



Chronic illness may present barriers to engaging in CBT for depression

By Dr. Jessica Edwards

Between 10 and 20% of teenagers have a chronic illness:¹ an ongoing health condition that lasts at least 3 months, and for which a cure is unlikely. Research suggests that teenagers with chronic illnesses are more likely to also have low mood and develop depression than their healthy peers.² Some affected teenagers are offered cognitive behaviour therapy (CBT) for depression; however, the approach may require adaptations as the relationship between the chronic illness symptoms and depression is complex, and certain symptoms of chronic illness (e.g. fatigue) can make accessing CBT difficult.^{3,4}

Earlier this year, researchers at the University of Bath performed a scoping review of all studies that have reported on CBT for depression in teenagers with chronic illnesses. Alice Morey and Maria Loades identified 12 studies that included various chronic illnesses (such as diabetes, inflammatory bowel disease and polycystic ovary syndrome) and analysed what adaptations had been made to CBT for depression when used in this context.

They identified two main ways in which CBT for depression was adapted for teenagers who have a chronic illness. First, the delivery of CBT was more flexible, as evidenced by: some telephone rather than face-to-face appointments to reduce travel burden; shorter sessions to accommodate for symptoms like fatigue; additional parental involvement to help implement the CBT strategies and to understand the family's narrative about the chronic illness; and CBT session scheduling to coincide with other hospital appointments for convenience.

Second, the content of CBT was expanded in several ways to incorporate the chronic illness context. For example, psychoeducation included a focus on the links between thoughts, feelings, behaviour, and chronic illness symptoms. Unhelpful illness-related thoughts, as well as more general negative thoughts, were addressed, while stress management, skills building, and behavioural activation included a focus on chronic illness management. Others allowed time for working with the teenager to improve their communication about the chronic illness with their parents and healthcare professionals.

Overall, the findings from this review indicate that chronic illness might present unique practical barriers to adolescents engaging in CBT for depression. Therapists may need to adapt both the delivery and content of CBT to best help teenagers with chronic illnesses to address depression symptoms.

Referring to:

Morey, A. et al. (2020), Review: How has cognitive behaviour therapy been adapted for adolescents with comorbid depression and chronic illness? A scoping review. *Child Adolesc. Ment. Health*. doi: 10.1111/camh.12421.

References:

¹ Jin, M. et al. (2017). Chronic conditions in adolescents. *Exp. Ther. Med.* 14, 478–482. doi: 10.3892/etm.2017.4526.

² Pinquart, M. et al. (2011). Depressive symptoms in children and adolescents with chronic physical illness: An updated meta-analysis. *J. Pediatr. Psychol.* 36, 375–384. doi: 10.1093/jpepsy/jsq104.

³ DeJong, M. et al. (2006). Depression in paediatric cancer: An overview. *Psycho-Oncology*. 15, 553–566. doi: 10.1002/pon.1002.

⁴ Ismail, K. et al. (2010). A randomised controlled trial of cognitive behaviour therapy and motivational interviewing for people with type 1 diabetes mellitus with persistent sub-optimal glycaemic control: A Diabetes and Psychological Therapies (ADaPT) study. *Health Technol. Assess.* 14, 1-101. doi: 10.3310/hta14220.

Glossary:

Cognitive-behavioural therapy: a form of talking therapy that encourages patients to adapt the way they think and behave to improve the way they feel. CBT is based on the concept that thoughts, behaviour and feelings are interconnected. CBT tends to focus on current problems and finds practical ways to change negative patterns, in order to develop more helpful strategies of addressing these problems.