

The Influence of Psychotherapy on the Outcome of Patients with Rheumatoid Arthritis - A Case Study

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Introduction

Chronically rheumatic diseases are often accompanied by psychic comorbidities. These are mostly secondary anxiety—and depression disorders. These increase the organic symptomatology, pain and reduce the quality of life. In many cases there is no psychotherapeutic treatment. Dia-

gnosis and treatment of the psychic comorbidities improve the quality of life and reduce the treating costs. The case study demonstrates this impressively.

Case Description

A now 58 years old Turkish patient was treated 27 years ago on the psychosomatic ward of the Deaconess Hospital in Frankfurt for a first thrust of **rheumatoid arthritis** with severe pain in the fingers and wrists. Radiographic changes in the metacarpophalangeal joints, max. ESR, CRP, rheumatoid factor and an established diagnosis. She could then no longer work in her profession as a precision engineer.





In-patient treatment with 3 sessions per week psychoanalysis, physiotherapy and medical therapy with cortisone and diclofenac took a total of 6 months. Because of the incompatibility, basic therapy with methotrexate and gold had to be canceled.



A trusting doctor-patient relationship was quickly established. This corresponded to the good father-daughter relationship. The patient lived 11 years in Germany and married a German man without her parents' knowledge one year before she was admissioned to the hospital. She feared that she would therefore be expelled from the Turkish family.



Since there appeared to be a **stable relationship with their parents** and the family seemed sufficiently tolerant and open-minded, the **journey** was endorsed and prepared despite pain symptoms. The patient returned after 6 weeks and was **almost symptom-free**.

The conversation with the parents had taken a happy ending. The marriage continues to this day with three children. The patient occasionally takes anti-inflammatory drugs (ibuprofen, diclofecac) and travels annually to a spa treatment in Turkey. A rheumatoid thrust has never reoccurred.



Psychodynamics

The first resolution of her **oedipal conflict** is the emigration to Germany as a young woman. There is a good relationship in the family with basic trust and love. The emigration was an attempt to become independent.



For Lacan, the favorable outcome of the Oedipus conflict is primarily the ability of the subject to be able to solve the childish narcissistic attachment to the desire to the loved object. Only when the mother, as the original object, is given up and is exchanged for a new object, the person matures. The integration into the German culture results in an ethnic conflict with the Turkish culture. She denied her Turkish roots and married a German man.



In becoming aware of the conflict with the Turkish culture and the father, a rheumatoid arthritis and a depression occurred — a new attempt to avoid the conflict by depressive withdrawal. Working with a good father transference she could realize these conflicts and solve them. The therapist is like a transitional object and helps to become truly independent.



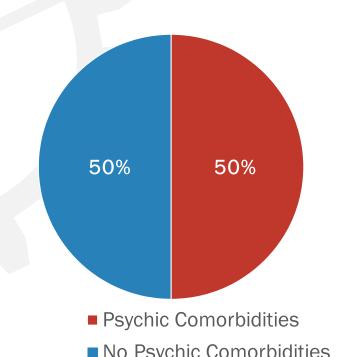


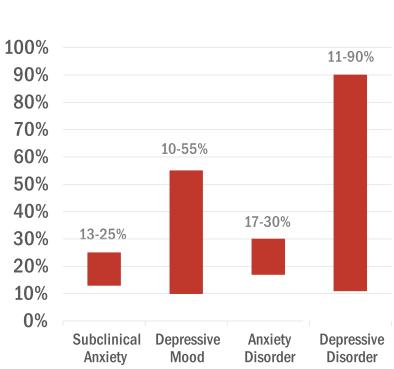
- 1. Many patients with rheumatic diseases suffer from psychological comorbidities such as depression and anxiety disorders. Their frequency is specified depending on the method of examination and patient population with 10% (Ødegard), 42.3% (Frank), to 91% (Yacoub).
- 2. However, these are rarely treated.
- 3. Even the sole pharmacological antidepressant treatment leads to a significant improvement of the symptoms, the pain and quality of life (Parker).
- 4. There are **few references** concerning psychotherapeutic success in the relevant psychosomatic literature.
- 5. How successful psychoanalytic psychotherapy can be, is clearly illustrated by the case.
- 6. The medical societies and guidelines recommend a combined drug and psychotherapeutic treatment for depression and anxiety disorders.
- 7. Why psychotherapeutic treatment of rheumatic diseases is undertaken so rarely should be further explored. One can only speculate about the reasons. The resistance of the patient against such treatment cannot be the sole cause.

Recommendation

- 1. Patients with rheumatic diseases have a substantial psychic handicap.
- 2. Psychic comorbidities worsen the course of disease and the quality of life.
- 3. Psychotherapeutic training and treatment results in a better prognosis, improve the quality of life and reduce the suffering and total cost.
- 4. Diagnosis and treatment of psychic comorbidities is very important and research should be enforced.

Rheumatoid Arthritis and Mental Disorders in % – Reviews with nearly 20,000 Patients





A very low portion of patients were treated with psychotherapy. The patients do not ask for treatment and the doctors do not consider depression.

Importance of Psychotherapeutic Treatment

In further research, we have to explore how the treatment of psychic comorbidities can:

- 1. improve pain and quality of life.
- 2. improve compliance.
- 3. reduce the time staying in the hospital.
- 4. reduce demands and total cost.

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