Psychosocial predictors of coping in adults following initial diagnosis of Type 1 diabetes

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The relationships between psychosocial factors and illness-related coping in adults with newly diagnosed Type 1 diabetes were examined. Using a prospective design, coping was assessed at periodic reviews (diagnosis, 12 months and 24 months). At the time of diagnosis 84 participants (48 men, 36 women) agreed to take part achieving a 93 per cent recruitment rate. The median (range) age of the subjects was 29 (17–51). Shortly after diagnosis baseline data were collected relating to the respondent's sociodemographic status, cognitive ability, personality, and psychiatric distress. At four months after diagnosis (n=69) Diabetes Quality of Life, Treatment Satisfaction and Diabetes Knowledge questionnaires were administered. Glycated haemoglobin (HbA1c) was recorded at all visits. T-tests revealed that those individuals who had co-morbid problems at diagnosis reported more negative-emotion coping at 12 months and at 24 months after diagnosis. High neuroticism, unhappiness, poor quality of life and less treatment satisfaction were correlated with greater negative emotion coping at 12 months and at 24 months after diagnosis. In contrast, individuals who had a good quality of life and greater treatment satisfaction at four months after diagnosis reported using more instrumental (problem-focused) coping during the two years following diagnosis. In multiple regression analyses, the impact of treatment at four months after diagnosis accounted for 33 per cent of the variance in negative emotion coping at 24 months after diagnosis. In adults, individual differences in long-standing personality traits and self-reported quality of life can in part predict coping during the two years following diagnosis of Type 1 diabetes.

Explaining changes in adolescent binge drinking behaviour: A comparison of tree theoretical approaches

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Objective: At issue in this study is the relative contribution of three theoretical approaches to the prediction of changes in adolescent binge drinking behaviour and alcohol-related problems. These three approaches are: Ajzen's theory of planned behaviour, Gibbons' prototype-willingness model, and an approach focusing on personal goal cognitions.
Method: Results from the first and second waves of a longitudinal panel study of adolescent drinking behaviour will be discussed. Questionnaires were completed by a sample of Dutch students at the beginning and end of their first year of secondary school. The questionnaires included operationalizations of key constructs from the three above-mentioned theoretical approaches.
Results: About 500 adolescents completed the questionnaire at both measurement points. Results of multivariate analyses will be considered in assessing the relative contribution of the three theoretical approaches to the prediction of binge drinking and alcohol-related problems. Implications for the development of health behaviour theory and interventions will be discussed.

Application of the self-regulatory model of illness to adherence in patients with hypertension

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The aim is to elaborate on the self-regulatory model of illness when studying patient-provider communication and adherence in patients with hypertension. Leventhal's self-regulatory model of illness states that people create their own personal illness representations (IR), which guide the coping with and appraisal of health threat. As a result adherence to treatment recommendations (both medication and lifestyle prescriptions) is supposed to be related to the patients IR. IRs received much research attention, but some questions about the model remain. For instance, according to the model, processing occurs both at a cognitive and an emotional level. Yet, the emotional aspects are underexposed in research. We hypothesised that cognitive and emotional IRs are interrelated. Furthermore, the model provides the option of a feedback loop, therefore it was hypothesised that an intervention aiming at a certain stage will influence the whole model. In addition, it was expected that the complexity of the prescriptions to adhere to, influences the feedback loop. These and other subjects will be discussed using data sets from two sources: a cross-sectional study (n=180) in patients with essential hypertension using anti-hypertensives more than one year, and a longitudinal intervention study (n=110) in which general practitioners were trained to communicate about the patient's lay illness representations or daily routines. Patients filled in questionnaires assessing illness representations (IPQ, BMQ), self-efficacy, stages of change and adherence. In addition, medication refill compliance and blood-pressure measurements were obtained.

