

Life style Diseases like Obesity and diabetes and the psychological challenges associated with them.

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Abstract: Lifestyle diseases (also sometimes called diseases of longevity or diseases of civilization interchangeably) are diseases that appear to increase in frequency as countries become more industrialized and people live longer. Psychology and medicine together can elevate the treatment of lifestyle illnesses such as Obesity and Diabetes. The main purpose of the present study was to analyze the psychological challenges faced by the people suffering from lifestyle diseases such as Obesity and Diabetes. The secondary data was gathered from latest literature available on this subject including research journals, books, annual reports of health organizations and other surveys conducted by relevant authorities. The data gathered was analyzed and selected literature was taken into account in order to assess the major challenges faced by the people suffering from diseases such as obesity and diabetes psychologically. Findings suggested that that Psychological and behavioral factors contribute to the incidences and progression of these diseases and because they are chronic in nature they can in turn exert a continued effect on an individual's psychological well-being. It is very essential to maintain a healthy lifestyle and positive attitude towards oneself in getting over with such diseases like obesity and diabetes. It was concluded that assessing the psychosocial factors of lifestyle diseases such as diabetes and obesity has become a primary concern for the psychologists of this era.

Keywords: Lifestyle diseases, Diabetes, Obesity, Psychological challenges

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I. INTRODUCTION

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity as defined in 1948 in WHO constitution. The absence of disease or infirmity, coupled with a complete state of physical, mental and social wellbeing, health psychologists recognize health to be a state that is actively achieved rather than the mere absence of illness (Taylor, 2015)

As technical advances have radically changed the face of medicine, the concept of illness (as opposed to disease) has become more and more salient. A disease is a collection of physical findings and symptoms that, when taken together, form a definable entity. A disease has clear symptoms, a method for diagnosis, and sometimes a course of treatment that is likely to result in a cure or the elimination of the symptoms.

Illness however is more abstract. Illness is often, although not always, associated with a disease. Illness involves the person's perception of his or her symptoms, his or her reaction to them and societal norms regarding these symptoms (DiMatteo & Martin, 2007)

Lifestyle diseases (also sometimes called diseases of longevity or diseases of civilization interchangeably) are diseases that appear to increase in frequency as countries become more industrialized and people live longer. They can include Alzheimer's disease, atherosclerosis, asthma, some kinds of cancer, chronic liver disease or cirrhosis, Chronic Obstructive Pulmonary Disease, Type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression and obesity.

Some commenters maintain a distinction between diseases of longevity and diseases of civilization. Certain diseases, such as diabetes, dental caries or asthma appear at greater rates in young populations living in the "western" way; their increased incidence is not related to age, so the terms cannot accurately be used interchangeably for all diseases.

The top 10 lifestyle diseases include- Obesity and Type II Diabetes, Arteriosclerosis, Heart disease, High blood pressure, Cancers, Chronic Obstructive Pulmonary Disease, Chronic Liver Disease (Cirrhosis), Chronic Renal Failure (Nephritis), Stroke. Obesity is a meta-lifestyle disease and increases the chance of other lifestyle diseases.

Therefore, it may be said that psychology and medicine together can elevate the treatment of lifestyle illnesses such as Obesity and Diabetes and enhance their level of Self-control and Happiness leading to faster psychological recovery.

II. REVIEW OF LITERATURE

Katsaiti (2012) provided insight on the relationship between individual obesity and happiness levels. Using the latest available panel data from Germany German Socio-Economic Panel (GSOEP), UK British Household Panel Survey (BHPS), and Australia Household, Income and Labour Dynamics in Australia (HILDA), we examine whether there is statistical evidence on the impact of overweight on subjective well-being. Instrumental Variable (IV) analysis is utilized under the presence of endogeneity, stemming from several explanatory variables. Results indicate that in all three countries obesity has a negative effect on the subjective well-being of individuals. The results also have important implications for the effect of other socio-demographic, economic and individual characteristics on well-being.

