

Coping Styles & Health Outcome
An Evaluation of the Coping
Health Relation in a Cohort of
Irish Adolescents on Dietary
Treatment for Classical P.K.U.

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Towards a BioPsychoSocial Model
of Health & Illness:

- Biomedical Model:
 1. Illness defined in terms of a given deviation from some steady physiological state.
 2. Traditionally viewed as the dominant model of health and illness.
 3. Excessively Mechanistic.

BioPsychoSocial Model

- Originates from an appreciation of the multifaceted nature of chronic illness.
- Underscoring this model is an approbation of the biopsychosocial concomitants of a given condition.
- Somatic factors are seen to represent merely one component of a given condition.
- Health status & psychosocial adjustment are conceived of as facets of a singular enterprise.

Classical Phenylketonuria – Within the Context of Chronic Illness:

- In accordance with the 1956 Commission on Chronic Illness; the P.K.U. condition may be seen to be an exemplary case of that which constitutes a chronic, physical condition;
- Amenable to symptomatic management rather than cure.
- Is of a protracted nature.
- Is caused by a non-reversible pathological alteration.
- Requires Special Training of the Patient.

Unusual Defining Characteristics:

- Epidemiology
- Time Scale Involved
- Absence of Overt Symptomatology
- Treatment
- Motivation
- Patients' are active agents in health care
- Social Construction of Illness

Defining Compliance

- Traditional definitions incorporate notions of coercion and paternalism.
“the extent to which a patients behaviour coincides with clinical prescription”.
- Modern revised definitions embrace notion of patients active commitment to self-care
“an active, intentional and responsible process of care in which the individual works to maintain his/her health care in close collaboration with health care personnel”.
{Kyngas, H.A. et al, 2,000}

Some Concomitants of Regimen Compliance:

- Demographic – age, economic status, education
- Dispositional – self-esteem, self-efficacy, self-acceptance, coping, health control orientation
- Interpersonal – Perceived and actual availability of supportive networks, relations with interdisciplinary team.

- Somatic – Physiological parameters, controllability, symptomatology, availability of prescribed products
- Cognitive – Understanding & Knowledge of condition & prescribed regimen, intellect, developmental life stage, motivation
- Affect – Presence of co-morbid affective disorders and other psychological conditions

Coping

- Over thirty different definitions of coping exist
- Favoured here, that definition offered by Lazarus & Folkman, (1984)

“those constantly changing cognitive and behavioural efforts intended to manage external and / of internal demands, appraised as either challenging or exceeding the individual’s personal resources”

- Coping is seen to be transactional in nature with the objective nature of a given situation being less important as a determinant of the persons construal of the situation, than is his/her subjective appraisal of same.
- Two types of appraisal exist;
 1. Primary Appraisal – where the individual assess the personal meaning of an event whilst determining if the event has positive, negative or neutral connotations.
 2. Secondary Appraisal – occurs when the individual explores his/her capacities to reduce the threat, damage or loss, caused by a given life event.

Attributes of Illness Threats

- Label & disease specific symptoms of illness/disorder
- Time scale involved
- The consequences encountered
- Clinical Causation
- Degree of Controllability

BioPsychoSocial Model of Coping with Classical P.K.U.

- Central issues;
- Understanding of the key adaptive demands of the P.K.U. condition
- Understanding of those salient features of the P.K.U. condition that demand problem solving
- Understanding of those features common to an array of conditions and also those unique to the P.K.U. condition

- Need to continually update both illness representations and the need for problem-solving.
- Parallel processing of subjective reality and emotion
- Procedures for coping with the condition

Methodology:

- Development of Inclusion Criterion
- Development & identification of pertinent scales
- Completion of Pilot Study
- Statistical Analysis of data to establish validity and reliability of scales
- Completion of Main Study
- Data Collection
- Statistical Analysis & Interpretation

Measures Employed

- A-Cope Scale {Adolescent Coping Orientation for Problem Experiences}
- Knowledge of the P.K.U. Condition
- Appraisal of the P.K.U. Condition
- Objective Measure of Compliance {serum Phenylalanine Levels}
- Subjective Measure of Regimen Compliance
- Responsibility for Treatment Management in P.K.U.

- Health Locus of Control Orientation in P.K.U.
- Rosenberg Self-Esteem Questionnaire
- Generalized Self-Efficacy Questionnaire

Results:

- Two identified Groups – Group A comprised of patients in good biochemical control, Group B, comprised of patients in poor biochemical control
- Group A Results:
Following completion of second order factor analysis two distinct coping factors emerged
- Factor 1: Interpersonal in nature
Coping styles include, ventilating feelings, seeking social support, investing in friendships, solving family problems
- Factor 2: Personal Coping
Coping styles include, developing a sense of self-reliance, avoidance, engaging in demanding activities

Predicting Regimen Compliance

- Hierarchical multiple Regression
- Variables included: Factor 1 & Factor 2 [force entered]
- Identified demographic, dispositional, illness related and control orientation variables, stepped through
- Factor 1 seen to be predictive of improved compliance
- Threshold point exists beyond which use of this strategy is counterproductive
- Significant at the .0001 level
- Also predictive was the individuals sense of generalised self-efficacy- a greater sense of same leading to improved compliance, significant at the .005 level

Predicting Adaptive Coping

- Repeated Multiple Regression Same format
- Aim this time to predict adaptive coping
- Identified Predictors included;
- Biochemical control – sig. @ .001 level
- Internal locus of control orientation – sig. @ .026 level.

Group B Results

- Two factor solution identified – greater use of more diverse coping strategies
- Factor 1 – ventilating feelings, developing a sense of personal reliance, seeking support, investing in friends, factor 2 – diversion, avoidance and counselling
- Factor 2 predictive of improved compliance significant at .038 level
- Self-esteem & biochemical control predictive in turn of adaptive coping, .048 & .050 significance level