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## Preface

The growing worldwide prevalence of arthritis has had a major impact on a range of populations across gender, different socioeconomic strata, ethnicities, and particularly among the elderly, who disproportionately are affected by the disability, role limitations, and deficits in quality of life that arthritis may cause. Arthritis has sparked considerable interest among psychologists, behavioral medicine specialists, and rheumatology health professionals in examining the adjustment of patients using an interdisciplinary lens. Their contributions have led not only to new insights about the plight of arthritis patients but also to new paradigms that are applicable to studying chronic illnesses in general. Importantly, much can be learned from examining processes of adjustment in arthritis that may be generalizable to other chronic illnesses. The pain, fatigue, and psychological distress that are hallmark features of arthritis are found in many other chronic conditions that create significant burdens for patients, challenge the expertise of clinicians, and place a strain on the capacity of health care systems to respond appropriately to patients' multifaceted health care needs. In many respects, arthritis can be viewed as a "model" chronic illness in which processes of adaptation can be examined that may enlighten our understanding of other medical conditions.

Most importantly, however, the harmful effects of arthritis have created a need for understanding the interplay between psychological, social, and biomedical factors in the adjustment of affected patients. Accordingly, the struggles of arthritis patients have created a heightened demand for novel and effective treatment approaches that complement medical treatments, mitigate the deleterious impact of arthritis, and improve patients' ability to cope with difficult symptoms and enhance functional adaptation. There is considerable evidence that a range of health professionals have embraced the challenge of researching and applying new treatment paradigms and approaches that can be translated into more effective and efficient models of care.

The major purposes of this book are to provide a synthesis of the empirical research that provides a foundation for the biopsychosocial care of arthritis patients and to highlight trends and developments in psychosocial treatment approaches. Specifically, this edited book addresses the following aims: (1) to increase understanding of the contribution of psychosocial variables and processes to health outcomes in arthritis, (2) to analyze mechanisms of arthritis pain, coping processes, and the role and efficacy of behavioral treatment approaches, (3) to address the role of socioeconomic status and health care

disparities in the adjustment to arthritis, access to care, and quality of life, (4) to examine psychiatric comorbidities in arthritis such as depression and anxiety, and (5) to provide an overview of psychological and behavioral approaches to management.

The book is divided into two sections. The first section addresses theory and research on the adjustment to arthritis with a focus on psychosocial processes. Chapters provide an overview of such topics as arthritis pain, psychiatric comorbidity, the impact of arthritis on minority and disadvantaged populations, resilience, stress, disability, sleep, and the doctor–patient relationship. The second section specifically focuses on psychosocial management, with chapters addressing the need for psychological screening and evaluation, complementary treatments, self-help and community interventions, the role of physical activity, and challenges for behavioral interventions.

The book has an interdisciplinary focus that is reflected not only in its content but also in the expertise of the chapter contributors whose backgrounds span the fields of health psychology, behavioral medicine, rheumatology, epidemiology, nursing, and health services research. As such, the book is designed for an interdisciplinary audience that is involved in research on arthritis and health care professionals who provide service to arthritis patients across a range of clinical and community settings. The book also provides a theoretical and empirical foundation for researchers and clinicians of other chronic diseases and health problems.

Moreover, the book illustrates the importance of integrative care in arthritis, which represents a natural extension of the biopsychosocial model and the contribution of interdisciplinary research to health promotion and disease management. While the philosophy of integrative care has been increasingly embraced across the health professions over the last decade, its adoption in rheumatology practice has been limited. Integrative care focuses on patients and their needs, deemphasizes the effects of professional boundaries and rigid disciplinary frameworks, and fosters the importance of shared paradigms of understanding adjustment and treatment that include better teamwork on the part of health care professionals in clinical settings. Integrative care is a central and necessary component in the clinical application of the biopsychosocial model. It is hoped that this book will provide a framework for the expansion and dissemination of integrative care for the arthritis patient.

I would like to express my sincere appreciation to the chapter authors and coauthors who have demonstrated their scientific and clinical expertise in contributing to the book, and to the staff at Springer for their encouragement and efforts in developing the themes of the book and for its production. Importantly, I would like to acknowledge the efforts of arthritis patients for their cooperation in the research that has provided the foundation for this book, and their impressive resilience and courage in coping with the challenges that they face on a daily basis.

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