



PERGAMON

Journal of Behavior Therapy
and Experimental Psychiatry 33 (2002) 39–47

JOURNAL OF
behavior
therapy
and
experimental
psychiatry

www.elsevier.com/locate/jbtep

Teaching patients to self-inject: pilot study of a treatment for injection anxiety and phobia in multiple sclerosis patients prescribed injectable medications

David C. Mohr^{a,*}, Darcy Cox^a, Lucy Epstein^a, Arne Boudewyn^b

^a Veterans Administration Medical Ctr, 4150 Clement Street (116-A), University of California, San Francisco, CA 94131, USA

^b Kaiser Regional Health Education, 1950 Franklin Street, 13th Floor, Oakland, CA 94612, USA

Received 20 July 2001; received in revised form 13 February 2002; accepted 6 March 2002

Abstract

Medications are increasingly being developed for chronic illnesses that require regular injection. Usually it is recommended that, if possible, patients learn to inject themselves. Self-injection is associated with better adherence than injection by family or clinics. Yet large numbers of people have difficulty learning to self-inject due to injection anxiety or phobia. We present data from eight patients who went through a manualized 6-week cognitive behavioral treatment designed to increase self-efficacy and reduce anxiety. These patients were diagnosed with multiple sclerosis, were prescribed weekly intramuscular interferon beta-1a injections, and were unable to self-inject due to anxiety or phobia. Seven of the eight patients were able to inject within the 6 weeks of therapy. The eighth patient self-injected during an additional seventh session. Seven of the eight patients continued to self-inject at 3-month follow-up. Patients showed significant improvements in self-injection self-efficacy and injection anxiety. Published by Elsevier Science Ltd.

Keywords: Injection; Anxiety; Phobia; Multiple sclerosis; Cognitive behavior therapy

*Corresponding author. Tel.: +1-415-221-4810; fax: +1-415-751-2297.

E-mail address: dmohr@itsa.ucsf.edu (D.C. Mohr).

1. Introduction

Medications are increasingly being developed for chronic illnesses that require regular injection. Some of the many medical problems that now have treatments requiring regular injection include multiple sclerosis (MS) (Jacobs et al., 1996; Johnson et al., 1995; The IFNB Multiple Sclerosis Study Group, 1993), diabetes (Glasgow, McCaul, & Schafer, 1986; Johnson, 1992), migraine headache (Schulman et al., 2000), allergy (Hurst, Gordon, Fornadley, & Hunsaker, 1999), erectile dysfunction (Manecke & Mulhall, 1999), impaired female fertility (Gocial, Keye, Fein, & Nardi, 2000), and chronic infection (Esposito, 2000).

When the medication regimen requires regular or frequent injection, it is preferable to have patients learn to self-inject (Pfohl, 1997). This avoids unnecessary dependence on others or the need for frequent clinic visits to receive medications on schedule. A recent study examined MS patients initiating treatment with interferon beta-1a (IFN β -1a), which is a disease-modifying medication that requires weekly intramuscular injection (Mohr, Boudewyn, Likosky, Levine, & Goodkin, 2001). Inability to self-inject was significantly related to discontinuation of medication during the first 6 months of treatment.

Injection anxiety and phobia are substantial problems for a large number of patients with MS. A specific phobia is diagnosed when a patient reports intense fear and avoidance of a non-dangerous stimulus, and when this fear and avoidance interferes significantly with the patient's normal routine, relationships, or causes marked distress (American Psychiatric Association, 1994). The prevalence of injection phobia has been estimated to be between 7% and 22% in the general population (Agras, Sylvester, & Oliveau, 1969; Bienvenu & Eaton, 1998; Cartwright et al., 1993; Costello, 1982). However, while these studies varied in the sample and criteria used, they all examined avoidance in receiving injections. Prevalence rates of injection-related anxiety significant enough to prevent self-injection may be as high as 50% for some types of injections (Mohr et al., 2001).

Understanding predictors of ability to self-inject can suggest potentially useful interventions. Pretreatment self-efficacy expectations regarding ability to self-inject predicted both ability to self-inject and adherence. Self-efficacy refers to the belief in one's capacity to organize and execute specific behaviors to achieve specific goals. It has been found to be central to many health-related behaviors (Bandura, 1997). Injection anxiety after the initiation of treatment was also a significant contributor to adherence (Mohr et al., 2001). These findings suggest that by increasing injection self-efficacy and reducing injection anxiety, patients who initially present with self-injection anxiety may be able to learn to self-inject and increase their adherence to necessary medications.

Treatment of injection phobia with the aim of helping patients receive injections has been shown to be effective in both case studies (Fazio, 1970; Ferguson, Taylor, & Wermuth, 1978; Thompson, 1999) and small studies (Oest, Hellstroem, & Kaver, 1992). However, it is likely more difficult for patients to perform self-injection than to receive injection. A few case studies have suggested that patients with injection anxiety or phobia can be taught to self-inject (Ellinwood & Hamilton, 1991;

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات