

Psychosocial Aspects of Rheumatic Diseases

AbdelAzeim M. Elhefny

Professor of Internal Medicine, Rheumatology & Immunology, Ain Shams University; Egypt

The doctor-patient relationship is the cornerstone of medical practice. Communication skills are essential in patient assessment and diagnoses. Researches over the last years had documented that communication skills have impact on patient satisfaction, adherence to treatment modalities, and health.

1. Lack of concordance between doctor and patient - The importance of the patient perspective:

A number of studies have shown a lack of concordance between doctors and their patients. In an American study of rheumatic patients, mainly RA, several differences were observed between patients' and physicians' ratings for pain and other health indicators. On average, physicians rated their patients' health status higher than the patients themselves; (patient vs. physician global assessment)¹.

There are also large differences in the concordance between the actual priorities of the patients and the doctors' perceptions of what patients find to be important. One study found a relatively high agreement on the significance of pain, but much less regarding the importance of psychological factors². Patients tended to express a strong need to have control over their disease and life status. This was rated much more important by patients than most doctors had anticipated.

These findings highlight the importance of understanding the patient perspective. Several studies have shown that it is important for patients to be considered as persons, not only as carriers of symptoms³. Clinicians should include questions on patients' own thoughts, worries, attributions and priorities in clinical assessments and during follow up. A number of studies have shown that such questions are often absent in medical consultations, which may be an explanation of the lack of concordance between doctors' and patients' views.

The inherent invisibility of symptoms such as pain, fatigue, and stiffness challenges the clinician-patient relation and emphasizes the importance of attending to the patient perspective in the consultation, because the physician has to rely on the words of the patient to make an appraisal of the severity of pain, fatigue and stiffness. Especially in case of fibromyalgia, communication is important, because of the uncertainty about symptoms, lack of medical evidence, difficulty

to assess patient's health, and lack of adequate treatment regimens⁴.

2. Topics may be missed in the consultation

The differences between doctor and patient on the understanding of priorities may have as a consequence that certain topics of importance for the patient may be missed in the consultation.

Sensitive topics are often only hinted to by patients, and often patients do not spontaneously present their emotional concerns in medical consultations⁵. In one study of RA patients less than 20% of patients who were scored as having moderately severe to severe symptoms of depression discussed depression during their medical visits in a rheumatology clinic⁶. When depression was mentioned, it was each time initiated by patients. In a study of how RA patients and providers communicated about fatigue the researchers found that while 72% of patients were worried about fatigue, patients more often used implicit cues instead of explicit concerns when talking about fatigue. Fatigue was discussed in less than half of consultations with physicians, but in four of five consultations with nurses. In general patients were more satisfied with the nurse specialist's attention to fatigue than with the attention from the rheumatologist⁷.

3. Premature reassurance

Communicating a positive and optimistic attitude may function well in a medical consultation. But a premature reassurance that all is well is not recommended. In an interview study of patients with rheumatic diseases; patients told that physicians often assured them that the disease was not so severe or that treatment would be effective. Physicians often told RA patients that they had a mild variety of the disease⁷. But patients tended to interpret the assurances of the doctor in light of their own understanding of their disease. In general, the assurance from the doctor that the disease was benign would rather lead to uncertainty or anxiety than provide confidence about the course of the disease. Those patients that had been given the opportunity to disclose their concerns and to be met clearly by the doctor felt the most relieved⁸. Empathic communication, characterized by sensitivity to patient concerns have in several studies been associated with increased patient satisfaction and reduced psychological distress.

For Correspondence: e-mail: Elhefny1@gmail.com

4. Involvement of the patient in decisions

There is relatively little research on decision making in rheumatology. Generally, there is a large variation in patients' preferences for taking part in medical decisions. In a study of Japanese RA patients there were significant relationships between active patient participation in the consultation, positive attitude to shared decision making and a feeling of being understood by the physician⁹. Clinicians should take the opportunity to involve patients in the negotiations about treatment options to promote more active patient participation.

REFERENCES

1. Suarez-Almazor ME, Conner-Spady B., Kendall CJ, Russell AS, Skeith K. Lack of congruence in the ratings of patients' health status by patients and their physicians. *Med Decision Making* 2001; 21: 113-21.
2. Kwoh CK, Ibrahim SA. Rheumatology patient and physician concordance with respect to important health and symptom status outcomes. *Arthritis Rheum* 2001; 45: 372-7.
3. Haugli L, Strand E, Finset A. How do patients with rheumatic disease experience their relationship with their doctors? A qualitative study of experiences of stress and support in the doctor-patient relationship. *Patient Educ Couns* 2004; 52:169-74.
4. Kool, M.B., van Middendorp, H., Lumley, M.A., Schenk, Y., Jacobs, J.W.G., Bijlsma, J.W.J. & Geenen, R. (2010). Lack of understanding in fibromyalgia and rheumatoid arthritis: the Illness Invalidation Inventory (3*I). *Annals of the Rheumatic Diseases*, 69, 1990-1995.
5. Zimmermann C, del Piccolo L, Finset A. Cues and concerns by patients in medical consultations: a literature review. *Psychol. Bull.* 2007; 133: 438-63.
6. Sleath B, Chewning B, De Vellis BM, Weinberger M, De Vellis RF, Beard, A. Communication about depression during rheumatoid arthritis patient visits. *Arthritis Care Res* 2008; 59 :186-191.
7. Repping-Wuts, H., Repping, T., van Riel, P., van Achterberg, T. Fatigue communication at the out-patient clinic of Rheumatology. *Patient Educ Couns* 2009; 76: 57-62.
8. Donovan JL, Blake DR. Qualitative study of interpretation of reassurance among patients attending rheumatology clinics: 'Just a touch of arthritis, doctor?' *BMJ* 2000; 320: 541-4.
9. Ishikawa H, Hashimoto H, Yano E. Patients' preference for decision making and the feeling of being understood in the medical encounter among patients with rheumatoid arthritis. *Arthritis Care Res* 2006; 55: 877-83.