



Consultation Liaison Psychiatry (CLP) Approach to Esophagus Stenosis Patients with Depression



Ida Aju Kusuma Wardani ^a, I Gde Ardika Nuaba ^b

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Corresponding Author ^a



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Abstract

Background. Esophageal stenosis/stricture is a delayed condition, with significant morbidity and mortality depending on the cause. With the main symptoms of dysphagia and or odynophagia, this condition causes impairment in individual activities because it is very disturbing, especially if it is felt in the long term. Conditions like this can lead to a sense of hopelessness if not handled optimally. Method. This journal is a case report. Case Report. A 59-year-old woman, married and has two sons, works as a building painter, diagnosed with depression with stupor features. The patient did not speak at all and did not move his body or limbs spontaneously during the examination, had time to maintain the position of the hand raised by the examiner. Discussion. Esophageal stenosis/stricture causes impairment in individual activities because it is felt to be very disturbing, especially if it is felt in the long term, and can cause a sense of hopelessness if not handled optimally. People who have depression and other medical illnesses tend to have more severe symptoms than suffer from either one. Conclusion. Clinicians need to know the relationship between physical illness and the development of depression, a holistic approach is needed in the management and improvement of the patient's quality of life and the role of the family in caring for and motivating patients.

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^a Psychiatry Department, Prof Dr IGNG Ngoerah General Hospital/Faculty of Medicine, Universitas Udayana, Denpasar, Indonesia

^b Otorhinolaryngology-Head and Neck Departement, Prof Dr IGNG Ngoerah General Hospital/Faculty of Medicine, Universitas Udayana, Denpasar, Indonesia

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1 Introduction

Esophagus stenosis is a delayed condition, with significant morbidity and mortality depending on the cause. With the main symptoms of dysphagia and or odynophagia, this condition causes impairment in individual activities because it is very disturbing, especially if it is felt in the long term. Conditions like this can lead to a sense of hopelessness if not handled optimally. Esophagus stenosis is a condition in which the esophagus lumen narrows abnormally. There are numerous etiologies. Even though not all cases of stenosis result in symptoms, the degree of esophageal narrowing frequently correlates with the existence and intensity of these symptoms. At initially, swallowing solid foods or medicines could be challenging, but as the constriction gets worse, swallowing liquids might also be challenging. Patients may have unexpected weight loss, regurgitation, stomach pain, or abdominal discomfort. The cause can typically be determined by endoscopic and radiographic techniques, and verified by tissue samples and endoscopic visualization. ([Desai & Moustarah, 2019](#); [Kumbum, 2019](#); [UCLA Health, 2022](#)).

Depression is a prevalent mental illness. According to estimates, the condition affects 5% of adults worldwide. The primary cause of disability and a significant contributor to the global illness burden are both depression. A person's capacity to operate and lead a fulfilling life can be significantly affected by the long-lasting or recurrent impacts of depression. Complex connections between social, psychological, and biological factors are among the causes of depression. There are medication-based and psychological therapies for depression. (World Health Organization, 2022) ([Amir, 2016](#); [Ruiz, 2000](#); [Taylor et al., 2021](#); [Nahum et al., 2019](#)).

2 Materials and Methods

This journal is a case report.

Case report

A 59-year-old woman, married and has two sons, works as a building painter. Her face is flat, her eyes are open but her stare is vacant, and she doesn't want to look at the examiner or say anything when she is greeted. The patient remained silent and made no spontaneous movements of his body or limbs, giving the examiner enough time to raise a hand. According to the patient's family, he hasn't wanted to speak since September 9, 2022. He also suddenly stopped wanting to move his limbs, alternately closed and opened his eyes like he was asleep, and remained silent when spoken to. His body also suddenly appeared stiff and did not move at all the next day, and he had been speaking less and less since the first day of treatment.

