Psychosocial support

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Background: The primary goal in patients (pts) with rheumatic diseases is to control disease activity, prevent irreversible damage and reduce disease burden. Despite a broad armamentarium of effective treatments in most rheumatic diseases, a substantial number of pts does not achieve disease control.

Objectives: As psychosocial factors and mindset might influence the treatment response of pts with rheumatoid arthritis (RA)[1], the EXPERD (Expectations in Rheumatic Diseases) study aimed to assess these factors and their association with disease activity in pts with various rheumatic diseases.

Methods: For this cross-sectional analysis, pts with diagnoses of RA, systemic lupus erythematosus (SLE), spondyloarthopathy (SpA) and inflammatory vasculitis treated in the outpatient clinic of the university hospital Dusseldorf were included. In all pts the following psychosocial factors were assessed by patient reported questionnaires: health related quality of life (HRQoL) (Short Form-12), depressive symptoms (Patients-Health-Questionnaire-9), anxiety symptoms (Generalized-Anxiety-Disorder-Scale-7), disease duration (in years) and trustworthiness-relationship with the treating physician (Numeric-Rating-Scale 0-10). Pts’ optimism and pessimism was assessed by the Life-Orientation-Test. Pts’ reported disease activity was captured on a numeric rating scale from 0 (no disease activity) to 10 (high disease activity). Statistical analysis was performed using linear regression models with a significance level of 5%.

Results: A total of 158 pts completed the questionnaires: 51 pts with RA, 32 pts with SLE, 43 pts with SpA and 32 pts with inflammatory vasculitis. Univariate analyses adjusted for sex, age and number of comorbidities found higher pessimism associated with higher disease activity (est. 0.14, CI 0.008-0.27, p 0.04). Lower HRQoL was correlated with higher pessimism (physical component (PCS): est. -0.05, CI -0.08 - -0.02, p 0.003, mental component (MCS): est. -0.05, CI -0.09 - -0.01, p 0.02) and lower optimism (PCS: est. 0.04, CI 0.01 - 0.07, p 0.01; MCS: est. 0.05, CI 0.01 - 0.08, p 0.007). Referring to this, pts’ depressive symptoms and pronounced anxiety symptoms manifested the strongest association with lower optimism (depression: est. -0.28, CI -0.34 - -0.22, p <0.001; anxiety: est. -0.36, CI -0.42 - -0.29, p<0.001) and higher pessimism values (depression: est. 0.22, CI 0.14 - 0.3, p <0.001; anxiety: est. 0.26, CI 0.17 - 0.35, p <0.001). In contrast, a longer disease duration and a trustworthy doctor-patient relationship showed primarily lower pessimism (est. -0.07 CI -0.11 - 0.02, p<0.002; est. -0.26, CI -0.47 - -0.06, p 0.01).

Conclusion: Mindset in terms of optimism and pessimism was associated with several psychosocial factors and self-reported disease activity in pts with rheumatic diseases. While pessimistic pts tended to have higher self-reported disease activity and considered their physicians less trustworthy, optimism was associated with higher HRQoL. Our results emphasize the relevance of encouraging psychological support to improve a pessimistic mindset. A longitudinal analysis of this investigation is currently ongoing.

REFERENCE: