

PSYCHOLOGICAL DISTRESS AMONG OLDER ADULTS WITH ARTHRITIS

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Purpose: The primary purpose of the study was to examine psychological distress (PD) among older adults with arthritis. Specifically, answers to two research questions were sought: (a) does comorbidity predict psychological distress? and (b) do certain host and psychosocial factors (e.g., arthritis medications, disease activity, disease duration, pain disability, self-efficacy, and selected socio-demographic variables) predict higher levels of PD? **Methods:** The research setting for this cross-sectional study was an Outpatient Rheumatology Clinic located in the Southeastern United States. The Arthritis Impact Management Scales-2, the Pain Disability Index, the Arthritis Self-Efficacy Scale, a demographics questionnaire, and a clinician's assessment form were used to gather pertinent information from the convenience sample of rheumatoid arthritis (RA) or osteoarthritis (OA) patients aged ≥ 50 years old. Statistical methods included Pearson r, univariate and multivariable regression. **Findings:** Co-morbidity was not a significant predictor of PD. Gender ($p = .015$), age ($p = .006$), pain disability ($p = .001$), self-efficacy with respect to disease management ($p < .001$), and the use of NSAIDs ($p = .006$) predicted 43.2% of the variance (41.1% adjusted) in measured PD. Additionally, PD increased with disease progression and with intensifying pain. Self-efficacy was found to be inversely proportional to pain disability and PD - the stronger the perception that pain can be self-managed, the lower the levels of PD. And finally, lower self-efficacy resulted in greater PD, disease activity, pain disability, unemployment, lower satisfaction with income, poorer perception of health state, and in longer disease duration. **Discussion:** Diagnosis and treatment of PD among older adults with arthritis may result in enhanced quality of life by bolstering self-efficacy and patient perceptions of their overall health state, and reducing co-morbidity and pain disability.