

Chronic illness in young Australian adults

THE PREVALENCE OF degenerative chronic illnesses is low in Australian adults aged 25–44 years. Using the estimated number of years of life lost due to disability as a measure of the burden of disability, the most important chronic disabilities for this age group can be attributed to alcohol misuse, depression and anxiety disorders (particularly generalised anxiety disorder and social phobia).¹ According to Australian general practice data collected in the 1999–2000 BEACH (Bettering the Evaluation and Care of Health) survey, a disproportionately high number of mental-health problems are managed in the 25–44 years age group (26% of all general practice consultations, yet 33% of all encounters involving one or more mental-health related problems, were for 25–44-year-olds).^{2,3} Excessive alcohol consumption and depression are also major risk factors for two of the principal causes of mortality in this age group — road traffic accidents and suicide.

This age group coincides with the peak phase of life, during which most Australians would anticipate marrying, raising a family, purchasing their first home, advancing their careers and laying down financial security for the future. Depression, anxiety disorders and alcohol misuse have the potential to severely interfere with the achievement of these goals. The psychological, emotional and financial consequences affect individuals and their families, as well as the community (directly, via treatment and hospitalisation costs, and indirectly, via work absenteeism and reduced productivity).^{4,5} This is in addition to the known potential physical complications of these conditions. The impact of depression, anxiety disorders and alcohol dependency is compounded by the fact that each condition can coexist with the others, and indeed with many other harmful lifestyle factors and chronic illnesses.

There is some evidence that depression is underdiagnosed and undertreated in primary-care settings,⁴ and this is almost certainly the case for anxiety disorders and alcohol misuse. It is also of concern that many people with these conditions do not regularly seek medical assistance.⁶ Given that various successful evidence-based treatments are available to assist in managing these conditions — including psychosocial interventions (cognitive, behavioural and/or interpersonal psychotherapies) and a range of pharmacotherapies^{5,7} — we need to ask ourselves why so many affected individuals do not seek professional assistance, or resist treatment.

Issues that may prevent consumers from accessing effective management include lack of recognition of symptoms, lack of

awareness of the treatments available, a mismatch between consumers' and health professionals' views of treatment, poor compliance with prescribed therapies, fear of stigma, and fear of dismissal from significant others.⁵ Healthcare providers, on the other hand, may be prevented from recognising and managing mental-health disorders by lack of skills/training, time pressures in general practice, and perceived lack of access to advice from specialist mental-health services.⁵

Effective management of these chronic conditions requires a coordinated response involving individuals, families, communities, workplaces, health professionals, health organisations and governments. The ability to recognise early symptoms, and to identify contributing psychological and social risk factors, as well as comorbidities and complications⁴ is important for health professionals, public health planners, and the general public. Guidelines from the Royal Australian College of General Practitioners recommend that clinicians should be constantly vigilant for depressive symptoms in high-risk patients and should ask all patients aged 14 years and over about the quantity and frequency of alcohol intake.⁸ It is essential that these conditions be destigmatised, and that patients have access to affordable therapies provided by adequately skilled health professionals within a reasonable timeframe.

Finally, while chronic-disease risk factors such as obesity, tobacco smoking, hypercholesterolaemia and physical inactivity are responsible for a much greater burden of morbidity and mortality in people over 45 years than in younger age groups, a substantial number of 25–44-year-olds have at-risk levels of these factors.¹ Opportunistic health promotion is encouraged when young adults present for other reasons in general practice.

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