Mental health illness in chronic respiratory disease is associated with worse respiratory health and low engagement with non-pharmacological psychological interventions

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To the Editor,

Thank you for the opportunity to reply to comments provided by Ng et al. (1) in respect to our article “Mental health illness in chronic respiratory disease is associated with worse respiratory health and low engagement with non-pharmacological psychological interventions”. (2) This study was a retrospective audit of patients with advanced lung disease, aiming to explore associations between mental and respiratory health, and determine access to and uptake of mental health treatment.

We agree with Ng et al that multivariate models are important to rule out potential confounders. However, multivariate regression was not feasible in our study due to a small sample size (n=119) and resultant inadequate statistical power. Nevertheless, our findings that patients of the integrated respiratory and palliative care service with mental health illness were more likely to be younger, female, with lower FEV1 and have a higher number of medical comorbidities is consistent with previous literature. (3-7)

Ng et al suggest our findings are not generalisable to a wider patient cohort with less severe chronic lung disease. We completely agree, indeed, we highlighted the need for further research on this subject. We also agree that establishing a temporal relationship between mental health illness and chronic disease is important. In our retrospective study, many patients had long standing, pre-existing mental illnesses. However, it remains unclear how many patients’ mental health problems arise first, contributing to smoking and respiratory problems, or rather develop psychological problems after their severe lung disease arises.

We also agree that ethnicity is an important social determinant of illness. The Royal Melbourne Hospital (RMH) serves a population of over 550,000 individuals based in the western and northern suburbs of Melbourne, a population diverse in language, age, culture, socioeconomic status and ethnicity. (8) Nevertheless, the patients of RMH Advanced Lung Disease Service were not of diverse ethnicity, being predominantly Caucasian. We strongly believe further research exploring social and cultural determinants of respiratory health and mental illness is needed to examine barriers to and facilitators of appropriate care.

Lastly, the diversity of mental illnesses captured in this study reflects the challenges of caring for patients with multiple medical and psychological comorbidities. We have not attempted to attribute causality between individual mental health conditions and respiratory illnesses. Clinicians need awareness of these complex issues to strive to offer high-quality, patient focused care. Thank you again to Ng et al for extending the conversation around mental health illness in chronic respiratory disease.
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