

Depression and Physical Illness

Depression and physical illness are related intimately. Depressed mood is thought to contribute to the development and progression of some illnesses, while physical illness can, in turn, increase the risk of depression. This book provides a critical overview of the evidence linking depression with several major health conditions, including coronary heart disease, diabetes, cancer, chronic pain, disability, chronic fatigue and obesity. The book also explores the biological and behavioural processes underlying the association, discussing the role of neuroendocrine, immunological and inflammatory pathways and the relationship between depression and health behaviours such as smoking, physical activity and adherence to medical advice. It combines a thorough analysis of the clinical, biological and epidemiological data with guidance to health professionals and patients on how to manage depression in people suffering from physical illness, pointing the way to an integrated approach to healthcare.

Andrew Steptoe is British Heart Foundation Professor of Psychology in the Department of Epidemiology and Public Health at University College London. He is a past president of the International Society of Behavioral Medicine and of the Society for Psychosomatic Research. He was founding editor of the *British Journal of Health Psychology*, has been an associate editor of *Psychophysiology*, the *Annals of Behavioral Medicine*, the *British Journal of Clinical Psychology* and the *Journal of Psychosomatic Research*, and is on the editorial boards of seven other journals.

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Preface

The past few years have witnessed an upsurge in work on depression and physical illness. This has been coupled with renewed interest in the biological processes underpinning depression and exhortation of physicians to recognise and treat depression in their patients. There are many reasons why the study of depression and physical illness is important. First, there is growing evidence that depression and depressive symptoms are determinants of some types of physical pathology. The investigation of depression therefore contributes to knowledge about factors promoting disease development and illness progression in people with existing disorders. Second, depression is crucial to the everyday functioning and healthcare utilisation of people suffering from physical illnesses. Severe depression is a good indicator of whether daily functioning is likely to be impaired and whether there is an increased risk of suicide. Third, self-management is a central feature of many clinical conditions and disabilities. If depression impairs people's engagement in appropriate self-care, then the burden of distress and disability will be increased and the effectiveness of medical management may be compromised. Fourth, treating comorbid depression is likely to improve the wellbeing and quality of life of patients with physical illnesses, and this may have an impact on the severity and progression of underlying pathology. Bearing in mind the global burden of disease and predictions concerning the future high demands on healthcare systems attributable to depression [1], there is a pressing need to understand the relationship of depression with physical illness and disability.

This book addresses the issue of depression and physical illness from a number of perspectives, including disease aetiology, patient care, adaptation to illness, underlying biology, and behavioural and lifestyle factors. The wealth of scholarship presented attests to the vigour with which the topic is being addressed by researchers and clinicians. The book is divided into four parts. Part 1 sets the scene, with discussion of the occurrence of depression in medically ill patients and the influence of sociodemographic and psychosocial factors on clinical depression and subclinical depressive symptoms. Part 2 is devoted to chapters that assess the relationship

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between depression and a number of health problems. Coronary heart disease is given the greatest emphasis in view of the extensive work that has been carried out on this topic, but other chapters concern disability, diabetes, chronic pain, cancer, chronic fatigue and obesity. Part 3 addresses the biological and behavioural processes that may link depression with physical health outcomes. From the perspective of biology, there are discussions of inflammatory, neuroendocrine and immunological processes, while the behavioural factors addressed include smoking, physical activity and adherence to medical advice. In Part 4, a final chapter by the editor brings together a number of the themes that have been presented in earlier contributions.

I am grateful to all the contributors who have made working on this volume such a pleasure, to Lorna Gibson and Saskia Dijk for their assistance, and to the staff of Cambridge University Press for their professionalism and courtesy.

Andrew Steptoe

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