

## Correlation between Illness and Psychological Stress in Health Assessments

Ana Lucia Couto Coronel\*, Helena Terezinha Hubert Silva and Eliane Dallegrave

Department of Pathology, Federal University of Health Sciences of Porto Alegre (UFCSA), Brazil

**\*Corresponding Author:** Ana Lucia Couto Coronel, Department of Pathology, Federal University of Health Sciences of Porto Alegre (UFCSA), Brazil.

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### Abstract

The relationship between psychological stress and illness of the victims has been presented in the surveys for several years. Despite this, research and treatment of this phenomenon is not a routine in many areas of health. Why not? The objective of this article is to analyze the following hypotheses that could justify this question: lack of evidence, lack of scientific explanation of this relation and lack of effective interventions to treat this occurrence. In this study, a preliminary investigation of the literature refuted these hypotheses, reaffirming this correlation. The study points to the need to incorporate psychological stress as a possible etiological factor in various forms of illness. In addition, it suggests that the topic should be part of the training of health professionals, with emphasis on multidisciplinary and interbranch collaboration.

**Keywords:** Psychological Stress; Disease; Biomarkers

### Introduction

The relationship between psychological stress and illness of the victims is not new to science. Despite this, the investigation and treatment of this phenomenon is not a routine in many areas of health [1]. Why not?

With regards this question it is possible to postulate some hypotheses. First, there is no solid evidence in the literature regarding this relationship. Second, there is insufficient understanding of the mechanisms that explain this occurrence and, finally, there are no effective interventions to address the problem. The purpose of this paper is to examine these hypotheses preliminarily and discuss the findings.

Examining the first hypothesis, we found several researches carried out in the last decade that evaluated victims of psychological stress and found evidence that there is a greater prevalence of diseases in these people [2-6]. Lagrauw, *et al.* [7] suggest that both acute and chronic psychological stress can lead to impairment of health status. Further research, Cohen and colleagues [8] relate depression, anxiety, and stress to cardiovascular disease and report that one in five victims of coronary artery disease or heart failure is depressed and that there is a greater risk of recurrence and mortality in this group. In another spectrum, when specialists discussed the relationship of psoriasis with psychological stress, they reaffirmed that this occurrence is very frequent and requires specific approaches [9]. In the digestive territory it is not different, especially with regard to functional disorders of the digestive tract, such as functional constipation [10], irritable bowel syndrome [11] and others [12]. Even from the premise of evidence-based medicine, which states that decision-making must be supported by the best available evidence [13], we find work [14-16] that meets the criteria for the best levels of evidence and degrees of recommendation [17]; thus, reaffirming the relationship between psychological stress and the state of illness of victims.

Focusing on the examination of the mechanisms that explain the relationship between psychological stress and the onset of diseases, Hans Selye's pioneering work, which explains the stress itself, stands out [18]. From that same literature it is understood that different forms of threat to the organism trigger a chain of events in common. Basically, the response of an organism to a stressor occurs in three

distinct and sequential phases: alarm, resistance and exhaustion, which will culminate with the recovery or with the illness of the individual, depending on personal and environmental characteristics [19]. In the trace of these events, the biomarkers resulting from the biological processes related to each phase can be found, which can be specific cells, molecules, genes, gene expression, enzymes or hormones, a chemical, physical or biological parameter [20]. In this sense, many researchers investigated ways of relating different biomarkers of stress to different types of diseases, proving the effects of one over the other [21].

Finally, regarding the possibilities of treatment and prevention of diseases resulting from psychological stress, are there effective interventions? As demonstrated in some clinical trials, yes. Practices related to the reduction of stress levels have shown to be effective in altering biomarkers levels and improving the health status of the groups studied, including cancer survivors, cardiac patients, post-traumatic stress victims, intensive care unit patients, and others [22].

### Discussion

This brief assessment of the topic refutes the lack of evidence, lack of understanding of the mechanisms or lack of interventions to improve the conditions of the victims, as plausible reasons for not including psychological stress as one of the factors to be widely Cheers.

Psychological stress is present in the lives of everyone, to a greater or lesser extent and this does not mean that everyone will become ill as a result. The capacity of resilience, built from the experiences of each one, as well as the frequency and intensity of the stress-generating factors and the available support will be decisive in the result of this equation. It should be pointed out that the investigation and treatment of these factors does not only concern mental health professionals or social workers. They concern all professionals in different areas such as nurses, physicians, psychologists, physiotherapists, occupational therapists and technicians who deal with people in health services.

Health schools also need to focus on this subject, preparing future professionals for a more holistic view of the individual. Over-specialization and the compartmentalization of learning open up gaps in understanding and, consequently, in solving health problems. A great approach is the stimulation of multidisciplinary work and interbranch collaboration.

Breaking paradigms is difficult and requires time and effort. The trend towards greater regulation of health practices, based on more reliable bases, may accelerate this process, but this presents a challenge for researchers to better delineate research.

### Conclusion

A research is not should not be done solely for the sake of a research, but by the applicability of the results, by the change in practices and by the well-being of the individual and of society. The growth of scientific production should not inhibit consensus; on the contrary, more and more mechanisms are emerging to filter and synthesize scientific findings. Each good work points to new gaps and stimulates new proposals and responses.

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