

LIFE DOES GO ON

Being diagnosed with a chronic illness can be a huge blow, but how you choose to cope makes a difference | by Jennifer Walker

It was during a routine medical exam four years ago that Wayne Kidd, 66, of Prince George, B.C., got the news that his life was about to change. “They did blood tests and found them a little haywire, so they sent me to a specialist,” he explains. The diagnosis? Renal failure. At the time, Kidd was shocked but, looking back, he knows there

were signs. “I was tired and got cold a lot. There would be foam in my urine when I would go to the bathroom, but I just attributed it all to getting older.” It’s estimated that, on average, each person over the age of 60 is dealing with 2.2 chronic conditions.

CHRONIC ILLNESS IN CANADA

The incidence of chronic disease, which includes cardiovascular disease, cancer, diabetes, arthritis and asthma, is rising at an alarming rate. The World Health Organization (WHO) estimates that, over the next 10 years, deaths from chronic disease will increase by 15 per cent (deaths from diabetes, one of the most common chronic diseases, will increase by a whopping 44 per cent). The Public Health Agency of Canada agrees chronic diseases are one of the most common and costly health problems facing Canadians today but says they are also among the most preventable.

While organizations such as the Centre for Chronic Disease Prevention and Control work to spread the word that chronic illness can be prevented through changes to your lifestyle (at least 80 per cent of premature heart disease, stroke and type 2 diabetes and 40 per cent of cancer could be prevented through healthy diet, regular physical activity and avoidance of tobacco), life can and does go on for millions of Canadians living with a chronic condition. But that initial diagnosis can hit you hard.

“I was shocked,” says Kidd. “I had no idea what renal failure was and I didn’t have a clue what would happen.”

Catherine Caron, 54, and a teacher in Markham, Ont., uses the same word when she describes her feelings about being diagnosed with breast cancer. “I was a fairly healthy individual. I ate well. I exercised as well as I could. There’s no breast cancer in my

family. I’d done all the right things so it was a real shock for me when it happened,” she says.

Once the shock wears off, says Dr. Kate Lorig, a professor at the Stanford University school of medicine, director of the Stanford Patient Education Research Center and the researcher who pioneered the Arthritis Self-Management Program and the Chronic Disease Self-Management Program, the reality sets in, and it’s what you choose to do with it that will have the greatest impact. “When you have a chronic condition, you have no choice but to manage,” she says. “You may choose to stay home and suck your thumb or you may choose, even if it’s very serious, to get on with your life.” That’s why she worked to develop the self-management programs. “The difference is not the disease you have. The difference is your management style,” she explains. “There’s a lot to learn, given these new conditions. We’re trying to teach people the skills they need so they can get on with life.”

GOING THROUGH THE EMOTIONS

Most people with chronic illness struggle with fatigue and emotional issues. Knowing that you will be dealing with this for the rest of your life is bound to cause emotions to flare. “People end up being angry, anxious, frustrated or depressed. This is universal among people who have a chronic condition,” says Lorig. Learning how to cope effectively with these inevitable feelings is a huge part of maintaining quality of life.

Teaching people how to handle the emotional ups and downs of a chronic illness is the focus of Dr. Julie Righter’s practice. Righter, a psychotherapist and physician in Toronto, specializes in treating patients with chronic physical illness or disability in group therapy. And she says that although depression affects 80 per cent of people, it doesn’t have to be part and parcel of illness.

“When people learn healthier ways to cope, the depression disappears.” Righter feels the medical profession hasn’t helped either. “The moment a patient says, ‘I’m depressed,’ doctors don’t know what to do. I honestly think they believe ‘You know, if I had what you have, I’d be depressed too.’” But illness and depression don’t have to go hand in hand, Righter explains. “The medical profession thinks the two are inevitably linked. It’s inconceivable to doctors that you can have MS and not be depressed.”

It’s also common to feel a sense of disappointment and fear