

# Counseling, coping skills could reduce arthritis disability

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Arthritis sufferers who undergo psychological counseling and learn skills for coping with pain have less disability and better quality of life, according to a new systematic review.

Living with the pain of arthritis can lead to depression and isolation. Severely afflicted people are often unable to socialize or participate in favorite activities. Limited mobility and loss of fine-motor function can make hard it to perform everyday tasks, like cooking or getting dressed.

Treatment early on aimed at psychosocial issues could make a big long-term difference for people with arthritis, the reviewers say.

"This early-intervention approach could have many benefits in terms of preventing problems in coping from developing and [then] becoming entrenched," said review co-author Francis Keefe, Ph.D., of Duke University Medical Center.

The review analyzed 27 randomized controlled trials involving 3,409 patients with osteoarthritis or rheumatoid arthritis to look at how psychosocial interventions affected pain.

The review, which is part of a new series, appears in the May issue of the journal *Health Psychology*. Each evidence-based review centers on a specific psychological assessment or treatment conducted in the context of a physical disease process or risk reduction effort.

Studies in the review paid the most attention to cognitive-behavioral therapy — a treatment based on changing unhelpful patterns of thinking — for pain management. An important facet of this therapy was training in specific coping skills, such as using relaxation techniques and pacing daily activities.

Other interventions included biofeedback, stress management, emotional disclosure, hypnosis and psychodynamic therapy.

Counseling and coping skills made the greatest difference in quality of life measures: patients who received the interventions reported a significant decrease in anxiety, depression and psychological disability.

Patients who received psychological treatments also had significant reductions in physical disability and joint swelling, although there was no difference in levels of fatigue or stiffness.

More women (69 percent) participated than men did. The average age was nearly 59 years and 81 percent of the participants were white. Therefore, the results are not universally applicable to men, minority groups or people outside of middle age, the authors say.

The number of study patients that reported reduced pain was not statistically significant, but the authors say that although "the effect sizes for pain are small...for the most part, these effects occur in addition to those produced by standard medical care." The non-drug methods studied "are presumed safer" than medications, they add, another plus for psychological treatments.

"The goal is rehabilitation — to reduce disability — not a cure for chronic pain," said Patricia Dobkin, Ph.D., an associate professor of medicine at McGill University in Montreal who was not involved with the review. "When working in pain clinics, one often notes that even

when pain intensity is not reduced significantly, patients can and do learn to live better with their pain," she added.

Given the different approaches and treatment options available to patients with arthritis, Keefe said, "If patients begin to develop problems coping with persistent pain, they could ask their health care provider to refer them to a psychologist who specializes in pain coping skills and cognitive behavior interventions."

Over 43 million adults in the United States have an arthritis diagnosis and another 23 million adults report symptoms of arthritis, making the disease the leading cause of pain and disability in the country. Arthritis is also a major contributor to workplace disability.

Source: Center for the Advancement of Health

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