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A stress management programme for Crohn's disease

E. García-Vega *, C. Fernandez-Rodriguez

Department of Psychology, University of Oviedo, Plaza Feijoo s/n, 33003 Oviedo, Asturias, Spain

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Abstract

The present study was designed to assess the effectiveness of techniques of behavioural assessment and treatment of Crohn's disease (CD). On the assumption that stress events have a pronounced influence on the life of Crohn's patients, we proposed stress management treatment. This is intended to control stress and improve patients' personal and social competence. Forty-five patients with Crohn's disease were randomly assigned to one of three treatment groups, two experimental groups: stress management and self-directed stress management, and a control group: conventional medical treatment. The subjects underwent eight individual sessions which were specific to each condition. All subjects completed symptom monitoring diaries. The subjects who received training in stress management experienced a significant post-treatment reduction of tiredness ($P < 0.1$), constipation ($P < 0.1$), abdominal pain ($P < 0.5$) and distended abdomen ($P < 0.5$). The subjects who received training in self-directed stress management experienced a significant reduction in tiredness ($P < 0.1$) and abdominal pain ($P < 0.5$). No significant changes were observed in symptomatology in the conventional medical treatment group. Similar results were obtained in the 12 month follow-up.

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1. Introduction

Crohn's disease (CD) involves an inflammatory process which begins under the mucosa and spreads outward, penetrating all layers of the bowel, causing submucosal inflammation and edema. This leads to thickening of the bowel wall, which, along with scarring, may cause bowel obstruction. CD usually affects the lower ileum, but may occur in any part of the gastrointestinal tract

* Corresponding author. Fax: +34-98-510-4141.

E-mail address: elenagv@correo.uniovi.es (E. García-Vega).

from the esophagus to the rectum. It may also occur in two or more sites separated by healthy tissue. The clinical course of the disease is commonly marked by periods of remission and exacerbation. CD is primarily characterized by diarrhoea, abdominal pain, weight loss and fever. Patients also frequently develop fistulas extending to the bladder or/and to the surface of the skin.

CD affects about 56% of patients before the age of 22, with a similar incidence in both sexes. Evidence suggests that the global incidence of this disease is on the increase (Irvine, Farrokhyar, & Swarbrick, 2001; Pajares & Gisbert, 2001; Sonnenberg, McCarty, & Jacobsen, 1991). In Asturias (Spain), the incidence from 1965 to 1975 was 0.48 per 100,000 inhabitants/year whereas from 1975 to 1985 this figure had increased to 1.9 (Martínez, Fernández, Rodrigo, & Martínez, 1983; Saro, Argüelles, Alvarez, & Diaz, 1986).

2. Crohn's disease and stress

The notion that stressors may affect the expression of symptoms in individuals with Crohn's disease has been investigated by a number of researchers (Anton, 1999; Drossman, 1998; Garret & Drossman, 1990; Garrett, Brantley, Jones, & McKnight, 1991; García-Vega & Fernández, 1998; Gerbert, 1980; Greene, Blanchard, & Wan, 1994; Milne, Joachim, & Niedhardt, 1986; Schwartz & Blanchard, 1991; Schwartz & Schwartz, 1982; Szabo, 1985). While stressful life events related to the onset of Crohn's disease have been reported, the vast majority of studies suggest that stress mainly affects the course of the disease by exacerbating the primary symptoms and suggests a stress-symptom association with this disorder.

The disease in itself can directly impoverish quality of life (tiredness, medical treatment, physical exertion, etc.) or can favour the appearance of stressor situations, such as prolonged discomfort, repeated stays in hospital, intrusive diagnostic procedures, loss of time, work-related problems, affective problems, etc. (Turnbull & Vallis, 1995; Verissimo, Mota-Cardoso, & Taylor, 1998). These situations can cause a number of behavioural problems which vary according to the patient's outlook concerning the illness (thoughts about its severity or about future stays in hospital or surgical interventions) and a lack or inadequacy of coping strategies in these situations (dependence on the emotional support of a key person, delegation of responsibilities, work-related problems). All stressful situations can augment physiological reactivity which can worsen the symptomatology and this deterioration in the course of the disease is, in itself, an important stressor.

There are little published data on the psychological treatment of Crohn's disease and the research carried out is based on three types of psychological intervention: psychotherapy, biofeedback and stress management techniques. We cannot draw any conclusions from the efficacy of psychotherapy which would be mainly justified in cases of associated psychiatric illness and/or the patient's mistaken conception about the physiology of CD (Freyberger, Kunsebeck, Lempa, Wellman, & Avenarius, 1985; Maunder & Esplen, 2001; Von Wietersheim et al., 2001). Given the characteristics of this illness, biofeedback only appears to be useful in patients with specific symptoms such as anal incontinence (Bielefeldt, Enck, & Wienbeck, 1990; McLeod, 1987). Finally, justification for the use of stress management is based on the fact that the severity of Crohn's disease is known to increase in emotionally stressful situations. Moreover, the few studies which have attempted to assess the utility of this procedure with methodological rigor (García-

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