Rannveig et al., (2018) compared psychological recovery of diabetes patients receiving usual care after intensive care discharge. It was a Quasi-experimental study held at single center, university hospital on chronic diabetes patients admitted in intensive care unit. It was seen that Symptoms of post-traumatic stress disorder, anxiety and depression measured three and four times over 12 months after intensive care discharge. Disturbing memories of the intensive care stay and psychological reactions (that one's life was in danger, threat to physical integrity, intense fear, helplessness, horror) three months after intensive care. A mixed effect model tested differences between the groups over time and regression model predicted post-traumatic stress at three months. Results revealed that the experimental group had significantly more symptoms of post-traumatic stress and anxiety than the control group over the 12 months. Patients suffering from diabetes had severe symptoms of post-traumatic stress. Patients with post-traumatic stress at three months had disturbing memories and psychological reactions. It was concluded that Patients with severe symptoms of post-traumatic stress are of concern. Emphasis needs to be placed on disturbing memories of the intensive care stay and psychological reactions after the discharge of diabetes patients.

Stoney et al., (2018) stated that although deaths due to lifestyle diseases have declined significantly since the 1970s, they remain the most common cause of morbidity and mortality in the United States. A large number of lifestyle risk factors, such as smoking, obesity, and sedentary lifestyle, are modifiable. Psychologists and other behavioral scientists and practitioners are engaged in not only understanding the mechanistic links between behaviors and lifestyle health but also developing effective interventions for improving health. The purpose of this special issue is to highlight some of the more innovative psychological research in lifestyle health promotion, disease prevention, and management. Articles included in this issue focused on 2 primary areas. First, cutting-edge research on the current state of knowledge of modifiable health behaviors and their impact on lifestyle health include articles on e-cigarette use as a putative risk factor, psychological factors involved in adherence to medications, the role of sleep in lifestyle health, and innovative approaches to enhancing the treatment and recovery of patients with lifestyle diseases.

Second, outstanding research identifying the mechanisms by which psychological factors such as stress, depression, and anxiety impact lifestyle disease include an overview of the current state of science examining psychological comorbidities that can accompany lifestyle disease and influence outcomes, discussion of the neurocognitive processes that connect stress appraisal with biological functioning and diseases processes, and the role of genetics on behavioral interventions and clinical decision-making in the context of behavioral weight loss treatments. The goal with these innovative articles is to stimulate additional advances in lifestyle behavioral medicine.

Therefore, the present literature states that assessing the psychosocial factors of lifestyle diseases such as diabetes and obesity has become a primary concern for the psychologists of this era. This study will give an insight into other psychological factors associated with diabetes and obesity in order to create proper intervention techniques for people suffering from such life diseases.

III. METHODOLOGY

Objectives

The main purpose of the present study was to analyze the psychological challenges faced by the people suffering from lifestyle diseases such as Obesity and Diabetes.

Hypothesis

There will be several psychological challenges faced by the people suffering from lifestyle diseases such as Obesity and Diabetes.

Research plan

The research taken in the present study was qualitative research. The design applied to the secondary data gathered was an exploratory design.

Procedure

The secondary data was gathered from latest literature available on this subject including research journals, books, annual reports of health organizations and other surveys conducted by relevant authorities. The data gathered was analyzed and selected literature was taken into account in order to assess the major challenges faced by the people suffering from diseases such as obesity and diabetes psychologically. The discussion of the data gathered was formed and conclusion was drawn.

IV. DISCUSSION

Just as being ill can affect one's psychological functioning, an individual's psychological attributes can contribute to their health or disease. Here are several ways where psychological factors and physical health might be related:

1. Physical health might influence psychological status, such as when a person who has terminal cancer become depressed.
2. Psychological factors might influence physical health through behaviors. People with certain personality characteristics, for example, might be more likely to do certain things like, exercise, eat healthfully or abstain from cigarette smoking.
3. Psychological factors might exert an influence on physiological processes, such as when a person who views the world as a hostile place and who is often anxious has a higher baseline blood pressure than someone who is more calm and relaxed.

