

Sense of coherence as a mediator between hostility and health-related quality of life among coronary heart disease patients

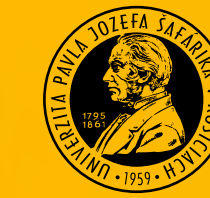
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Background

Understanding psychological factors that are associated with health-related quality of life (HRQoL) may help to identify those at elevated risk of onset and recurrence of coronary heart disease (CHD). According to Antonovsky (1), sense of coherence (SOC) reflects a person's view of life and capacity to respond to stressful situations. Independent of the measure used, a stronger SOC has been shown to be associated with lower levels of hostility and better HRQoL in both healthy and chronically ill individuals (2, 3). The aim of this study was to explore the association between hostility and HRQoL among CHD patients, and whether this association is mediated by SOC.

Methods

Sample

302 pts (21.2% female; 57.2±1.2) scheduled for coronary angiography

Measures

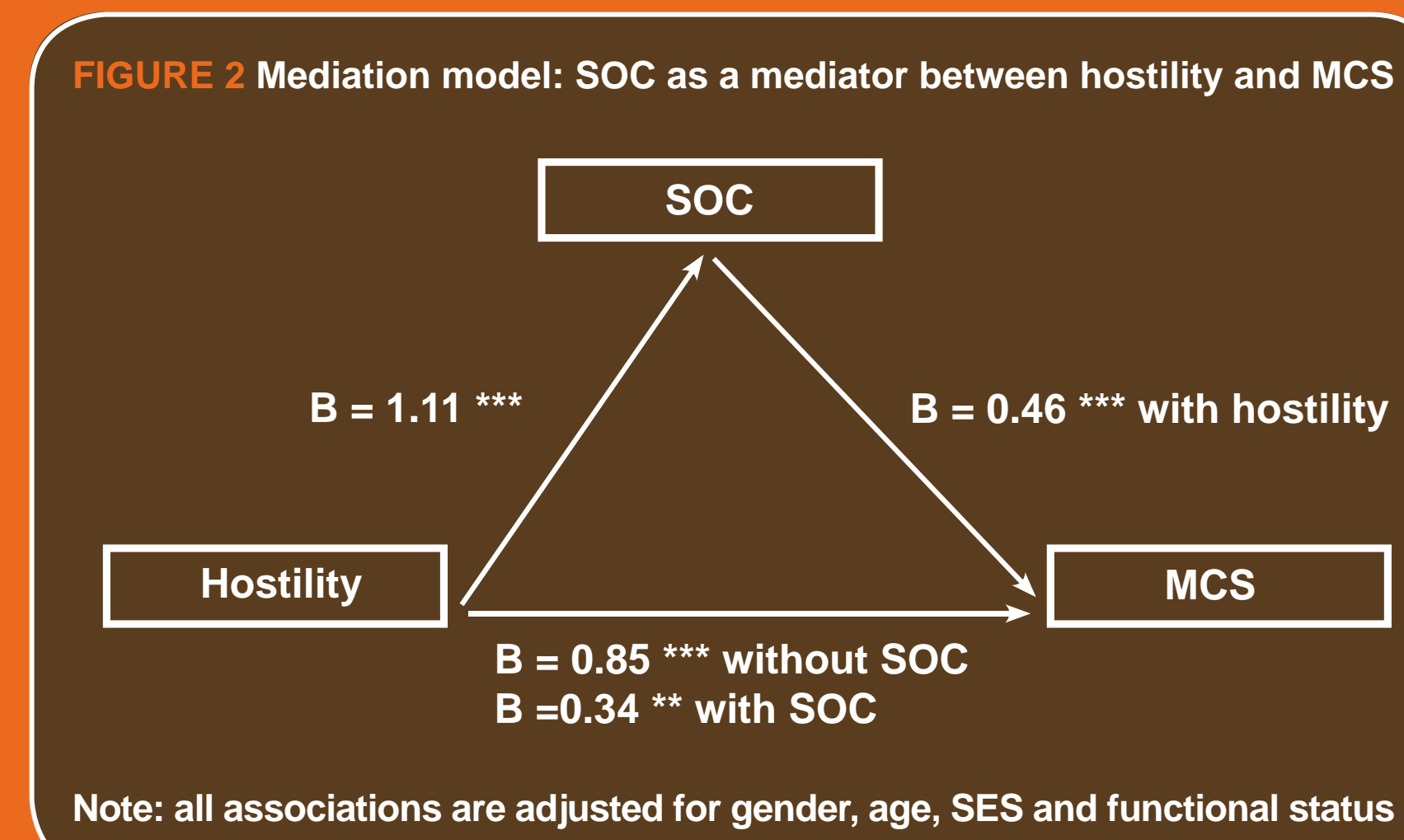
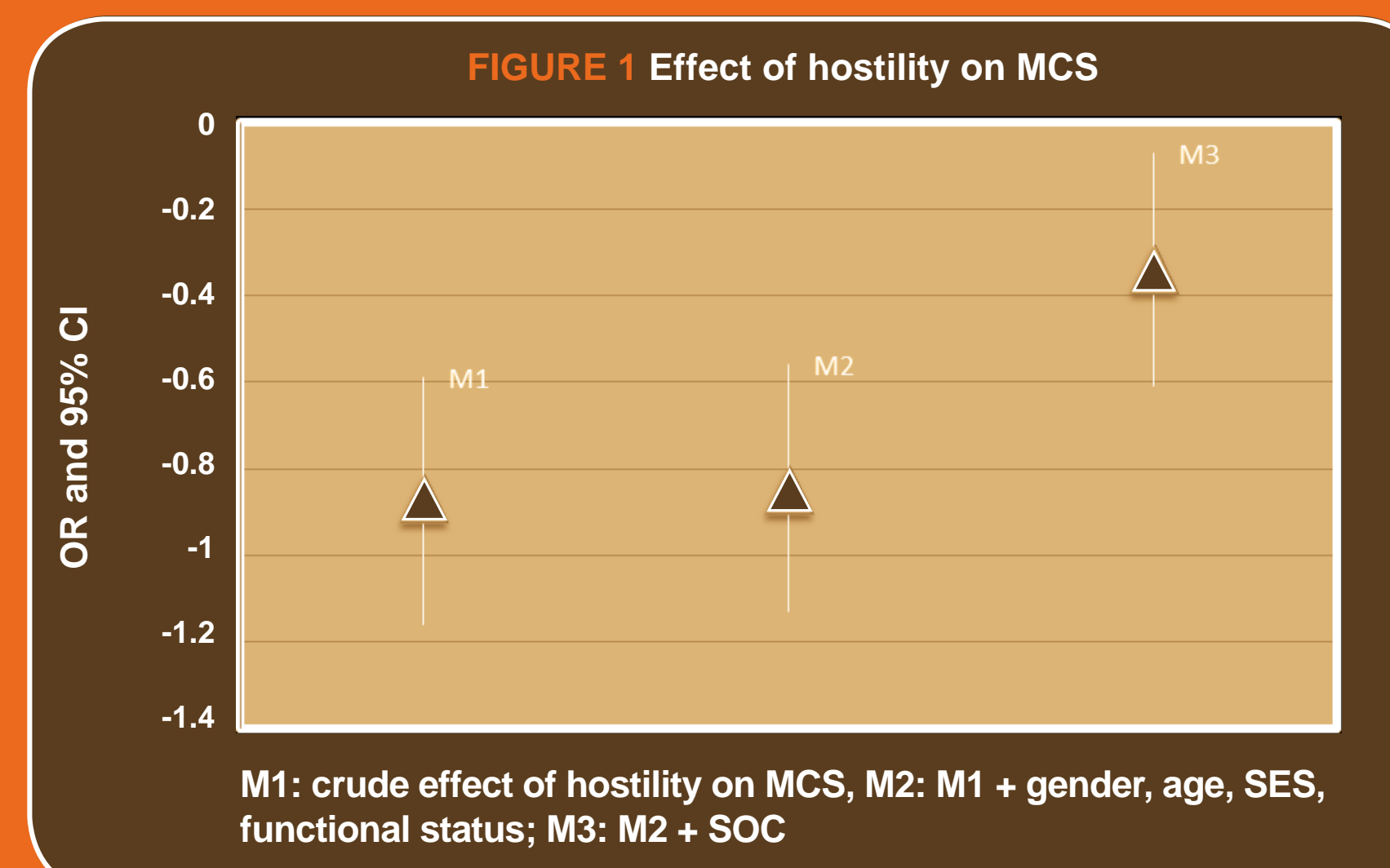
- gender
- age (divided into 39-58 and 59-73 based on median)
- socioeconomic status (SES, measured by family income: low, middle, high)
- functional status (worse score of either NYHA or CCS)
- hostility - 27-item Cook-Medley Hostility Scale (4) ($\alpha=0.71$)
- SOC - 13-item Orientation to Life Questionnaire (1) ($\alpha=0.78$)
- HRQoL - Short Form Health Survey Questionnaire; SF-36 (5) Mental Component Summary (MCS) and Physical Component Summary (PCS)

