

Notes from Achalasia meeting held on 4 October 2016

LIVING WITH ACHALASIA AND ITS CONSEQUENCES – PSYCHOLOGICAL INSIGHTS

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Notes made from a talk on Psychological Aspects of Achalasia

It is really important to try to relax around food. There is a mental side of coping with the condition, even after surgery. Amelia's field of expertise is a wide-ranging knowledge about psychological effects and on how people cope with different aspects, especially food. She has been working with Majid Hashemi for 10 years.

Four main psychological aspects:

Stress	Coping
Control	Surgery

Stress

Stress can lead to changes in behaviour, such as increased smoking and increased alcohol intake. Deterioration in concentration, increased accidents, reduced exercise or excessive exercise, (which itself can be a coping strategy), as well as the quality and quantity of food.

Illness is a stressor that can itself have impact on health.

Coping

Coping means managing the demands of our stress.

Coping strategies include:

The problem (face the problem– address it)

And emotion (one has to manage the emotion involved)

Styles of coping:

- Approach
- Avoidance
(fight or flight)

Social Support:

Esteem support – other people can increase your self esteem

Information / National support – other people could advise on your condition and may release some of your stress

Instrumental support – physical support, eat certain foods, cook or prepare food in a particular way?

Social companionships, eg book club, team sport

Control

The Cause – can it be controlled?

Confidence – if you know what the cause of your eating issue is, eat what you can and manage it.

Avoidance:

- Reappraisal
- Choice
- Information
- Retrospective / reflecting and making sense of things that have happened in the immediate past.

(Behavioural control – avoid situations that will cause problems. If one coping strategy is not working, work out what will work for you. Choose how to address that situation.

Reality – perceived vs. actual control (*you may perceive that you can control things, which may or not be different from the real thing*).

Occasion control – similar to information about a particular stressor – choose occasions when you know that you can cope?

Retrospective – could you have prevented the problem situation or occasion from happening in the first place? Reassess it looking backwards – not always helpful to do this too much – need to move forward.

Surgery

Adjustment to life after surgery. Adjust to what the surgery has done to your body. Gradually explore what is possible in the recovery period. Manage your expectations so that you do not expect perfection after the operation.

Manage expectations about ability to eat after surgery, making choices of what to eat, e.g. choose not to have a main course but have a starter and dessert instead.

One aspect of coping with the condition - you are still in control of your own behaviour!

The importance of taking control!

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Our experiences (open forum)

- Cause and effect, stress and illness.
- How does stress impact on your everyday lives?
- Majid Hashemi found in a number of cases that some major life event had happened in the last two years before achalasia onset and had preceded the first visit for surgery.
- Patients who had had a myotomy need to be prepared for the outcome only being about 80% and dealing with remaining after-effects as a chronic problem.

- It is a lot to do with just getting on with your life.
- High resolution manometry only came into practice in the last 5 – 6 years and is dependent on the location. Ask for high resolution manometry.
- If stressed, the oesophagus becomes irritated. This is a psycho-neurological response, and this may increase reflux. The increased acid production is not linked with achalasia as such.
- Stress also causes muscles to tighten, so the lower oesophageal sphincter is less able to allow food to go through and down to the stomach.
- Patients may suffer from acid reflux after a myotomy, despite fundoplication and might then need PPI (= proton pump inhibitor like Omeprazole)
- Mindfulness can help. There is a very good workbook with a CD on Mindfulness for Health, (Mindfulness for Health by Vidmyala Burch and Danny Penman). Mindfulness is based on cognitive therapy.
- “Pain can dominate your thinking”.
- Nutribullet can be useful to get nutritious food in a format that can be easily consumed.
- Drink warm water before an attack ‘kicks in’.
- Not officially condoned helper is marijuana in jurisdictions where this is legal, as it can help to relax muscle endings and could help spasms, but the dosage needs to be reliable, and one must beware significant risk of side-effects.
- Reflux pain and muscle spasm – importance of identifying and relieving any obstructions eg strictures.
- Mindful eating. – free audio on YouTube.
- Bananas can help pain.
- Warmth can also help, as can patting on the back.
- A good barium test and a good endoscopy can often give a good diagnosis.
- Manometry can help diagnose the type of achalasia a patient might have and therefore the type of treatment that might be most appropriate.
- The degree of peristalsis gives the surgeon an indication of how tight a wrap is needed.
- Follow up can be conducted to see if re-cut or re-stretch required.
- Wrap will rarely be 100%. If there is no wrap, there can be a lot of acid.
- Focus on breathing to calm down. Cool in, warm out.
- A Patients’ Guide to Achalasia is available online
- There are about 6000 achalasia sufferers in the UK at all stages of the condition, 5 in a million, or 300, are diagnosed each year.