



The relationship between positive or negative phrasing and patients' coping with lateral epicondylitis

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Background: Research suggests that phrases with negative content can affect patients' response to medical procedures and how they cope with medical illnesses. We hypothesized that patients with lateral epicondylitis who describe their condition in positive phrases cope better than those who do not.

Methods: We prospectively followed up 91 patients with lateral epicondylitis for 12 months. The patients indicated their baseline coping status based on the Pain Catastrophizing Scale (PCS) and were discharged with a wait-and-see policy. During follow-up interviews, the patients described the nature of their condition in their own words and were then categorized into either positive or negative phrasing groups. We compared these two groups regarding current coping status and whether they had sought additional treatment. We also analyzed for the factors associated with these outcomes.

Results: There were no significant differences in baseline PCS scores between the two groups. At follow-up, patients in the positive phrasing group (n = 62) had significantly lower PCS scores and were less likely to seek additional treatment than those in the negative phrasing group (n = 29). Multivariable analyses showed that positive phrasing and low pain levels were independently associated with improvement in PCS scores and that negative phrasing and depression were independently associated with patients' seeking additional treatment.

Conclusion: Patients' positive phrasing about their condition are associated with improvement in their coping status and with less use of medical resources in the case of lateral epicondylitis. This study suggests that patients with more positive attitudes toward their illness cope and comply better when a wait-and-see treatment is recommended by their physicians.

Level of evidence: Level II, Prospective Cohort, Prognosis Study.

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Keywords: Lateral epicondylitis; positive phrase; coping

Coping, as an adaptive response to chronic illness, is defined as selecting and acting on the information derived from the individual's symptom recognition and interpretation.^{25,31} A few studies have looked at the relationship

between coping and chronic illnesses such as rheumatoid arthritis, chronic obstructive pulmonary disease, cancer, and psychological disorders and found that patients who depend on maladaptive and ineffective pain coping strategies often become impaired by their pain and maintain an inactive lifestyle.^{1,18,31,40}

Lateral epicondylitis is a common musculoskeletal disease characterized by lateral elbow pain.^{15,35} Typically, its symptoms last for 6 to 24 months, but most patients recover within 1 year without any specific treatment.^{9,10,17,32}

This study was approved by our institutional review board (IRB No. B-1305-204-107).

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Furthermore, studies have shown that although active intervention such as corticosteroid injections is effective for quick pain relief, it is associated with a poorer long-term prognosis than a wait-and-see approach.^{2,8,30} Therefore, for most patients, a wait-and-see policy with adequate advice will suffice, and thus, encouraging patients to cope with their disease may be important.

Research suggests that the phrases used by health care providers affect patients' responses to medical procedures and how they cope with medical illnesses.^{16,39} For example, the introduction of the term "repetitive strain injury" in Australia caused an epidemic of the condition and the medicalization of occupational hand use.²⁸ Moreover, Lang et al²² reported that statements meant to warn the patient of possible pain or undesirable experiences resulted in greater pain and greater anxiety than in the absence of such warnings. These studies suggest that phrases with negative content can affect patients' beliefs about their medical complaint and their expectation of treatment. However, no study has been performed on how much positive phrasing is associated with the way patients cope with a particular condition.

In this study, we aimed to investigate whether patients with lateral epicondylitis who describe their condition in a positive manner cope better than those who do not.

Materials and methods

Patients

The institutional review board at our hospital approved the design and protocol of this study. Starting in November 2011, we prospectively enrolled 108 consecutive patients presenting with isolated lateral epicondylitis of less than 6 months' symptom duration. We excluded patients with concomitant shoulder or wrist tendinosis or nerve compression symptoms, as well as those with lateral epicondylitis of more than 6 months' symptom duration. We made the diagnosis of lateral epicondylitis based on all 3 of the following features: pain located at the lateral aspect of the elbow, point tenderness over the lateral epicondyle, and a positive provocation test with reproducible pain at the lateral elbow caused by resisted wrist extension with the elbow in full extension. For the enrolled patients, our primary treatment was a wait-and-see approach, with self-stretching exercises, use of a counterforce brace, and prescription of intermittent pain medication, as well as a follow-up examination after 4 weeks, even when some of the patients had already undergone some of these treatments before. All patients were routinely educated about the nature of their disorder. We described the condition, using positive phrases, as a temporary weakening of the tendon that usually runs its course in about 12 to 18 months and eventually disappears in most patients. When patients presented with advanced imaging studies that had already been obtained (2 with ultrasound and 4 with magnetic resonance imaging) and asked about the findings of degeneration or rupture, we described these conditions as reversible. At 4 weeks, patients were re-evaluated and were either discharged or scheduled to receive further treatment such as physical therapy,

corticosteroid injection, or surgery. We excluded 7 patients who had received further treatment from us, and we followed up the other 101 patients, who were discharged at the second visit, by telephone interview at 1 year after their initial examination. Ninety-one of these patients agreed to participate in the study and were analyzed. There were 41 men and 50 women with mean ages of 54.3 years (range, 26 to 82 years) and 53.5 years (range, 24 to 75 years), respectively.

Baseline and follow-up survey

We conducted Pain Catastrophizing Scale (PCS) assessments as routine psychological evaluations for patients presenting with arm pain at our hand clinic at their first visit. The PCS is a reliable and valid measure of negative pain-related cognitions³⁴ and assessment of coping status.^{3,14,29,33} It has 13 questions that are answered on a 4-point Likert scale, from "not at all" (0 points) to "all the time" (3 points). It assesses 3 factors: rumination, helplessness, and magnification. A total catastrophizing score is calculated by adding these 3 items. In addition, patients' baseline pain levels were evaluated by use of an 11-point rating scale ranging from 0 (no pain) to 10 (worst imaginable pain).⁴²

One researcher called and interviewed all of the patients 12 months after their first visit. First, the patients were requested to describe the nature of their lateral arm pain in their own words and phrases. Those who described their condition using positive phrases, such as "weak" or "faded" tendon, "defect," or "temporary" or "reversible" condition, were categorized as the positive phrasing group, whereas those who explained their condition using any negative phrases, such as "damaged" or "degenerated" tendon, "tear," "rupture," or "permanent," were categorized as the negative phrasing group, based on studies regarding the emotional valence of words.^{4,39} The phrasing used by the patients was recorded and later reviewed for categorization by two researchers, who were blinded to patient data or survey results. When the two researchers had a different opinion on the categorization, they discussed and decided how to categorize the patients. The Cohen κ coefficient for inter-rater reliability for categorization was 81%. Of the patients, 62 (68%) were categorized as the positive phrasing group and 29 (32%) were categorized as the negative phrasing group. Second, the interviewer requested the patients to answer the follow-up PCS questionnaires to evaluate the patients' coping status, which was the primary outcome of interest in this study.^{6,26,37} Third, the interviewer asked whether the patients had sought additional treatment from anyone other than us, which was the secondary outcome of interest in this study. Lastly, the interviewer evaluated factors that may have potentially confounded the results of the PCS. Patients were asked about depressive symptoms with the Patient Health Questionnaire 2 (PHQ-2), which has been validated as a reliable depression screening tool.^{20,21,27,41} The PHQ-2 score ranges from 0 to 6. We identified a PHQ-2 score of 3 as the optimum cutoff point for screening for depression in this study.²⁰ In addition, the patients' current pain intensity was evaluated using the 11-point rating scale.⁴² Furthermore, the interviewer asked about the patients' educational status, whether they performed manual work or not, and the existence of comorbid conditions requiring the use of other medications (Table I). We chose these variables from previous studies that suggested that these factors were associated with coping style.^{19,43}

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