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Anxiety, depression and stress in patients with rheumatoid arthritis

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Abstract

Problem Statement: Rheumatic diseases carries a high physical, psychological and social impact, with relevant multi-dimensional assessment of psychosocial functioning of these rheumatic patients, reasons for carrying out the present study.

Research Questions: What is the prevalence of anxiety, depression and stress in patients with rheumatoid arthritis?

Purpose of the Study: This aimed to identify the prevalence of anxiety, depression and stress in people with rheumatoid arthritis. These have in our population worse quality of life indicators, when compared with the general population.

Research Methods: The study observational was conducted with 80 participants, 82.5% were female, aged between 21 and 80 years, with an average of 58.16 years.

Was applied "Health Assessment Questionnaire" (Fries, 197, validated by Santos Reis, Rebelo, Days, Pink & Queiroz, 1996); "Anxiety Scale, Depression and Stress" (PF Lovibond and Lovibond SH, 1995, adapted by Ribeiro, Honored and Leal, 2004).

Findings: Moderate and high anxiety was found in 37.5% of the sample and severe depressive symptoms in 35%, which are higher in women (♀40,9%; ♂39,4%). Stress presented high in 42.5% of subjects.

The anxiety and depression are higher in the females participants, with increased pain and superior functional impairment. Stress increases with the low income and worsening of health status.

Conclusions: Nursing care to these people should include interventions aimed at screening, referral and treatment of these clinical outbreaks. These nosological entities should also be considered when planning educational activities / training of future health professionals.

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1. Introduction

Rheumatic diseases are amongst the most responsible for health charges, both direct and indirectly, being one of the most frequent disease groups in developed countries, constituting the leading cause of medical consultation, the leading cause of disability, the first reason for absenteeism from work and the fundamental cause of early retirement due to illness (DGS, 2013).

In most cases, there is an association with pain and disability, with consequent organ dysfunction, activity limitations and restrictions in social participation (Lucas & Monjardino, 2010), causing a high impact on the physical, psychological and social level, making a multidimensional assessment relevant, required and expected (Monjardino, Lucas & Barros, 2013).

In this group of diseases it is found the rheumatoid arthritis (RA), a chronic, systemic disease of unknown etiology which mainly affects joints, consisting of chronic synovial inflammation that leads to joint destruction and marked failure (Smith, 2005 ; Goldman, 2012). This nosological entity causes pain and deformities, and may progress to severe limitations, forcing people to depend on assistive devices and / or third parties to carry out their daily activities (Ribeiro, Schier, Ornelas, Oliveira, Nardi and Silva, 2013).

Although it can occur at any age, the onset is most frequent between 35 and 50 years of age (Goldman, 2012), with prevalence in women being two to three times higher than in men (Smith, 2005; Goldman, 2012, DGS, 2013).

In Portugal, it was estimated a prevalence of about 0.8% in 2001 with the incidence varying between 2-4 cases per 10,000 people each year "(Luke and Monjardino, 2010, p. 112).

The treatment aims to reduce the impact of disease limiting symptoms, reducing inflammation and disability and improving the quality of life, being the main purpose of drug therapy the reduction of the swelling and ultimately the disease remission (Mcbain, Shipley and Newman, 2013; DGS, 2011), for the persistence of joint inflammation is the originator of structural damages, of functional impotence, disability and reduced life expectancy (DGS, 2011).

Given the characteristics of chronicity, pain, functional disability and deformity by the disease, the psychosocial implications are significant on people's lives and their families, and can cause psychiatric signs and symptoms, especially anxiety and depression (Ribeiro, Schiera, Ornelasa, Oliveira, Nardia e Silva, 2013; McBain, Shipley and Newman, 2013).

Higher levels of disease activity, pain and functional disability can lead to more behaviors of depression, anxiety and stress, leading consequently to an increased risk of suicide (Ho Fu, Chua, cheak and Mak, 2011).

2. Problem Statement

Rheumatoid arthritis is a crippling disease, which causes physical deformities and painful limitations, with an early beginning, affecting the most productive period of life, damaging professional realization, social and daily life activities, which becomes impacting on quality of life and people's mental health and can lead to negative changes in psychological parameters (Salaffi, Carotti, Gasparini, Intorcchia, & Grassi, 2009 quoted by Darius Kulkamp, Faraco, Gevaerd and Domenech, 2010). It was found in several studies an increased occurrence of some mental health disorders, particularly anxiety and depression, in people diagnosed with rheumatoid arthritis, with an average above the frequency typically found in the general population (Isik, Koca, Ozturk, & Mermi, 2007 Costa, Brazil, Papi, & Azevedo, 2008, quoted by Darius Kulkamp, Faraco, Gevaerd and Domenech, 2010). In this context, the occurrence of co-morbidities such as anxiety, depression and stress in people with rheumatoid arthritis constitute an important public health problem that imposes investigation.

3. Research Questions

Anxiety and depression have been linked to the epidemiological course of rheumatoid arthritis, and clinical practice also supports this nosological occurrence, hence emerges as the central research question for this study

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