

# Family-Based Intervention to Manage Anxiety and Depression in Chronic Illness Patients

Dino Rizadman Rahia  
Faculty of Psychology  
University of Muhammadiyah Malang  
dinorizadman@gmail.com

**Abstract:** Family is a small unit in a society that has its own system. Family members interact and help each other in their daily lives. When one of its family members suffers from a chronic illness, it is susceptible to get psychological problems such as anxiety and depression. The purpose of this study is to analyze the effectiveness of family-based interventions in dealing with psychological problems in patients with chronic diseases. This research is based on a literature review of articles and journals obtained from various sources by looking at the suitability of the discussion. The results of this study indicate that family-based interventions are effective in reducing anxiety and depression in chronic disease patients. This study also has limitations in which it is still a lack of references included to see the effectiveness of interventions in more detail.

**Keyword:** family-based interventions, anxiety, depression, chronic illness, review

## Introduction

Humans in their lives have health to maintain, namely physical and mental health. Medical illness has a relationship with mental health (Ohrnberger, Fichera, & Sutton, 2017), which indicates that when a person is suffering from a chronic disease, he has a vulnerability to interfere with mental health conditions. Therefore it is necessary to care for someone with illness to consider the condition of his mental health.

Managing chronic illness is necessary for the patient and health care. Patients of chronic illnesses such as cancer, diabetes, heart disease, and asthma are scheduled with daily routines of taking drugs, diets, and other treatment activities. The complexity that might occur during those activities causes the patient saturated due to dealing with controlled activities.

A person with a chronic illness has a chance of developing psychiatric disorders or psychological problems (Dobbie & Mellor, 2008; Surtees et al., 2008). Chronic illness sufferers have a double vulnerability compared to a general population experiencing psychological disorders. Psychological problems that occur among people with chronic diseases include anxiety and depression (Katon, 2003).

Diagnosing sufferers of chronic illnesses that have a slightly different disorder and complexity compared to ordinary people is challenging yet crucial. Symptoms which might appear include lack of interest in activities, irregular eating and sleeping habit, and erratic moods that are usually congenital from the illness. It is something that needs to be done with caution in the examination and determination of diagnosis. However, the determination can use DSM-V guidelines by looking at complaints, physical examination, and laboratory tests result in which the disorder has a direct pathophysiological consequence of other medical conditions (APA, 2013).

Psychological problems experienced by sufferers of chronic illness can result in a bad impact when not handled properly. The cause of sufferers of chronic illness has psychological problems because they have functional disorders, an increase in funding for the disease, low compliance with medication and self-care, and an increase in medical symptoms and unacceptability of the illness experienced (Katon, Lin, & Kroenke, 2007). In addition to strengthening the patient in preventing psychological problems, it needs to maximize the role of other family members to help patients.

Family is an organization in a community that has a dynamic system to interact and help one another, especially when other members experience problems. The family has an important role in providing psychological assistance and accelerating the healing process of psychological problems in patients with chronic illness. The family often creates a good social and emotional atmosphere in self-care, making it easier for patients to achieve the goals of a good patient's psychological state. Maximizing the influence of relationships between family members or people closest to patients is expected to have a positive effect on an ongoing basis so that the program run during treatment receives support in self-management and can provide the information and skills needed (Lee et al., 2018).

Support from family or closed people has great potential in helping patients with chronic illness in managing and dealing with the stresses because the presence of people around the patient is more intensive and easier to recognize the symptoms. Thus, a program run by involving family members in managing chronic illness patients has a positive potential to improve or maintain patients' self-management in dealing with their problems (Rosland & Piette, 2010).

## Method

This article is based on a review of 15 literature and journals obtained from various sources. Data were collected by reviewing the official website for research results. Keywords used in searching literature in scientific journals are family therapy, family-based interventions, anxiety, depression, and chronic illness. The next step is to identify the main themes presented in the literature. The data collected from each article are then categorized based on specific questions, and the contents are analyzed to see their suitability.

