PSYCHOPATHOLOGICAL CHARACTERISTICS OF EGYPTIAN PATIENTS WITH RHEUMATOLOGIC DISEASES

Thesis

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By

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بسم الله الرحمن الرحيم

قَالُوا سُبْحَانَكَ لاَ عِلْمَ لَنَا
إِلاَّ مَا عَلَّمْتَنَا إِنَّكَ أَنتَ الْعَلِيمُ
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Contents

Abstract

Rheumatologic patients reveal high prevalence of psychiatric disorder, especially depression and anxiety. SLE and RA patients have characteristic features at a dynamic psychopathological level in relation to coping styles,defensive functions and self esteem. SLE and RA patients show characteristic results when relating these psychological variables with clinical variables (disease activity, disease duration, pain).

Key words:

1. Systemic lupus erythematosus
2. Rheumatoid arthritis-coping mechanisms
3. Ego defense mechanisms
4. Self esteem
5. Disease activity

List of Abbreviations

ACR:	**American College of Rheumatology**
CID:	**Coping with illness and disability**
CDAI:	**Clinical Disease Activity Index**
COPD	**Chronic Obstructive Pulmonary Disease**
CS:	**Corticosteroids**
CRH:	**Corticotropin releasing hormone**
DMARD	**Disease-modifying anti-rheumatic drug**
DAS:	**Disease Activity Score**
EBV:	**Ebstein-Barr Virus**
EBNA:	**Ebstein-Barr nuclear antigen**
GAD:	**Generalized Anxiety Disorder**
GHQ:	**General Health Questionnaire**
GM-CSF:	**Granulocyte-macrophage stimulating factor**
HARS:	**Hamilton Anxiety Rating Scale**
HDRS:	**Hamilton Depression Rating Scale**
Hsp:	**Heat shock protein**
5- HT:	**5-Hydroxy-Tryptamine (Serotonin)**
5- HTT:	**5-hydroxy-Tryptamine Transporter (Serotonin transporter)**
HRQOL:	**Health related quality of life**
IL:	**Interleukin**
LHPA:	**Limbic hypothalamic pituitary adrenal axis**
MHC:	**Major histocompatibility complex**
MDD:	**Major depressive disorder**

NPSLE:	**Neuropsychiatric syndromes of systemic lupus erythematosus**
PNI:	**Psycho – neuro – immunology**
PFC:	**Prefrontal cortex**
RAPID:	**Routine Assessment of Patient Index Data arthritis**
RA:	**Rheumatoid arthritis**
RF:	**Rheumatoid Factor**
SLE:	**Systemic lupus erythematosus**
SLEDAI:	**Systemic Lupus Activity Index**
TCR:	**T-cell receptor**
TGF β:	**Transforming growth factor β**
TNF:	**Tumor necrosis factor**
WHO:	**World Health Organization**
QOL:	**Quality of life**

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INTRODUCTION

The WHO (World Health Organization) uses the word "rheumatism" as a heading, under which those diseases are defined that have something to do with the musculoskeletal system and are almost always associated with pain and functional disability **(WHO, 2013).**

Today we have four main groups as well as many subgroups and individual diseases. There are:

The inflammatory rheumatic diseases (e.g. rheumatoid arthritis, systemic lupus erythematosus, ankylosing spondylitis etc.), degenerative joint and vertebrae diseases (very common is osteoarthritis), soft tissue diseases (most known is fibromyalgia) and metabolic diseases associated with rheumatic pain (e.g. osteoporosis) **(Brueckle, 2002).**

For all chronic medical illnesses, an awareness of the interplay between the medical condition and any comorbid psychiatric problems eventually becomes central in the complete management of the patient. The rheumatologic diseases in particular have a colorful history in this regard, rheumatoid arthritis (RA) itself long having been considered one of the pantheon of "holy seven" psychosomatic illnesses **(Moran, 1996).**

The reciprocal interactions among the neural, endocrine, and immune system, called psychoneuroimmunology, is the study of behaviorally associated immunological changes, and immunological

associated behavioral changes and has emerged as a new field of scientific inquiry **(Ader, Cohen & Felten, 1995).**

In recent years there has been a growing trend to explore the psychological features of patients who suffer rheumatologic diseases. Anxiety and depression are the most frequently measured variables **(Moran, 1996).**

Based on **Lazarus and Folkman's, (1994)** stress and coping theory, it is hypothesized that self-esteem and adjustment to disease may contribute to the variability in the impact of pain on psychological health and well-being.

Following their terminology, chronic disease with its typical concomitants such as pain, fatigue and disability is considered to be a permanent stressor that provokes the processes of cognitive appraisal and coping. The association between stress and coping is influenced by psychological resources. One of these resources residing within the self is self-esteem **(Pearlin & Scooler, 1978 and (Sommerfield & McCrae, 2000).**

Much research has been done on patients suffering from different rheumatologic disease on a descriptive level.

Research concerning deeper psychodynamic dimensions such as defensive styles, coping, and self-esteem for a better understanding of patients with rheumatologic diseases is needed.

AIM OF THE WORK

This study is done to evaluate possible dynamic psychopathological features that may characterize rheumatologic patients.

Hypothesis:

Patients with rheumatologic diseases (SLE and RA) have characteristic features at a dynamic psychopathological level in relation to coping styles, defensive functions, and self esteem.

Research Questions

1) Do rheumatologic patients have characteristic features at dynamic levels as regard coping styles, defensive functions, and self esteem compared to healthy controls ?

2) Could there be a characteristic significant difference as regard these dimensions among patients with different types of rheumatologic diseases ?

RHEUMATOLOGIC DISEASES

History:

The term rheuma is first encountered in the portion of the Hippocratic corpus titled on the locations in the human body written in the fourth century BC **(Pasero & Marsen, 2004).**

It belongs to the humoral theory of diseases and literally meant 'flowing' **(Copeman, 1964).**

With rheumatology, it can be truly said that its origin goes back to antiquity as far back as the ancient Greeks, Indians and Egyptians who suffered, described and named many syndromes **(Paul, 2006).**

Rheumatology developed as a well-recognized speciality in the early half of 20th century. The term rheumatologist was coined in 1940 by two American Physicians, Bernard Comroe (1906–1945) and Joseph Lee Hollander (1910–2000) **(Malavya, 2003).**

The rapid strides in rheumatology during the last 50 years heavily depend on the progress in immunology, molecular biology and genetics which has lead to the development of newer immunological tests for accurate diagnosis of these complex, confusing and some times overlapping spectrum of connective tissue diseases **(Paul, 2006).**