

Patient Psychology Research Review™

Making Education Easy

Issue 8 - 2014

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Abbreviations used in this issue

CBT = cognitive behavioural therapy



Welcome to the latest issue of Patient Psychology Research Review.

Highlights include an effective 1-day CBT self-confidence workshop for reducing depression and anxiety, plus a report of the negative impact of the American Medical Association's recent decision to classify obesity as a disease. We have also included a fascinating local study that found that personality type is on a par with other risk factors such as smoking and socioeconomic status when it comes to predicting poor health later in life.

We hope you find the selected studies interesting and look forward to any feedback you might have.

Kind regards

Keith Petrie

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"Obesity is a disease": examining the self-regulatory impact of this public-health message

Authors: Hoyt C et al.

Summary: This report examined the impact of the American Medical Association's recent classification of obesity as a disease on weight-management processes. Labelling obesity as a disease was found to have potential hidden costs by undermining beneficial weight-loss self-regulatory processes. Compared with an information-based weight management message, a disease-based message weakened the importance placed on health-focused dieting and reduced concerns about weight in obese individuals. The decreased concern about weight also predicted higher-calorie food choices, and the disease message reduced body-image dissatisfaction.

Comment: The American Medical Association last year recognised obesity as a disease. In this provocative paper the researchers looked at the possible downsides of this classification by presenting participants with different articles where obesity was either described as a disease or a weight management problem. The researchers found that the disease-based message reduced the importance of dieting and predicted less helpful choices than an information-based message. Unfortunately labelling something as a disease may carry with it a number of connotations including the fact that the problem is beyond their control and best managed by health professionals. It may also cause the individual to feel less responsible for the condition and be therefore less motivated to do something about their weight.

Reference: *Psychol Sci* 2014; published online 24 Jan

[Abstract](#)

Patient Psychology Research Review

Independent commentary by Professor Keith Petrie

Keith Petrie is Professor of Health Psychology at Auckland University Medical School. Keith Petrie worked as a clinical psychologist in medical settings before taking up a faculty position in Auckland.

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One-day cognitive-behavioural therapy self-confidence workshops for people with depression

Authors: Horrell L et al., on behalf of the CLASSIC trial group

Summary: This study determined the effectiveness of a 1-day CBT self-confidence workshop for reducing depression. 459 adults with depression underwent the workshop, and 382 (83%) were followed-up after 12 weeks. Those who underwent the workshop differed significantly from waitlist controls with regard to the Beck Depression Inventory at 12 weeks (effect size 0.55). Anxiety and self-esteem also improved. Cost-effectiveness analysis found that the CBT workshop had a 90% chance of being cost-effective if a depression-free day was valued at £14. In conclusion, self-confidence workshops appear to be clinically effective and cost-effective in patients with depression.

Comment: This interesting study demonstrated that a 1-day psychoeducational workshop teaching CBT principles was very effective in reducing depression and anxiety in a UK community sample with at least mild depression. Compared to a waiting list control, those attending the workshop seemed to maintain the gains from the workshop three months later and an economic analysis showed it to be cost effective. The marketing of the session as a confidence building intervention also seemed to make it more acceptable to people. There is a trend in the literature to look at shorter more scalable alternatives to 1-on-1 therapy. There are now many effective CBT therapies available on the internet. This workshop approach looks like it is another possible alternative.

Reference: *Brit J Psychiatry* 2014;204:222-233

[Abstract](#)

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Translating personality psychology to help personalize preventive medicine for young adult patients

Authors: Israel S et al.

Summary: This NZ study evaluated whether young adults' personality traits could predict poor health later in life. 1000 individuals from the Dunedin Multidisciplinary Health and Development Study were assessed at age 26 and again at age 38. Very brief measures of young adults' personalities were found to predict their midlife physical health e.g. metabolic abnormalities, cardiorespiratory fitness, pulmonary function, periodontal disease, and systemic inflammation. Those who scored low on the traits of Conscientiousness and Openness to Experience went on to develop poorer health even after accounting for pre-existing confounding factors. Personality effect sizes were similar to those of other health risk factors such as socioeconomic status, smoking, and self-reported health.

Comment: In a project using data from the Dunedin Multidisciplinary Health and Development Study, the researchers looked at how personality predicted health of the sample at age 38. The Dunedin longitudinal sample follows a group of 1,000 individuals born in the city in 1972 and 1973 and is unique due to the number of participants the researchers have kept in the study, which represented 95% of the total sample at the last assessment. The study found that higher levels of conscientiousness were associated with better health. This has also been found in other prospective investigations. Conscientious individuals tend to engage in more healthy behaviours and are less likely to smoke. The researchers also found low openness to experience, one of the other "Big Five" personality dimensions, was associated with poorer health, but this may be explained by the relationship of openness to intelligence. Of note is the fact that the effect size of personality in predicting poor health was on a par with other risk factors such as smoking and socioeconomic status.

