

Depression in patients with chronic hepatitis B: an experience on individual solution- focused therapy

Jinous Arvand¹, Abdollah Shafiabadi², Mohammad Reza Falsafinejad³, Nosratollah Naderi⁴

¹*Faculty of Human Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran*

²*Faculty of Human Sciences, Allameh Tabatabaie University, Tehran, Iran*

³*Faculty of Human Sciences, Allameh Tabatabaie University, Tehran, Iran*

⁴*Gastroenterology and Liver Diseases Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran*

ABSTRACT

Hepatitis B, as a chronic disorder that may be associated with several psychiatric disorders, such as depression, and decrease quality of life of affected patients. One of the most important consequences of psychiatric problems is reduced patient compliance with prolonged therapeutic regimens. Psychotherapy, such as solution- focused therapy, may help these patients to resolve psychiatric problems, increase quality of life and completion of therapeutic regimens. Solution-focused therapy is effective for patients when developing effective coping responses to the stressors associated with chronic diseases. In this study, the process and effects of solution-focused therapy on depression of 2 patients with chronic hepatitis B have been described. They received solution focused therapy for 5 sessions, each session 1 hour once a week. This technique was helpful to decrease symptoms and signs of depression within 5 weeks.

Keywords: Hepatitis B, psychiatric disorders, Depression.

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Introduction

Hepatitis B is a common infectious diseases affecting liver. It is a national health problem in Iran and it is estimated that 2.14% of Iranian population is affected by HBV infection. Moreover, hepatitis B is the leading cause of hepatic cirrhosis and hepatocellular carcinoma in Iran (1-3). Hepatitis B may be associated with several psychiatric disorders, especially depression. This leads to decrease quality of life of affected patients. A study in Iran showed high prevalence of psychiatric disorder, particularly depression and anxiety with frequencies of 30% and 6%, respectively (4). To improve compliance

with treatment, psychotherapy interventions and are recommended.

Solution- focused therapy, a form of psychotherapy, may address and alleviate psychiatric problems and increase quality of life in these patients. It stresses on the client's strengths and resources, aiding the person apply the skills and strategies that he or she has used effectively in the past. It focuses on solving problem, instead of only concentrating the problem. It has high importance as an introductory and frequently satisfactory intervention and can be used with other treatments (5, 6). In this study, the process and effects of solution-focused therapy on depression of 2 patients with chronic hepatitis B have been described.

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Reprint or Correspondence: Jinous Arvand, PhD. Faculty of Human Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran

E-mail: jinusarvand@yahoo.com

Case Presentation

Solution- focused therapy

In the first session, a miracle question was asked and it focused on pretreatment changes and exceptions. Clients were asked about the aim of coming for consultation. In every session, scaling questions were asked, and also some tasks were assigned to clients. Therapists took a break before the end of the session. The sessions were designed mostly on discussing about constructing and paying attention to solutions and exceptions. Clients were asked "Is there anything I forgot to ask?" In the end of each session, clients were given experiments and homework assignments. In the beginning of each session, clients were asked "So, what is even a little better since the last time we met?" Also, therapists checked the homework assignments, and asked about differences, learning since last time. In the fifth session, the clients agreed upon to termination.

Case 1

A 28 y/o married woman with chronic hepatitis B diagnosed from 3 years ago during prenatal tests presented with symptoms of depression. She had complaints of hopelessness, insomnia, sadness, anhedonia, loss of energy, crying and aggression. Beck depression inventory showed moderate depression (score of 35). She underwent individual solution- focused therapy for 5 sessions, each session 1 hour once a week. At the end of therapy, she got better and claimed decreasing of pretreatment symptoms, including hopelessness, insomnia, sadness, anhedonia, loss of energy, crying and aggression. Beck depression inventory showed no depression (score of 6).

Case 2

A 25 y/o single woman with chronic hepatitis B diagnosed from 1 year ago presented with symptoms of depression. She had complaints of malaise, hopelessness, sadness, loss of energy, and social withdrawal. Beck depression inventory

revealed moderate depression (score of 36). She underwent individual solution- focused therapy for 5 sessions, each session 1 hour once a week. At the end of therapy, she got better and stated decreasing of pretreatment symptoms, including hopelessness, insomnia, sadness, anhedonia, loss of energy, crying and aggression. Beck depression inventory showed mild depression (score of 20).

Discussion

This study showed that individual solution- focused therapy, as short- term psychotherapy, is effective on decreasing symptoms of depression in patients with chronic hepatitis B.

It is shown that depression has been meet more than other psychiatric illnesses in patients with hepatitis B (7-9). Psychiatric complaints and illnesses are important in patients with hepatitis virus infection for their effects on regular functions, decreasing quality of life, increasing risk of hepatocellular carcinoma and eventually death, and also complications of depression, such as lower productivity and risk of suicide attempts (10-14).

