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SERVICES FOR SCIENCE AND EDUCATION

Biofield Energy: Emotional Side Effects of Long-term Prescription Drug Use

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ABSTRACT

Mood-altering drugs directly affect the emotional centres of the brain, and though they are meant to stabilise and improve mood, they are also known to induce a range of negative emotional side effects, including depression, anxiety, mania, panic disorder, violence, and suicidality[1]. Somewhat less considered and researched are the emotional side effects of non-mood-altering drugs, particularly those prescribed for chronic illnesses and typically used on a long-term basis. Such emotional side effects may stem from associating the medication with having an "incurable" illness as well as the physiologic effects of the drugs themselves, the latter of which can often be overlooked by both patients and physicians. Some patients who fail to manage their treatment are often faced with a learning curve they must work through to understand their condition and its complexities and treatments. In some cases, the emotional stresses of dealing with chronic illness can manifest in personality changes. Thus, teasing apart chronic illness's complex web of emotions requires a circumspect and nuanced approach.

Keywords: Biofield, Chronic Illness, Prescription Drugs, Side Effects, Drug Screening.

THE EMOTIONAL TOLL OF COPING WITH CHRONIC ILLNESS

Coping with a chronic illness is stressful and impacts daily life through functional impairment, pain, reduced ability to work and maintain independence, uncertainty about the future, and many other big and small ways. These stresses take an emotional toll, leading some down a rabbit hole of malaise, anxiety, and depression. Patients living with chronic illnesses face an ongoing balancing act to maintain their emotional health. They are faced with accepting the reality of their condition without succumbing to hopelessness while at the same time avoiding unrealistic expectations, as both extremes can lead to a lack of productive coping and management strategies. A patient's underlying emotional regulation style can influence how they adapt to having a chronic illness. Those with expressive emotional styles tend to have lower levels of distress, better mood, better ability to self-manage, less frequent need for medical visits, and slower disease progression by comparison to those with avoidant, non-expressive, or "stoic" emotional styles, all of which decrease stress and improve well-being[2].

A UK-based study assessed the burden patients with chronic heart failure experience in managing their treatment and identified four main components [3]. Initially, patients must work through a learning curve to understand their condition and its complexities and treatments. Then, while they are getting up to speed with their diagnosis, they need to establish and maintain working relationships with numerous people in various supportive positions to organize resources and care. Once a treatment plan is established, adhering to it presents its

own set of challenges that may include juggling multiple prescribed medication schedules, attending healthcare appointments, enacting recommended lifestyle changes, and monitoring the effectiveness of the various routines and treatments.

In some instances, the emotional stresses of dealing with chronic illness can manifest in personality changes. In one study, patients were evaluated for changes in five components of personality. Consistent decreases were noted in four out of the five, including emotional stability, conscientiousness, extroversion, and openness to new experiences, with only the fifth factor, agreeableness, not significantly affected[4]. While similar personality changes are known to occur as part of the ageing process, the study corrected these changes. Additionally, a compounding effect on personality change was noted when more than one chronic illness was present. Each additional diagnosis increased the personality changes an average of 2.5 years faster than would normally be expected due to ageing alone.

DRUGS THAT ACT ON THE CENTRAL NERVOUS SYSTEM

Cannabinoid receptors are widely distributed in the central nervous system and are involved in the control of various bodily processes and functions. Drugs that activate cannabinoid type 1 (CB1) receptors in the brain, such as the drug nabilone, which is used as an antiemetic and analgesic, have been associated with inducing episodes of panic[5]. Similarly, drugs that inhibit cannabinoid receptors, such as the weight loss and smoking cessation drugs rimonabant and taranabant, have been associated with the development of severe symptoms of depression and anxiety, which led to those drugs subsequently being discontinued[5,6]. Antiepileptic drugs have been documented to cause emotional side effects such as depression, irritability, and aggressive behavior. In one study, 17% of patients reported these symptoms, with 14% experiencing symptoms of sufficient severity to require a decreased dosage or discontinuation[7].

ANTI-INFLAMMATORY DRUGS

Glucocorticoid drugs are widely prescribed for their anti-inflammatory and immune-suppressing effects and are typically used on a long-term basis to treat conditions such as allergies, asthma, and autoimmune diseases. As part of the stress response, glucocorticoids have effects on emotional arousal as well as memory and cognition, so it is not surprising that their long-term use can have emotional impacts on patients.

