



Original Research—CME

The Relationship Between Physical and Mental Health Variables in Individuals With Spinal Cord Injury From Latin America

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Abstract

Background: Previous research has examined the health-related quality of life (HRQOL) and mental health of persons with spinal cord injury (SCI), but the majority of the research has taken place in the United States, Western Europe, and other developed countries. Limited research has been conducted with persons with SCI in Latin America.

Objective: To examine the relationship between HRQOL and mental health in persons with SCI from Neiva, Colombia.

Design: Cross-sectional.

Setting: Participants were recruited from the Foundation for the Integral Development of People with Disabilities, a nonprofit community organization for persons with disabilities.

Participants: Forty persons with SCI from Neiva, Colombia.

Methods: Caregivers completed the Spanish versions of questionnaires.

Main Outcome Measures: Participants completed self-report measures of HRQOL (SF-36 Health Questionnaire) and mental health (Satisfaction with Life Scale, Patient Health Questionnaire-9, and State Trait Anxiety Inventory).

Results: The hypothesis that higher HRQOL would be related to better mental health found robust support, as the canonical correlation between these 2 sets of variables uncovered that 50.4% of the variance was shared, such that persons with lower HRQOL had reduced mental health. Within this canonical correlation, anxiety, fatigue, and general health loaded most highly, suggesting that persons with SCI who experienced lower energy and reduced general health tended to have high anxiety. Additionally, 9 out of the 18 bivariate correlations between these 2 variable sets were statistically significant.

Conclusions: In Latin America, SCI rehabilitation services are extremely sparse and rarely include interventions that target postinjury mental health. The current study suggests that mental health issues in patients with reduced HRQOL warrant attention in SCI rehabilitation services, especially in this region.

Introduction

The exact prevalence and incidence rates of spinal cord injury (SCI) worldwide are unknown, but estimates lie between 223-755 per million and 10.4-83 per million, respectively [1]. The rates of traumatic SCI in Latin America are generally comparable to rates in other global regions [2]. SCI can be a life-altering event with a tremendous impact on the injured person in multiple life domains, including social functioning [3], mental health [4], and physical health [5]. The injury usually results in loss of sensation and permanent paralysis of voluntary muscles, which leads to limited functional independence and can impair social and vocational

activities, affecting an individual's health and quality of life [6-8].

Although mental health issues are no longer seen as an inevitable result of an SCI, persons with SCI are considered a vulnerable population for the development of mental health problems. Depression has been one of the most studied mental health variables in persons with SCI [6,9]. As in able-bodied persons, depression and anxiety often co-occur, and numerous studies in the United States, Australia, and Europe have found high rates of both depression and anxiety in persons with SCI [4,6,10-12]. More recently, research has focused on additional aspects of mental health such as satisfaction with life, and it has been found that persons with SCI

have lower life satisfaction compared with the general population [12]. Persons with SCIs have also been found to have decreased quality of life (QOL) [6] and health-related quality of life (HRQOL) [3]. Dijkers [13] explains that QOL is a broad state of subjective well-being, utility, or achievements, whereas HRQOL is the aspect of QOL specifically related to physical, mental, and social well-being [3].

In addition to mental health, research has examined the physical health of persons with SCI. For example, pain prevalence rates in persons with SCI have been documented to be between 26%-96% [14]. Persons with SCI generally have complicating medical conditions (eg, bladder cancer, gallstones, or problems with sexual functioning) subsequent to the SCI that can permanently alter their lives [15,16]. Research in Australia has shown that persons with SCI report significantly lower HRQOL [5] and significantly higher fatigue [17] compared with the general population. Physical health domains such as pain, fatigue, and spasticity may also complicate rehabilitation for persons with SCI in the United States [18].

Despite the research on mental and physical health in persons with SCI, comparatively fewer studies have begun to look at the relationship between these 2 sets of variables. In American and European adults with SCI, pain has been associated with depressive symptoms [19] and reduced satisfaction with life [20]. Physical activity has been linked to lower pain, lower fatigue, lower depressive symptoms, and higher self-efficacy [21]. Depressed mood and low self-efficacy have also been found to be associated with excessive tiredness for persons with SCI in Australia [17]. In one study, as the physical health of persons with SCI improved, the presence of psychopathology decreased [11]. Research has also shown that secondary medical conditions such as chronic pain and infections increase the risk for depression and anxiety disorders [4,6]. For example, urinary infections in persons with SCI from Australia are associated with reduced mental health [5].

Persons with SCI have an increased risk of psychological and neurobehavioral problems such as anxiety, depression, and substance use [4,22], which can create barriers to rehabilitation and recovery [23]. Because previous research has indicated that SCI impairments affect HRQOL, this influence may channel directly into the mental health of persons with SCI, perhaps creating a negative feedback loop with rehabilitation. The majority of SCI research has been conducted in the United States, Canada, Australia, and Northern and Southern Europe [12]. Additionally, persons with SCI living in countries such as Latin America may face a dearth of resources and increased difficulties in accessing rehabilitation services. As such, the purpose of this study was to examine the relationship between mental health and HRQOL in persons with SCI from Neiva, Colombia. It is hypothesized that higher HRQOL will be associated with better mental health.

Methods

Participants

Participants consisted of 40 persons with SCI from the Foundation for the Integral Development of People with Disabilities in Neiva, Colombia. The inclusion criteria for this study were that persons had to have been diagnosed with an SCI after age 18 years, have had the injury for a minimum of 6 months, and have no prior history of neurological problems, serious mental illness, or a history of drug/alcohol abuse [24]. The Foundation is a nonprofit organization that provides assistance to Colombians with various physical disabilities.

Measures

SF-36 Health Questionnaire

The SF-36 Health Questionnaire (SF-36) is a self-report measure of HRQOL and has been widely used in persons with SCI [25-27]. The SF-36 consists of 36 items that cover 8 HRQOL domains: physical functioning, role limitations—physical (eg, limitations of one's role due to physical issues), role limitations—emotional (eg, limitations of one's role due to emotional issues), energy/fatigue, emotional well-being, social functioning, pain, and general health. Total scores in each domain range from 0-100 (higher scores indicate better HRQOL). In this study, both of the primary mental health domains were omitted (role limitations—emotional and emotional well-being), such that the SF-36 scores corresponded to only physical health domains. This study used a translated (Spanish) version of the SF-36, which has established reliability and validity [28].

Satisfaction With Life Scale

The Satisfaction With Life Scale (SWLS) is a self-report measure of global life satisfaction [29]. It contains 5 items, with ratings from 1 (strongly disagree) to 7 (strongly agree). The SWLS measure was included in this study as an additional assessment of mental health—related QOL outside of merely psychopathology. The Spanish version of the SWLS used in this study has been shown to have adequate psychometric properties [30,31].

Patient Health Questionnaire—9

The Patient Health Questionnaire—9 (PHQ-9) is self-report measure of depression [32]. Participants indicate symptom impairment on each of 9 items for the duration of the previous 2 weeks. The PHQ-9 is scored with a 4-point Likert scale ranging from 0 (not at all) to 3 (nearly every day). Higher scores indicate more depressive symptoms and can range from 0 to 27. The Spanish version of the PHQ-9 is adequately reliable and valid [33].

State Trait Anxiety Inventory

The State Trait Anxiety Inventory (STAI) is a self-report measure of anxiety containing 20 items [34].

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