

Time: 3 hours

Marks:100

- All questions are compulsory.
- Figures to the right indicate full marks.
- All questions carry equal marks.

Q1 Attempt any two of the following:

a. Denial and Anxiety are typical emotional responses to diagnosis of Chronic illness. Explain. (10 marks)

➤ **Denial (05)**

- Defense mechanism by which people avoid the implications of an illness. Common reaction. Patients may act as if the illness is not severe, it will shortly go away, it will have few long-term implications.
- Serves protective function.
- One study on MI patients – initial denial associated with fewer days in intensive care and fewer signs of cardiac dysfunction.
- Reduces the experience of unpleasant symptoms and side effects of treatment.
- During rehabilitative phase, denial has adverse effects. Interferes with the ability to take in necessary information. They will be less adherent to treatment regimen and more days of rehospitalization. Not adopting co-management role.

➤ **Anxiety (05)**

- Overwhelmed by the potential changes in their lives and by prospect of death. Chest pain causes alarm, vigilant to changes in their physical condition. Each pain and ache prompts fear.
- Anx when waiting for test results, receiving diagnosis, awaiting invasive medical procedures and anticipating or experiencing adverse side effects of treatment.
- Anx high when expect substantial lifestyle changes to result. When feel dependent on health professionals. When lack information about the nature of the illness and its treatment.
- Anx is problem – distressing, interferes with symptoms and treatment. Eg Raynaud's disease, irritable bowel syndrome, sickle cell disease, multiple sclerosis, MI, asthma and pulmonary disorders.
- Anx about possible complications, disease implications for the future, its impact on work and leisure time activities increases with time. Catastrophic thinking aggravates symptoms and complicate treatment.

b. What are some of the psychotherapeutic (please read it

“psychological”) interventions used in chronic illness? Explain any one in detail. (10 marks)

- **Intro** - Adverse effects of chronic disease. Anxiety and depression are high – those who have a history of depression are at risk. Health psychologists focus on ways to ameliorate these problems **(02)**
- **Any one of the following should be given marks (08)**
 - Pharmacological Interventions
 - Individual therapy
 - Psychotherapeutic Interventions
 - Patient Education
 - Relaxation, stress management and Exercise
 - Social Support Interventions
 - Family Support
 - Support Groups

c. Explain vocational issues of and discrimination against the chronically ill (10 marks)

- **Vocational Issues (05)**
 - Many chronic illnesses create problems for patients’ vocational activities and work status. Some patients may need to restrict or change their work activities.
 - For example, a salesman who previously conducted his work from his car but is now newly diagnosed as an epileptic may need to switch to a job in which he can use the telephone instead. Patients with spinal cord injuries who previously held positions that required physical activity will need to acquire skills that will let them work from a seated position.
 - Because of these potential problems, any job difficulties that the patient may encounter should be assessed clearly in the recovery process.
 - Job counselling, retraining programs, and advice on how to avoid or combat discrimination can then be initiated promptly.
- **Job discrimination – forms and financial impact (05)**
 - Many people are not covered by insurance sufficient to meet their needs. Patients who must cut back on their work or stop working altogether may lose their insurance coverage, adding a huge financial burden.
 - Thus, many chronically ill people are hit by a double whammy: The capacity to earn income may be reduced, and simultaneously, the benefits that would have helped shoulder the costs of care may be cut back.

Q2 Attempt any two of the following:

a) What are moral and legal issues related to dying? (10 marks)

- Issue of “Is there a right to die and Euthanasia – assisted suicide” (04)
 - Lethal dose of medication or sleeping pills.
- Passive measure – living will (04)
- Not found to be constitutional right.
- Many physicians ignore the wishes of their dying patient and needlessly prolong pain and suffering.
- Life sustaining drugs, CPR, advanced cardiac life support, renal dialysis, nutritional support and hydration, mechanical ventilation, organ transplantation, antibiotics new technologies.
- Substantial inequity in access to life-sustaining technologies.
- No guidelines regarding cost-effectiveness and appropriateness of use.
- No consensus on the appropriate role that people may play in choosing time and means of their deaths and the roles that health care practitioners may or may not play in assisting this process. (02)

b) Explain and evaluate Kubler Ross’s theory? (10 marks)

➤ **5 stages (05)**

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

➤ **Strengths of the theory (2.5)**

- Invaluable work. Chronicled nearly the full array of reactions to death.
- Pointed out the counselling needs of the dying.
- Broken through the silence and taboos surrounding death, making it an object of both scientific study and sensitive concern.

