

جنبه های سایکوسوماتیک بیماری های انسدادی مزمن ریه

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Chronic Obstructive Pulmonary Disease



Chronic obstructive pulmonary disease (COPD) is a chronic respiratory disease based on an inflammatory response of the lung to noxious particles or gases, often due to tobacco smoking or environmental exposures, such as smoke from open fireplaces or biomass fuel stoves in developing countries





COPD

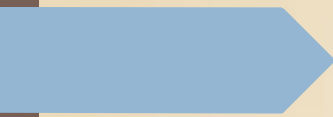
These symptoms are associated with **limitations in daily activities** and can generate considerable **fear and distress**, reducing quality of life considerably

In 2010, the worldwide prevalence of COPD was estimated at **11.7%**, although rates vary widely across countries

The highest rates are found in **older segments of the population**, especially in individuals **older than 60 years**.

COPD is a leading cause of morbidity and mortality, with rates increasing due to changes in world population demographics.





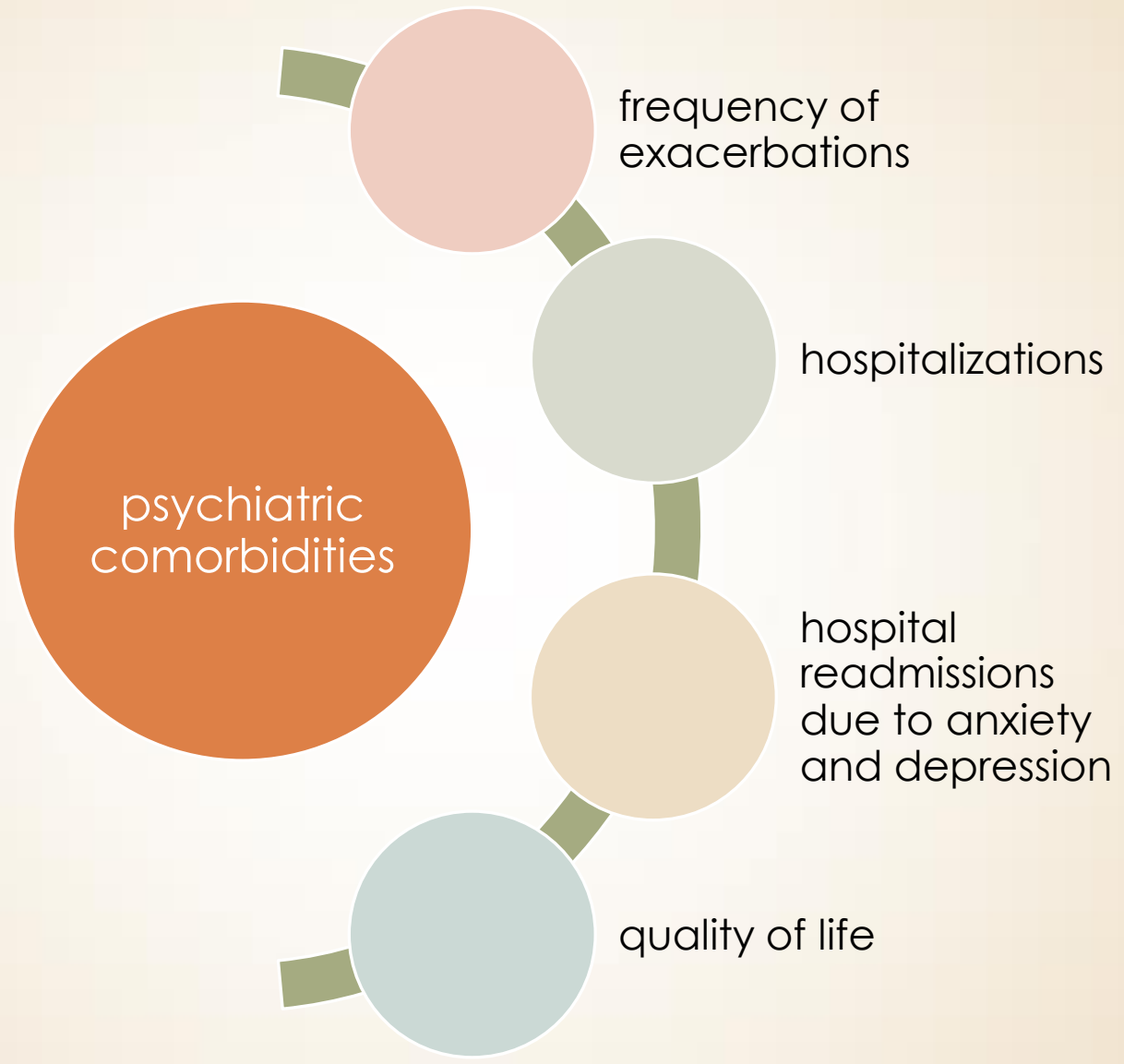
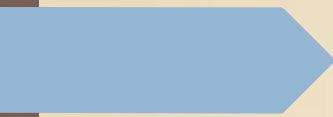
Comorbidity
of COPD
With
Psychiatric
Illness

