

Apr 12th, 11:00 AM - 2:00 PM

The Effectiveness of Cognitive Behavioral Therapy on Management of Symptoms in Rheumatoid Arthritis Patients

Miriam J. Morris

Cedarville University, mjmorris@cedarville.edu

Bernadette F. Rowe

Cedarville University, bernadetterowe@cedarville.edu

Jessica L. Stauf

Cedarville University, jlstauf@cedarville.edu

Follow this and additional works at: http://digitalcommons.cedarville.edu/research_scholarship_symposium



Part of the [Nursing Commons](#)

Morris, Miriam J.; Rowe, Bernadette F.; and Stauf, Jessica L., "The Effectiveness of Cognitive Behavioral Therapy on Management of Symptoms in Rheumatoid Arthritis Patients" (2017). *The Research and Scholarship Symposium*. 20.

http://digitalcommons.cedarville.edu/research_scholarship_symposium/2017/poster_presentations/20

This Poster is brought to you for free and open access by DigitalCommons@Cedarville, a service of the Centennial Library. It has been accepted for inclusion in The Research and Scholarship Symposium by an authorized administrator of DigitalCommons@Cedarville. For more information, please contact digitalcommons@cedarville.edu.

The Effectiveness of Cognitive Behavioral Therapy on Management of Symptoms in Rheumatoid Arthritis Patients

Miriam Morris, Bernadette Rowe, Jessica Stauf
Cedarville University School of Nursing

PATIENT CARE ISSUE

Rheumatoid Arthritis (RA): Rheumatoid arthritis is an autoimmune, systemic, inflammatory condition causing pain and inflammation primarily in the joints of the hands and feet⁸

- Prevalence of RA is 0.5 % - 1.1 % of the total world population⁹
- Psychological factors consistently predicted more of the variance in disability than did disease activity⁴

Cognitive Behavioral Therapy (CBT): Mental techniques of situation and assumption appraisal, in which patients identify thoughts, assess their validity, and try to replace them with more realistic and positive viewpoints. CBT also encourages altered perceptions that influence behavior and encourages more mindful behavior⁴

EVIDENCE-BASED PRACTICE QUESTION

Question: In Rheumatoid Arthritis patients, what is the effect of CBT with pharmacological therapy compared to pharmacological therapy without CBT on management of symptoms?



REGISTERED NURSE INTERVIEW

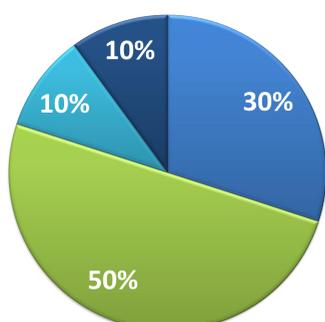
- Patients “almost always” receive combination therapy¹
- Treatment focuses largely on non-pharmacological methods¹
- “When activities of daily living are harder to accomplish or no longer possible to accomplish independently, patient’s mental health is largely affected”¹
- “CBT is an effective therapy for the psychosocial repercussions of the diagnosis of RA”¹

METHODS

Databases Utilized	Keywords	Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> OneSearch CINAHL PubMed MedLine 	<ul style="list-style-type: none"> CBT Rheumatoid Arthritis Non-Pharmacological Interventions Symptom Management 	<ul style="list-style-type: none"> CBT as an intervention Published between 2006-2016 English full text articles 	<ul style="list-style-type: none"> Participants under 18 y/o Interventions other than CBT Types of arthritis other than RA

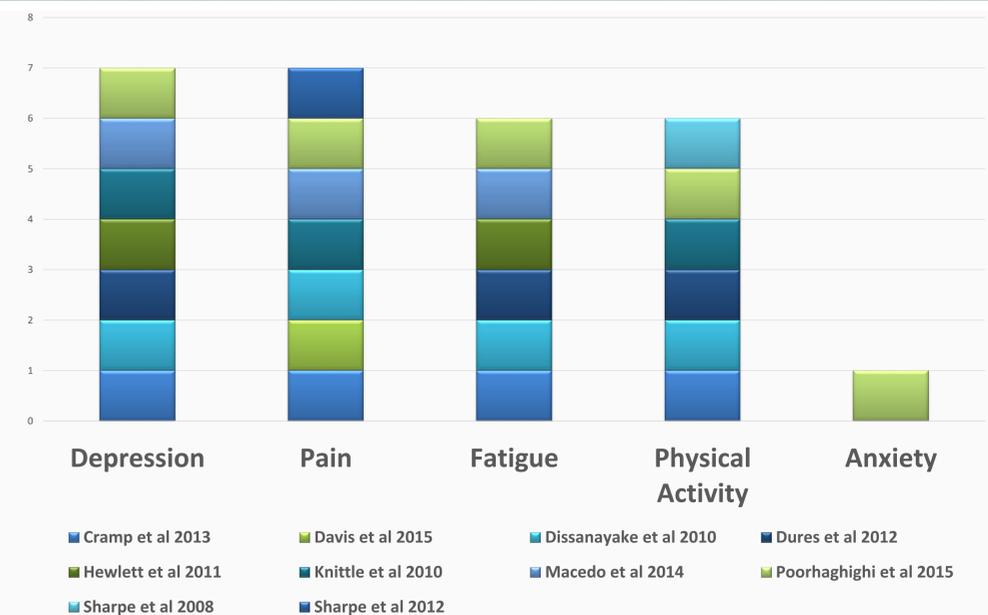
RESULTS

Review of Literature Results
• Of 96 articles found: 10 included •



- Level 1 Meta-analysis (4) and systematic review (6,9)
- Level 2 Randomized Control Trials (2,3,5,7,8)
- Level 5 Systematic Review Summary (1)
- Level 6 Phenomenology (10)

SYNTHESIS OF EVIDENCE



Additional Findings:

- Quality of life increased with the use of CBT⁹
- Patients highlighted that CBT elements were key to making behavior changes and that these had far-reaching impacts on their lives⁵
- The CBT groups used fewer health care resources than the control groups in the 5 years following intervention¹⁰

Evidence suggests that CBT is an effective intervention alongside pharmacological therapy on management of symptoms in RA.