➤ **Limitations (2.5)**

- Patients do not go through five stages in a predetermined order. Some patients never go through a particular stage. Others will go through a stage more than once.
- All the feelings associated with the five stages may be experienced by some patients on an alternating basis. The resigned patient has moments of anger or depression. The angry patient may also experience denial. The depressed patient may still be hoping for a last-minute reprieve.
- Kübler-Ross readily acknowledged that her “stages” can occur in varying, intermittent order. Unfortunately, this point is sometimes missed by her audience. Nurses, physicians, social workers, and others who work with the dying may expect a dying person to go through these stages in order,

and they may become upset when a patient does not “die right” (Liss-Levinson, 1982; Silver & Wortman, 1980).

- Theory also does not fully acknowledge the importance of anxiety, which can be present throughout the dying process.
- No stage model can be infallibly applied to the process of dying. Dying is a complex and individual process, subject to no rules and few regularities.

c) How to manage terminal illness in children? (10 marks)

- Hardest kind of death to accept
- Painful death – leukemia – treated with bone marrow transplant which is v painful
- Confused, frightened child as well as confused, frightened and unhappy parents
- Offered less information, questions go unanswered.
- Difficult to know what to tell a child. Communicate indirectly.
- Death fantasies are acted out
- Need for counseling for child
- Need for counseling for parents. The needs of other children are ignored.

Q3 Attempt any two of the following

a) How can CHD be treated with medication? (10 marks)

- Clot-dissolving drugs and medical procedures such as angioplasty and bypass surgery (03)
- Beta-adrenergic blocking agents – Prevent excess stimulation. Have side effects (03)
- Aspirin – prevent blood clotting (02)
- Drugs called statins – for elevated lipids (02)

b) What is Stroke? What are the emotional problems linked to stroke? (10 marks)

➤ **What is stroke? (04)**

- Disturbance in blood flow to brain.
- 2 types – one due to arteriosclerosis or hypertension. Other is caused by cerebral hemorrhage.

➤ **Emotional Problems (06)**

- Patients with left-brain damage often reach to their disorder with anxiety and depression
- Patients with right-brain damage indifferent to situations – alexithymia – difficulty in identifying and describing feelings.

- Depression – degree depends on the site and severity of stroke. Overprotection by a caregiver, poor relations with a caregiver, negative viewpoint of caregiver, worsened circumstances, poor perception of future and meaning in life – lead to depression.
- Socially stigmatizing.

C) Explain problems in self- management of Diabetes (10 marks)

- Active self-management imp. Adherence to lifestyle change is problematic. The ideal treatment is patient-centered.
- Education necessary.
- Dietary intervention and exercise – seem like self-punishment.
- Obesity is problematic – weight control is essential.
- Poor adherence – need to improve adherence – social support, sense of self efficacy
- Depression may also complicate prognosis

Q4 Attempt any two of the following:

a) What are some of the interventions to improve immune functioning? (10 marks)

- Stress management interventions – emotional disclosure – study by Pennebaker, Keicolt-Glaser & Glaser, 1988 (04)
- Relaxation – study by Keicolt-Glaser et al (1985) (03)
- Mindfulness – Study by Davidson et al (2003) (03)

b) Elaborate on how HIV infection progresses. Also explain antiretroviral Therapy (10 marks)

➤ **HIV infection progress (06)**

- Rapidly within the first few weeks of infection. Spreads throughout the body.
- Early symptoms are mild. Swollen glands and mild, fluelike symptoms.
- 3-6 weeks, the infection may abate
- Long asymptomatic period – viral growth is slow and gradual.
- Eventually compromising the immune system
- Opportunistic infections – pneumonia, Kaposi’s sarcoma or non-Hodgkin’s lymphoma, abnormalities in their neuroendocrine and cardiovascular response to stress. Chronic diarrhea, wasting, skeletal pain and blindness. In women, gynecologic infection.
- Eventually leads to neurological involvement.
- In advanced stages, confusion, disorientation, seizures, profound dementia and coma.

