

SOCIAL PARTICIPATION AND PSYCHOLOGICAL WELL-BEING IN RECENT VERSUS ESTABLISHED RHEUMATOID ARTHRITIS PATIENTS

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Background and Aim

Social participation has been recognized as an increasingly important variable across various chronic diseases and especially in Rheumatoid Arthritis (RA) which has substantial negative impact on social life of the patients, especially when the disease progresses [1,2]. The aim of the current study was to explore social participation and its association with mental health in two different patient groups; in recently diagnosed versus established RA patients.

Methods

Samples

- 132 established patients (age 59±10 years; disease duration 15.6± 3.4 years; 80% women)
- 99 recent patients (age 53±12; disease duration 2.9±1.3 years; 69% women)

Measures

Independent variables

Socio-demographic variables: age, gender, living alone or with a partner

Disease duration: time since the diagnosis of RA

Disease activity: Visual Analog Scale for disease activity, pain, swollen joint count of 28 joints and ESR combined into a single score - Disease Activity Scale 28 (DAS 28)

Functional status: Health Assessment Questionnaire (HAQ)

Social participation: Participation Scale

Dependent variable

Psychological Well-Being (anxiety & depression):

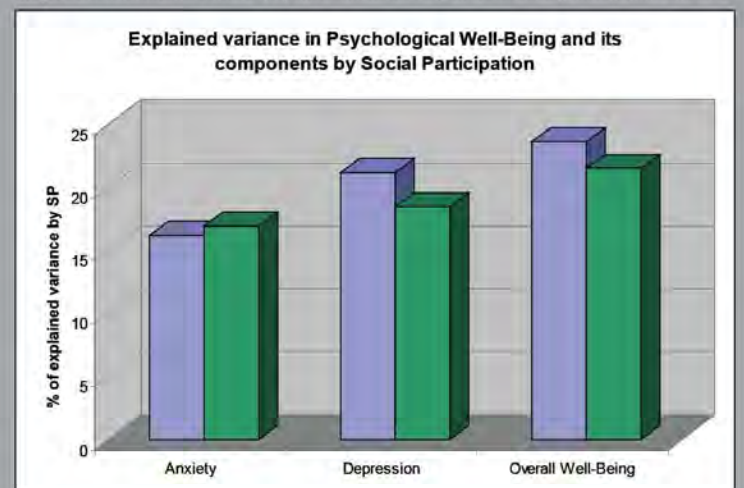
Hospital Anxiety Depression Scale (HADS)

Statistics

Recent and established groups were compared applying independent t-tests. Hierarchical regression models were built to explore the multivariate associations of psychological well-being and social participation within the two groups.

Further, regression models (Graph 2) revealed similar patterns of associations between well-being and social participation, after controlling for sociodemographic and disease related variables. In the recent patient group social participation was significantly associated with anxiety ($R^2=0.16$; $\beta=0.41$; $p\leq 0.001$), depression ($R^2=0.21$; $\beta=0.47$; $p\leq 0.001$) and overall well being ($R^2=0.24$; $\beta=0.49$; $p\leq 0.001$). In the established group was social participation similarly significantly associated with anxiety ($R^2=0.16$; $\beta=0.44$; $p\leq 0.001$) depression ($R^2=0.18$; $\beta=0.46$; $p\leq 0.001$) and overall well being ($R^2=0.22$; $\beta=0.49$; $p\leq 0.001$).

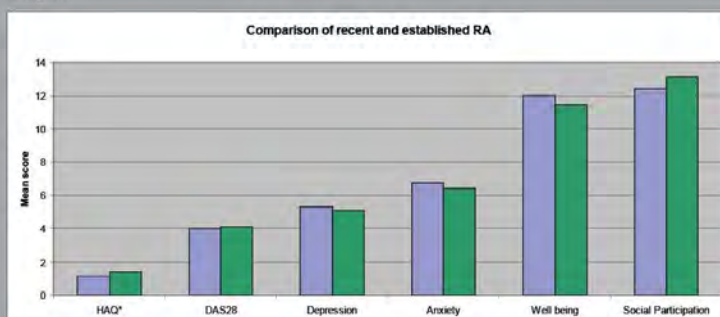
Graph 2 Association of Social Participation and Well-Being after controlling for relevant Variables



Results

The recent RA patients (Graph 1; in blue) reported significantly better functional status ($p\leq 0.05$) than the established group (in green), however, the samples did not differ regarding other assessed variables.

Graph 1



Conclusion

This study found relatively strong and consistent patterns of associations between social participation and psychological well being in both studied groups (early and established RA patients). Based on this cross sectional data it is not possible to draw a conclusion regarding causal relationships between the explored variables. However, the present results suggest that supporting interventions aiming to improve participation opportunities might be beneficial for the studied patient group regardless of the length of disease duration.

