

Stressrelaterad psykisk ohälsa; upplevelser och behandling inom primärvård

AKADEMISK AVHANDLING

som för avläggande av filosofie doktorsexamen vid Sahlgrenska Akademin vid Göteborgs universitet kommer att offentligens försvaras i hörsal 2118, Arvid Wallgrens backe, Hus 2
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av

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Avhandlingen baserar sig på följande delarbeten:

- I Arvidsdotter T, Marklund B, Kylén S, Taft C, Ekman I. Understanding persons with psychological distress in primary health care.
Submitted
- II Arvidsdotter T, Marklund B, Taft C. Effects of an integrative treatment, therapeutic acupuncture and conventional treatment in alleviating psychological distress in primary care patients - a pragmatic randomized controlled trial.
BMC complementary and alternative medicine 2013, 13(1):308.
- III Arvidsdotter T, Marklund B, Taft C. Quality of life and sense of coherence after integrative treatment, therapeutic acupuncture and conventional treatment in patients with psychological distress in primary care - secondary analyses from a pragmatic randomized controlled trial.
Manuskript
- IV Arvidsdotter T, Marklund B, Taft C. Six-month effects of integrative treatment, therapeutic acupuncture and conventional treatment in alleviating psychological distress in primary care patients - follow up from an open, pragmatic randomized controlled trial
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Psychological distress; experiences and treatment in primary health care

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ABSTRACT

The psychological distress is a major public health problem both in Sweden and internationally. Underlying causes can be described as an imbalance between activity and rest, between demands and resources, lack of effective coping strategies. More knowledge is needed about the condition and its treatment. Study participants consisted of outpatients 20-55 years who sought care for their stress-related symptoms, such as anxiety, depression, sleep disturbances, fatigue, headache or somatic pain.

The overall objective of this thesis was to explore what it means to live with psychological distress (Study I) and to evaluate and compare three 8-week interventions: integrative treatment (IT) compared to therapeutic acupuncture (TA) and conventional treatment (CT) in a pragmatic randomized controlled trial (RCT) comprising 120 participants. The treatments were evaluated using standardized self-reported questionnaires at baseline, after 4 - and 8 weeks of treatment (study II -III), as well as at follow-up 6 months later (study IV). The primary outcome variables were anxiety and depression measured with the Hospital Anxiety and Depression Scale (HADS). Secondary variables were quality of life (QoL) measured with the Short Form-36 and sense of coherence (SOC).

The comprehensive interpretation of the experiences of living with psychological distress was that an imbalance (incongruence) exists between the self and the ideal self which slowly breaks down a person's self-esteem. This imbalance is described in three dimensions: *Struggling to cope with everyday life*, *Feeling inferior to others* and *Losing one's grip on life*. The three dimensions seem to lead to dissatisfaction, suffering, poor self-esteem and lack of control, which in turn may precede mental, physical and emotional exhaustion (study I). In the RCT study, there were no significant differences on any variable at baseline (study II-IV). Already after 4 weeks of treatment anxiety and depression improved significantly both statistically and clinically in IT and TA (study II). At 8 weeks, IT and TA showed improvements on all variables (anxiety, depression, QoL and SOC) from baseline and in comparison with CT (Studies II and III). At 24-week follow-up, improvements seen at 8 weeks in IT and TA remained, while CT showed a marginal improvement in anxiety (Study IV).

Psychological distress is a common mental health problem in the community and primary care provides the first level and often the only mental health care for these individuals. This thesis has shown that psychologically distressed individuals have considerable difficulties in coping with daily life. Usual care provided at primary care centers appears to be less effective in relieving symptoms of depression and anxiety and in improving QoL and SOC than a less conventional treatment combining therapeutic acupuncture with a person-centered approach with structured salutogenic dialogue. More research is needed to confirm the results.

Key words: Acupuncture, anxiety, coping, depression, holistic, integrative treatment, lived experience, person centered care, phenomenological hermeneutic method, primary health care, psychological distress, quality of life, salutogenic dialogue, sense of coherence.

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