Reference: *J Pers Soc Psychol* 2014;106(3):484-98

[Abstract](#)

A review of the predisposing, precipitating and perpetuating factors in Chronic Fatigue Syndrome in children and adolescents

Authors: Lievesley K et al.

Summary: This review investigated psychological, social and physiological factors associated with fatigue and disability in children and adolescents with Chronic Fatigue Syndrome (CFS). 79 studies were included in the review. The strongest and most consistent finding was that rates of psychiatric co-morbidity (mostly anxiety and depressive disorders) were higher in children and adolescents with CFS than in healthy controls or illness control groups. Many young people with CFS reported that their illness began with an infection, and there was evidence to support this. CFS appeared to be associated with a family history of CFS, high expectations from both the parent and child, and certain personality traits (e.g. conscientiousness and physical illness attributions). The evidence was limited by methodological problems.

Comment: CFS in children and adolescence can be very debilitating and difficult to treat. CBT is the only treatment that is empirically validated for this condition and is the recommended treatment option in the UK. This review of 79 studies (most cross-sectional rather than prospective) found higher rates of anxiety and depression, as well as personality traits of conscientiousness, rigidity and sensitivity being higher in young people with CFS compared to controls. High expectations and standards in young people with CFS and their parents was also a common theme as precipitating factors in many studies reviewed. Negative beliefs about symptoms, symptom focusing and attribution of symptoms to a physical illness seem to be important perpetuating factors in the illness. Overall, the review highlights several important targets for intervention particularly around cognitions and behaviour that may help to improve treatment of this chronic and difficult problem.

Reference: *Clin Psychol Rev* 2014;34:233-248

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Do cancer-specific websites meet patient's information needs?

Authors: Warren E et al.

Summary: This study evaluated whether commonly used breast and prostate cancer websites provide enough information for patients. 79 general, 5 breast, and 5 prostate cancer questions were collated from a review of patient information needs. Websites that appeared on the first page of a Google search for 'breast cancer' and 'prostate cancer' were then assessed and each question was scored on a 3-point scale as not (0%), partially (50%) and fully (100%) answered. 17 questions were not answered thoroughly by any of the websites. Biomedical questions score the highest, whereas questions about 'future planning', 'monitoring', and 'decision-making' scored the lowest. In conclusion, more comprehensive information for patients needs to be provided on breast and prostate cancer websites.

Comment: This is the type of study that should be done more often. Patients frequently use websites to answer questions about their condition and to help them make decisions about treatment options. The study evaluated whether the ability of websites to answer 89 questions generated from a literature review of information met the needs of different types of patients. The websites were a mix of government (NHS, NICE), charity (MacMillan), encyclopaedia (Wikipedia), media (BBC) and research (Cancer Research UK) mainly based in the United Kingdom. In general, the websites varied greatly in their ability to address specific questions with research websites performing best. It would be good if more studies like this were completed and fed back to websites so organisations hosting websites on specific illnesses can improve their ability to answer the frequent questions patients have about their condition.

Reference: *Patient Educ Couns* 2014;95(1):126-136

[Abstract](#)

Cognitive-behavioral therapy for individuals with chronic pain: efficacy, innovations, and directions for research

Authors: Ehde D et al.

Summary: CBT has become a first-line psychosocial treatment over the past 30 years for individuals with chronic pain. Multiple randomised controlled trials have provided evidence for the efficacy of CBT in improving pain and pain-related problems across a wide spectrum of chronic pain syndromes. Innovations in CBT delivery formats, and treatments delivered by health professionals other than psychologists, show promise for chronic pain problems. This article reviewed the evidence base for CBT in chronic pain and discussed recent innovations in target populations and delivery methods (e.g. web-based, telephone delivered). Limitations and knowledge gaps were identified, as well as future directions for improving CBT efficacy and access for people living with chronic pain.

Comment: This is a very nice recent summary of the contribution of CBT to chronic pain management. The authors point out that CBT has become the gold standard for psychological treatment in chronic pain and, while it doesn't carry the risks of other therapies such as surgery, most pain patients don't receive CBT. There is clearly a need to train other professionals in using CBT and transfer CBT programmes into primary care and technology platforms that pain patients can more easily access. The authors also highlight that more research is needed on why and for whom CBT works best and to develop techniques for improving patients' engagement in therapy.

Reference: *Am Psychol* 2014;69(2):153-66

[Abstract](#)

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Lifetime trauma exposure and prospective cardiovascular events and all-cause mortality: findings from the Heart and Soul Study

Authors: Hendrickson C et al.

