

Stress, Anxiety, Depression and the Will to Live by Spite

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As a Warrior approaching 40, listening to my body, understanding what my triggers are, and knowing how to decrease the chances of triggering a crisis seems like a big part of maintaining my health as much as I could while dealing with a chronic pain and chronic fatigue engirding disease. As life threw experiences my way, the weather, hydration, exertion, and diet were evident as triggers that could hospitalize me. But as 25 came and went, a new trigger came into my life, knocking over tables and taking up space and time: stress. Whether the stress came from job expectations, worry about balancing my work life and social life, or the anticipation of pain, my body had to learn the different levels of pain associated with how the stress came about and how much stress my body was trying to cope with. I didn't need a medical journal or doctor to tell me that stress could and would start a crisis; but I did learn something new as I read and researched more about stress. In doing my research, several points became salient. "Stress is significantly associated with reductions in social and physical activities and greater health care utilization¹" "Stress is well known to modulate autonomic nervous system activity, which in turn plays a major role in the regulation of regional blood flow¹". Can you say mind blown?! I find it very important to keep my stress levels down, not only to decrease its effects on my heart and my chance of hospitalization, but also to decrease anxiety during anticipated pain or stress. From my readings, higher levels of anxiety had a correlation to blood flow and the very nature of sickle cell disease is the red blood cells (RBC) inability to circulate blood and oxygen throughout the body. "Anxiety is often connected to depression. People who have anxiety have intense feelings of fear, worry, or nervousness. These feelings can interfere with normal activities and last a long time. Symptoms include irritability, restlessness, and excessive worry about everyday matters like money, health, and family.¹" The three are connected and create a never-ending cycle of complications turning one symptom into another. "Pain, fatigue, and sleep disturbances are major causes of depression in people with sickle cell disease. The low oxygen levels and intense acute pain present during a sickle cell crisis often lead to problems sleeping at night and fatigue during the day.¹" Fatigue and pain lead to stress, conducive to the cycle of continuous visits to the hospital and the need to gain control in a situation where there is none. Stress, anxiety, and depression are all intertwined in mental health. "About 1 in 3 people with sickle cell disease experience depression¹". "In addition, people with sickle cell disease are more likely to experience depression if they have a lower family income, have less than a high school education, are female, have had multiple blood transfusions, use Hydroxyurea, or have lower social support¹". "In 2019, WHO launched an initiative for

mental health outlining the widespread neglect of mental health disorders. The initiative further notes that mental health conditions are common in people affected by non-communicable diseases and, indeed, individuals, families, and communities affected by sickle cell disease are at risk of poor mental health due to negative influences associated with the disease. Stress associated with sickle cell disease include repeated exposure to uncertainty about the potential disease course, complications of the disease, the burden of symptoms such as fatigue, and the repeated trauma of severe pain episodes. In turn, the prevalence of the most common mental health disorders for patients with sickle cell disease can range from 20-57% for depressive disorders and 6-29% for anxiety disorders, which is higher than in the general population or populations with similar sociodemographic. ¹” These numbers are astonishing and the research backing it up brings me to question if physicians are aware that stress, anxiety, and depression effect the sickle cell disease community at high capacities, why aren't Warriors given the resources to protect ourselves and live healthier lives!? If the medications and treatments we are given have been shown to cause depression, why aren't Warriors being assigned to case workers, therapists, and professionals equipped and experienced with working with disabled individuals, and more specifically, sickle cell Warriors? Why aren't these resources introduced during the transition from pediatric care to adult care? Anxiety and depression weren't on my mind as a teenager; hell I didn't even realize that the symptoms I experienced from childhood to now were connected to anxiety, or even brave enough to discuss them at a time where mental health and these topics were still taboo! I never realized that peer pressure, constant hospital stays, and the problems only Warriors experience were tied to anxiety. It would've been great to have someone to mentor me and be in my corner during those critical years of my development. My only hope is to continue making life easier for the next generation of Warriors and decrease that number.

References:

¹ Mental stress causes vasoconstriction in subjects with sickle cell disease and in normal control.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6939522/#:~:text=Stress%20causes%20ANS%20hyper reactivity%20by,compared%20to%20non%2DSCD%20individuals.&text=Sympathetic%20and%20para sympathetic%20responses%20have,modulation%20of%20regional%20blood%20flow>

² Depression, Anxiety, and Sickle Cell Disease.

<https://sickle-cell.com/depression-anxiety>

³ Mental health and psychological resilience in sickle cell disease.

[https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026\(23\)00166-7/fulltext](https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026(23)00166-7/fulltext)