

Psychosocial Factors and Organic Disease: Two Sides of the Same Coin

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What is a psychosocial factor? It is a measure that potentially relates psychological phenomena and social contexts with physiopathological changes. Loneliness, demands in private life, caring for family, fears, violence, relation with substance abusers, difficulty or conflicts with people close to you, dysfunctional family, unemployment, work problems, pain, sorrow, economic difficulties, etc., are some of psychosocial and contextual factors. It is said that psychosocial problems constitute between 3-15% of the main reasons for consultation with the general practitioner, but really, they are present in a much greater proportion of patients... Actually they are present in all patients!

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Psychosocial factors affect the way of expressing the symptoms which depends on the previous psychological functioning of the patient, the severity of the deficit of the psychological function associated to the disease, the residual abilities, the adaptation and the confrontation of the functional deficits; as well as by colleagues, teachers, media, social expectations, social demands, and culture. The family structure (family stress, roles and relationships, family resources) affects the manifestations of disease of its members. Also, there is a co-presence of symptoms in the family: a kind of "contagion" of symptoms; a way to express similar symptoms in the family [3].

There is an important body of knowledge that shows that the family has an important influence on health: in hypertension and cardiovascular disease, but also in asthma, obesity, mental health, infections, medical visits and hospital admissions. Knowledge of the family life cycle allows us to understand: 1.-How in the transition stages increase the stress that can be manifested by physical symptoms in a member; and 2.-The strengths and weaknesses of the moment in which the lives of the members of a family take place. For example, it is described that at the end of the life cycle, in men myocardial infarction occurs more frequently in situations of family conflicts or that there are familiar patterns of expression of diseases [4].

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There are 5 interrelated pathways through which psychosocial or contextual factors acting on the organically based disease, such as coronary heart disease, hypertension, diabetes, etc.:

- They can affect behaviours related to health (such as smoking, diet, alcohol consumption, physical activity, etc.), which in turn can influence the risk of an organic disease (these behaviours would be confusing variables in the usual epidemiological studies).
- They can directly cause acute or chronic pathophysiological changes.
- They can influence the access and content of medical care (for example, social support).
- They modulate the expression of symptoms and consequently the diagnosis and treatment.
- They can be mediating variables of the socioeconomic factors, since the socioeconomic status is inversely associated with many organic diseases, such as coronary heart disease.

In patients with organically-based diseases, for example hypertension, clinicians know that improvements can be experienced after an environmental situation is resolved or some pathological pattern of emotional reaction is modified. Also, psychosocial factors play an important role in the worsening of organic disease. The negative events of daily life have been associated with worsening of the general state of health and with the beginning of the course of specific diseases. Patients with cancer show compared to similar patients with benign disease, more intense chronic difficulties of daily life (difficulties of personal identity, losses and difficulties of the context) prior to the disease. Thus, the psychosocial or contextual factors that are related to the etiology and prognosis of organic disease (coronary heart disease, diabetes etc.) in healthy populations and according to prospective cohort studies are: Personality type A / hostility, Depression and anxiety, Psychological distress, Psychosocial work characteristics, and Social support, among others [5-10].

Diseases, especially chronic diseases (cancer, cardiovascular diseases, rheumatic diseases, etc.) have important psychological and social consequences (socio-economic, cultural, gender, interpersonal relationships, personality attributes, cognitive assessments, and coping processes) that require a significant psychological adjustment. The experience of chronic disease requires an adaptation in multiple areas of life and gives rise to certain behavioural and cognitive aspects, such as changes and prohibitions of habits, reduction of personal interrelations that favour depression, insecurity and shame, alteration of body image, self-guilt, loss of sense of control over life, and feelings of disability, which may lead to denial, non-compliance and hostility towards the family or social group, as well as fears about the transmission and progression of the disease. The severity and prognosis of the organic disease can be predicted with greater precision from psychosocial factors such as the loss of individual and family roles, social activities, personality and economic status, which from the clinic or biologic factors [11,12].

Thus, the implications for clinicians about relationships of psychosocial factors and organic diseases would be, at least [13,14]:

- Detect and treat depression and anxiety.
- Favor or mobilize social support.
- Use socioeconomic status and psychosocial factors to stratify the risk of patients.

The treatment of the disease must be about the individual, but also about the family and the psychosocial and contextual factors. Further, the therapeutic compliance is more in relation with doctor-patient relationship and family influences, than to the biomedical factors pathology, types and numbers of drugs, dose, duration, etc. In summary, psychosocial factors and organic-based disease are “two sides of the same coin” [15].

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