After falling down at work in 2021, the patient's attitude started to change. He was less communicative, didn't want to clean the house, slept more in bed, ate less, and frequently woke up at night. The patient had tried to hang himself. He complained of soreness and a feeling that something was caught in his throat a few months later. Since the last three months, when the afternoon throat pain got worse, this ailment (change in attitude) has gotten worse. On September 2, 2022, the patient was referred by the RSUP Prof. Dr. I.G.N.G. Ngoerah Denpasar from the ENT Poli at Karangasem Hospital. The control patient eventually ended up at the

hospital on September 8, 2022 after bringing the MSCT results and complaining of being completely unable to swallow.

A heterogeneous circumferential solid thickening in the cervical esophageal wall at C5-Th1 level, with a maximum thickness of +/- 0.7 cm, is visible on MSCT Midface and Colli Axial slices, sagittal and coronal reformat, without and with contrast on September 12, 2022. This causes a total near obstruction of the esophageal lumen at that level and adheres to the posterior aspect of the tracheal wall.

General impressions were discovered during the psychiatric evaluation, including unnatural appearance, absence of verbal and visual contact, awareness: clear impression, flat affect, stream of thought: mutism, mixed-type insomnia, hypo bulimia, and psychomotor: catatonic stupor. On September 12, 2022, the patient received jejunostomy feeding from the digestive surgery division. The patient received Risperidone 0.5 milligram tablets every 24 hours through a jejunostomy in the evening and 0.25 mg lorazepam tablets every 24 hours through a jejunostomy in the morning. The following day, the patient started to speak and move.

3 Results and Discussions

Stenosis, also known as strictures, is the abnormal constriction of blood arteries or other tubular organs or structures, such as foramina and canals. Stenosis is the term typically used when the narrowing is caused by a lesion that lowers luminal space, such as atherosclerosis, while stricture is typically used when the narrowing is produced by smooth muscle contraction (for example, achalasia). Despite having separate etymologies, these two names are synonymous. The word "stenosis" means "condition of narrowing" and derives from the Greek roots "v" (stenis), which means "narrow," and "-osis," which means "condition." The Latin word "strictus," which means "narrow," "limited," or "narrowing," is where the word "stricture" comes from. The narrowing of anatomical structures is described by both phrases. (Brzački et al., 2019; Miranda, 2022).

In the field of gastroenterology, esophageal stenosis is a frequent issue that can be brought on by either benign or malignant tumors. All patients, whether the stricture is brought on by a benign or malignant tumor, develop dysphagia/difficulty swallowing. Esophageal constriction most frequently manifests as a net (membrane diaphragm) or a long restricted segment of the esophagus (fibromuscular stenosis) in the middle to distal third of the esophagus. Often, upper GI endoscopy is the initial diagnostic technique used, and it permits concurrent therapeutic action. (Desai & Moustarah, 2019; Siersema, 2008).

Esophageal stenosis can have benign or malignant causes. (Desai & Moustarah, 2019; Kumbum, 2019). Benign reasons:

- a) Consumption of caustic compounds, such as accidental ingestion or attempted suicide using common household cleaners. According to information provided by the American Association of Poison Control Centers (AAPCC), exposure to these corrosive compounds is one of the top five factors that lead to poisoning in both adults and children under the age of five. Substance consumption can result in anything from slight damage to severe esophageal necrosis.
- b) Eosinophilic esophagitis (EoE) is a locally immune mediated chronic esophageal illness defined histologically by eosinophilic predominate inflammation and clinically by dysphagia. Given the time-dependent chronic nature of EoE, the prevalence of esophageal stricture illness rises with diagnostic delay in EoE (from 17% at 0 to 2 years to 71% at over 20 years).
- c) Esophagitis brought on by medications: Esophagitis is often brought on by pharmaceuticals. NSAIDs, potassium chloride pills, and the antibiotic tetracycline are among the common offenders. Often, the early side effects go away on their own, but the patient keeps taking the medication and is regularly exposed to it, which leads to esophagitis. In a small percentage of patients, this scenario might result in serious problems including esophageal stricture.
- d) Radiation damage: Esophageal stricture is a side effect of radiation therapy. The use of radiation in the treatment of lung and head and neck cancer is essential. Radiation directed towards the cervical or thoracic regions can harm the normal soft tissue in the area and result in radiation-induced esophageal stricture (RIES), one of the most frequent late consequences (mean duration 6 months). Higher radiation doses significantly raise the risk of stricture.

