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Anxiety, depression and stress in patients with rheumatoid arthritis

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Introduction

Problem Statement: Rheumatic diseases carries a high physical, psychological and social impact, with relevant multi-dimensional assessment of psychosocial functioning of these rheumatic patients, reasons for carrying out the present study.

Research Questions: What is the prevalence of anxiety, depression and stress in patients with rheumatoid arthritis?

Purpose of the Study: This aimed to identify the prevalence of anxiety, depression and stress in people with rheumatoid arthritis. These have in our population worse quality of life indicators, when compared with the general population.

Methods

The study observational was conducted with 80 participants, 82.5% were female, aged between 21 and 80 years, with an average of 58.16 years. Was applied "Health Assessment Questionnaire" (Fries, 197, validated by Santos Reis, Rebelo, Days, Pink & Queiroz, 1996); “Anxiety Scale, Depression and Stress” (PF Lovibond and Lovibond SH, 1995, adapted by Ribeiro, Honrado and Leal, 2004).

Results

Moderate and high anxiety was found in 37.5% of the sample and severe depressive symptoms in 35%, which are higher in women (♀ 40.9%; ♂ 39.4%). Stress presented high in 42.5% of subjects.

The anxiety and depression are higher in the females participants, with increased pain and superior functional impairment. Stress increases with the low income and worsening of health status.

The final predictive model illustrated by this AMOS in figure 1, established that only the general state of illness, exerts influence on people with rheumatoid arthritis, being responsible for the variance of about 20% of anxiety, 21% of depression and 10% of stress.

![Image](image)

Fig. 1 - Final model of the influence of the independent variables in anxiety, depression and stress

References


Conclusion

The results of this study support other studies conducted, being extremely important to invest in a effective prevention to achieve health gains. It is therefore required a greater investment in the prevention and diagnosis of anxiety, depression and stress in rheumatoid arthritis, in order to lessen the severity of disease, reduce functional impairment and improve quality of life, wherein health care assistance must include interventions directed to screening and treatment of these clinical outbreaks. It is also important to consider these nosological entities in the planning of educational / training activities of health professionals, and as such favor a coordinated intervention program between the various professionals in the multidisciplinary health team in order to monetize synergies and achieve shared goals.

It is important to stress the need for future research to study other variables including personal representation, "disfigurement", coping, self-concept, so that the possession of knowledge can meet best strategies to mitigate / eliminate the behaviours of anxiety, depression and stress, avoiding potentiation in worsening health status of people with rheumatoid arthritis, also contributing to a better quality of life related to health.