Q In patients with arthritic conditions, what are the effects of group interventions that teach active coping strategies?

**METHODS**

Data sources: Cochrane Controlled Trials Register (Issue 4, 1999), MEDLINE (1966 to August 2000), EMBASE/Excerpta Medica (1984 to August 2000), Social Sciences Citation Index (1995 to June 2000), Current Contents (1998 to August 2000), and several other bibliographic databases; bibliographies of relevant studies, research reports, conference proceedings, and dissertations; and experts.

Study selection and assessment: randomised controlled trials (RCTs) or non-randomised controlled trials in any language that examined interventions in patients, the majority of whom had chronic rheumatic disease affecting the joints; examined group interventions related to teaching patients active coping with problems in general (eg, stresses of daily life); included control groups that received standard medical care or placebo; and measured outcomes including >1 of coping, social support, or quality of life. Methodologic strength of studies was assessed using criteria based on generally accepted principles including various aspects of study design.

Outcomes: coping, social support, and quality of life.

**MAIN RESULTS**

14 studies (published between 1983 and 1999) met the selection criteria. 10 studies were RCTs, and 4 were non-randomised controlled trials. 8 studies involved patients with rheumatoid arthritis, 4 involved mainly patients with rheumatoid arthritis and osteoarthritis, 1 involved patients with osteoarthritis exclusively, and 1 involved patients with either rheumatoid arthritis or osteoarthritis. 9 studies examined self-management using illness self-management skills, 3 examined education support groups that included teaching self-management skills in an atmosphere of emotional support, and 2 examined cognitive-behavioural therapy aimed at improving pain and stress management. In most studies that reported follow-up assessments, varied from 3 months to almost 5 years after the end of the intervention.

3 studies measured the effects of interventions on coping specifically, and 1 showed that the intervention increased active coping. 4 studies measured intervention effects on social support, and 1 showed improvements (ie, improved patient contact with relatives and friends). 13 studies measured quality of life, and 6 found positive effects including decreased anxiety, increased self-confidence and relationships with friends, reduced problems caused by rheumatic disease, and decreased disability and depression. 2 studies measured life satisfaction, and both showed no improvements.

**CONCLUSIONS**

In patients with arthritic conditions, group interventions that teach active coping strategies may improve quality of life (functional health status). 6 studies showed a positive effect on functional health status, and 7 studies found no effect. However, more research is needed to confirm the effects of these types of interventions, in particular on coping.

**Commentary**

Arthritic conditions can pose difficult coping issues for patients. These diseases are chronic and progressive. They share the characteristics of pain, changes in function, and changes in quality of life. These characteristics require patients to develop coping strategies to successfully deal with limitations imposed by the disease processes.

Using a rigorous methodology, Savelkoul et al reviewed controlled studies that focused on group interventions for people with arthritic diseases (eg, rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis). Only 14 studies met the inclusion criteria. The methodological quality of the selected studies, as measured by the authors’ criteria, was not high, but may actually be higher because in all studies, information on >1 methodological criterion was not provided. Only 1 of 3 studies that measured coping reported improved coping after a group self-management intervention. This is not unexpected because developing or enhancing coping strategies was not the expressed purpose of any of the studies.

Several important clinical implications can be drawn from this work. The authors point out that evidence exists that active coping (compared with passive coping) is associated with less pain and depression. Thus, professionals should have a key role in enhancing or modifying coping strategies for people living with rheumatoid arthritis or osteoarthritis. Rheumatoid arthritis is a chronic, systemic illness that can affect almost all aspects of a person’s life. Most characteristic is a profound fatigue that can be unpredictable. Patients with osteoarthritis must learn to cope with the limitations imposed by joint pain. In both conditions, coping can be difficult. More information is needed on which interventions are effective in modifying coping strategies of patients with arthritic diseases.

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