## Discussion

### Family-based Intervention

This study reviews 15 articles related to anxiety and depression that occur in patients suffering from chronic diseases. The results of the discussion show that the family has an important role in helping the patients. The provision of knowledge of the illness suffered by learning from previous experiences will enable families to understand the negative emotions that might arise in patients (Lobato & Kao, 2005). It could make patients able to acquire good treatment and support in their care to accelerate the healing process. Exercises that can be applied in the care program of chronic disease patients with a tendency to anxiety and depression are to provide support for self and joint management, self-efficacy, improving quality of life, coping strategies, and improving communication and spiritual activities.

The results of this study indicate that family-based interventions can reduce anxiety and depression in patients with chronic diseases. The role of the family or the immediate environment of the patient turns out to be effective in helping the care of patients who have psychological problems (Zacharias, 2012). It encourages family members to provide sufficient knowledge in increasing positive activities for the success of the care process. Programs implemented in family-based interventions are usually applied to families whose members are diagnosed with emotional and behavioral problems, such as behavioral disorders, depression, and social problems (Kumpfer & Alvarado, 2003).

In this study, the average time spent was between 6 and 12 months in order to get positive results. The duration of the intervention is due to the need for a thorough knowledge of each family member to be able to provide professional assistance to the patients' needs and treatment. Therefore, commitment and good communication among family members need to be maintained during the care process.

### Anxiety

Chronic illnesses suffered tend to make patients have excessive and unrealistic worries. They cannot stop thinking about worrying about everything that happens in their daily activities. Patients can understand that they think too much about possibilities and cannot control them. As a result, anxiety interferes with their lives. Anxiety due to chronic diseases

associated with chronic diseases that can cause death. Besides, the recovery of chronic diseases can not be ascertained because the process of disease development cannot be known with certainty (Miller, 2012).

The more chronic diseases they have, the more limitations they will cause (Ralph, Mielenz, Parton, Flatley, & Thorpe, 2013). The percentage with limitations in basic daily activities increases with the number of chronic conditions they have. With an increasingly heavy burden, feelings of worry and fear in life is increasing.

In this study, family-based interventions found in patients suffering from chronic diseases with diagnosed anxiety that can be seen from some studies. On average, family-based interventions have effective results and successfully reduces anxiety. It is supported by the relationships between family members or colleagues who perform their duties appropriately to provide consistent and interactive treatment in reporting patient progress.

### Depression

Depression is a symptom characterized by an emotional state manifested in the form of sadness, emptiness, or mood disorders accompanied by somatic and cognitive changes that significantly influence someone's emotional function and daily life (APA, 2013). Depression is one of the most common psychological disorders in patients and is a condition most associated with chronic medical illness (Anderson, 2001). Besides, depression is common in the treatment of chronic illness among the elderly, people with extensive disease, and people who have been sick for a long period (Ige, 2011).

This study found that patients with chronic diseases can be given family-based interventions when they are suspected of tending towards depression. The family helps patients by using conventional methods and social media assistance. The results show there are no significant differences among the treatments which lead to a significant success rate.

Family persistence to support and help patients is needed. Additionally, cooperation in building commitment to provide strength and foster a desire to recover in patients is also needed. The family is expected to provide adequate care and attention to the patients for the sake of maintaining positive feelings and the desire to recover during the treatment process.

### Conclusion

Family-based interventions are effectively used in reducing anxiety and depression in patients with chronic illness. The types of approaches used vary, depending on how the family and those closest to the patients can understand and apply the design of the treatment programs. In addition to family-based interventions in face-to-face form, it can also be done by using social media applications to provide therapy. Family-based interventions can increase self-esteem and desires. Besides, family harmony could also

provide a therapeutic effect on patients undergoing treatment; it can improve the quality of life of patients to be better and more positive.