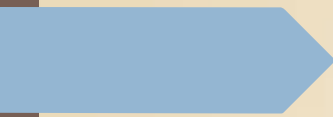
approximately **one-fourth** of COPD patients
experience clinically **significant depression**

Clinically significant **anxiety** is estimated to be
two times more prevalent in patients with COPD
than in the general population

Panic-related symptoms or **panic disorder**
being **up to 10 times more prevalent**







Treatment goals for COPD are focused on

symptom relief

reduction of exacerbations

slowing of progressive decline in lung function

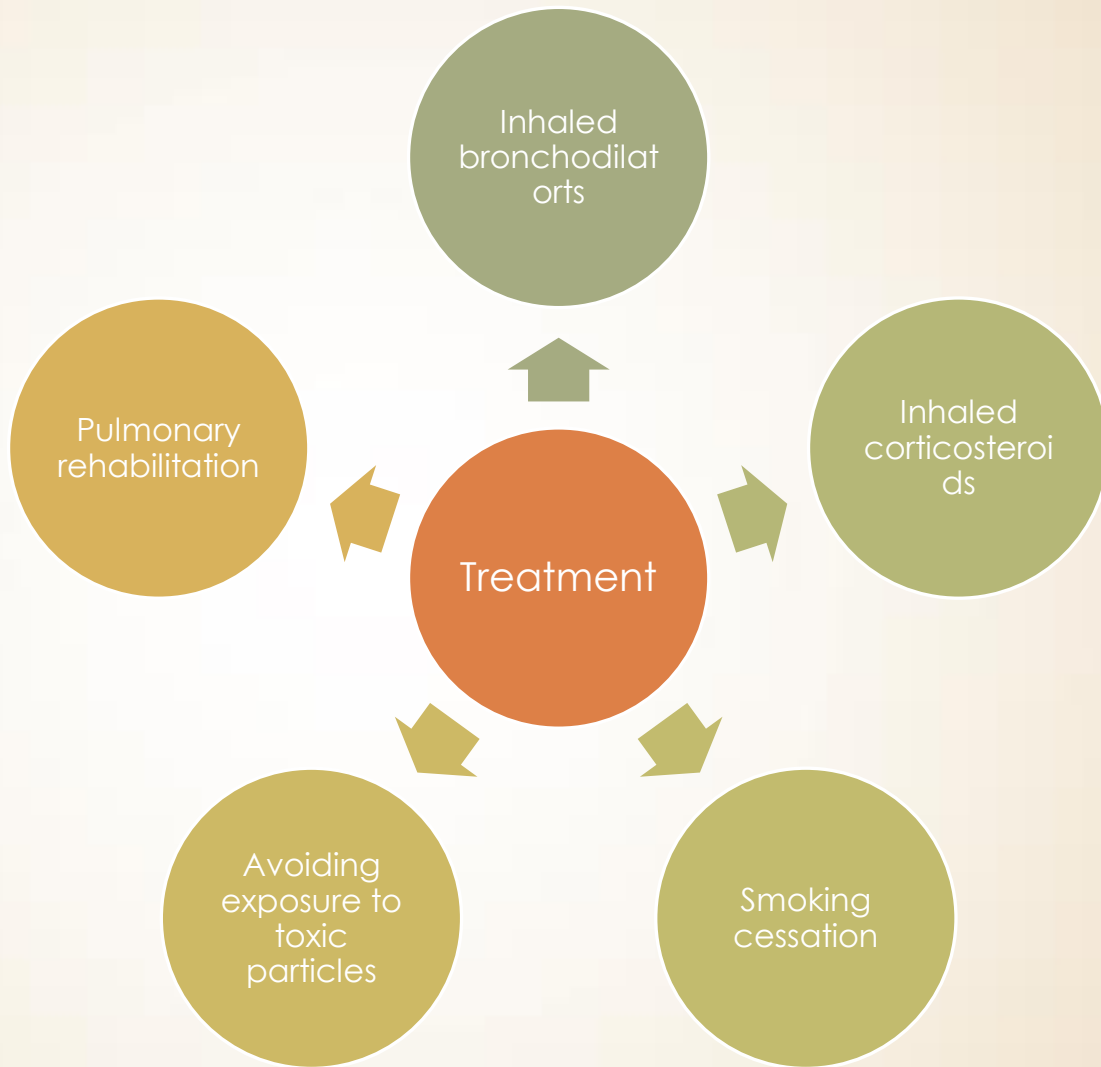
improvement in exercise tolerance

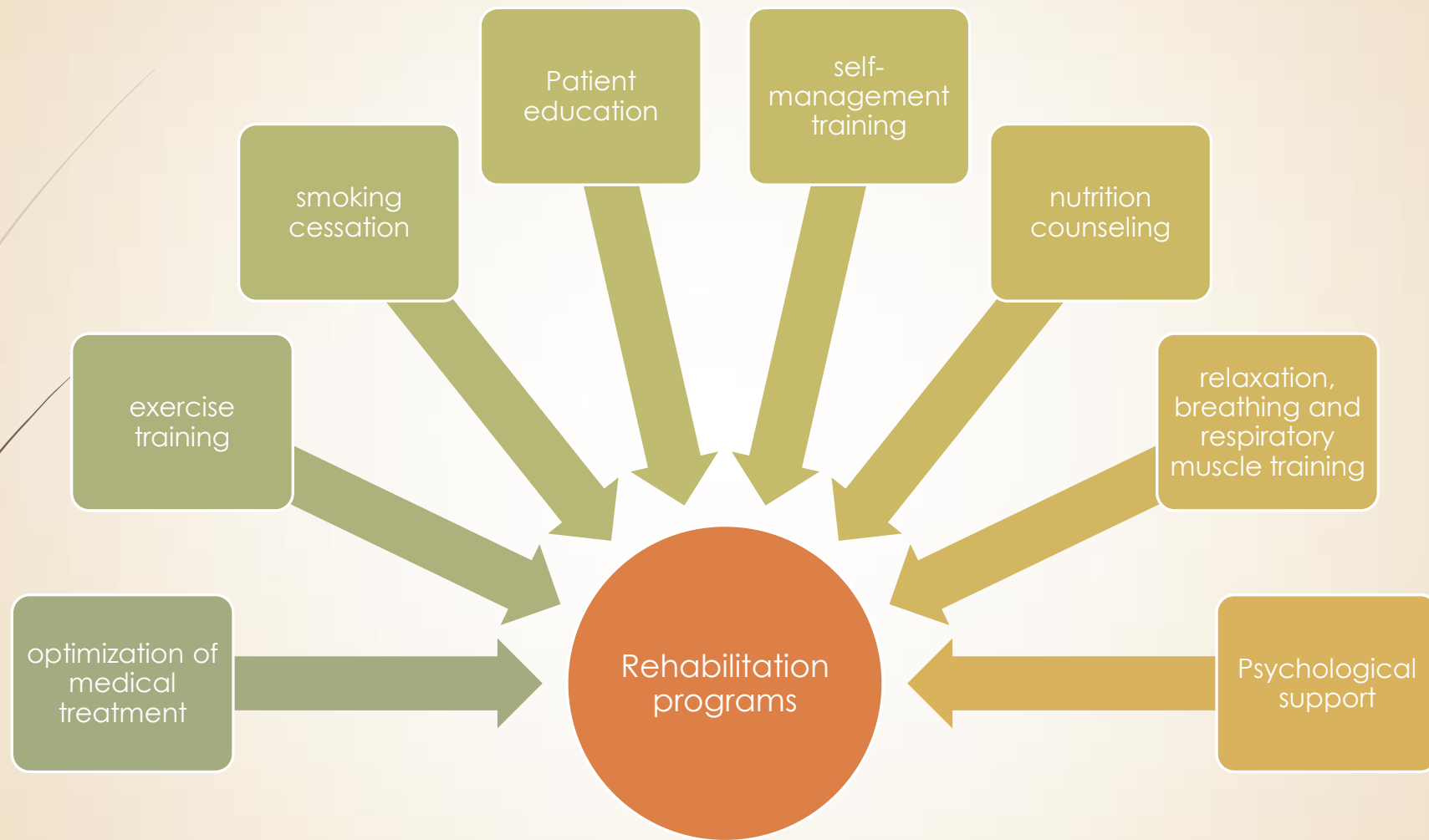
Improvement in daily life functioning

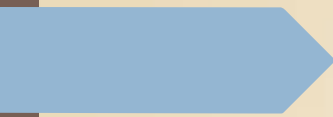
Improvement in quality of life

Improvement in life expectancy









CBT has been adapted to address COPD problem areas by specifically targeting


Catastrophizing of symptoms

Avoidance of physical activity

Dysfunctional illness

Treatment perceptions





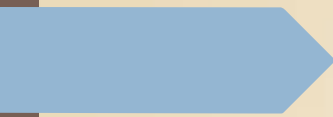
Psychopharmacology in COPD

In general, pharmacological treatment of psychiatric disorders such as depression, anxiety, and psychosis in this population is similar to that in other patient populations.