- e) Iatrogenic stricture following endoscopic therapy: Upper GI endoscopy is typically a choice for esophageal diagnostic and therapeutic procedures. In cases with suspected Barrett esophagus or cancer, routine biopsies may be carried out. Endoscopic mucosal and submucosal excision of superficial esophageal cancers is another option from a therapeutic standpoint. The underlying layer of regenerating cells is damaged as a result of this intervention, which can result in fibrosis and stricture formation. Extensive circumferential excision raises the likelihood of stricture.
- f) Anastomotic strictures: Esophagectomy, esophagogastronomy, or colon interposition are used to treat some early-stage esophageal malignancies and head-neck tumors. Due to the high probability of recurrence, the procedure poses a postoperative risk of stricture formation at the anastomosis, which can happen in 22 to 50% of cases and frequently requires repeated endoscopic intervention to dilate the stricture.
- g) Chemotherapy-induced esophageal stricture: These conditions are uncommon, and there aren't many case studies. This is a rare occurrence in pediatric children who are receiving chemotherapy, but it has been suggested that a number of viral and inflammatory causes, including those that cause esophagitis, may also be involved.
- h) Thermal damage is a rare reason for strictures to occur in people who unintentionally consume hot edible food or beverages, particularly coffee or tea. The majority of these instances are successfully handled with cautious treatment. A few case reports show the requirement for endoscopic dilatation or surgical correction to treat esophageal strictures that form as a result of ingesting a heated material.
- i) Infection/Esophagitis: Candida, herpes simplex, human immunodeficiency virus (HIV), and cytomegalovirus (CMV) infections can all result in esophageal mucosal inflammation and stricture formation. Patients who are immunosuppressed are more likely to develop it, and odynophagia is frequently prevalent.
- j) Additional uncommon causes include long-term nasogastric tube use, collagen vascular diseases like scleroderma or SLE, benign mucosal pemphigoid, graft versus host disease, the esophageal web in Plummer-Vinson syndrome, Crohn's disease, and tuberculosis.

Malignant causes:

- a) Esophageal adenocarcinoma,
- b) Esophageal squamous cell carcinoma,
- c) Metastatic neoplasm of the esophagus, usually from lung cancer.

In 70 to 80% of adult cases of esophageal strictures, long-term gastroesophageal reflux disease (GERD) is the underlying cause. In the United States, the prevalence of esophageal strictures ranges from 70 to 120 per 100,000 people and the overall incidence of esophageal strictures is around 11. As people age, esophageal strictures become more common. Esophageal stricture is not more common in certain races. Men under the age of 60 are more at risk for esophageal stricture, but after that age, both men and women are equally likely to get it. (Gibson, 2020).

Patients with peptic strictures may have chest pain, chest discomfort, dysphagia, odynophagia, food impaction, and weight loss. 90% of benign esophageal strictures are caused by chronic reflux esophagitis, which results in peptic strictures, which are, by definition, strictures brought on by exposure to the peptic acid content of the stomach. The most frequent symptom is progressive dysphagia to solid meals, though it can also happen with liquids later on. To know for sure whether dysphagia is attributable to a peptic esophageal stricture, clinicians cannot rely on the presence or absence of heartburn. 25% of the individuals with peptic esophageal stricture did not previously have a history of heartburn. If peptic stricture worsens, heartburn may go away. (Ala'A et al., 2015; Kumbum, 2019). Important details about dysphagia include: (Kumbum, 2019)

- a) Obstruction is typically sensed at a location above or below the lesion.
- b) The clinician should be alerted by concurrent dysphagia to solids and liquids to potential motility disorders such as achalasia or collagen vascular diseases.
- c) Dysphagia brought on by a Schatzki ring is typically transient rather than progressive.

