

Cystic Fibrosis Research News

Title:

Psychological resilience and intolerance of uncertainty in coping with cystic fibrosis

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What was your research question?

Despite elevated levels of anxiety and depression among people with CF, a remarkable number do not experience an increase in symptoms compared to people without CF. This fascinating result stems from large studies with several thousand participants. We endeavoured to identify the psychological processes that enable people with CF to maintain a high level of psychological well-being.

Why is this important?

The more we know about vulnerabilities and protective psychological factors, the more we can improve the help given to patients and their families at an early stage in their development. The CF-Team can be better prepared, thus tailoring treatment and interventions to foster protective factors, which in turn can further reduce psychological suffering and improve quality of life (QoL). As people with CF have a lot to cope with during their lives, psychological support should foster resilience as resilient people 'bounce back from adversity', i.e. they cope unexpectedly well with stressful experiences.

What did you do?

Adults attending the CF centre in Innsbruck (Austria) for routine medical check-ups were invited to participate, (n=57) patients attending agreed to. As well as an assessment of QoL, participants also completed a scale assessing 'Intolerance of uncertainty' (IU), because we expected that people with high IU would have more difficulties in coping with the uncertainties of the disease, a 'Resilience Scale' to assess competency in coping with problems ('personal competence') and 'acceptance of self and life', because accepting things that cannot be changed is very healthy and a sign of resilience.



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What did you find?

Intriguingly, we found that many CF patients had pronounced resilience (these patients also tended to have very good medical status) and markedly more resilience than the healthy comparison group. Secondly, they did not report higher IU than the healthy comparison group, even though CF brings along a lot of uncertainty - both results were rather unexpected. Thirdly, we investigated which of these factors had the highest impact on (i.e. is associated with) QoL. We found that IU and acceptance had hardly any association whereas personal competence had a clear and significant association with QoL.

What does this mean and reasons for caution?

The participants in the study group had good lung function. We suggest that good health corresponds to less need for coping strategies (less uncertainty) than for those with poor health. However, participants were even more resilient than a healthy comparison group. Participants reported confidence in dealing with upcoming problems (not just CF problems) and this was clearly associated with QoL. It seems that confidence (self-efficacy) represents a very important protective factor that leads to resilience in people with CF. These results have to be interpreted cautiously as our survey population was small.

What's next?

Next, we want to find out more about the factors that fostered high resilience in participants (personality, family, CF team etc.), and to integrate these findings into patient care. Finally, we thank all patients who participated in the evaluation. We acknowledge the generous support by CF-TEAM Forschung, Innsbruck.

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