EFFECTIVENESS OF COGNITIVE BEHAVIOR THERAPY (CBT) TO REDUCE STRESS IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS

Fitriana Kurniasari Solikhah*, Dian Perdana Fitri Mandasari**, Eliza Zihni Zatihulwani***

Magister of Nursing, Faculty of Nursing, Airlangga University
Kampus C Mulyorejo Surabaya 60115 Telp. (031) 5913752, 5913754, Fax. (031) 5913257
Email : fitriana.a9@gmail.com, itsdana.perdana18@gmail.com, eliza.zihni@gmail.com

ABSTRACT

Introduction: Systemic lupus erythematosus (SLE) is a chronic inflammatory autoimmune disease of unknown etiology. The way patients perceive the impact of disease on their physical, emotional, and social function, or health related quality of life (HRQOL), is poorer in patients with SLE (McElhone, et al., 2006). Anxiety and depression, which are frequently caused by daily stress, are the most prevalent psychological disorders experienced by lupus patients, affecting up to 40% of patients in some series (Navarette, et al., 2010). There is a study on the effects of reducing stress in lupus patients using cognitive behavioral therapy (CBT). Methods: Search were conducted from PubMed, Science Direct, Google Scholar, and ProQuest. The specific search terms used were “cognitive-behavioral therapy”, and “systemic lupus erythemathosus”. The criteria used to search for published studies for this study include: (1) “cognitive behavioral therapy” and “systemic lupus erythematosus”; (2) written in English; (3) studies during 2009-2016. Finally 3 studies were collected and analyzed for this review. Results: We found a significant reduction in the level of depression, anxiety and daily stress in the Therapy Group (TG) compared to the Control Group (CG) throughout the entire follow up period. The group of patients who received the therapy improved their level of physical role functioning, vitality, general health perceptions and mental health, compared with the group of patients who only received conventional care. We did not find any significant changes in the immunological parameters. Conclusions: Cognitive behavioral therapy (CBT) can cope the stress levels experienced by patients with lupus. CBT is effective in treating lupus patients with high levels of stress, reduce the incidence of psychological disorders associated with lupus, improve and maintain the quality of life (QOL) of patients. CBT had a significant impact on improving the quality of life of patients with lupus erythemathosus.

Keywords: Cognitive Behavioral Therapy (CBT), Systemic Lupus Erythematosus (SLE), Stress

INTRODUCTION

Systemic lupus erythematosus (SLE) is a chronic inflammatory autoimmune disease of unknown etiology. It is often discovered in their child bearing years. It affects heterogeneity multiple organs of the body and presents aberrant immunological findings and especially the presence of antinuclear antibodies. The clinical course and prognosis is unpredictable and may be characterized by periods of remissions and chronic or acute relapses. The mortality rate among patients with SLE is at least three times that of the general population. (Aberer, 2010; Ng & Chan, 2007; Ramírez, 2007).

The way patients perceive the impact of disease on their physical, emotional, and social function, or health related quality of life (HRQOL), is poorer in patients with systemic lupus erythematosus (McElhone, et al., 2006). Anxiety and depression, which are frequently caused by daily stress, are the most prevalent psychological disorders experienced by lupus patients, affecting up to 40% of patients in some series (Navarette, et al., 2010). Daily stress is related impairments in visual memory, fluency and attention in patients with SLE (Peralta, 2006). Many persons with SLE experience high levels of emotional distress. The depression is the most common psychological symptom and the anxiety is another feeling quite frequently experienced. The uncertainty of SLE affects the social life of these people. Chronic fatigue and joint pains make it impossible for many with
SLE to perform to the level expected by themselves and others. This loss of the ability to meet “normal” standards of performance can be very depressing (Parrondo, 2011).

Based on reviews of scientific literature, investigators have suggested that therapeutic interventions should be proposed to reduce psychological distress to improve quality of life and possibly moderate the evolution of chronic and unpredictable diseases like SLE (Bricou, et al., 2004). There is a study on the effects of reducing stress in lupus patients using cognitive behavioural therapy (CBT). CBT represents a unique category of psychological intervention because it derives from cognitive and behavioural psychological models of human behaviour that include for instance, theories of normal and abnormal development, and theories of emotion and psychopathology. CBT therapy could make coping with the disease easier and change patients’ cognitive appraisals of symptoms. Furthermore, the impact of therapy on psychosocial aspects (depression, anxiety, perceived vulnerability to stress, perceived health) and quality of life (QOL) may have implications for longer-term health behaviours and health outcomes. Therefore, it is essential that stress, its psychological consequences and its negative impact on the lives of the patients (Navarette, et al., 2010).

CBT intervention for SLE leads to greater short term improvement in pain, psychological function, and perceived physical function compared with symptom monitoring and usual care. The CBT program appeared to enhance the participants’ perceptions of efficacy for managing symptoms, maintaining valued activities, and general well being, as supported by relatively large pretreatment–posttreatment effect sizes in self efficacy for managing symptoms, pain interference, and global assessment of function (Greco, et al., 2004).

METHODS

Search were conducted from PubMed, Science Direct, Google Scholar, and ProQuest. The specific search terms used were “cognitive-behavioural therapy”, and “systemic lupus erythematosus”. The criteria used to search for published studies for this study include: (1) “Cognitive behavioural therapy” and “SLE”; (2) written in English; (3) studies during 2009-2016. A total 15 studies were identified. After reading the full text of the articles, the studies which related to efficacy of cognitive behavioural therapy for SLE was include. Finally 3 studies were collected and analyzed for this review.

RESULT

This literature review examines 3 articles met inclusion criteria. All the studies were ethically approved and research protocol were describe quite well in the articles. Most studies occupied reasonable sample size.