- d) Early on in the disease's progression, dysphagia to solids and liquids should alert the clinician to the likelihood that achalasia is the cause of peptic esophageal stricture.
- e) Benign esophageal strictures typically cause mild weight loss and dysphagia that progresses slowly (i.e., over months to years).
- f) Malignant esophageal strictures advance quickly (i.e., over the course of weeks to months) in terms of their severity and frequency of dysphagia, and they're frequently linked to serious medical conditions.
- g) Determining whether the patient is taking medications known to cause pill esophagitis is important.
- h) Determining whether the patient is taking medications known to cause pill esophagitis is important.

The majority of patients have an endoscopy performed because it can give detailed information about the structure of the esophagus, diagnose strictures, and enable mucosal biopsy. When necessary, endoscopy offers the chance to therapeutically dilate the stricture. Only patients with complicated strictures or when endoscopy is insufficient due to severe luminal constriction should undergo contrast fluoroscopy ([Desai & Moustarah, 2019](#); [Kumbum, 2019](#)).

a) Barium esophagogram

An objective baseline image of the esophagus is provided by a barium esophagogram before any medical treatment or endoscopic intervention. The location, length, and diameter of the stricture as well as the smoothness or irregularity of the esophageal wall (road map) are also details provided by this study. The gathered data may supplement the endoscopic results. Diverticula and para esophageal hernias are examples of lesions that can be detected and may increase the risk of complications during endoscopy. This test is 100% sensitive for luminal diameters less than 9 mm and 90% sensitive for luminal diameters more than 10 mm.

b) Upper Gastrointestinal (GI) Endoscopy

The most critical diagnostic and curative procedure in situations of stricture is upper GI endoscopy. The most crucial step following the confirmation of a stricture is a stricture biopsy to rule out malignancy. To direct future management strategies, the distinction between benign and malignant strictures must be made. Endoscopy not only enables a biopsy but also makes the area surrounding the stricture visible so that any tumors or abnormalities can be seen.

c) Endoscopic Ultrasound

Endoscopic ultrasound (EUS) can produce extensive information about the extent of esophageal damage caused by other benign stricture-causing factors as well as high-resolution images of the esophageal wall. Multiple stricture biopsy samples can occasionally yield conflicting results. Diagnoses can be challenging in circumstances where a CT scan merely reveals wall thickening. EUS can offer crucial information in such circumstances.

d) Esophagogastroduodenoscopy (EGD)

This method can be performed to determine or confirm the presence of esophageal stricture, search for signs of esophagitis, rule out malignancy, collect biopsy samples, do brush cytology, and administer medication. When it comes to pinpointing minute mucosal lesions, esophagogastroduodenoscopy is more accurate than barium esophagogram. When a smaller, thinner endoscope is utilized, especially in a setting with low sedation, fine strictures could be missed.

Any stricture needs to be treated in order to create adequate luminal patency. The use of dilators, the implantation of stents, surgical resection, and medicinal treatment are only a few of the techniques and tools employed to accomplish this objective. Endoscopic dilatation with a bougie or balloon dilator is the most used method for treating benign strictures. The major objective is to alleviate symptoms, notably dysphagia. A dysphagia grading system is used in clinical practice to assess therapy outcomes ([Desai & Moustarah, 2019](#); [Siersema, 2008](#)).

Score: 0 - No dysphagia: can eat normal food.
 1 - Can eat some solid food.
 2 - Can only eat semi-solid food.
 3 - Only able to swallow liquids only.
 4 - Unable to swallow anything.

