patients said the hardest part of their life is the loss of autonomy and freedom, resulting in feelings of hopelessness, powerlessness, and being a burden.

Becoming ill only increased these feelings as they needed more assistance to manage daily life; they tended to feel helpless and hopeless because they had to depend on other people to manage basic day-to-day activities.

Patients may also feel like a burden to their loved ones: "Would things be better if I just died?" Patients begin to have such thoughts, assuming their death would make life easier for their family and friends.

Patients tend to suffer from negative feelings brought on by past life experiences, and intrapersonal circumstances dominate the patients' emotional states. The sickness aggravates these unpleasant emotions. A mood that is unstable and even despondent, with emotions of despair, apathy, and discontent, can be brought on by stress, overthinking, and psychological instability. Some patients even experienced suicidal thoughts.

In a qualitative interview conducted in Flanders, Belgium, this is how a fifty-four-year-old female patient described living with a chronic disease;

She felt like a weakling because she ended up in a depression again. She expressed being unsatisfied with herself and explained that it affects her self-confidence. She stays up, wondering if it is her fault. She's not sure where depression comes from but knows but is convinced that she will most likely keep feeling bad about missing work in the future.

Another fifty-eight-year-old woman expresses how annoying it is that she's always the one who coughs in public spaces because people are watching, and she feels ashamed. She describes the feeling as "not a nice feeling." It makes her uncomfortable, and she'd rather not be there".

Chronic disease also alters the mental chemistry of patients.

Some chronic disorders, especially those that impact the autonomic nervous system or cause systemic inflammation, can significantly change brain chemistry. The body's reaction to chronic stress is one important component. Chronic disease patients frequently have dysregulated hypothalamic-pituitary-adrenal (HPA) axis, which controls the body's stress response. Elevated levels of cortisol, a stress hormone that is long-term linked to anxiety and depression, can result from overactivation of this system.

There is also evidence that chronic inflammation, prevalent in chronic conditions like diabetes, cardiovascular disease, and arthritis, impacts the brain. Neurotransmitter systems like serotonin and dopamine, which are important for mood regulation, can be harmed by pro-inflammatory cytokines, which are increased during chronic inflammation. This change in brain chemistry may make patients suffering from chronic diseases more susceptible to anxiety and sadness.

A typical feature of many chronic diseases is chronic pain, which is also closely associated with mental health issues. Pain can lead to feelings of powerlessness, frustration, and sadness, which

can raise the risk of depression and anxiety. It also frequently interferes with sleep, mobility, and the ability to carry out daily tasks.

A chronic illness can cause significant disruptions to a person's sense of self and self-worth, posing problems that affect many facets of life. Individuals who experience temporary or chronic physical impairments are frequently forced to rethink everyday tasks that they used to complete with ease, which can leave them feeling inadequate, frustrated, or helpless. Scars, weight changes, or other outward manifestations of disease or therapy can all have an impact on how one feels about themselves and can even cause increased self-consciousness or social anxiety. A further emotional adjustment may be required for those who depend on medical equipment like wheelchairs, oxygen tanks, or feeding tubes as they deal with social stigma or preconceived notions about their ability.

These changes in self-identity necessitate reevaluating goals as personal and professional objectives may need to be adjusted to accommodate new physical or mental limitations; roles in families and communities may also need to change as people may have to give up responsibilities they previously handled, which can lead to a sense of loss or diminished purpose; and dealing with a chronic illness frequently entails reevaluating one's sense of purpose and self-worth as the inability to meet pre-illness standards or expectations can challenge long-held beliefs about one's value and place in the world. Ultimately, these challenges require resilience and a process of self-discovery as people attempt to create a new identity that takes into account their illness without letting it completely define them.

Physical pain in both depression and chronic disease

There is a deeper biological link between physical pain and depression than just cause and effect; serotonin and norepinephrine are neurotransmitters that affect both mood and pain.

Both pain and depression are associated with these transmitters' dysregulation. Because chronic disease patients are known to experience physical pain and a significant number of depressed patients who seek treatment in a primary care setting only report physical symptoms, it can be challenging to diagnose depression in patients with chronic disease, as the symptoms of depression may appear to be due to the underlying disease.

Physical symptoms are typically accompanied by a high degree of dysfunction in people with depression, and patients with persistent pain have a higher incidence of suicidal thoughts.

Compared to the general population, patients with chronic pain are more likely to experience depression. Therefore, it makes sense that people with chronic pain would have a high prevalence of suicidal thoughts, attempts, and completions.

Chronic pain should be considered a risk factor for suicide, according to several controlled trials and investigations on suicide completion rates. An analysis of established suicide risk variables from different groups revealed that chronic pain patients frequently display additional suicide risk factors.

The benefits of improving mental health for chronic disease outcome

Because mental health treatment is expensive and rarely reimbursed, health systems frequently place little emphasis on it. However, health systems should not undervalue the role that mental health plays in treating chronic diseases, which is one of their most expensive areas.

