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ILLNESS PERCEPTION, MOOD AND COPING IN PATIENTS WITH RHINITIS

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ILLNESS PERCEPTIONS

Health psychologists have developed models to help us understand how patient's perceptions about their illness links to the way they behave (e.g. self-care, medication adherence). A widely used model is the Leventhal's Common Sense Model of self-regulation, which provides a framework for understanding how symptom-based and psychological factors combine to form patient's own model of illness, and how this in turn influences their coping strategies and outcomes. The model, developed in 1984, has been applied to many chronic illnesses (Figure 1), but only recently in rhinitis. One British study of adults with seasonal allergic rhinitis (AR) found two distinct groups of patients, those with negative beliefs about hay fever and its treatment (approximately 40%), and those with more positive beliefs. Those with negative beliefs perceived control of their illness as minimal and their treatment ineffective.

Eliciting patients' beliefs during the consultation can reveal assumptions that differ from those of the clinician and these patient perceptions need to be considered when negotiating treatment

KEY MESSAGES

- Rhinitis can be associated with significant psychological and social burden
- How patients perceive their rhinitis can differ widely and often challenges the understanding of the disease by professionals
- Adopting a bio-psychosocial approach in the consultation ensures that the wider impacts of rhinitis are recognised, and can then be taken into account when advising and prescribing
- Patient's perceptions about their rhinitis appear to be independent of the severity and persistence of their disease, this may lead to under-diagnosis and under-treatment

plans. Interestingly, a recent Italian study found patient perceptions to be independent of severity or persistence of rhinitis. The authors suggested this may explain why AR is under-diagnosed and undertreated, even in its most severe forms.

COPING

Patients with rhinitis have to deal with multiple challenges; the feelings of having the disease (such as disappointment or anger), the symptoms of rhinitis, the need and costs of seeking health care and the inconvenience and side-effects of treatment. From the general literature it is known that patients cope with adversity in numerous ways, ranging from

the passive (e.g. acceptance, disengagement) through to very active strategies, for example use of support (e.g. social, religious). Coping can be measured with validated questionnaires and in Braido's study the most frequently used coping mechanisms were positive reinterpretation, taking action, planning, use of social support and acceptance. These coping mechanisms can all be encouraged in the consultation (Table 1).

MOOD

Superficially rhinitis may be seen as a solely physical disorder; however it is well documented that it also impacts on psychological wellbeing, sometimes referred to as the "allergy blues". Rhinitis