Numerous studies have demonstrated that both the initial and long-term therapy of esophageal strictures benefits from strong stomach acid reduction using proton pump inhibitors (PPIs). With redilation rates of 30% and 46%, respectively, over the course of 12 months of treatment, omeprazole 20 mg/day was more effective than ranitidine 300 mg twice day at preventing stricture recurrence (Kumbum, 2019; Siersema, 2008).

Major depressive disorder, often known as depressive disorder, is distinguished by remission between episodes and episodes lasting at least two weeks (although most episodes last much longer) (American Psychiatric Association, 2013). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the main reference for defining a depressed episode. It states: depressed mood, sleeplessness or hypersomnia, altered appetite, decreased interest or anhedonia, impaired focus, diminished energy, guilt, psychomotor alterations (agitation or retardation), and suicidal thoughts (Cape et al., 2010; Wells, 1994; Smith et al., 1998; Vasudevan et al., 2002).

According to statistics, depression affected 6.1%, or 706,689, of Indonesia's population in 2018, with women experiencing the greatest rates (7.4%) and men experiencing the lowest rates (4.7%) (Riskesdas Team 2018, 2019). In Bali Province, depression affected 15,260 people, or 5.08% of the population (Riskesdas Team 2018, 2019). The difference between males and women is 1.5 to 3. Female hormonal changes, particularly those that occur throughout puberty, before menstruation, after pregnancy, and during premenopausal, are correlated with the rising prevalence of depression, raising the possibility that these changes may act as a catalyst for depression. Other risk factors that lead to a higher frequency of depression in women include gender-based violence, socioeconomic issues, poor income and income inequality, low social standing, and ongoing caregiving duties. (World Health Organization, 2021).

With a steep increase during junior high and senior high school, depression is the most distressing non-communicable disease affecting people aged 10 to 24. Drug use, low self-esteem, social issues, and scholastic difficulties are all linked to depression in teens. teenage depression harms development and is closely linked to functional impairments, co-occurring mental illnesses, recurrent depression in adulthood, and suicide risk. It also has an adverse effect on teenage development (Katada et al., 2003; Usui et al., 2002; Noble, 2005; Cassano & Fava, 2002).

A complex combination of social, psychological, and biological factors leads to depression. Corticosteroids, antiepileptic medications, and other pharmaceuticals can all cause depression. Depression is more prone to occur in people who have had negative life events (such as unemployment, the loss of a loved one, or traumatic experiences). Depression can affect a person's life situation by increasing stress and dysfunction (World Health Organization, 2021).

Numerous investigations have documented biochemical anomalies in depressed people. Until now, the main focus of theory and research on the genesis of depression has been monoamine neurotransmitters, specifically norepinephrine, dopamine, serotonin, and histamine. Changes in the neurophysiology of sleep, changes in the regulation of hormones, disruption of the immunological system, hereditary variables, and activity of the hypothalamic-pituitary-adrenal (HPA) axis are additional contributors (Ruiz, 2000; Higgins & George, 2013).

The DSM-5, which was created by the American Psychiatric Association (APA), provides the foundation for the depression diagnosis that is commonly accepted in many nations. The DSM-5's diagnostic standards for depression and major depressive disorder are as follows: (American Psychiatric Association, 2013)

- 1) The presence of five or more of the following symptoms have persisted in the same two weeks and indicate a change from previous functions, one of which is a depressed mood or loss of interest or pleasure. Note: do not include symptoms that are clearly due to another medical condition.
 - a. Feelings of depression last all day on most days as subjectively complained (feeling sad or empty) or observed by others (seeing teary-eyed). Note: in children and adolescents appears as an irritable mood.
 - b. Significant loss of interest or pleasure in all or nearly all activities throughout the day most days (as others feel or observe about the person concerned).
 - c. Significant weight loss without diet or increase (more than 5% weight change in a month) or an increase or decrease in appetite. Note: in children, there is a failure to achieve the expected weight.

