Cognitive and behavioural correlates of adjustment to disease in rheumatoid arthritis

Iveta Nagyova[1], Zelmira Macejova[2], Jozef Benka[3]

[1]Department of Social and Behavioural Medicine, Faculty of Medicine, PJ Safarik University, Kosice, Slovakia
[2]1st Department of Internal Medicine, Faculty of Medicine, PJ Safarik University, Kosice, Slovakia
[3]Department of Educational Psychology and Health Psychology, Faculty of Arts, PJ Safarik University Kosice, Slovakia

BACKGROUND

Rheumatoid Arthritis (RA) is a chronic autoimmune disease which poses significant psychological adjustment challenges [1]. Illness stressors; emotional, cognitive and behavioural responses; and social and environmental background are major categories in the adjustment process [2].

Objective

To identify modifiable cognitive and behavioural factors related to adjustment outcomes above and beyond measures of RA severity.

METHODS

Sample

273 consecutive RA patients
81% females, mean age 56.011.6± years
mean disease duration 10.3±6.9 years

Measures

Adjustment to disease: Illness-related functional impairment: Health Assessment Questionnaire (HAQ); Psychological well-being (Anxiety/Depression): General Health Questionnaire-28 (GHQ-28)

Cognitive and behavioural variables: Perceived Social Support Scale (PSSS), Coping Self-efficacy Scale (CSE), Rosenberg Self-esteem Scale (RSE).

Clinical variables: disease duration, DAS28CRP4, Nottingham Health Profile (NHP) pain and energy/ fatigue subscales.

Sociodemographic variables: age, gender, education, employment status.

Analyses

The cognitive and behavioural correlates of adjustment to disease were evaluated using regression analyses, controlling for relevant socio-demographic, clinical and psychological variables.

RESULTS

Illness-related functional impairment (HAQ) was associated with disease activity, pain, fatigue, social support, and coping self-efficacy (Fig 1). Clinical and sociodemographic variables accounted for 43.3% ($p<0.001$) of the HAQ total variance. Cognitive and behavioural variables, in particular perceived social support ($\beta=-0.12$, $p<0.05$) and coping self-efficacy ($\beta=-0.20$, $p<0.01$), explained a further 4.0% ($p<0.01$).

Fig 1. Percentages of explained variance: illness-related functional impairment (HAQ-DI)

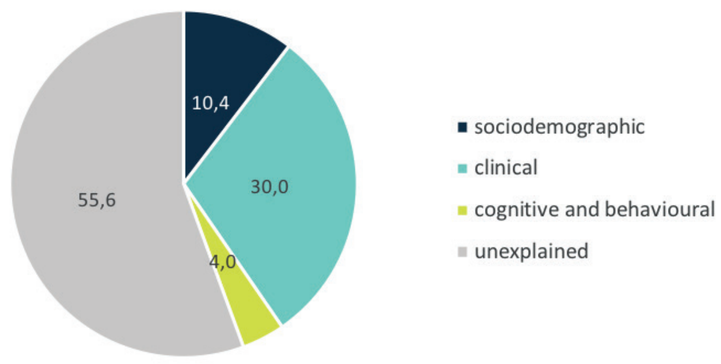
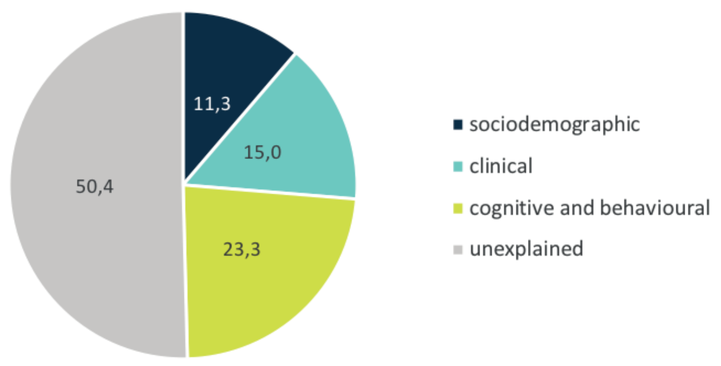


Fig 2. Percentages of explained variance: psychological distress (GHQ-28)



The correlates of psychological well-being (GHQ-28) were disease duration, disease activity, pain, self-esteem, and coping self-efficacy (Fig 2). Clinical and sociodemographic variables explained 26.3% of total variance ($p<0.001$), while cognitive and behavioural factors accounted for additional 23.3% ($p<0.001$); with self-esteem ($\beta=-0.22$, $p<0.001$) and coping self-efficacy ($\beta=-0.32$, $p<0.001$) yielding strongest associations with GHQ-28.

CONCLUSIONS

This study underscores the importance of considering complementary pathways of disease management including cognitive and behavioural factors beyond the traditional medical components.

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ACKNOWLEDGEMENTS

This work was supported by the Slovak Research and Development Agency under contracts APVV-15-0719.

CONTACT

Dr Iveta Nagyova
PJ Safarik University, Faculty of Medicine
Department of Social and Behavioural Medicine
Tr SNP 1, 040 11 Kosice, Slovak Republic
iveta.nagyova@upjs.sk | sbm.upjs.sk