Organizations should view mental health treatment as an essential component of managing chronic diseases since evidence indicates that individuals with mental health disorders and chronic diseases incur higher expenses than those without such disorders. It is challenging to improve chronic illness outcomes without addressing concomitant mental health concerns since there is a substantial correlation between mental health disorders and chronic disease outcomes.

Clinical professionals who adopt a patient-centred, holistic approach to treating chronic illness in patients with concurrent mood disorders may be able to improve health outcomes and reduce the overall cost of healthcare.

Three main problems make it difficult to integrate mental health therapy into healthcare systems, particularly for people with chronic illnesses: a lack of knowledge on mental health, a lack of access, and lost revenue. Compared to people without mental health issues, patients with chronic diseases who also have comorbid mental health conditions frequently need more sophisticated, resource-intensive care, which can cost health systems up to twice as much. Despite this obvious connection, many health systems are hesitant to spend money on mental health care since the expenses are not sufficiently covered by reimbursement models, which leads to losses.

Furthermore, mental health care delivery models are frequently ineffective, making it difficult for clinicians to address the special requirements of patients who are dealing with both mental health issues and chronic diseases. Even though untreated mental health conditions can considerably exacerbate the outcomes of chronic diseases, this lack of financial incentive has caused the systemic deprioritization of mental health care.

Another significant obstacle is access to mental health treatment for those with chronic illnesses, especially in rural and socioeconomically underdeveloped areas where mental health services are limited or nonexistent. Addressing the mental health issues that might worsen chronic illnesses is made more difficult for patients in these regions by the stigma associated with mental health, restricted transportation, and a shortage of clinicians.

Because patients with undiagnosed depression or anxiety, for instance, are less likely to follow treatment plans or take part in preventive care, the absence of easily accessible mental health resources and practitioners leads to subpar illness management. To ensure that patients with chronic illnesses receive the mental health support they require to enhance overall outcomes, this gap may be closed by utilizing data-driven patient engagement tools and expanding access through telemedicine platforms.

The healthcare industry's limited approach to mental health, which frequently concentrates only on psychiatric disorders and ignores how decisions, behaviours, and social variables related to mental health have a direct impact on the management of chronic diseases, exacerbates these problems.

For instance, despite their significant impact on diseases like diabetes, high blood pressure, and heart disease, stress, emotional anguish, and social isolation are frequently disregarded. Care

teams may take a more comprehensive approach and connect mental and physical health in ways that promote improved outcomes for patients with chronic illnesses if the concept of mental health were expanded to encompass these elements. Promoting a whole-person care culture, educating healthcare professionals on the intricate relationship between mental health and chronic illnesses, and implementing value-based payment schemes that incentivize better results in both domains are necessary to achieve this. In addition to enhancing health equity, removing these systemic obstacles is crucial for lowering the long-term expenses linked to chronic illnesses that are not adequately managed.

Conclusion

Chronic illness, which combines psychological difficulties with physical restrictions, significantly impacts a person's sense of self and self-worth. Chronic diseases can cause major changes in one's self-perception, such as a loss of physical ability, visible changes in appearance, or dependence on medical technology. This change could make it necessary to reassess one's objectives, aspirations, and positions in both the personal and professional domains, which could lower one's sense of value and purpose.

Chronic sickness has a variety of psychological effects. Disease-related physical changes can negatively impact body image, transforming a once-good self-perception into a negative one. Social disengagement may result from this change since people may feel self-conscious or uneasy about their changed looks or talents. Furthermore, the ongoing pressures brought on by chronic illness jeopardize general well-being, including the capacity to carry out social, professional, and personal obligations. These difficulties can lead to mental anguish, worry, and despair, which further damage one's sense of value and self-esteem. People frequently need to modify their life narratives when chronic illness disrupts their sense of self. A person's identity can be dominated by illness, affecting all facets of life, or it can simply affect certain areas of the self. People must continually navigate these shifts to control their symptoms and maintain their preexisting identities and social places.

The fight for survival in the face of disease highlights the intricate relationship between mental and physical health.

Furthermore, low self-esteem and feelings of loneliness can be made worse by the stigma attached to chronic illness. People with chronic illnesses may be marginalized by society, which can result in internalized shame and a lowered sense of self-worth. Being stigmatized can be a distressing experience that affects one's confidence and general mental health.

Addressing the psychological effects of chronic illness is essential for comprehensive patient treatment. Interventions that improve self-esteem and self-image can significantly impact quality of life.

When faced with the pressures of chronic illness, psychological resilience—which is the capacity to adjust to adversity—acts as a protective barrier against adverse consequences.

Peer support groups, supportive therapies, and resilience-building techniques can help people navigate the challenging emotional terrain of having a chronic illness.

In summary, there is a complex and very personal relationship between self-identity, self-esteem, and chronic illness. To encourage a feeling of purpose and self-worth and enable individuals to lead contented lives despite the limitations placed on them by their illnesses, it is crucial to recognize and address the psychological difficulties that come with chronic ailments.

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