Physical health and psychological factors might be linked through a third variable. That is, physical health and psychological factors may not be related causally to each other at all, but instead may be correlated because each is being affected by some other factor.

The Biopsychosocial model, which was introduced by psychiatrist George Engel (1977; 1980), proposes that biomedical factors are unimportant, but that they are not sufficient to understand health and illness. This model recognizes, however that psychological and social factors are important in disease health and illness. The name itself, "biopsychosocial," highlights the fact that biological, psychological and social factors are all essential contributors to health(Engel, 1977).

Psychological consequences of being obese or diabetic can include lowered self-esteem and anxiety, and more serious disorders such as depression and eating disorders such as binge eating, bulimia and anorexia. Modern culture is singular in the way that it worships youthful slim, toned bodies. With rare exceptions, only thin, proportional bodies are considered sexy. Obese or overweight people are looked down upon. It's easy to feel bad about one's self, to become depressed or anxious or to develop obsessions around eating control when one's culture makes it clear that the way one appears is wholly undesirable.

If the negative health and shame aspects of being obese aren't enough, obese people also tend to have less energy than their normal weight peers. Food is often used as a coping mechanism by those with weight problems, particularly when they are sad, anxious, stressed, lonely, and frustrated. In many obese individuals there appears to be a perpetual cycle of mood disturbance, overeating, and weight gain, which in turn leads many people (especially women) to feel still worse about themselves, motivating still more stress-based eating and additional weight gain. All too often, stress-based comfort eating becomes a vicious cycle and downward spiral.

In addition to depression and anxiety, other risk factors include problematic eating behaviors such as "mindless eating," frequent snacking on high calories foods, overeating, and night eating. Binge eating disorder (BED) is currently included in an appendix of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).

Kovacs et al., (1985) longitudinally studied School-aged children with newly diagnosed insulin-dependent diabetes mellitus (IDDM) in order to document how they adjusted to the medical illness and to assess salient background factors. The extent of life stress and the prevalence of psychiatric disorders that predated the IDDM were within normative ranges, and there was no characteristic preexisting "diabetic personality." The initial strain of living with IDDM elicited two general modes of coping. The prototypical and subdued reaction (seen in 64% of the children) consisted of mild sadness, anxiety, feeling of friendlessness, and social withdrawal. The rest of the children (36%) exhibited reactions that met criteria for a psychiatric disorder; depressive syndromes were the most common presentations. Anamnestic factors and the parents' initial responses to their children's IDDM were unrelated to how the children themselves coped. However, psychiatrically diagnosable reactions were more likely among children whose parents were of low socioeconomic status and had marital distress.

Boehm and her colleagues (Boehm and Kubzansky, 2012; Boehm et al., 2011) found that optimism and positive emotions protect against lifestyle disease, and also predict slower disease progression. They discovered that those with positive moods were more often engaged in positive health related behavior such as exercising and eating a nutritious diet. Furthermore, positive feelings were associated with beneficial biological markers

such as lower blood fat and blood pressure, and a healthier body mass index. These associations held even controlling for level of negative moods.

Therefore, Psychological and behavioral issues play significant roles in both the development and consequences of obesity and diabetes. A multidisciplinary approach to the treatment of obesity and diabetes that addresses psychological, social, environmental, and biological factors is critical to ensure comprehensive care, as well as best practices and outcomes. The importance of addressing the psychological aspects of the treatment of obesity has become more explicit over the last two decades.

V. CONCLUSION

Hence, it may be concluded that Psychological and behavioral factors contribute to the incidences and progression of these diseases and because they are chronic in nature they can in turn exert a continued effect on an individual's psychological well-being. It is very essential to maintain a healthy lifestyle and positive attitude towards oneself in getting over with such diseases like obesity and diabetes.

Limitations

1. The study is not empirical in nature.
2. Tests may be applied to the sample in order to verify the past literature.
3. Intervention strategies may be devised to reduce psychological consequences of life diseases.
4. Quantitative study may be carried out to verify the findings.

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