

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

- $N = 106$
- $M(SD) = 37.01(4.88)$

– Fathers

- $N = 59$
- $M(SD) = 38.88(4.67)$

– Children

- $N = 106$
- $M(SD) = 5.07(2.18)$

– Diagnoses N(%)

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

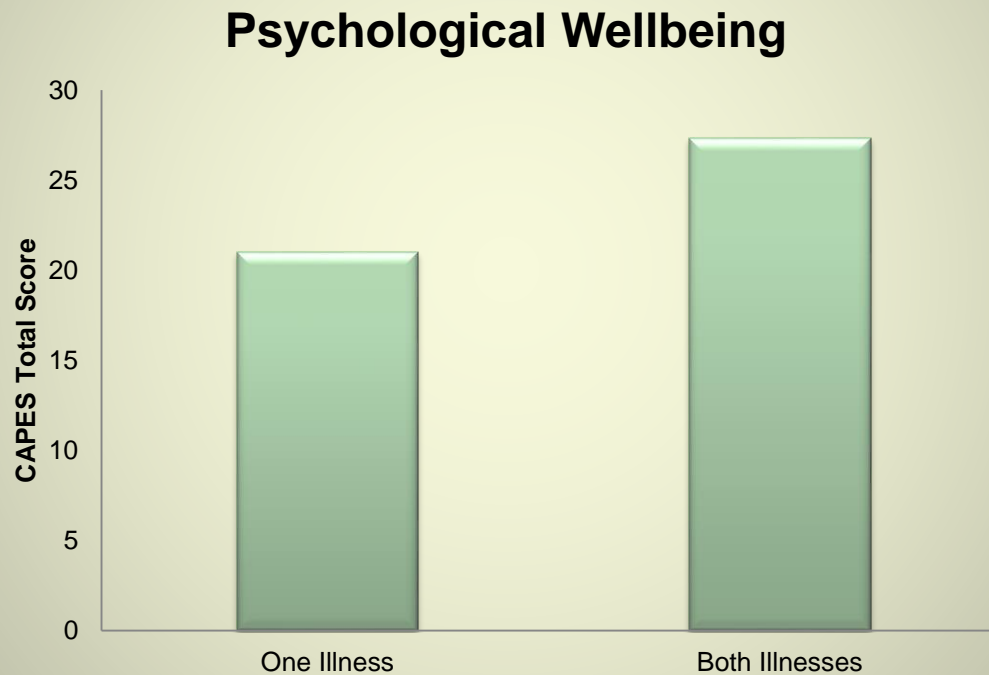
Measures



- **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**

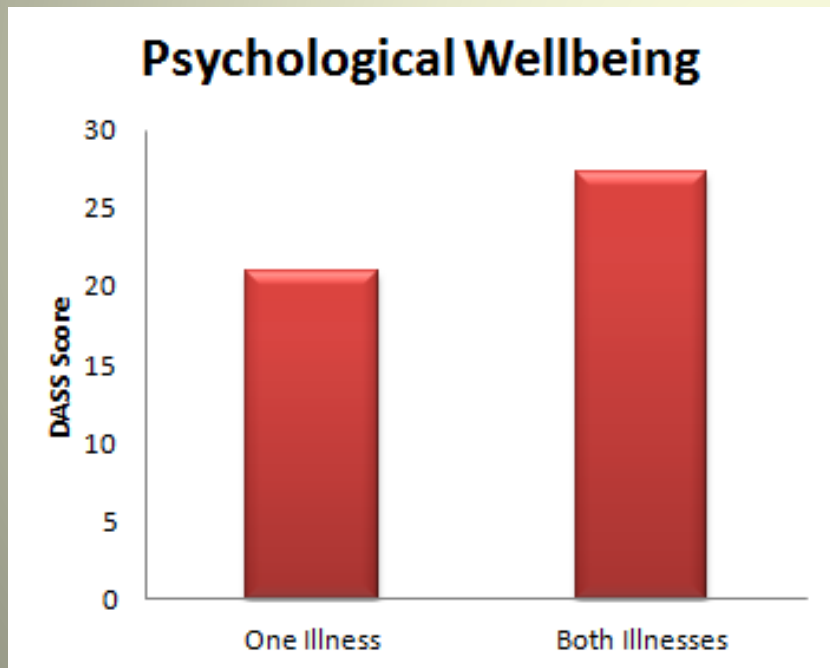


$F(6, 99) = 6.70, p < .001$