A study that used information from a U.K. database of 400 general practices estimated that over a 20-year period, 8.5% of patients 18 years of age and older were prescribed a glucocorticoid drug[8]. Among these patients, 2.3% were on long-term treatment, 52.5% of whom developed one or more mood-related conditions that ranged from depression, anxiety, mania, and panic to suicidal tendencies. The study found that women were more at risk of developing depression as a side effect of glucocorticoid therapy than men at the onset of treatment. In contrast, men were more likely to experience mania or delirium. The increased risks of developing emotional side effects increased with age and dosage level and were also associated with a past history of these emotional conditions.

SCREENING AND TREATMENT

A potential screening technique that could be useful for determining the effects of prescription medications on the emotions is chakra evaluation. This Ayurvedic system recognizes seven energy centers located in the midline of the body, each corresponding to a particular range of

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emotions[9]. The lowest, or root chakra, for example, holds emotions related to connectedness with others. When the root chakra is out of balance, feelings of loneliness manifest. Similarly, an imbalance in solar plexus chakra energy can manifest as depression; an imbalance in heart chakra energy can manifest as anxiety; and so on. Screening and balancing the chakras before starting long-term prescription drug therapy and at junctions throughout could potentially mitigate these undesirable emotional side effects or inform the need to discontinue a particular drug. One of the ways that some prescription drugs cause undesirable emotional side effects is by blunting cognitive processes. There is evidence that suppressing cognitive function also suppresses working memory, which leads to negative emotional affect. A 2016 study evaluated a cognitive reappraisal technique designed to shift the cognitive processing of experiences that evoke negative emotions towards a more neutral response. In the study, healthy volunteers were shown images that evocated negative emotions[10]. They were then instructed to perform the cognitive reappraisal technique, which resulted in a reduction of negative emotions. While this study did not involve pharmaceutical drug suppression of cognitive function, it illustrates the interrelatedness of cognition and emotions and raises the question: could pharmaceutical drugs that suppress cognitive function also lead to negative emotional affect by suppressing working memory in a similar fashion? And if so, could cognitive reappraisal have a place in its management?

References

1. Peter Breggin, M.D., Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications 2008: St. Martins Press.

2. Psychological adjustment to chronic disease. Lancet, 2008. 372(9634): p. 246-55 https://pubmed.ncbi.nlm.nih.gov/18640461/

3. Understanding patients' experiences of treatment burden in chronic heart failure using normalization process theory. Ann Fam Med, 2011. 9(3): p. 235-43. https://pubmed.ncbi.nlm.nih.gov/21555751/

4. Personality change associated with chronic diseases: pooled analysis of four prospective cohort studies. Psychol Med, 2014. 44(12): p. 2629-40

5. Central side-effects of therapies based on CB1 cannabinoid receptor agonists and antagonists: focus on anxiety and depression. Best Pract Res Clin Endocrinol Metab, 2009. 23(1): p. 133-44 https://pubmed.ncbi.nlm.nih.gov/19285266/#

6. Trial comes too late as psychiatric side effects end hope for rimonabant. Addiction, 2009. 104(2): p. 277-8. https://pubmed.ncbi.nlm.nih.gov/19149824/

7. Psychiatric and behavioral side effects of antiepileptic drugs in adults with epilepsy. Epilepsy Behav, 2017. 76: p. 24-31

8. Adverse consequences of glucocorticoid medication: psychological, cognitive, and behavioral effects. Am J Psychiatry, 2014. 171(10): p. 1045-51. https://pubmed.ncbi.nlm.nih.gov/25272344/

9. The Geometry of Emotions: Using Chakra Acupuncture and 5-Phase Theory to Describe Personality Archetypes for Clinical Use. Med Acupunct, 2018. 30(4): p. 167-178 https://pubmed.ncbi.nlm.nih.gov/30147818/

10. Individual differences in cognitive control processes and their relationship to emotion regulation. Cogn Emot, 2016. 30(5): p. 912-24. https://pubmed.ncbi.nlm.nih.gov/25947896/