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

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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 feet.

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

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 behavior

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?

P - Rheumatoid Arthritis Patients (18+)
I - CBT with Pharmacological therapy
C - Pharmacological therapy (standard care) without CBT
O - Symptom Management

REGISTERED NURSE INTERVIEW

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

METHODS

Databases Utilized
- OneSearch
- CINAHL
- PubMed
- MedLine

Keywords
- CBT
- Rheumatoid Arthritis
- Non-Pharmacological Interventions
- Symptom Management

Inclusion Criteria
- CBT as an intervention
- Published between 2006-2016
- English full text articles
- Participants under 18 y/o
- Interventions other than CBT
- Types of arthritis other than RA

Exclusion Criteria

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 CBT
- Patients highlighted that CBT elements were key to making behavior changes and that these had far-reaching impacts on their lives
- The CBT groups used fewer health care resources than the control groups in the 5 years following intervention

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 literature
- 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
- 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

REFERENCES