

PLAYING JEOPARDY BY NOT TREATING THE WHOLE PERSON WITH ARTHRITIS

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Availability of potent medications, earlier diagnosis and use of drug combinations should have made rheumatoid arthritis yesterday's disease.

Unfortunately the majority of patients never reach remission. The focus of treatment has been based on the biomedical model aiming to reduce inflammation, regulate the immune system, and prevent joint damage – all worthy outcomes. A whole person care approach would add to patient care by including attention to the psychosocial aspects of illness that contribute to clinical outcomes.

Two studies using data from a longitudinal cohort followed out to four years with early arthritis patients will be highlighted. The first identified predictors of pain one year after baseline in 211 patients. While overall pain decreased over time, emotion-oriented coping contributed to pain intensity and affective pain. The second study examined the link between depression and clinical outcomes four years later using data from 275 patients. It was found that when depression persisted into the first year it was the most potent predictor of disease activity at each follow-up visit. Moreover, the proportion of patients who ever reached remission decreased from 84.3% to 31.3% for patients with depressive symptoms at 12 months.

It is recommended that both curing and healing be considered when treating arthritis patients given the importance of psychosocial factors to the trajectory of the disease. This could be done by screening for and treating depression in arthritis patients. Antidepressant medications and/or psychological interventions such as Mindfulness-Based Stress Reduction or Cognitive Behavioural Therapy are options to be considered. ■