## References

- APA. (2013). *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition*. Washington, DC: APA.
- Chaitin, E., Chang, C. H., Pike, F., Weissfeld, L., Kahn, J. M., Darby, J. M., ... Investigators, P. (2018). A randomized trial of a family-support intervention in intensive care units. *New England Journal of Medicine*, 378(25), 1–11. <https://doi.org/10.1056/NEJMoa1802637>
- Churchill, S. S., & Kieckhefer, G. M. (2018). One year follow-up of outcomes from the randomized clinical trial of the building on family strengths program. *Maternal and Child Health Journal*, 22(6), 913–921. <https://doi.org/10.1007/s10995-018-2467-4>
- Cockayne, S., Pattenden, J., Worthy, G., Richardson, G., & Lewin, R. (2014). Facilitated self-management support for people with heart failure and their family carers (semaphore): A randomised controlled trial. *International Journal of Nursing Studies*, 51(9), 1207–1213. <https://doi.org/10.1016/j.ijnurstu.2014.01.010>
- Deek, H., Chang, S., Newton, P. J., Nouredine, S., Inglis, S. C., Arab, G. Al, ... Davidson, P. M. (2017). An evaluation of involving family caregivers in the self-care of heart failure patients on hospital readmission: Randomised controlled trial (the FAMILY study). *International Journal of Nursing Studies*, 75(July), 101–111. <https://doi.org/10.1016/j.ijnurstu.2017.07.015>
- Dobbie, M., & Mellor, D. (2008). Chronic illness and its impact: Considerations for psychologists. *Psychology, Health and Medicine*, 13(5), 583–590. <https://doi.org/10.1080/13548500801983041>
- Eklund, R., Kreicbergs, U., Alvariza, A., & Lövgren, M. (2018). The family talk intervention in palliative care: A study protocol. *BMC Palliative Care*, 17(1), 1–6. <https://doi.org/10.1186/s12904-018-0290-8>
- Katon, W. J. (2003). Clinical and health services relationships between major depression, depressive symptoms, and general medical illness. *Biological Psychiatry*, 54(3), 216–226. [https://doi.org/10.1016/S0006-3223\(03\)00273-7](https://doi.org/10.1016/S0006-3223(03)00273-7)
- Katon, W., Lin, E. H. B., & Kroenke, K. (2007). The association of depression and anxiety with medical symptom burden in patients with chronic medical illness. *General Hospital Psychiatry*, 29(2), 147–155. <https://doi.org/10.1016/j.genhosppsych.2006.11.005>
- Katsuki, F., Takeuchi, H., Inagaki, T., Maeda, T., Kubota, Y., Shiraishi, N., ... Furukawa, T. A. (2018). Brief multifamily Psychoeducation for family members of patients with chronic major depression: a randomized controlled trial. *BMC Psychiatry*, 18(1), 1–13.
- Kissane, D. W., Zaider, T. I., Li, Y., Hichenberg, S., Schuler, T., Lederberg, M., ... Li, Y. (2016). Randomized controlled trial of family therapy in advanced cancer continued into bereavement. *Journal of Clinical Oncology*, 34(16), 1921–1927. <https://doi.org/10.1200/JCO.2015.63.0582>
- Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist*, 58(6–7), 457–465. <https://doi.org/10.1037/0003-066X.58.6-7.457>
- Lee, A., Piette, J. D., Heisler, M., Janevic, M., Langa, K. M., Rosland, A., ... Arbor, A. (2018). Family members' experiences supporting adults with chronic illness: A national survey. *Fam Syst Health*, 35(4), 463–473. <https://doi.org/10.1037/fsh0000293>
- Lo, C., Saboonchi, F., Edner, M., Billing, E., & Mattiasson, A. (2012). Evaluation of an educational programme for family members of patients living with heart failure: A randomised controlled trial. *Journal of Clinical Nursing*, 22(1–2), 115–126. <https://doi.org/10.1111/j.1365-2702.2012.04201.x>
- Lobato, D. J., & Kao, B. T. (2005). *Brief Report: Family-Based Group Intervention for Young Siblings of Children with Chronic Illness and Developmental Disability*. 30(8), 678–682.
- Lyon, M. E., Ph, D., Jacobs, S., D, M., Briggs, L., N, R., ... Ph, D. (2014). Original article a longitudinal, randomized, controlled trial of advance care planning for teens with cancer: Anxiety, depression, quality of life, advance directives, Spirituality. *Journal of Adolescent Health*, 54(6), 710–717. <https://doi.org/10.1016/j.jadohealth.2013.10.206>
- Mao, L., Lu, J., Zhang, Q., Zhao, Y., Chen, G., Sun, M., & Chang, F. (2019). Family-based intervention for patients with type 2 diabetes via WeChat in China: protocol for a randomized controlled trial. *BMC Public Health*, 19(1), 1–10.
- Marques, A., Jacome, C., Cruz, J., Gabriel, R., Brooks, D., & Figueiredo, D. (2015). Family-based psychosocial support and education as part of pulmonary rehabilitation in COPD. *Chest*, 147(3), 662–672. <https://doi.org/10.1378/chest.14-1488>
- Miller, C. A. (2012). Nursing for wellness in older adults (6th Ed.). In *Wolters Kluwer Health* (Vol. 66). China: Lippincott Williams & Wilkins.
- Ohrnberger, J., Fichera, E., & Sutton, M. (2017). The relationship between physical and mental health: A mediation analysis. *Social Science and Medicine*, 195, 42–49. <https://doi.org/10.1016/j.socscimed.2017.11.008>
- Ralph, N. L., Mielenz, T. J., Parton, H., Flatley, A. M.,