- d. Insomnia or hypersomnia on most days.
 - e. Psychomotor agitation or retardation on most days (which can be observed by others and not just subjective feelings of restlessness or sluggishness).
 - f. Fatigue or loss of energy on most days.
 - g. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusions) on most days (not just regret or feeling burdened by the situation).
 - h. Loss of ability to think or concentrate or make decisions on most days (as others feel or observe about them).
 - i. Recurrent thoughts of death (not just fear of death), suicide without planning or attempted suicide or having a specific plan to end life. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas.
- 2) The symptoms are not due to the direct physiological effects of current medication, drug abuse or another general medical condition.
 - 3) The occurrence of a major depressive episode is not better explained by schizoaffective disorder, schizophreniform disorder, delusional disorder or other specific and unspecified schizophrenia spectrum and other psychotic disorders.
 - 4) There has never been a manic episode or a hypomanic episode.

Although most cases of depression seen in clinical practice are mild to moderate and can be treated in an outpatient clinic, some patients experience severe depression that may be accompanied by psychotic symptoms, catatonic symptoms, poor physical health status, and suicidal or violent behavior. A thorough assessment should be done in these situations to determine whether hospitalization is necessary. Pharmacotherapy and psychotherapy are typically combined in the treatment of people with moderate to severe depression to achieve the best outcomes. ([Katona et al., 2015](#); [Gautam et al., 2020](#)).

The National Institute for Health and Care Excellence (NICE) has developed the following medication recommendations: ([Taylor et al., 2018](#))

- a) Active monitoring, individual-guided self-help, cognitive behavioral therapy (CBT), or exercise are advised instead of antidepressants as the first line of treatment for mild depression that has recently manifested.
- b) For the treatment of mild to severe depression and dysthymia, antidepressants are advised.
- c) SSRIs, or generic selective serotonin reuptake inhibitors, are suggested as antidepressant medication.
- d) The implications of antidepressant discontinuation should be explained to all patients.
- e) Lithium supplementation, the use of an antipsychotic, or the addition of a second antidepressant are all suggested treatments for problems that are resistant to treatment.
- f) Patients should receive treatment for at least two years if they have had two prior episodes and functional impairment.
- g) ECT may be used for people with severe depression and those who are unresponsive to other forms of therapy.

Adherence to a treatment plan is necessary for effective treatment of depression. Patients with depressive disorders may lack motivation and have an unduly negative outlook on their prognosis after treatment. In addition, adverse reactions or medical requirements could cause non-adherence. ([Gautam et al., 2020](#)). The patient, a 59-year-old woman who was diagnosed with esophageal stenosis and admitted to the Angsoka-Mawar-Bakung Timur unit on September 12, 2022, underwent a jejunostomy. Additionally, the patient had:

- Severe malnutrition (with BMI: 14)
- Hypoglycemia et causa low intake
- Asymptomatic hypocalcemia et causa suspected hypoparathyroidism
- Hypoalbuminemia et causa low intake and chronic inflammation
- Observation of decreased consciousness et causa suspected metabolic encephalopathy

The patient had serious depression disorder and psychotic symptoms, according to the psychiatric community. The patient was identified as an active ENT consultant. The problem in this case:

- Major Depressive Episode with Psychotic Symptoms
The loss of interest in daily activities, personality changes from outgoing to reserved, self-abandoning behavior, history of suicide attempts, and catatonic stupor are among the psychiatric symptoms and warning indicators indicating individuals have a major depressive disorder with psychotic symptoms. This situation is a result of the patient's illness, which began a year ago and has since been followed by the advent of more disorders.
- Absence of a familial support network
Her husband, a construction contractor, only worked when called, therefore the patient used to work to help with the family's financial requirements. The patient was unable to work and carry out activities as previously because of the pain he had after a fall a year ago. Many months later, the patient reported having difficulty swallowing, which made him or her unable to eat and made their body weak. The patient's sister-in-law, who is close to him, visits the patient's home every day to help the patient clean up and convince the patient to eat when the patient is no longer able to care for himself and his husband and two sons feel unable to take care of the patient.