the likelihood that patients with chronic respiratory diseases are **already taking several medications** increases the risk of additive side effects (e.g., QTc prolongation) and drug–drug interactions, particularly for drugs metabolized by the cytochrome P450 system.

When possible, clinicians should avoid prescribing psychiatric medications that depress the respiratory system (e.g., benzodiazepines); if used, these agents should be prescribed at the lowest dosage that provides symptom relief.





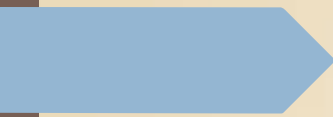
Psychopharmacology in COPD

Sedating medications are contraindicated in hypercapnic patients (i.e., those with chronically elevated pCO₂) because they can suppress hypoxic respiratory drive.

Benzodiazepines have not been shown to be effective in relieving breathlessness in advanced COPD

Lorazepam and other shorter half life BZDs can be used on **an as-needed basis**, such as for anxiety associated with acute interventions.





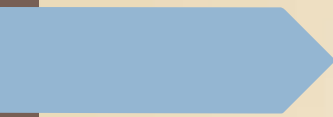
Psychopharmacology in COPD

low-dose opioids are suggested as a safer and more effective alternative

Other as-needed medications for acute anxiety include hydroxyzine and gabapentin or pregabalin

Antipsychotic use has been associated with an acute and dose-dependent increased risk of acute respiratory failure in patients with COPD





Psychopharmacology in COPD

Although the only medication class that has been shown to help with dyspnea is opiates, treatment of associated anxiety also improves QoL.

Medication that can be used to treat anxiety associated with dyspnea include **SSRIs and mirtazapine**, but also alpha-2agonists (guanfacine), calcium channel blockers (pregabalin, gabapentin), and antihistaminic medications (hydroxyzine, quetiapine).



Psychiatric impact of pulmonary therapies

- ▶ Long term oxygen therapy
- ▶ Intubation and ICU admissions
- ▶ Bronchodilators : anxiety, sleep paralysis
- ▶ Montelukast : mental health side effects, including suicidal thought or actions
- ▶ Steroids : anger, agitation, anxiety, distractibility, fear, hypomania, indifference, insomnia, irritability,





References

1. Levenson JL, editor. The American Psychiatric Association Publishing textbook of psychosomatic medicine and consultation-liaison psychiatry. American Psychiatric Pub; 2018 Aug 6.
2. Theodore AS, Timothy E.W, Maurizio F, editors. Massachusetts General Hospital Comprehensive Clinical Psychiatry. Third edition, Elsevier, Philadelphia: 2025.