- & Thorpe, L. E. (2013). Multiple chronic conditions and limitations in activities of daily living in a community-based sample of older adults in New York City, 2009. *Preventing Chronic Disease*, 10(3), E199. <https://doi.org/10.5888/pcd10.130159>
- Ramos, K., & Fulton, J. J. (2017). Integrating dignity therapy and family therapy in palliative care : A case study of multiple sclerosis, depression, and comorbid cancer. *Journal of Palliative Medicine*, 20(2). <https://doi.org/10.1089/jpm.2016.0495>
- Rosland, A. M., & Piette, J. D. (2010). Emerging models for mobilizing family support for chronic disease management: A structured review. *Chronic Illness*, 6(1), 7–21. <https://doi.org/10.1177/1742395309352254>
- Rydell, M., Edner, M., Billing, E., Lo, C., & Mattiasson, A. (2011). A group-based multi-professional education programme for family members of patients with chronic heart failure : Effects on knowledge and patients ' health care utilization. *Patient Education and Counseling*, 85(2), e162–e168. <https://doi.org/10.1016/j.pec.2010.09.026>
- Schuler, T. A., Zaider, T. I., Li, Y., Masterson, M., McDonnell, G. A., Hichenberg, S., ... Kissane, D. W. (2017). Perceived family functioning predicts baseline psychosocial characteristics in U. S. participants of a family-focused grief therapy trial. *Journal of Pain and Symptom Management*, 54(1), 126–131. <https://doi.org/10.1016/j.jpainsymman.2017.03.016>
- Surtees, P. G., Wainwright, N. W. J., Luben, R. N., Wareham, N. J., Bingham, S. A., & Khaw, K. T. (2008). Psychological distress, major depressive disorder, and risk of stroke symbol. *Neurology*, 70(10), 788–794. <https://doi.org/10.1212/01.wnl.0000304109.18563.81>
- Zacharias, F. (2012). Review of the literature. *Cognitive Systems Monographs*, 16, 7–26. [https://doi.org/10.1007/978-3-642-25182-5\\_2](https://doi.org/10.1007/978-3-642-25182-5_2)