Navarrete, et al (2010) this paper addresses a critically important issue, namely the effectiveness of cognitive-behavioural intervention in improving psychosocial stress and enhancing the well-being of individuals with lupus, using a randomized, prospective study. Navarrete mention a few points that are used in cognitive behavioral therapy to reduce stress levels in patients with Lupus, namely stress management program. In a stress management program, there are three main points, Psychological, Clinical and QOL. To measure psychological parameters, we used the instruments listed below, which have all been validated in Spanish. The Stress Vulnerability Inventory assesses how vulnerable the subject is to the effects of stress. The Survey of Recent Life Experiences gives an indication of the number of daily stressful events and the degree of stress produced by each of them in the past month, The Beck Depression Inventory is a self administered questionnaire consisting of 21 items that assess the cognitive components of depression rather than the behavioural and somatic ones Spielberger’s State Trait Anxiety Inventory (STAI). To measure the severity of Lupus can use instruments SLE Disease Activity Index (SLEDAI) were used to assess the activity of lupus. SLEDAI consists of 24 items with values preassigned. SLEDAI total score ranges from 0 (no activity) to 105 (maximum activity). To measure quality of life, we used questionnaire SF-36, which is an instrument managed by the 36 questions divided over 8 subscales: physical functioning, physical role, physical pain, general health, vitality, social functioning, role emotional, and health mental. We found a significant reduction in the level of depression, anxiety and daily stress in the TG (Therapy Group) compared to the CG (Control Group) and a significant improvement in QOL and somatic symptoms in...
the TG throughout the entire follow-up period. We did not find any significant changes in the immunological parameters. Effects of Stress Management on the Psychological, Clinical and QOL Variables indicate a clinically significant improvement on therapy group. Psychological in TG experienced a significant improvement in both variables at T3, T9 and T15 compared to baseline. No differences were found in the CG, Depression and Anxiety. The TG made better progress than the CG with regard to both variables. Clinical Variables: SLEDAI the changes observed in the TG were not different from those found in the CG and Somatic Symptoms Scale Questionnaire showed a significant impact on 4 of the 8 subscales of symptoms. QOL (SF-36) the analysis showed a significant impact of the therapy on 5 of the 8 subscales. Moderate to large effect sizes were found for the TG with regard to vulnerability to stress, perception of stress, anxiety, depression, social function, mental health and general health before and after treatment.

Navarrete (2010) in second research mention that the objective of this study is to describe which aspects of the QOL were most affected in patients with SLE, to test which physical and psychological variables are predictive of this, and to assess whether cognitive behavioural therapy aimed at modifying daily stress and other emotional variables can improve the QOL in patients with SLE. The goal of reinforcing the skills acquired in dealing with stress. Therapy sessions dealt with the following: the concept of stress, cognitive restructuring (I), cognitive restructuring (II), cognitive restructuring (III), alternative control strategies mind, relaxation techniques, pain control yourself, social skills training, humor and optimism as a coping strategy. The group of patients who received the therapy improved their level of physical role functioning, vitality, general health perceptions and mental health, compared with the group of patients who only received conventional care. Patients who received conventional care did not experience a significant improvement in any of the QOL variables analysed. Despite this limitation, therapeutic intervention should be proposed to reduce stress and anxiety, improve QOL, and possibly moderate the evolution of the disease. We have not considered the economic factors or patients who suffer from other concomitant diseases that may have an impact on the QOL. The effective treatment of daily stress and anxiety, predictor factors of a deteriorated QOL, can be linked to a significant improvement in patient QOL.

In the study conducted Eriska Cyprina and Ika Dwi Tyas Yuniar Cahyanti (2013) interventions using are proactive coping methods for stress management in patients with lupus. Proactive coping is a multidimensional strategy which is based on the future. Proactive coping integrate the processes of management of the quality of life with self-regulation to achieve the goal (Greenglass, Schwarzer, & Taubert, 1999, in Greenglass & Fiksenbaum, 2009). Greenglass, Schwarzer, Jakubiec, Fiksenbaum and Taubert (1999) revealed that the Proactive Coping has seven aspects: proactive coping, reflective coping, strategic planning, preventive coping, instrumental support seeking, and seeking emotional support. Results of this study indicate that all four subjects were stressed out and using proactive coping to cope stress caused by Lupus. Subjects did Proactive Coping, Reflective Coping, Strategic Planning, Preventive Coping, Instrumental Support Seeking and Emotional Support Seeking. Adolescent’s Proactive Coping With Lupus was influenced by personality and social support.

IMPLICATION FOR NURSING PRACTICE

The literature review has implications for nursing practice, especially in immun hematology area. Cognitive behavioral therapy (CBT) effectively to decrease the level of stress experienced by patients with immune system deficiencies such as lupus. With the results of this review, the nurse can apply cognitive behavioral therapy in patients with lupus. CBT can be given and its implementation can be done gradually. Implementation of the therapy can be divided into small groups according to the level of stress experienced by patients, who had previously been measured with a stress scale. The application of CBT is to be composed and relieve the stress experienced.

CONCLUSION

Cognitive behavioral therapy (CBT) can cope the stress levels experienced by patients with lupus. CBT is effective in treating lupus patients with high levels of stress, reduce the incidence of psychological disorders associated with lupus, improve and maintain the quality of
life (QOL) of patients. CBT had a significant impact on improving the quality of life of patients with lupus.

This study suggest to educate nurses about the importance of the implementation of Cognitive behavioral therapy (CBT) in patients with lupus. Further research is needed on the duration of Cognitive behavioral therapy (CBT) and short term effects after application in daily living.

REFERENCES
Ng P. & Chan W. (2007). Group psychosocial program for enhancing psychological well-