Statistical Analyses

- 3 hierarchical linear regression models
- independent variable: hostility
- mediator: SOC
- dependent variable: MCS and PCS
- controlled for: gender, age, SES, functional status

Results

Hostility was associated with poorer MCS ($B=-0.87$; 95% CI=-1.16;-0.59) crude (M1) and adjusted (M2) for age, gender, SES and functional status ($B=-0.85$; 95% CI=-1.13;-0.56). Adding SOC into the model (M3) weakened the strength of the association between hostility and MCS ($B=-0.34$; 95% CI=-0.61;-0.07). Neither hostility nor SOC were associated with poorer PCS.



Conclusion

Our findings indicate that hostility is an important predictor of MCS, with SOC playing a mediating role. Furthermore, neither hostility nor SOC were associated with poorer PCS.

Practice implications

Regarding practice, more attention should be paid to hostility as a predictor of mental HRQoL. Clinical assessment might include questions about a patient's hostile feelings. Additionally, group-based hostility control interventions, behavioural modifications as well as stress management programmes may be useful in decreasing risk factor levels of CHD as well as increasing HRQoL (6). Finally, special attention should be paid to those with lower levels of SOC.

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Sense of coherence as a mediator between hostility and health-related quality of life among cardiac patients

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Background: This study aimed to explore the association between hostility and health-related quality of life (HRQoL) among coronary heart disease (CHD) patients, and whether this association is mediated by sense of coherence (SOC). **Methods:** 302 CHD patients (mean age 57.2 ± 1.2 , 21.2% female) were examined. Hostility was measured using the 27-item Cook-Medley Scale; HRQoL using the Short-Form Health Survey 36, from which the Physical and Mental health Components Summary (PCS, MCS) were calculated. SOC was measured using the 13-item Orientation to Life Questionnaire. Data were examined using regression analyses. **Findings:** Hostility was associated with poorer MCS ($B = -0.85$; 95% CI = -1.13 ; -0.56) when adjusted for age, gender, socioeconomic and functional status. Adding SOC into the model weakened the strength of the association between hostility and MCS ($B = -0.34$; 95% CI = -0.61 ; -0.07). Neither hostility nor SOC were associated with poorer PCS. **Discussion:** Our findings indicate that SOC may play an important mediating role between hostility and MCS.

Exercise Frequency and Eating Behaviors: A Study with Portuguese Adolescents

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Background: Exercise is positively associated with physical health and psychological well-being. These benefits have been well documented among adults, but fewer studies analyzed the benefits of exercise to younger people (Sallis, Prochaska, & Taylor, 2000). So, it becomes interesting to know the relation between exercise frequency and some health routines, like eating behaviors. This study analyzed the relation between the frequency of exercise and the tendency to eating disorder behaviors. **Methods:** This survey descriptive study included 192 Portuguese adolescents, divided into the occasional and regular exercise groups. It was evaluated the eating disorder behaviors (Fairburn & Beglin, 1994), the dieting status (Strong & Huon, 1997), and the physical activity of adolescents (Kowalski, Crocker, & Kowalski, 1997). **Findings:** Adolescents who exercised regularly assumed less eating disorder behaviors and less tendency to dieting behaviors. **Discussion:** This study reinforces the importance of regular exercise on the prevention of problematic eating behaviors in adolescence.