

Stress management as a patient-prioritised treatment target for rheumatoid arthritis in a New Zealand population

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Aims

To investigate the lived experience of rheumatoid arthritis (RA), and identify patient-prioritised treatment targets in a New Zealand population.

Methods

Eighteen participants (12 female, 6 male) with a clinical diagnosis of RA were recruited from a regional hospital, and consecutively allocated to one of four focus groups based on current pain severity (mild; moderate) or age at RA diagnosis (<25 years; >40 years). Standard demographic and health status data were collected via questionnaires. Semi-structured interviews were audio-recorded and independently transcribed. Data were analysed using thematic analysis and themes compared across groups.

Results

Participants were aged 31 to 73 years, with RA duration 3 to 32 years. Current disease activity ranged from none to severe, with 94% of participants taking RA-specific medication. Four themes predominated across the focus groups, independent of participants' current disease activity or age at diagnosis. Firstly, participants perceived their RA as a lifelong condition, with unstable disease activity negatively and equally affecting both their physical and psychosocial health. Primary impacts of disease activity flare-ups included pain, fatigue, and reduced mental health, leading to social withdrawal. Secondly, participants consistently identified stress as one of the main triggers of disease activity. Thirdly, participants considered stress a modifiable aspect of their condition, and targeted stress management as a treatment priority, which was currently unaddressed. Fourthly, participants prioritised three stress management approaches: counselling, both at initial diagnosis and as part of long-term treatment; non-pharmaceutical stress management, including relaxation, exercise and alternative therapy options; and peer support groups.

Conclusion

RA patients have targeted and prioritised stress management as a modifiable and acceptable form of disease activity management. Suggested options include professional services accessible within the health care system, and self-management options available within the community or for independent home practice. Developing information resources and a stress management plan for integration into the patient consultation is recommended to address this unmet need for improved psychosocial health. ■

Conflict of interest statement

None declared.

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