The meaning of infertility in a cross-cultural context

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The paper will present a study on the experience of infertility conducted in the US and Bulgaria. The central research question that was posed was: how do women construct meaning of the situation of childlessness and a valued self in different cultures? The study took place in the midst of dramatic social and economic change of transition to a democratic society and market economy in Bulgaria. Interviews were conducted with 20 women in Sofia, Bulgaria and 10 women in Boston, US. The data was analysed with the qualitative data analysis software package Atlas.ti, employing the processes of inductive coding, categorization and contextualisation. The findings point to the presence of strong stigmatization; social isolation, including self-isolation; blame, including self-blame; depression and hopelessness, as well as negative physical health consequences as a direct result of the medical treatments for infertility in Bulgaria. The discussion will focus on the comparative presence of stigmatising and discriminatory cultural discourses on infertility in the two cultures and possibilities that these women are finding for developing agency and resisting the marginalization. Additionally, the possibilities for new directions in research, opened up by using qualitative methods and cross-cultural studies in the psychology of women's health will be discussed.

Assessment of health-related Quality of Life (hrQoL) in women with urinary tract infections (UTIs)

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Background: Recurrent (R) UTIs and their long term sequelea present a notorious problem for women. Associated symptoms can have a significant impact on the subjective health status and health-related Quality of Life (hrQoL). The objective was to assess the hrQoL of patients with RUTIs with an already validated disease-specific questionnaire (UTI-QoL).
Methods: The UTI-QoL questionnaire was sent to 7046 patients with a response rate of 43 per cent (n=3030). The UTI-QoL is designed in a modular fashion including a life satisfaction questionnaire, a questionnaire on physical complaints and the core instrument for the assessment of hrQoL of women with RUTI consisting of the subdimensions 'physical symptoms', 'side effects', 'activities', 'psychological consequences' and 'emotions'.
Results: The patients suffered from 3-4 RUTI in the last 12 months and reported work stress and immune depression. They were strongly impaired by 'frequently urinating', 'pain while urinating' and 'permanent urgency'. The women suffered from impairments in their 'sexual activities' and their 'vacation travelling'. The patients were afraid of reappearance of RUTI and felt being at mercy of the illness.
Conclusions: RUTI have an negative impact on quality of life of women and influence their every-day life. The suffer of women with RUTI is high and their hrQoL is reduced in all dimensions.

Survivors of childhood cancer: Quality of life and parental mental health

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Objectives: Following childhood cancer treatment, children are at-risk of health-related problems, including growth abnormalities and organ damage. Psychologically, children may have poor peer relationships, body image and a compromised quality of life (QoL). Predictors of childhood QoL have included demographic and illness variables, parental mental health and self-reported body image. Shortcomings in previous work include recruiting children with a number of cancer diagnoses (e.g. leukemias, lymphomas and brain tumours) into one group, despite having different treatments and survival prospects. The central aims of this study are to investigate: (1) difference in QOL and body image in two groups of childhood survivors: leukemia (ALL) and CNS tumours, and (2) the relationship between child and parent functioning.
Methods: Parents of (1) 20 children who survived CND tumours and (2) 46 children who survived ALL completed measures of their child's QoL and their own mental health. Children completed measures of QoL and body image. Additionally, both parents and children were interviewed about post-treatment concerns and worries.
Results: Children surviving CNS tumours reported poorer QoL and body image than children surviving ALL. Parents of children surviving CNS tumours also report their children as having poorer QoL than parents of children with ALL. Contrary to expectations, parents of children with CNS tumours did not have poorer mental health than parents of children with ALL. Qualitative data highlighted issues of concern to both samples of parents, including threat of relapse.
Conclusions: Survivors of CNS tumours have poorer QoL and body image than survivors of ALL. This study highlights the need for assessing different cancer groups individually and providing psychosocial support to both parents and children in trying to overcome the late-effects associated with surviving childhood cancer.

Improving health outcomes in diabetes: Altered beliefs, changed behaviour? A cognitive approach

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Aims: Diabetes is at heart a self-management issue (Glasgow *et al.*, 1999), involving daily self-management activities. Poor treatment adherence however is common, resulting in an increased risk of developing secondary complications. Social cognition theories (e.g. Leventhal *et al.*, 1984) state that the intention to engage in health-enhancing behaviour is best predicted by beliefs. This study aims to investigate the effect of a cognitive approach to poor self-care in type 1 diabetes, focusing on modifying dysfunctional beliefs.
Methods: In line with the cognitive model of depression, the experience of repeated failure to reach satisfactory diabetes control is likely to result in pessimism and low self-efficacy, resulting in subsequent poor self-care and further