➤ **Antiretroviral Therapy (04)**

- Highly active antiretroviral therapy (HAART) is a combination of antiretroviral medications that has dramatically improved the health of HIV individuals. Successful - in some patients, HIV can no longer be discerned in the bloodstream.
- However, people on protease inhibitors must take these drugs faithfully, often several times a day, or the drugs will fail to work.
- Yet because the treatments are complex and can disrupt activities, adherence to the drug regimen is variable, posing a major problem for stemming the progress of the virus (Catz, Kelly, Bogart, Benotsch, & McAuliffe, 2000).
- Nonetheless, the drugs have made it possible for people with AIDS to live fairly normal lives.
- The number of new HIV infections that involve drug resistant strains of the virus is increasing, meaning that some antiretroviral therapies will fail, as this problem increases (Little et al., 2002).

c) Enumerate various forms of arthritis and describe osteoarthritis in detail (10 marks)

- **Rheumatoid arthritis and Juvenile RA** - most crippling, strikes 40-60 age group, can attack children too, usually affects small joints. Mild or severe. Immune system attacks the thin membranes surrounding the joints. Inflammation, stiffness and pain. High level of disability. depression. work disability, relationship issues.(02)
- **Gout** - affect mostly men, due to building up of uric acid crystals in the joints, treated with diet, fluid intake and exercise, life-threatening if not treated (01)
- **Lupus** - affect mostly women, lupus means wolf - skin rash appears on the face, symptoms - chronic inflammation producing pain, heat, redness and swelling, life threatening if it attacks the connective tissue of the body's internal organs - managed by anti-inflammatory medications or immunosuppressive medications. (01)
- **Osteoarthritis** - affects after age 45, women are commonly affected, elderly and athletes too affected. smooth-lining of a joint (articular cartilage) wears away because of overuse, injury, other causes. Weight-bearing joints affected. Inflammation, stiffness and pain, require aggressive treatment and lead to poor quality of life - depression which in turn will elevate pain and distress. Psychosocial intervention - targeting pain and self-efficacy useful. Can manage it through self-care. Keeping weight down, aspirin, exercise recommended. Occasionally, use of potent pain relievers, anti-inflammatory drugs or steroid required (06)

Q5. Attempt any two of the following:

a) Explain the impact on sexuality and adherence as part of physical problems associated with chronic illness (10 marks)

- Impact on sexuality – decrease in sexual activity, psychological factors play a role, physically intimate relationships protective so need to pay attention to this issue (3)
- Problems of adherence – chronic and complex treatment, interference with other activities, side effects - need for cognitive and behavioural intervention (04)
- Ensuring adherence – education, Self-efficacy, Patient’s cooperative co-management imp (03)

b) Differentiate between Hospice and Home care. (10 marks)

➤ **Hospice Care (05)**

- Care for the dying. Accepting of death in a positive manner. Relief from suffering rather than cure for the illness.
- Designed to provide palliative care and emotional support.
- Painful, invasive procedures are discontinued. Managing symptoms is the focus.
- Psychological comfort stressed.
- Patients can personalize the living area. Wear their clothes, do personal activities.
- Oriented to improve social support system.
- Therapist available. Discussion groups. Use of volunteers for support.
- Emotionally satisfying care. Fear of patients and family finding it depressing is groundless.
- Incorporated in traditional hospitals.

➤ **Home care (05)**

- Can solve many logistical difficulties.
- Poses many question of quality of care.
- Need for regular contact between medical personnel and family members.
- Home env familiar and comfortable. Oppourtunity to maintain a sense of control and the availability of social support.
- Easier on the patient Psychologically. Can be stressful for the family.
- Opportunity to share their feelings and to be together.

c) What is the role of stress in CHD? (10 marks)

- Cardiovascular reactivity, recovery from SNS activity (vagal rebound) slow.
- Stressful life events, people who think that they are low in social standing. Acute stress – emotional pressure, anger and extreme excitement, negative emotions, sudden burst of activity, low SES – more chronic stress - African Americans.
- CHD – disease of modernization and industrialization, job stressors – job strain, low job security, little social support, high work pressure, vigilant

coping strategy.

- Stress due to social instability – migrants, acculturation, occupationally mobile, poor social support and social isolation. (06 marks)

d) What is Cancer? who gets it? And why is it hard to study cancer? (10 marks)

➤ **What is cancer? (03)**

- Set of more than 100 diseases
- Dysfunction in DNA – excessively rapid cell growth and proliferation.

➤ **Who gets it? (05)**

- Runs in family – genetic factors play a role.
- Lifestyle
- Infectious agents
- Ethnically linked
- Culturally linked through lifestyle – role of diet
- SES – high SES – higher chances of breast cancer among women.
- Single people fewer cancers.
- Dietary factors – malnourished, high consumption of fats, food additives

➤ **Why Hard to study? (02)**

- The causes, symptoms, treatment for each cancer vary.
- Many cancers have long or irregular growth cycles
- Difficult to identify precipitating or co-occurring risk factors
- Not all exposed to carcinogen develop cancer.