Effects of Multiple Illnesses on Psychological Wellbeing and Quality of Life: Asthma and Eczema Paediatric Populations

Adela Kiveric  
Alina Morawska  
Amy Mitchell  
Parenting and Family Support Centre, University of Queensland
Prevalence rates

- **Child chronic illnesses (at least 1): ~18%** (Judson, 2004)
- **Asthma: 7-11%** (ABS, 2012)
- **Eczema: 5-13%** (Buske-Kirschbaum, Geiben, & Hellhammer, 2001)
- **Double diagnosis: 5%** (Newacheck & Taylor, 1992)

But...

- **Certain clusters of illnesses much more likely to coexist**
- **Asthma and eczema: 35.8%** (van der Hulst, Klip, & Brand, 2007)
Psychological wellbeing

• Internalizing problems
  – Anxiety and depression (Bussing, Burket, & Kelleher, 1996)
  – Self-esteem issues (Vila et al. 2000)

• Externalizing problems
  – Hyperactivity
  – Conduct problems
  – Social and peer issues (Hysing, Elgen, Gillberg, & Lundervold, 2009)
Psychological wellbeing

• Psychological burden on caregivers
  – Stress (Bussing et al. 1996)
  – Depression and anxiety (Moore et al. 2006)
  – Guilt, exhaustion, frustration...

• Caregiver psychological functioning linked with:
  – Medication adherence (Kaugars, Klinnert, & Bender, 2004)
  – Treatment competence (Bartlett et al. 2004)
  – Parenting (-ve and +ve) (Lim et al. 2008)
Quality of Life

- **Children** *(Bender et al. 2000; Kilbert et al. 2002)*
  - Social
  - Emotional
  - School

- **Families** *(Lawson et al. 1998)*
  - Social
  - Emotional
Aims

• Investigate if psychological wellbeing and quality of life differ between asthma and eczema groups

• Test whether children and families with both illness are worse off than children and families with both illnesses
Hypotheses

• Psychological wellbeing
  – Children with both illnesses will have more psychological issues than children with one illness
  – Parents of children with both illnesses will experience more depression, anxiety, and stress than parents of children with a single illness

• Quality of life
  – Children with both illnesses will have a poorer quality of life than children with one illness
  – Families of children with both illnesses will have a poorer quality of life than families of a child with a single illness
Participants

- Mothers
  - $N = 106$
  - $M(\text{SD}) = 37.01(4.88)$

- Fathers
  - $N = 59$
  - $M(\text{SD}) = 38.88(4.67)$

- Children
  - $N = 106$
  - $M(\text{SD}) = 5.07(2.18)$

- Diagnoses N(%) 
  - Asthma: 22 (21%)
  - Eczema: 59 (56%)
  - Both: 25 (23%)
Measures

- **Family background questionnaire**
- **Psychological wellbeing**
  - Child Adjustment and Parenting Efficacy Scale (CAPES; Morawska & Sanders, 2010)
  - Depression, Anxiety, and Stress (DASS-21; Lovibond, Lovibond, & Psychology Foundation of Australia, 1995)
- **Parental Competency**
  - Asthma Parent Task Checklist (APTC; Morawska & Burgess, 2007)
  - Parental Self Efficacy with Eczema Care Index (PASECI; Mitchell & Fraser, 2011)
  - Parenting Scale
  - Home Observations
- **Quality of Life**
  - Paediatric Quality of Life Inventory (PedsQL; Varni, Seid, & Kurtin, 2001)
  - Paediatric Quality of Life Inventory: Family Impact Module (PedsQL:FIM; Varni, Sherman, Burwinkle, Dickinson, & Dixon, 2004)
Results

- Child psychological wellbeing - CAPES

\[ F(6, 99) = 6.70, \ p < .001 \]
Results

- Parental psychological wellbeing - DASS

For Mothers:

\[ F(3, 102) = 2.40, \ p = .072 \]

For Fathers:

\[ F(3, 55) = 0.48, \ p = .696 \]
Results

• Child quality of life- PedsQL

\[ F(4, 101) = 15.71, \ p < .001 \]
Results

- **Family quality of life - PedsQL: FIM**

\[ F(6, 99) = 9.74, \ p < .001 \]
• Bivariate correlations of parental psychological wellbeing and the following factors
  – Confidence Eczema: $r = -.08$, $p = .175$
  – Confidence Asthma: $r = -.25$, $p = .035$
  – Parenting practices: $r = .28$, $p < .001$
Discussion

• Low CAPES and DASS scores
• PedsQL and PedsQL-FIM scores comparable to general population
• Interesting quality of life findings
• Effect of sleep issues
• Limitations of measures (CAPES)
• Clinical strength of evidence???
Theoretical Implications

• Identifies need for more research on populations with multiple illnesses
• Highlights complexity of relationships and effects of illnesses
• Need for research into sleep
• Address limitations of study
Practical Implications

• Develop treatment
  – Current and needed interventions
  – Integration of sleep interventions into current interventions

• Parents matter
  – Their health matters
References


Questions?

Many thanks to:
Dr. Alina Morawska
Dr. Amy Mitchell
Parents and children
Parenting and Family Support Centre UQ

email: adela.kiveric@uqconnect.edu.au