

Illness representations among patients with type 2 diabetes and their partners: Relationships with self-management behaviors

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Abstract

Objective: There is accumulating evidence to indicate that the illness representations of significant others are important for understanding patients' responses to chronic disease. The aims of the present study were to (a) assess the illness representations of patients with type 2 diabetes and their partners, (b) determine the extent of agreement between patient and partner representations, and (c) examine whether partners' representations mediate the relationships between patients' representations and their prospective self-management behaviors. **Methods:** Patients' and partners' representations of diabetes were assessed with the Revised Illness Perception Questionnaire [Moss-Morris R, Weinman J, Petrie K, Horne R, Cameron LD, Buick, D. The revised illness perception questionnaire (IPQ-R). *Psychol Health* 2002;17:116] at baseline ($n=164$). Self-management behaviors were assessed 12 months later with self-report measures of physical activity, medication, and a food frequency questionnaire. **Results:** Patients scored lower on

the illness coherence dimension, indicating that they reported a poorer understanding of the condition ($t=-2.66$, $df=163$, $P=.009$) relative to their partners. Patients demonstrated higher scores for personal control than their partners ($t=2.01$, $df=163$, $P=.046$). Mediation analyses indicated that partners' perceived timeline of diabetes partially mediated the relationship between patients' representations and their self-management behaviors including physical activity and dietary intake. In addition, partners' personal control representations partially mediated the relationship between patients' representations and physical activity. **Conclusion:** It was demonstrated that patient-partner dyads generally share similar representations of type 2 diabetes and perceived control over the condition. Furthermore, there was evidence that partners' representations partially mediated the relationships between patients' representations and their prospective self-management behaviors. © 2007 Published by Elsevier Inc.

Keywords: Illness representations; Self-management; Partners; Type 2 diabetes; Congruence

Introduction

The social support literature indicates that individuals in a patient's support network can influence their behavioral responses to illness. Within diabetes, this literature has identified both beneficial and adverse effects. The receipt of social support, for example, has been shown to favor better

self-management of diabetes [1–4]. However, evidence suggesting that family interactions may hinder engagement in self-care behaviors such as physical activity and diet also exists [5]. The question remains, therefore, by what mechanisms do significant others exert their influence? It is proposed that the perceptions of illness held by significant others may be one of the mechanisms through which significant others influence patient outcomes. The present study was designed to examine this issue in patients with type 2 diabetes and their partners, using the theoretical framework of the Self-Regulatory Model (SRM) [6].

The SRM posits that the patient is an active participant in the health care process [6]. It is also argued that an

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individual experiencing illness may perceive a range of problems that are pertinent only to that individual, while others experiencing the same condition have their own unique experiences. In order to make sense of and respond to these problems, patients create their own “models” or representations of their illness that then influence their coping and care-seeking behavior [7]. The process is regarded as self-regulatory because the three components of the model, that is, interpretation, coping, and appraisal, have been shown to interrelate in order to maintain the status quo. Therefore, if an individual’s normal state of health is disrupted by illness or the threat of illness, the model proposes that he or she is motivated to regain the balance [8].

It is postulated that these representations emerge as soon as patients experience symptoms or are given a disease label and may change with disease progression, the emergence of further symptoms, and responses to medical intervention. Furthermore, it is argued that illness representations not only give personal meaning to patients’ symptoms and experience of illness but also act as a framework for guiding and evaluating coping efforts that are evoked to deal with the illness. Furthermore, the self-regulation process is considered to be dynamic, as feedback from appraisals of coping efforts influence cognitive representations, emotional responses, and future coping efforts [7]. It is proposed that these illness representations are formulated around five “core” dimensions regarding the cause, control, timeline (course), consequences, and identity (perceived symptoms) of the condition. The cause dimension acknowledges that patients may have their own ideas regarding the possible causes of the illness that may or may not conform to medical opinion. Perceived consequences relate to the extent that the patient is aware of the potential seriousness or severity of the disease. Representations regarding timeline refer to patients’ understanding of the duration of the disease and likely timeline of future progression of their disease. The control dimension measures the extent of patients’ perceived personal control of their illness and the extent of perceived treatment control. Finally, illness identity captures the symptoms that a patient experiences in relation to the disease. These illness representations, therefore, provide a coherent and empirically based framework for investigating adaptation to chronic disease. Indeed, there is accumulating evidence that illness representations are associated with self-management behaviors and treatment outcomes across a range of chronic diseases [9–17].

In recent years, there has been a growing interest in extending the application of the SRM to explore not only the representations of patients but also the representations of significant others. To date, much of this work has focused on patients’ psychological adaptation to chronic disease. In addition, this work has focused not only on the relationship between the representations of patients and significant others but also on how such representations may influence patient outcomes. Differences between the representations

of significant others and patients have been shown to play a role in influencing psychological adaptation to chronic fatigue syndrome (CFS) and Addison’s disease (AD) [18]. In both cases, patient and partner dyads were found to hold similar views with regard to the dimensions of illness identity and cause but disagreed on the timeline, control/cure, and consequences of the illness. The partners of patients with CFS and AD held more pessimistic views with regard to the timeline of the illness than the patients themselves. In addition, the partners of patients with CFS were inclined to “minimize” the seriousness of the illness regarding the consequences and control of the illness, while the partners of patients with AD had a tendency to “maximize” or exaggerate the seriousness of the disease. In a more recent study, divergent representations between patients and partners about psoriasis were shown to be associated with increased psychological distress [19]. Differences in patients’ and partners’ representations about the chronicity and emotional impact of psoriasis accounted for 23% of the variance in depression among partners. Adaptation following myocardial infarction (MI) has also been found to be dependent on patients and partners sharing similar representations of the condition [20]. Patients’ recovery from MI, measured by assessments of vitality and psychosocial adjustment, was more favorable in dyads with similar “positive” identity and consequence representations compared with dyads with similar “negative” or “conflicting” representations. In addition, patients from dyads with similar representations about the identity and consequences of MI reported lower levels of disability, better psychological adjustment, and less impact on social activities. Finally, to date, there has only been one study that has examined how partners’ representations influence self-management behaviors. In this study, Weinman et al. [11] demonstrated that spouse representations of MI being caused by poor health habits were the most important factor in patients’ levels of exercise at 6 months.

Taken together, these studies indicate that the representations of significant others play an important role in adaptation to chronic disease. Furthermore, it is likely that they may be important in understanding patients’ behavioral responses to chronic “lifestyle” conditions such as type 2 diabetes. Type 2 diabetes (non-insulin dependent) presents as a spectrum of metabolic abnormalities characterized by prominent insulin resistance and relative insulin deficiency. It accounts for about 90% of all cases of diabetes, tending to emerge in mid- to late adulthood. The major risk factors for diabetes include a family history of diabetes, obesity [body mass index (BMI) ≥ 27 kg/m²], age (≥ 45 years), hypertension, and high cholesterol levels. There is a progressive increase in the worldwide prevalence of type 2 diabetes. This increase is primarily the result of lifestyle changes and, in particular, the steady rise in the prevalence of obesity [21].

The longer the duration of diabetes is, the greater is the likelihood of developing symptoms and signs of degenerative complications. The consequences of poor management

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