It is important to apply some strategies to resolve patients' psychiatric disorders, including depression, to improve mental status and quality of life, and also compliance of treatment. SFT has shown effects in the treatment of depression (15-18). In a research on a small group study (n=10) with pre-test, post-test self assessment scales Beck Depression Inventory (BDI), efficacy of solution focused therapy on subjects with moderately to severely depressed was evaluated. Mean average improvement of 55.12%, in the range of 19.23% (lowest improvement) to 93% (highest improvement) was observed (19). Sundstrom (1993) conducted a study to evaluate solution focused therapy compared with interpersonal psychotherapy for depression (IPT) for the treatment of depression. Both groups got significantly better after psychotherapy. They

demonstrate that solution focused therapy is useful to improve symptoms of depression (17).

The results of this study and other investigations show that solution focused therapy are useful to decrease symptoms of depression in a short- term period. So, it is recommended to take into account counseling and psychotherapy, especially SFT as a brief and short- term method, in patients with chronic hepatitis B, particularly those who suffer from depression.

References

1. Zali MR, Mohaghegh Shalmani H. The changing epidemiology of hepatitis B in Iran. *Gastroenterol Hepatol Bed Bench*. 2010; 3: 1-4.
2. Alavian SM. New globally faces of hepatitis B and C in the world. *Gastroenterol Hepatol Bed Bench*. 2011; 4:171-74.
3. Zali MR. Hepatitis B resistance in Iran. *Gastroenterol Hepatol Bed Bench* 2010; 3: 50-64.
4. Ebrahimi Daryani N, Bashashati M, Karbalaieian M, Keramati MR, Ebrahimi Daryani N, Shadman Yazdi AA. Prevalence of psychiatric disorders in hepatitis B virus carriers in Iranian charity for hepatic patients support (December 2004-August 2005). *Hepat Mon* 2008; 8: 201-205.
5. Iveson C. Solution- focused brief therapy. *Advances in Psychiatric Treatment*. 2002; 8:149-57.
6. Berg IK, Miller SD. *The miracle method: A radically new approach to problem drinking*. New York: Norton; 1995.
7. Lee DH, Jamal H, Regenstein FG, Perrillo RP. Morbidity of chronic hepatitis C as seen in a tertiary care medical centre. *Dig Dis Sci* 1997; 42:186-89.
8. Hunt CM, Dominitz JA, Bute BP, Waters B, Blasi U, Williams DM. Effect of interferon alfa treatment of chronic hepatitis C on health-related quality of life. *Dig Dis Sci* 1997; 42: 2482-86.
9. Singh N, Gayowski T, Wagener MM, Marino IR. Vulnerability to psychological distress and depression in patients with end-stage liver disease due to hepatitis C virus. *Clin Transplantation* 1997; 11:406-11.
10. Obhrai J, Hall Y, Anand BS. Assessment of fatigue and psychologic disturbances in patients with hepatitis C virus infection. *J Clin Gastroenterol* 2001; 32:413-17.
11. Fontana RJ, Moyer CA, Sonnad S, Lok ASF, Sneed-Pee N, Walsh J, et al. Comorbidities and quality of life in patients with interferon-refractory chronic hepatitis C. *Am J Gastroenterol* 2001;96:170-78.
12. Hussain KB, Fontana RJ, Moyer CA, Su GL, Sneed-Pee N, Lok AS. Comorbid illness is an important determinant of health-related quality of life in patients with chronic hepatitis C. *Am J Gastroenterol* 2001;96:2734-44.
13. Garssen B, Goodkin K. On the role of immunological factors as mediators between psychosocial factors and cancer progression. *Psychiatry Res* 1999;85:51-61.
14. Alavian SM, Hajarizadeh B. Attempted suicide in two patients with chronic hepatitis C while being treated with Interferon-alpha. *Hepat Mon* 2004; 4:20-22.
15. Linssen F. *Solution focused therapy for anxiety and depression. A controlled study*. Berlin, Germany: European Brief Therapy Association; 2005.
16. Lee MY, Greene GJ, Mentzer RA, Pinnell S, Niles D. Solution- focused brief therapy and the treatment of depression: a pilot study. *J brief therapy*. 2001; 1: 33-49.
17. Sundstrom SM. *Single- session psychotherapy for depression: It is better to focus on problems or solution?* [Dissertation] Ames: Iowa State University; 1993.
18. Knekt P, Lindfors O. *A randomized trial of the efficacy of four forms of psychotherapy on depression and anxiety disorders: designs, methods and results on the effectiveness of short- term psychodynamic psychotherapy and solution- focused therapy during a one- year follow- up*. Helsinki, Finland: The Social Insurance Institution; 2004.
19. Hanton P. *Moderate to severe depression. Solution Focused Research review*. 2008; 1:16-24.