Results

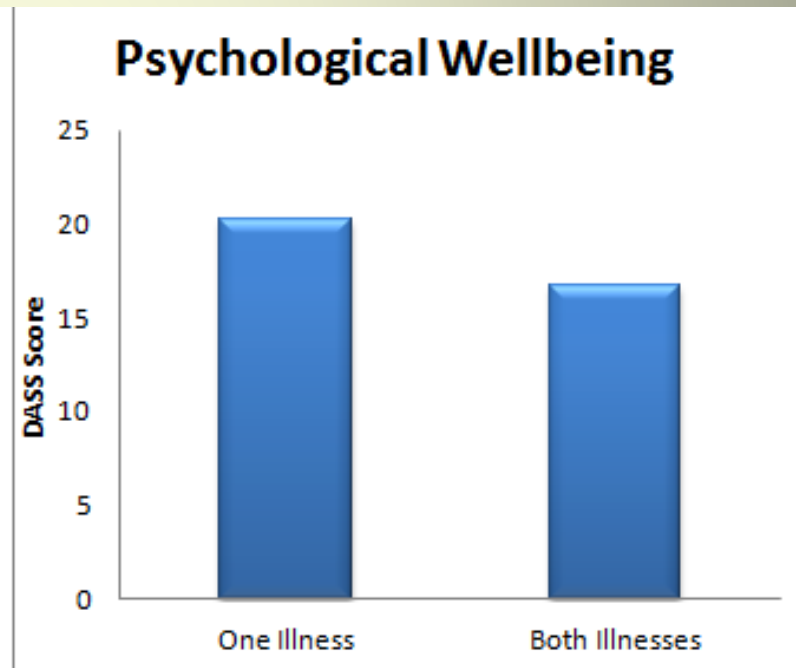
- Parental psychological wellbeing-DASS

Mothers



$F(3, 102) = 2.40, p = .072$

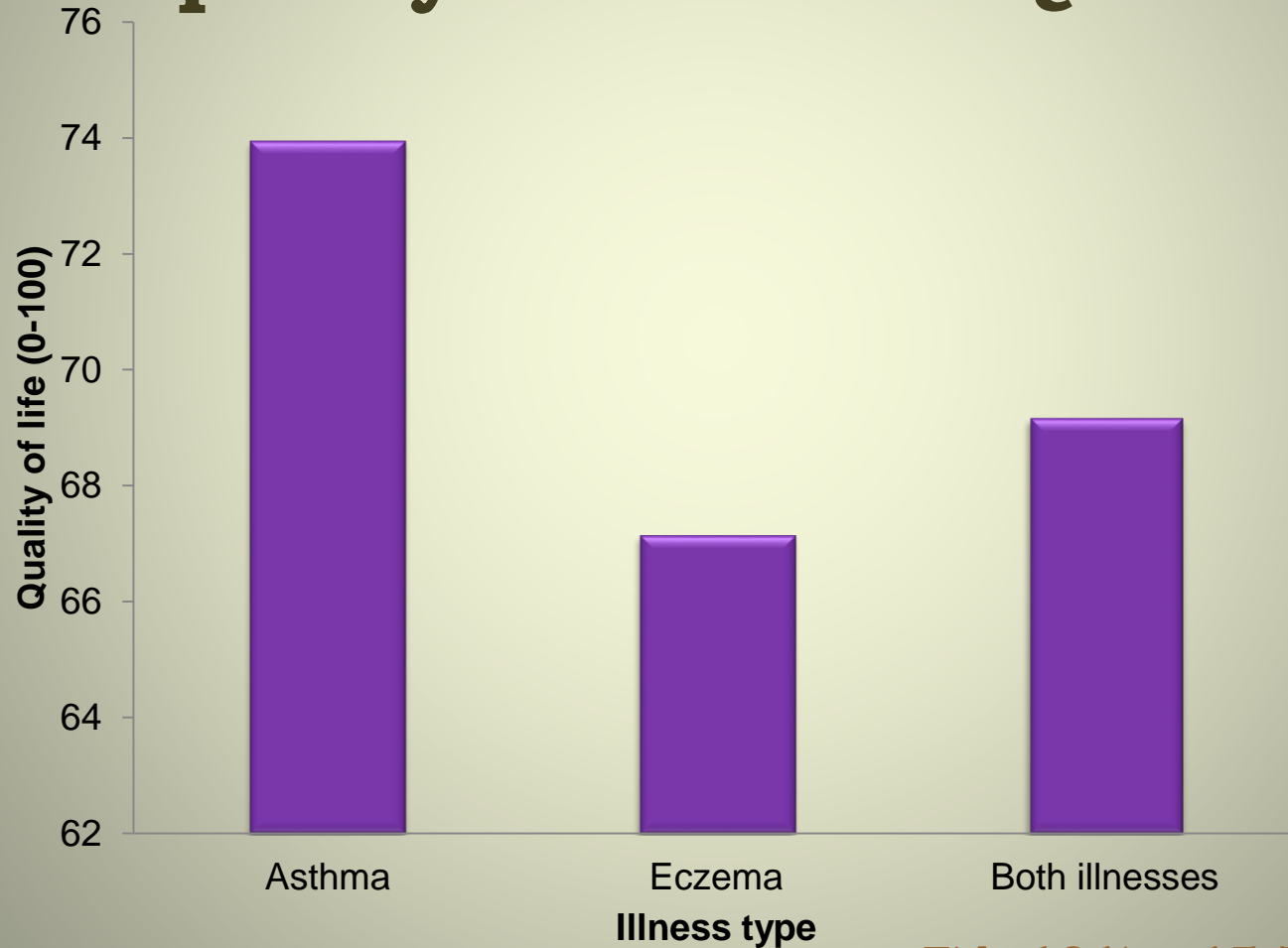
Fathers



$F(3, 55) = 0.48, p = .696$

Results

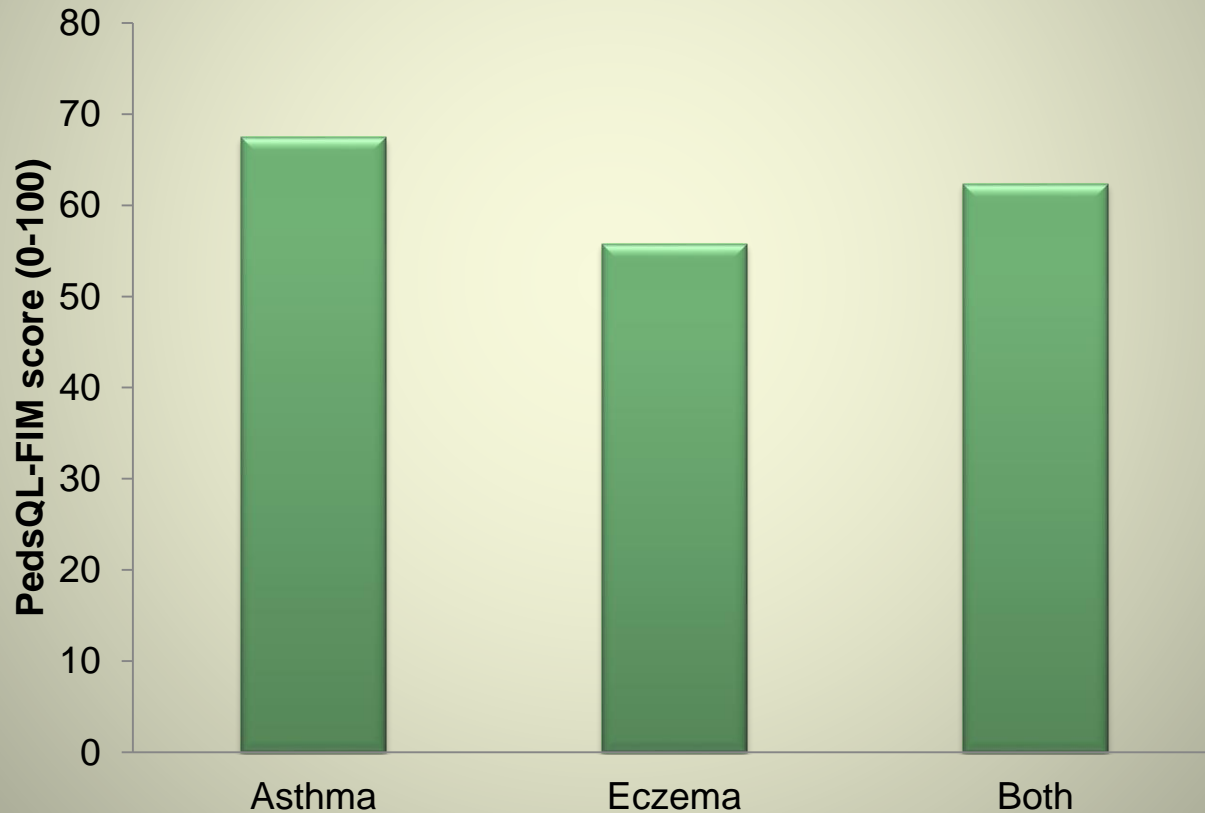
- **Child quality of life- PedsQL**



$F(4, 101) = 15.71, p < .001$

Results

- Family quality of life- PedsQL: FIM



Illness type

$F(6, 99) = 9.74, p < .001$

Results

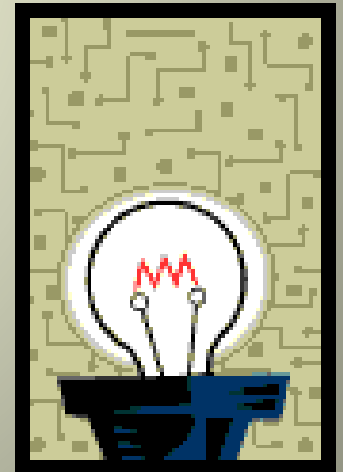
- **Bivariate correlations of parental psychological wellbeing and the following factors**
 - **Confidence Eczema: $r = -.08$, $p = .175$**
 - **Confidence Asthma: $r = -.25$, $p = .035$**
 - **Parenting practices: $r = .28$, $p < .001$**

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**



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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