

## **“Addressing depression and anxiety in IPF”**

Similar to other chronic diseases, prevalence of depression and anxiety is significant in IPF patients. The reported prevalence of depression in patients with pulmonary fibrosis is between 21–49%. Although there are few studies of anxiety specifically in IPF, the reported prevalence of anxiety in interstitial lung disease is between 27–60%. Two studies presented at ERS 2014 further highlighted the need to improve screening and treatment of depression and anxiety in IPF.

### ***Depression in IPF patients is associated with worse survival outcomes***

A group from Heidelberg, Germany reviewed 272 IPF patient records between 2004 and 2011 to identify how comorbidities, the presence of additional diseases, affected survival in patients with IPF. Comorbidities were found in 88% of patients, and the number of comorbidities per patient was one comorbidity in 19%, two in 19%, three in 21% and greater than three in 29%. Survival was significantly longer in patients with three or fewer comorbidities compared to patients with four comorbidities. Depression, lung cancer and cardiovascular disease were identified as individual predictors of significantly decreased survival.

### ***Anxiety in patients and partners***

A group in the Netherlands used interactive, anonymous voting in a group education session for pulmonary fibrosis (PF) patients and their partners to evaluate patient and partner perspectives on PF and their educational needs. The study included 46 patients with IPF, 19 patients with other forms of PF, and 63 partners of these patients.

Patients and partners reported experiencing almost identical levels of anxiety: 77% and 79%, respectively. Part of this anxiety arose from feeling poorly understood because people do not know what PF is, a view expressed by 94% and 90% of patients and partners, respectively. When asked their most pressing needs regarding pulmonary fibrosis care, 71% of partners expressed a need for more information about pulmonary fibrosis, compared to 42% of patients.

Interviewing patients and partners in a group setting may be an effective way to improve care and to offer better support for the problems that patients and their partners encounter. Dr. Warren Ramesh, a respirologist from the Royal Alexandra Hospital in Edmonton suggested that anxiety may arise because “patients and partners have so many questions, but may not feel comfortable asking their physician.” Although there are some patient booklets and websites, Dr. Ramesh expressed that additional material targeted to patients and partners and/or nursing support to answer frequently asked questions may help ease anxiety in patients and their partners.