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- The Iowa Model of Evidence-Based Practice to Promote Quality of Care was used as the guiding framework for this review of literature¹²
- Research evaluating the long term effects, overall quality of life, and maintenance therapy related to CBT should be explored further
- It could be beneficial in clinical practice to incorporate CBT approaches into patient education programs that aim to enhance self-management
- Research strongly suggests looking further into CBT as a type of adjunct therapy for RA

LIMITATIONS

- Self-reporting of symptoms and inconsistent blinding measures resulted in challenges to determine exact effects of each intervention^{1, 2, 3, 4, 5, 9}
- Problematic to compare the reduction of symptoms when the articles varied in methods, time frames, and which symptoms were tested/reported
- Occurrences of homogeneity or small sample size in articles^{3, 5, 6, 7, 8}

REFERENCES

- "Cognitive Behavioral Therapy as an Intervention." Online Interview. 29 Nov. 2016.
- Cramp, F. et al. "Non-Pharmacological Interventions For Fatigue In Rheumatoid Arthritis." Cochrane Database Of Systematic Reviews 8 (2013): N.PAG. CINAHL Plus with Full Text. Web. 2 Dec. 2016. NINE
- Davis, M.C. (1), et al. "Mindfulness And Cognitive-Behavioral Interventions For Chronic Pain: Differential Effects On Daily Pain Reactivity And Stress Reactivity." Journal Of Consulting And Clinical Psychology 83.1 (2015): 24-35. Scopus. Web. 2 Dec. 2016. THREE
- DISSANAYAKE, Rukmal Kumari, and James V. BERTOUCH. "Psychosocial Interventions As Adjunct Therapy For Patients With Rheumatoid Arthritis: A Systematic Review." International Journal Of Rheumatic Diseases 13.4 (2010): 324-334. Academic Search Complete. Web. 2 Dec. 2016. SIX
- Dures, E, et al. "They Didn't Tell Us, They Made Us Work It Out Ourselves": Patient Perspectives Of A Cognitive -- Behavioral Program For Rheumatoid Arthritis Fatigue." Arthritis Care & Research 64.4 (2012): 494-501. CINAHL Plus with Full Text. Web. 2 Dec. 2016. TEN
- Hewlett, S, et al. "Self-Management Of Fatigue In Rheumatoid Arthritis: A Randomised Controlled Trial Of Group Cognitive-Behavioural Therapy." Annals Of The Rheumatic Diseases 70.6 (2011): 1060-1067. CINAHL Plus with Full Text. Web. 2 Dec. 2016. TWO
- Knittle, K, S Maes, and V de Gucht. "Psychological Interventions For Rheumatoid Arthritis: Examining The Role Of Self-Regulation With A Systematic Review And Meta-Analysis Of Randomized Controlled Trials." Arthritis Care & Research 62.10 (2010): 1460-1472. CINAHL Plus with Full Text. Web. 2 Dec. 2016. FOUR
- Macedo, Marinha Soia. "Systematic Review Summary - Non-Pharmacological Interventions For Fatigue In Rheumatoid Arthritis." Singapore Nursing Journal 41.2 (2014): 48-50. CINAHL Plus with Full Text. Web. 1 Dec. 2016. ONE
- Poorhaghighi, Tahereh Hamzeh, Yar Ali Dousti, Bahram Mirzaeyan, and Mohamad Kazem Fakhri. "Effectiveness of Cognitive-Behavioral Group Therapy on Illness Perception, Pain Perception and Life Quality in Patients with Rheumatoid Arthritis." International Journal of Review in Life Sciences (2015): n. pag. PubMed. Web. 10 Oct. 2016. SEVEN
- Sharpe, L, S Allard, and T Sensky. "Five-Year Followup Of A Cognitive-Behavioral Intervention For Patients With Recently-Diagnosed Rheumatoid Arthritis: Effects On Health Care Utilization." Arthritis & Rheumatism: Arthritis Care & Research 59.3 (2008): 311-316. CINAHL Plus with Full Text. Web. 2 Dec. 2016. EIGHT
- Sharpe, Louise, and Leslie Schrieber. "A Blind Randomized Controlled Trial of Cognitive Versus Behavioral Versus Cognitive-Behavioral Therapy for Patients with Rheumatoid Arthritis." Psychotherapy and psychosomatics, vol. 81, no. 3, 2012. FIVE
- Titler, M. G., Kleiber, C., Steelman, V. J., Rakei, B. A. Berdreau, G., Everett, L. Q., et al. (2001). The Iowa model of evidence-based practice to promote quality care. Critical Care Nursing Clinics of North America, 13(4), 497-509.