Physical Medicine-2013
OMICS Group Conferences
Accelerating Scientific Discovery
International Conference and Exhibition on
Physical Medicine & Rehabilitation
August 19-21, 2013 Embassy Suites Las Vegas, USA

Evidence for the management of comorbid depression in patients with chronic obstructive pulmonary disease: What are the treatment strategies?

Abebaw Mengistu Yohannes
University of Manchester, UK

Abstract

Comorbid depression and anxiety are common in patients with chronic obstructive pulmonary disease (COPD). Untreated depression or anxiety has major consequences in patients with COPD including poor adherence to treatment, decreasing quality of life, increasing physical disability, social isolation, healthcare utilization and premature mortality. However, evidence for treatment anxiety and depression using antidepressant drug therapy is inconclusive. There is, however, some evidence to suggest new emergent therapies such as psychological therapy (e.g. cognitive behavioural therapy) and pulmonary rehabilitation programme in short-term are improving quality of life and reducing level of these distressing symptoms. The efficacy of these modalities in the long-term is unknown. Factors that contribute to lack of efficacy in the long-term are multifactorial including chronicity of the disease, inadequacy of treatment provision and poor methodologies employed in the published literature. The collaborative care model (CCM) has been shown to be promising in improving patient adherence to treatment, satisfaction with the service, improving quality of life and reducing healthcare utilization in similar chronic conditions. Preliminary findings in COPD patients indicate that CCM is the way forward to treat these disabling conditions. There is a hope and every optimism that a well-organised CCM has a potential to treat anxiety and depression to full remission in this patient group. Therefore, healthcare providers should consider the availability of CCM to improve their quality of service and potentially to reduce healthcare burden. In addition, future studies should explore the efficacy of this modality in randomised controlled trial with a long-term treatment follow-up.

Biography

Dr Abebaw Mengistu Yohannes has completed his Ph.D in Geriatric Medicine at the age of 37 years from the University of Manchester in United Kingdom. Dr Yohannes is an associate professor at the Manchester Metropolitan University in the Research Institute for Health and Social Change. He has published more 65 papers in peer-reviewed journals and presented over 80 papers at national and international conferences. Currently, Dr Yohannes is serving as an associate editor for Health and Quality of Life Outcomes and BMC geriatrics journals and functioning as a reviewer and editorial board member for a number of highly esteemed journals.