

Between mood and matter

Citation for published version (APA):

de Jong, M-F. (2018). *Between mood and matter: studies on the interface between mood disorders and physical conditions*. [Doctoral Thesis, Maastricht University]. Datawyse / Universitaire Pers Maastricht. <https://doi.org/10.26481/dis.20180518mj>

Document status and date:

Published: 01/01/2018

DOI:

[10.26481/dis.20180518mj](https://doi.org/10.26481/dis.20180518mj)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Valorisation addendum

The studies presented in this thesis focus on the overlap between mood disorders and physical conditions and adopt a biomedical model for explanation of mental illness. Addressing this overlap is important in assuring a holistic biomedical approach with integrated somatic and psychiatric care for the treatment of patients with mood disorders. Psychiatric disorders still tend to be seen as a different entity from somatic illness. This thesis pleads for disengagement of the dualistic view on psychiatric disorders and other medical conditions and thereby hopes to contribute to destigmatisation of psychiatric illness in society. In this valorisation addendum we will elaborate more specifically per chapter on the valorisation of the individual studies.

In **chapter 2** of this thesis metabolic syndrome (MetS) rate in bipolar disorder (BD) in a Dutch sample was examined. Although this risk estimation does not directly lead to different prevention plans and treatment, the study does contribute to the awareness of the scope and severity of the problem, which is the beginning of tailoring prevention and treatment. Obesity and MetS already take pandemic proportions in the general population and lead to significant health care costs. The estimated annual health care costs for cardiovascular disease in the Netherlands are around 8 milliard euros and comprise around 10 % percent of the total Dutch healthcare costs ('Kosten van ziektenstudie,' 2011). It is ranked second in terms of health care expenditure after costs for mental health care (around 20 milliard euros comprising 20 % of the total health care expenditure). The most recent Dutch national health examination survey on cardiovascular risk factors in the general population demonstrated that more than half of the general population is too heavy ($BMI \geq 25 \text{ kg/m}^2$), 14 % has obesity ($BMI \geq 30 \text{ kg/m}^2$) and a quarter of the population has metabolic syndrome. To compare in 1981, only one in three Dutch adults were too heavy and 5% was obese (Blokstra et al., 2011). Our study demonstrates a prevalence rate of 42.3 % of MetS in our sample of patients with BD, indicating almost a doubling of the cardiovascular risk compared to the general population. In the light of the rapid increase of obesity this rate is expected to be even higher in near future. Patients with BD have the unfortunate combination of elevated cardiovascular risk but reduced access to care due to multiple disease related variables. The increased cardiovascular risk and disparities in health care access makes prevention strategies targeted to this specific population warranted. It also stresses the importance of the implementation of a structural screening of cardiovascular risk in this population. In order to effectively screen and treat MetS in BD changes in the organisation of health care for patients with BD and more in general for patients with severe mental illness (SMI) are necessary; there is a need for more effective collaboration between (outpatient) mental health care and primary health care with transparency in responsibilities. In the light of mental health care cuts and reduction of inpatient facilities, this collaboration is required more than ever. At the moment there is a lack of clarity of where the responsibility of cardiovascular risk screening lies. Large scale qualitative research inviting major stakeholders including patients, family members, psychiatrists, GPs and health insurance companies is indicated to get explicitness of

who is responsible for performing this metabolic screening and in order to create an uniform policy regarding screening and treatment of cardiovascular risk in this vulnerable population. Detection of cardiovascular risk factors and successful treatment of them can diminish societal costs and increase quality of life due to prevention of cardiovascular events such as stroke and myocardial infarction. Increasing physical health by prevention of cardiovascular events also contributes to mental health and in this way screening and prevention of Mets can reduce societal costs of two of the most expensive conditions in terms of health care costs. The results of our study are also of important value to multidisciplinary education of mental health care professionals as well as primary care physicians on the increased cardiovascular risk in BD, as changing policy starts with the realisation of the scope of the problem.

In **chapter 3** of this thesis a newly developed mindfulness-based group intervention for the treatment of depression in chronic pain was studied. Chronic pain is associated with intense suffering, greatly impaired quality of life and high direct and indirect healthcare costs. It is a very common condition; in the Netherlands approximately 1 out of 5 people suffers from chronic pain (Bekkering et al., 2011). Having depression, in addition, depletes resilience and coping abilities in patients with chronic pain, thereby worsening the outcome with increased pain intensity, increased functional disability and a significant decrease in quality of life. This makes the treatment of depression in chronic pain a major public health concern. There is a need for more research on effective interventions for pain and mood management in patients with chronic pain that can be used as an adjunctive approach to the existing conventional analgesic and antidepressive treatments. The results of our study demonstrate that Mindfulness-Based Cognitive Therapy (MBCT) is a feasible and effective intervention for the treatment of depression in chronic pain and thereby widens the psychotherapeutic armamentarium. Because this intervention is provided in a group format, it also increases cost-effectiveness.

In **chapter 4** we focus on the role of body awareness in the effectiveness of MBCT. Better understanding of which mechanisms in an intervention are associated with positive clinical outcome are important in optimizing their clinical efficacy. The results of the study showed that patients who participated in the MBCT demonstrated increase in certain aspects of body awareness and demonstrated that one aspect seemed to play a role in the antidepressive effect of the treatment. Identification of specific process variables that mediate the effects of treatment on clinical outcome are of key value in development of more effective and efficient therapies. The study presented in this thesis generates information can be used to optimize the MBCT program by paying specific attention to those aspects of body awareness that demonstrate particular importance in positive clinical outcome. These results of the study are encouraging and need to be replicated in larger trials with mediation analysis to draw a more definite conclusion of which aspects of body awareness are of particular benefit for the treatment of depression in patients with chronic pain.

The treatment of depression is challenging. Conventional antidepressants have limited efficacy and electro convulsion therapy (ETC), although efficacious, has harmful side effects including memory problems. One has been looking for alternatives and neuromodulation techniques have increased interest. **Chapter 5** studies a form of electrical brain stimulation called cranial electrical stimulation (CES). It is of value for the field to investigate the efficacy of this widely used device as previous studies have shown conflicting results and are hampered by methodological issues. In our study CES did not separate from placebo. More research needs to be done to test the CES device in different settings. Modeling studies could be helpful for determining the correct location and harness the brain networks that are known to be involved in depression. Clinical studies could then test the efficacy of these settings.

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