Background: Participation in everyday life and the relationships between persons with rheumatoid arthritis (RA) and their significant others are often affected by the disease. Usually, both parts need to adapt to new roles [1]. However, the dyadic interaction between them in everyday life is yet to be understood on a deeper level. Objectives: To explore I) how dyads consisting of persons with RA and their significant others comprehend support and participation in everyday life, and II) how the dyadic interaction can influence their experience of participation in everyday life. Methods: In-depth individual interviews were conducted both with the persons with RA 12-13 years after diagnosis and inclusion in the Swedish multicenter project TIRA-2 [2], and with their significant others as defined by the persons with RA. Demographic data and the Valued Life Activity Scale (VLA-sawe) [3] was reported by the persons with RA. To avoid bias, the persons with RA and their significant others were interviewed by different researchers. Data from the interviews were transcribed verbatim and content analysis with a dyadic approach was undertaken [4]. The process of coding and categorizing was discussed between the researchers. The study was approved by the Regional Ethics Committee at Linköping University (Dnr. 2018/158-31), all participants gave their written consent. Results: Three women and two men with RA and five significant others, all represented by spouses, participated (N=10). The age of the persons with RA ranged from 34 to 67 years and a majority experienced difficulties in 12 valued life activities. Three categories were revealed: 1) A strong willpower affecting the dyadic relationship, meaning that the understanding within the dyads was that the persons with RA were not so keen to share status, which was mentioned in connection to tenacity and expectations. 2) Being a support to each other, referring to the mutual understanding within the couples that there was a constant exchange of support, forming a basis for participation in everyday life. However, disagreement was expressed concerning an unequal amount of support. 3) The dyads’ potential issues with awareness, addressing the difficulty in fully comprehending the impact of the diagnosis. The couples mentioned an unwillingness from the person with RA to share information, and the significant other viewing comments as complaining. This type of miscommunication was interpreted as a potential negative effect on participation in everyday life. Conclusion: A constant exchange of support within the dyads was evident. However, the dyadic relationships were often affected by the willpower of the persons with RA to be independent in everyday life. In addition, the dyads faced the concern of fully understanding the diagnosis. The results indicate further needs for interventions for both the persons with RA as well as the significant others, in order to boost the dyadic interaction, and thereby facilitate optimal participation in everyday life of persons with RA.

References:

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