References

- [1] van Brakel WH, Anderson AM, Mutatkar RK, Bakirtzief Z, Nicholls PG, Raju MS, Das-Pattanayak RK. The Participation Scale: measuring a key concept in public health. *Disabil.Rehabil.* 2006;28:193-203.
- [2] Strand V, Khanna D. The impact of rheumatoid arthritis and treatment on patients' lives. *Clin.Exp. Rheumatol.* 2010;28:532-40.

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ZonMw



Patient perspective of barriers to adherence—results of European survey

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Aims

Approximately 50% of patients are non-adherent with their treatments for both chronic and acute conditions. Thus, non-adherence is a major barrier for realising the benefits of evidence-based therapies. This phenomenon has a number of reasons, of which some are related to patients, and the others are related to the condition, therapy, healthcare workers and healthcare system, and social factors. In order to assess the patient perception of barriers to adherence, an international survey was designed.

Design and Methods

This was a web-enabled survey in 16 European countries. A panel of validated questionnaires assessing adherence and its determinants (i.e. IPQ, BMQ, TPB, BBQ, MARS, and Morisky questionnaire) was provided to the patients in these countries with the aim to achieve at least 322 respondents in each country. Patients were invited to participate in a survey with web-based invitations, and information provided at their general practitioner's practices.

Results

The analysis of data point at several behavioural, cognitive, and ecological factors as important predictors of adherence variation. Multifactor analysis will enable the construction of a model that explains the interrelations between these factors and adherence.

Conclusions

Evidence-based policy aiming at the reduction of the burden of non-adherence needs to take into account the patient perspective of the barriers to adherence. Thus, the results of this survey conducted within European project on non-adherence (ABC Project) provide useful information for both practitioners and policy makers.

Social participation and psychological well-being in recent vs. established rheumatoid arthritis patients

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Background

The aim of this study was to explore the role of social participation and its association with mental health in recently diagnosed vs. established rheumatoid arthritis (RA) patients.

Methods

The data were collected at outpatient rheumatology clinics in Eastern Slovakia. The sample consisted of 132 established patients (age 59 ± 10 years; disease duration 15.6 ± 3.4 years; 80% women) and 99 recent patients (age 53 ± 12 ; disease duration 2.9 ± 1.3 years 69% women). Patients underwent routine examination, laboratory tests, participated in a structured interview and completed questionnaires regarding their psychological well-being, functional status and social participation. Additional data were obtained from the medical files. Recent and established groups were compared applying independent *t*-tests. Hierarchical regression models were built to explore the multivariate associations of psychological well-being and social participation within the two groups.

Results

Significant relationship was found between psychological well-being and functional status in early RA patients but these variables were found to be unrelated in the established group. Contrary to this social participation was constantly and highly significantly related to psychological well-being in both groups. Hierarchical regression models revealed that within both the established the recent RA groups social participation served as the most robust explanatory variable after disease related variables were controlled for. In total, social participation explained 26 and 21% ($P < 0.001$) of the variance in studied groups early and established RA patients, respectively.

Conclusions

This study found a strong and consistent relationship between social participation and psychological well-being in both studied groups (early and established RA patients). Presented results suggest that supporting interventions aiming to improve participation opportunities is significantly beneficial for the studied patient group.

Environmental health and safety

Respiratory health risks of indoor air pollution by solid fuels combustion in Slovakian Roma community

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Background and Significance

More than three billion people worldwide continue to depend on solid fuels, including biomass fuels (wood, dung, agricultural residues) and coal, for their energy needs. According to The world health report 2002 indoor air pollution is responsible for 2.7% of the global burden of disease.

Objectives:

to improve the indoor air quality in the Roma villages through identification of main hazard and education the inhabitants about possible health risks.

Methods of analysis

The exposure of the population was assessed by the environmental questionnaire, which was partly oriented on risk evaluation. The respondents were asked what they use for heating, cooking, how often they ventilate their houses, how often they vacuum etc. The respiratory health of the subjects was assessed by respiratory questionnaire. The health outcome assessment was focused primarily on respiratory symptoms rather than disease (e.g. coughing, sneezing, incidence of higher and lower airway infection symptoms, asthmatic and allergic symptoms etc.).

Results

From all 53 Slovakian Roma respondents, we found out that from all solid fuels users more than half (63%) suffers of chronic cough but at the other side less of them were complain about the sputum expectoration (37%). Respiratory health problems signed mostly those who use stoves which was made or repaired themselves and which are not tightly sealed. Combustion products are venting by leakage and damaged