UNDERSTANDING YOUR DIAGNOSIS

When Stress Affects a Medical Illness

Also called Psychological Factors Affecting Other Medical Conditions

Your medical illness is real. This says stress, worry, or daily habits are making it harder to manage - and that part can change.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Very common, rarely named	**Any age, after a diagnosis**	**Yes - and the illness eases**	**Millions living with illness**

What this is

- Your medical condition is real and documented. Nobody is saying stress caused it or that you are imagining any of it.
- This names one extra piece on top: stress, worry, or day-to-day habits are making that condition harder to control.
- It is not a judgment about your character. It gets written down so your team treats the whole picture, not just the numbers.
- If you are mainly just upset about being ill, that is a different thing, with its own name and its own kind of support.

What it can look and feel like

- Your numbers move with your life. Blood sugar, blood pressure, or breathing get worse during the hard weeks.
- You put off calling about a new symptom, hoping it passes, and sometimes wait longer than you know you should.
- Medicines get skipped when you are low, busy, or fed up, or when the cost of a refill lands at a bad moment.
- Appointments slide. You cancel, reschedule, or just do not go, and then going back feels harder than ever.
- Anxiety turns symptoms up. Tight breathing feeds fear, and the fear tightens your breathing even further.
- Sleep is short and broken, and the next day every part of managing the illness feels heavier than it should.
- Someone has called you noncompliant, when the real story was cost, fear, or not being listened to.

What is happening in your brain and body

- Long-running stress keeps cortisol, a stress hormone, high. That pushes blood sugar up and slows wounds down.
- Adrenaline raises your heart rate and blood pressure and makes blood stickier, which is hard on narrowed arteries.
- A sudden shock can stun the heart muscle for days. Doctors call it broken heart syndrome, and it usually recovers.
- Long stress and low mood raise inflammation in the body, which worsens heart disease and how well insulin works.
- Poor sleep changes appetite, mood, pain, and blood sugar all at once, so it multiplies everything else you manage.

What can make it more likely

- What you believe about your illness, how long it lasts and how much you control, shapes outcomes more than test results do.
- Low mood, anxiety, and past trauma make daily self-care much harder, and they are very common alongside long-term illness.
- Cost, transport, food, time off work, and instructions you cannot follow all shape what you actually manage to do.
- Being dismissed or treated badly by medical staff in the past makes trusting the next plan harder, and that is fair enough.

What to expect

- This is very workable. Small, specific changes tend to show up in your own numbers within **weeks to months**.
- Treating low mood or anxiety alongside the illness improves both, often without adding any new medical treatment.
- Expect a plan built on what you can actually do, not on willpower, and expect it to be adjusted when life gets in the way.
- Setbacks come with every long-term illness. What matters is coming back to the plan, not never falling off it.

What helps

Treatment works. Most people get better.

Talking therapies

- **Motivational interviewing** is a short, no-lecture conversation about what you want and what gets in the way. It works well here.
- **Cognitive behavioral therapy** helps with frightening thoughts about the illness, avoiding activity, and broken sleep.
- There is a sleep version called **CBT-I**. It beats sleeping pills for long-term insomnia, and better sleep helps everything else.
- **Acceptance and commitment therapy** helps you build a life you value alongside an illness that will not fully go away.
- Bring your partner or family in if they handle food, medicines, or driving. Plans work better with those people in the room.

Medicines

- No medicine treats this label itself. Medicines treat the low mood or anxiety underneath, and the illness eases as a result.
- **Sertraline** and escitalopram are common choices after a heart attack, since they mix most safely with heart medicines.
- Tell your prescriber everything you take. **Antidepressants** can interact with blood thinners and some cancer medicines.
- If your kidneys or liver are affected, doses usually start lower and rise slowly, which cuts down on side effects.
- All dosing is set with your prescriber, and it is worth rechecking whenever your medical treatment changes.

Everyday things that help

- Ask about **collaborative care**, a counselor working inside your medical clinic. It improves both mood and lab results.
- Heart rehab, lung rehab, and diabetes education classes put exercise, teaching, and support in one place. Ask for a referral.
- Track one number and one habit together, like steps and blood sugar, so you can watch your effort actually paying off.
- Say out loud if cost, transport, or food is the real barrier. Clinics have social workers and cheaper options, if they know.
- Use a pill box, phone alarms, or a pharmacy that lines up your refills. Boring systems beat willpower every time.

Get help right away if

- Chest pain, trouble breathing, one-sided weakness, or slurred speech: call 911 and do not wait it out.
- If you think about ending your life, or about stopping treatment to let things happen, call or text **988** now.
- Call your team before stopping any medicine, especially insulin, heart medicines, or steroids.

Questions to ask your care team

- *Which single change would help my condition the most right now?*
- *Could low mood or anxiety be part of why this is so hard to manage?*
- *Is there a counselor or care manager inside this clinic I could see?*
- *Will a new medicine for mood interact with anything I already take?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.