Between a diagnosis and a patient's consent to treatment, there is an intervention. Before a patient may accept a diagnosis and take part in treatment, some dialogue is required. The advice given is based on the idea of FRAMES (Syamsulhadi & Septiawan, 2016):

- a) Feedback on the patient's risk or impairment: The patient experiences psychological disruptions as a result of the illness's severity.
- b) Responsibility for change belongs to the patient: In order for the disease to be handled optimally, good cooperation is needed between patients, families, and doctors.
- c) Advice to change should be specific and non-ambiguous: At this time the patient should undergo the actions and procedures that have been determined by the treating doctor.
- d) Menu of alternative strategies: I will offer psychotherapy and relaxation treatment to help the patient feel more at ease in order to treat the psychological issues that are now present along with their illness.
- e) Empathetic rather than confrontational counseling style: I'm glad to help you, I hope your condition will improve soon.
- f) Self-efficacy: I believe the patient and family can follow all treatment recommendations given.

Management. Patients must adhere to all advice given by the linked departments, including those from ENT, Clinical Nutrition, Digestive Surgery, and Endocrine, as these therapies play a critical role in the course of symptom improvement. Pharmacology and non-pharmacology are both used in the treatment methods used in the discipline of psychiatry. Benzodiazepines are currently used to treat catatonic symptoms in patients who also have depression and psychotic symptoms (Castrén et al., 2007; Runcan, 2012; Mustika et al., 2017; Herman et al., 2022). These medications include antipsychotics, which are also used to treat mood disorders and psychotic symptoms. The family is given psychoeducation about the potential psychological effects of the patient's physical illness as well as information about the critical role that families play in providing care for and motivating patients, even though supportive psychotherapy is being provided but cannot be done optimally at this time. When the patient is cooperative, cognitive-behavioral treatment (CBT) will be administered.

The role of the psychiatrist in this case:

- 1) Bridging patient complaints/problems to other disciplines to get treatment that can help reduce patient suffering.
- 2) Provide supportive psychotherapy so that the patient can remain enthusiastic about undergoing the procedure/action that will be given by the doctor, currently, it cannot be done optimally because the patient is not cooperative. It is important to provide psychoeducation to the family in understanding the patient's condition and participating in the treatment.

4 Conclusion

Esophageal stenosis is a frequent issue in the practice of gastroenterology and can be brought on by benign or malignant diseases. This disease impairs daily tasks since it is extremely upsetting to experience, especially over a long period of time, and if not treated properly, it can make one feel hopeless. The major objective of treatment is to reduce symptoms, particularly dysphagia. In clinical practice, a dysphagia scoring system is used to assess therapy outcomes. Depression affects thought processes, interferes with day-to-day activities, and can even be deadly for the sufferer. Depression is a frequent but significant mood disease. When depression is present, physical disorders frequently get worse. Depression in adulthood or old age can co-occur with other significant medical illnesses. More severe symptoms are frequently experienced by those who have depression or other disorders than by those who do not. A holistic approach is required in the care and enhancement of the patient's quality of life, and clinicians need to understand the connection between physical disease and the onset of depression as well as the role of the family in caring for and energizing patients.

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Biography of Authors

	<p>Ida Aju Kusuma Wardani She is a Psychiatrist at Prof Dr IGNG Ngoerah General Hospital, Denpasar, Bali and also a lecturer at Psychiatry Department, Faculty of Medicine, Udayana University. <i>Email: kusuma_wardani@unud.ac.id</i></p>
	<p>I Gde Ardika Nuaba He is an otorhinolaryngologists at Prof Dr IGNG Ngoerah General Hospital, Denpasar, Bali and also a lecturer at Otorhinolaryngology-Head and Neck Department, Faculty of Medicine, Udayana University. <i>Email: ardika_tht@unud.ac.id</i></p>