Summary: This prospective study examined the association between lifetime trauma exposure and recurrent cardiovascular events or all-cause mortality in patients with existing cardiovascular disease. 1021 men and women had their trauma history, psychiatric comorbidities and health behaviours assessed at baseline before being assessed annually. During a mean 7.5 years of follow-up, 503 cardiovascular events and deaths occurred. Compared with participants in the lowest trauma exposure quartile, those in the highest exposure quartile had a 38% greater risk of adverse outcomes after adjustment for potentially confounding factors. In conclusion, cumulative exposure to psychological trauma was associated with an increased risk of recurrent cardiovascular events and mortality.

Comment: This study in a sample of adults diagnosed with coronary heart disease found that exposure to a greater number of traumatic events was associated with a higher risk of cardiac events and greater risk of death. The researchers controlled for the role of demographics, health behaviours and psychiatric diagnoses in the analysis. It seemed from the data that only patients with the highest trauma exposure were at the greatest risk of cardiac events. The study is consistent with a growing number of research papers showing a strong association between major stressful events and cardiovascular disease but not other illnesses such as cancer. The mechanisms that explain this association remain uncertain but increases in inflammation in coronary heart disease patients compared to controls have been noted after exposure to stress, which could be a likely pathway for worsening atherosclerosis.

Reference: *Psychosom Med* 2013;75(9):849-55

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Intentional non-adherence to medication by older adults

Authors: Mukhtar O et al.

Summary: This review examined intentional non-adherence to medication in older adults. Contributing factors were found to include illness beliefs, perceived risks, benefits and necessity of potential treatments, the patient-practitioner relationship, inter-current physical and mental illnesses, financial constraints and pharmaceutical/pharmacological issues. Age was not a contributory factor. Five key areas requiring research were identified: (1) the overlap between intentional and unintentional non-adherence; (2) the potential correlation between symptomatic benefit and intentional versus unintentional non-adherence; (3) an evaluation of the source of prescribing and the patient-prescriber relationship as determinants of non-adherence; (4) the decision-making processes involved; and (5) the development of interventions designed to reduce intentional non-adherence.

Comment: This review highlights the importance of intentional or deliberate non-adherence in older adults. The authors estimate that intentional non-adherence makes up about 50% of all non-adherent behaviour in older age groups. I believe this is probably an underestimate, especially for medication adherence. The paper highlights the importance of the patient's illness and treatment beliefs as well as practitioner-patient relationship being of key importance in understanding non-adherence in this age group. Intentional non-adherence is beginning to receive a lot more attention in the literature as researchers rightly identify this area as the one that is likely to be modifiable in terms of any intervention.

Reference: *Drugs Aging* 2014;31(3):149-57

[Abstract](#)

Monitoring style of coping with cancer related threats: a review of the literature

Authors: Roussi P and Miller S

Summary: This literature review examined whether individuals high on monitoring are characterised by specific cognitive, affective, and behavioural responses to cancer-related health threats. 74 reports were identified, based on 63 studies (13 were intervention studies). Individuals high on monitoring were found to be more knowledgeable about health threats, but less satisfied with the information they were given. They also tended to have greater perceived risk, more negative beliefs and affective outcomes, and placed greater value on health-related information. They tended to be more demanding of the health providers for information and emotional support, and were more assertive during decision-making discussions. Psychoeducational interventions improved patient outcome if the level and type of information given was consistent with the individual's monitoring style.

Comment: Whether a patient is a monitor or blunter is a useful distinction in terms of providing information and preparing patients for medical procedures or surgery. Monitors typically cope with the anxiety brought on by medical procedures by finding out as much as possible about what is going to happen and who is going to do it. Blunters, on the other hand, cope with their anxiety by avoiding information and distracting themselves from what is happening. Being solidly in the blunter camp I am excellent at counting ceiling tiles during any dental or medical procedure. In this paper the authors look at what is associated with the monitoring style of coping in patients diagnosed with cancer. They find monitors are more likely to magnify and exaggerate the degree of the health threat, tend to blame themselves more for the illness and have more negative emotional response. Monitors do seem to respond well to detailed and procedural information about their treatment i.e. what is going to happen and what it will feel like. The review highlights the importance of identifying monitors in clinical situations so more detailed information can be provided. Blunters require a lot less work!

Reference: *J Behav Med* 2014; published online 2 Feb

[Abstract](#)

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Congratulations to Lye Funn Ng,

a pharmacist who has returned to Otago University to study full-time. Lye Funn is the winner of an iPad Mini from our recent Subscriptions Update competition.



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