The Link Between COPD and Depression

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How COPD and Depression Interact

Anxiety and depression are common in people with chronic obstructive pulmonary disease (COPD). With severe COPD activity is very limited, eating and breathing can be difficult, and fatigue is very common.

You cannot get around without becoming short of breath, and this can cause frustration. Going out in public causes anxiety because you feel an exacerbation could occur while you are away from home, and this is unsettling for you.

The Psychological Effects of COPD

When depression comes into your life, you have many associated feelings like frustration, confusion and anger. You'll likely ask yourself many questions: how did this start? What was the cause? Is it my fault? What can I do about my COPD and depression? In some situations, these questions waste valuable time and energy.

When there is stress or a series of stressors, like the stress associated with COPD, it also becomes challenging to view the world in positive ways. Your thinking may begin to change as you become more defensive and skeptical about people, your surroundings, and even your bodies. It can be an extremely depressing thought to believe that your body is letting you down.

Negative thinking becomes a pattern, and patterns become bad habits. Bad habits spread into other aspects of your life through a process called generalization. In generalization, instead of confining your bad luck, negativity or depression to your COPD, it spreads, and the lens you see the entire world through becomes darker and more hopeless. Over time, depression is hard to escape.

COPD affects your body by making it difficult to sleep, eat, feel energetic and experience motivation. Depression affects your body by making it difficult to sleep, eat, feel energetic and experience motivation. Do these sound similar? COPD can trick your body into feeling depressed by creating this symptom overlap.

The American Respiratory Society, along with the European Respiratory Society, have recommended better management of the social and psychological problems COPD patients experience. Screening for depression and anxiety should be a part of your pulmonary rehabilitation program and should be treated appropriately.

Other than medications to help with any psychiatric issues, cognitive behavioral therapy (CBT) can be helpful as well.

Thought-Based Interventions

Thought-based triggers of depression respond well to thought-based interventions. Want to change your mind? Here’s how:

Track Your Thinking

To change your thinking you need to track your thinking. Pay attention to the self-talk in your mind: what types of things are you saying? Are you obsessing on the notion that the world is conspiring against you? Do you see COPD as a minor barrier that will take some adjustment?

Negative thinking leads to negative feelings. The good news is that the opposite is also true; write down the thoughts that seem to be fueling feelings of depression.

Challenge Your Thinking

After you have compiled a list of negative thoughts, begin the process of defining your opinion on them. Are they accurate? Are they rational? You already know that they make you feel worse, which is a good reason to justify a changed way of thinking.

During this method, forget about concepts of “right and wrong” and “truth or lies.” If your goal is to feel happier, your focus needs to be on thinking the thoughts that diminish depression.

Look for Opposite Examples

A great way to change your thinking is by looking for situations that disprove the depressed idea. If your depression tells you everyone is out to get you, find the supportive people in your life. If depression tells you your COPD makes every day worse, look for positives and areas where you can find gratitude.

Therapy

Changing the way you think is tricky for anyone. If you find yourself struggling, consult a therapist. Therapist spend their days helping people like you find new ways to think by focusing on the positives rather than the negatives. People with chronic medical conditions typically benefit from any level of therapy.

Cognitive Behavioral Therapy

There has been some research that examined CBT for reducing anxiety and/or depression in COPD patients. CBT, in conjunction with exercise and education, was found to be more effective than exercise and/or education alone. The results showed that psychological morbidity had been reduced in patients with clinically stable COPD. By resolving depression and anxiety, you will be more willing to participate in social activities, which will improve your mood and lessen depression.

Physical-Based Interventions

If changing your thinking helps with thought-based depression, changing your behaviors should help with physical-based interventions. Here’s how:

Stop Smoking

Everywhere you go, people are telling you to quit smoking. Smoking is probably the worst thing you can do with an active COPD diagnosis. Take whatever step needed to make the change, and if you already have quit, congratulations!

Pursed-Lip Breathing

This breathing exercise will slow down your breathing, keep your airways open and improves the exchange of oxygen and carbon dioxide. It also reduces the difficulty of breathing, which allows you to stay active for a longer period.

To perform this activity, breathe in through your nose for two seconds and blow out slowly through pursed lips. Imagine you are blowing out a candle. Repeat as needed.

Belly Breathing

Therapists use this technique often for anxiety as well as depression. Now, you can use this breathing exercise for COPD too.

Assume a comfortable position either sitting or laying down. Put your right hand on your stomach and left hand on your chest. As you breathe in, feel your right hand moving while your left remains still. Most people move their shoulders when breathing deeply but this only partially fills your lungs. Work to extend the seconds inhaling and exhaling. Five seconds in and seven seconds out is a great goal but three in and five out might be your starting point.

The Takeaway

COPD and depression are far too common in COPD patients. The differing sources of the depression make it difficult to know where to begin treating the symptoms.

If confusion is an overriding feeling, consider the notion that the interventions above are side-effect free, noninvasive and have no associated costs. If you cannot decide which to try, try them all. The only thing you have to lose is depression.