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Discrepancies between Patients and Spouses Illness Beliefs in Rheumatoid Arthritis (RA). Maggie Carr¹, Rod Hughes¹, Alison Carr², Matthew Hankins³, Cath Thwaites¹, John Weinman³. ¹ St Peter's Hospital, Chertsey, United Kingdom ² University of Nottingham, Nottingham, United Kingdom ³ GKT School of Medicine, London, United Kingdom

Statement of purpose: There is evidence that illness beliefs predict patients' behaviour, compliance and outcomes and discordance between patients' and spouses' beliefs results in poor adaptation to illness. This study aimed to elicit the illness beliefs of patients and their spouses, to identify the degree of concordance between those beliefs and to explore factors associated with discordance.

Methods: 100 randomly selected patients with RA living with a spouse/partner participated in the study. All participants (patients and spouses) completed questionnaires to elicit illness beliefs (Illness Perceptions Questionnaire (IPQ)), psychological well-being and satisfaction with their relationship. Spousal support, function, pain and disease status were also measured. The IPQ measures illness beliefs in relation to: duration and cyclical nature of illness; consequences; emotional impact; personal and treatment control of symptoms; understanding of illness.

Results: 72 female and 28 male patients (mean age 59.87 years, SD 11.71) and their spouses took part. Most patients and spouses (>89%) believed that RA is long lasting and that treatment can be effective in controlling symptoms (>70%). Most patients (72%) but few spouses (48%) felt they had some control over symptoms. Spouses were more likely to view RA as having serious consequences (86% v 65%) and an emotional impact (63% v 45%). Paired sample t-tests showed significant differences between patient and spouse beliefs about the duration of RA (spouses believed it would last longer than patients: $t = 4.48, p < 0.0006$); its consequences (spouses believed them more severe than patients: $t = 5.28, p < 0.0006$), personal control (patients believed they had more control over symptoms than spouses: $t = 5.68, p < 0.0006$) and emotional impact (greater for spouses than patients: $t = 3.67, p < 0.0006$). Discrepant beliefs were associated with patient and spouse anxiety ($R = 0.20 - 0.28, p < 0.04$), patient depression ($R = 0.20, p < 0.05$), function ($R = 0.21, p < 0.04$) and pain ($R = 0.22, p < 0.03$). Stepwise regression suggested discrepant beliefs were not predicted by any demographic or relationship factors. Function (adjusted $R^2 = 0.29$) was predicted by discrepancy in beliefs about the cyclical nature of RA ($B = 0.19, p < 0.05$) and patient depression ($B = 0.54, p < 0.001$). Pain (adjusted $R^2 = 0.18$) was predicted by discrepancy in beliefs about the emotional impact of RA ($B = -0.30, p < 0.005$) and patient depression ($B = -0.37, p < 0.001$).

Conclusion: Patients and spouses have different beliefs about RA. Discrepant beliefs associate with function, depression, anxiety and pain in patients and anxiety in their spouses. Patient and spouse beliefs should be elicited early in RA to identify discordance and should inform management of RA. Educational interventions should include patients and spouses.

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