



Chronic Illness on The Basis of Their Changed Living Circumstances

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Abstract

Chronic illnesses or non-communicable diseases have become the leading cause of death, among adults in every country. It is expected that the number of these diseases will increase by 17% in the ten years. Globally one out of every three people suffers from illnesses. In the United States four out of ten individuals (or six out of ten) are affected by two or more diseases. Estimates suggest that around 35 million out of the projected 58 million deaths in 2005 will be caused by illnesses. Unhealthy behaviours such as smoking, lack of activity poor eating habits and excessive alcohol consumption greatly contribute to the prevalence of these diseases. In nations, arthritis cardiovascular diseases like heart attacks and strokes cancers such as breast and colon cancer diabetes, epilepsy and seizures, obesity and oral health problems are among the common chronic conditions affecting older adults. The increasing incidence of illnesses poses a threat to public health as well, as impacted communities and economies. Until recently the true impact and nature of these conditions were not fully understood.

Keywords: Chronic illnesses; Non-communicable diseases; Arthritis cardiovascular diseases; Obesity; Oral health

Introduction

A chronic condition, often known as a chronic disease or an ailment, is a sickness that develops over time and is characterized by being persistent or having other long-lasting symptoms. When a condition has a longer than three-month duration, the word "chronic" is frequently used. Diabetes, functional gastrointestinal disorders, eczema, asthma, chronic obstructive pulmonary disease, autoimmune diseases, genetic disorders, and certain viral illnesses including hepatitis C and acquired immunodeficiency syndrome are examples of common chronic diseases. A terminal sickness is one that lasts for the rest of one's life because it results in death. It is feasible and very uncommon for an illness to transition from being defined as terminal to being defined as chronic. Due to the availability of insulin for diabetics and daily medication therapy for HIV patients, who may survive while controlling symptoms, diabetes and HIV, for example, which were formerly deadly, are now termed chronic diseases. Acute and chronic medical disorders are separated from one another. Acute conditions usually only affect one area of the body and improve with therapy. On the other hand, a chronic ailment typically affects several different bodily parts, does not fully respond to therapy, and lasts a long time. Periods of remission or relapse, in which the disease temporarily disappears or later reappears, may occur with chronic disorders. When discussing substance addiction disorders, which some believe to be a type of chronic illness, periods of remission and relapse are frequently brought up. Non-communicable illnesses, which are differentiated by their non-infectious origins, are frequently linked to chronic disorders. However, certain chronic illnesses are brought on by contagious diseases like HIV/AIDS. Many different health-related states of the human body, including syndromes, physical deformities, disabilities, and illnesses, have been referred to as chronic conditions. Chronic diseases are of interest to epidemiologists because they can lead to sickness, disability, and/or a decline in physical and/or mental abilities [1-5].

Chronic illnesses affect and modify patients' lifestyles, as well as the way they see their bodies. Patients may experience issues with identity, self-worth, a constricting life world, and a difficult reality. The patients' lives are affected by the chronic illnesses, whether or not they pose a threat to their lives or negatively impact their bodily functions, autonomy, independence, and identity. When patients are

forced to alter their lifestyles, they frequently feel as though they are losing control. To lessen this sense of loss of control, patients feel a need to mobilize resources and organize their lives according to certain priorities. A chronic illness can cause stresses including life-threateningness, gradual worsening, and controllability. Previous research has shown that several chronic illnesses share some stresses in common. Patients who have a chronic illness must learn new coping mechanisms and establish coping strategies that are related to their thought and behavior patterns in order to handle stressful situations. Depending on the person, this could be emotionally or problem-focused coping. Information is vital, as understands how to communicate with people. How a patient deals with their new condition may also be influenced by their own opinions about it. The kind of assistance patients can get in adjusting to their new circumstances is another factor. The level of social assistance needed will vary based on the patient's age and need, and the level of social support received relies on the patient's network of contacts. Social support has often been thought of as a protective barrier against threats to the wellbeing of people with chronic illnesses. Different emotions are also triggered by tough living circumstances. These feelings might be seen as a manifestation of the control of behaviour and physiology. Emotions can teach us about our internal conditions and encourage social interaction or adaptive actions. Depending on the underlying causes, the feelings experienced by patients with a chronic illness vary [6-8].

This study focuses on four chronic illnesses: inflammatory rheumatoid arthritis, diabetes mellitus, cancer, and asthma-allergy. These illnesses were selected because they all have a practical and emotional impact on sufferers' everyday life. Despite the fact that they may have diverse outward appearances, each one has a factor that might endanger life. Therefore, despite the fact that they differ in

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terms of risk factors, therapy, and development, we will concentrate on those aspects of the illnesses that are significant and comparable. There are several additional illnesses that might have an impact on, need, or lead to a similar outlook on life. We were able to contact these people because these four diseases are widespread in the medical field. Other patients who have one of these fatal illnesses could find this information useful. People with asthma and allergies experience physical and mental health problems. They encounter obstacles and must create plans to improve their capacity for everyday functioning. Anxiety and physical health can both be impacted by asthma and allergies. The study's goal was to pinpoint the components of chronic illness that might change a person's life, and this article discusses how chronic illness has affected the participants' perceptions of their own circumstances. The study focused on the kind of assistance that patients felt were beneficial and the people who offered it. The study also sought to categorize the many types of emotions that people with a chronic illness who were experiencing a life-altering condition could be feeling. The outcome might teach us more about what it's like to live with a chronic illness and how it affects those who have it every day. The study focuses on four illnesses that can significantly alter both the physical and emotional course of a person's life [9, 10].

Conclusion

The outcomes revealed the participants' perspectives on life after being diagnosed with the chronic illness. They had to deal with the disease's effects on their way of life, and they saw having a chronic illness as a bad thing. Support from loved ones, friends, and medical experts was said to be generally useful in the new life circumstances.

Support was found for both everyday activities and emotions. The novel finding of this study was that job and hobbies were perceived as supportive. The participants and others in their social networks were very emotional as a result. Even when certain pleasant feelings, most notably hope, grew, the negative emotions remained prevalent and persisted.

References

1. Fierlbeck K (2021) Health Care and the Fate of Social Europe. *J Health Polit Policy Law* 46:1-22.
2. Cutler D (2021) Building health care better means reining in costs. *In JAMA Health Forum* 2:e210117-e210117.
3. Somberg J (2009) Health Care Reform. *Am J Ther* 16:281-282.
4. Wahner-Roedler DL, Knuth P, Juchems RH (1997) The German health-care system. *Mayo Clin Proc* 72:pp. 1061-1068.
5. McNally, EM (2009) Healing health care. *J Clin Invest* 119:1-10.
6. Weinstein JN (2016) An "industrial revolution" in health care: the data tell us the time has come. *Spine* 41:1-2.
7. Marshall E C (1989) Assurance of quality vision care in alternative health care delivery systems. *J Am Optom Assoc* 60:827-831.
8. Cutler (2021) Building health care better means reining in costs. *In JAMA Health Forum* 2:pp. e210117-e210117.
9. Lindeque BG (2009) American Health Care System Disaster. *Orthopedics (Online)* 32:551.
10. Almir DI AA, Elena POPA, Bacusca A, Traian MG, Petrovanu R, et al. (2014) Epidemiological study of metabolic syndrome and risk of diabetes mellitus in a rural family medicine practice in Bacau County. *The Medical-Surgical Journal* 118:772-779.