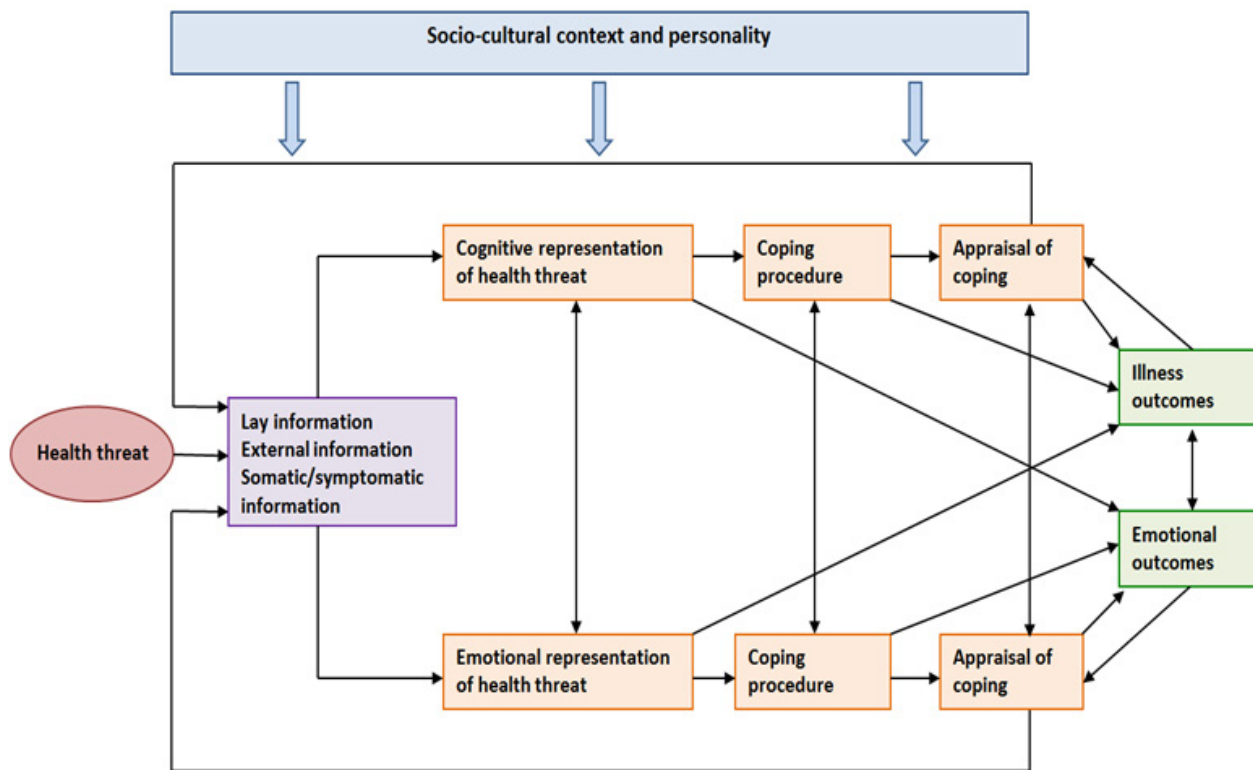


Figure 1 Leventhal's Common Sense Model. This model is often used as a framework for examining individuals' beliefs about their illness and health behaviours. Leventhal suggested that patients form beliefs about their illness (*cognitive representations*) and emotional responses (*emotional representations*) to their illness and together these influence their coping strategies. The processing of the information feeds back, modifying the patient's beliefs and coping mechanisms.

TABLE 1	
Tips for helping patients cope with their rhinitis	
•	Learn to accept your illness – acceptance is often the starting point for action, individuals are then better placed to move on, to plan, to seek support and do the things that can improve their quality of life
•	Take action and be involved in your treatment – impact can be reduced by becoming actively involved in your care and establishing a good rapport with your health carers
•	Planning - this can relate to avoiding the triggers and also planning the actions you want to take
•	Seeking support – seek assistance, information and advice on what to do. Sources of advice are plentiful (e.g. books, internet, patient support groups)
•	Reinterpretation of the situation – this is about viewing your rhinitis in a more positive light and looking for benefits in your situation (e.g. the things you have learnt or the people you have met).

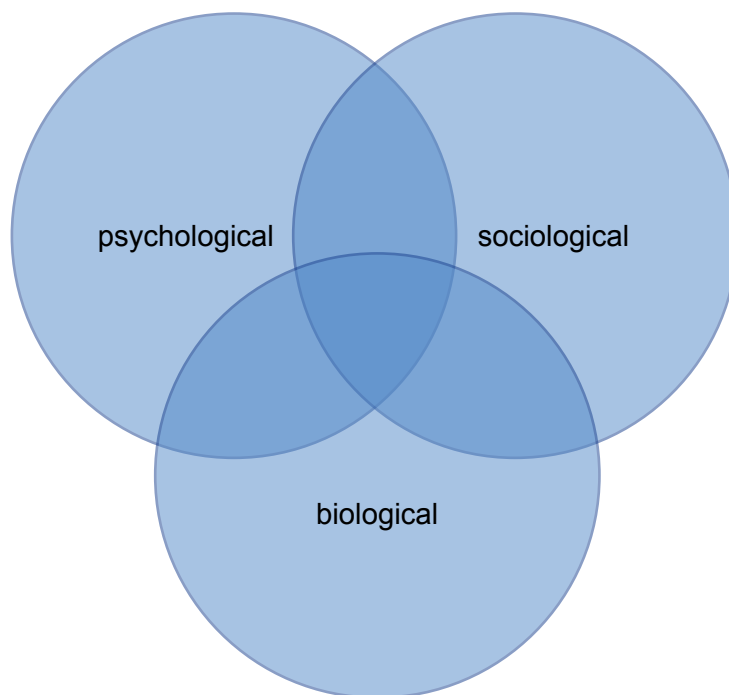


Figure 2 Bio-psycho-social model of health and illness. Psychosocial factors, including beliefs, relationships and mood, impact on patient's quality of life and ability to cope with their illness. Incorporating a holistic view in the consultation can ensure patient's wellbeing is addressed in its entirety.

can interfere with sleep, and this can cause poor concentration and depression. There may also be a biological explanation; interest in this area was triggered by the observation that high tree pollen levels correlated with increased suicide rates. It has been hypothesised that it is the cytokine released which affects brain function, triggering sadness, malaise, poor concentration, and increased sleepiness. This association requires further exploration, but it supports the need to adopt a holistic approach (Figure 2), when managing patients with rhinitis,

and being attentive to their mood and psychological well-being, referring the patient to a mental health professional for evaluation if appropriate.

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