

Acceptance and Coping with Menière's Disease

The role of acceptance in quality of life and relationship satisfaction of patients and partners living with Menière's Disease

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Background

Menière's disease is a chronic disease with three main symptoms: rotatory vertigo attacks, tinnitus and hearing loss. Living with Menière's disease can be a chronic stressor for patients and partners. Several researchers have concluded that a chronic disease, such as Menière's disease, has a negative influence on the quality of life and on relationship satisfaction. Since there is no definite medical solution available acceptance can be beneficial in the adjustment to the disease. In the literature, however, little is known about the influence of acceptance on patients with Menière's disease and their partners. Therefore, we examined the role of acceptance in quality of life and relationship satisfaction. We investigated the following two research questions:

Research questions

1. What is the influence of acceptance on the quality of life of patients with Menière's disease?
2. Can acceptance mitigate the negative influence of higher emotional problems on relationship satisfaction of patients and partners?

Conclusion

Research question 1

- Menière's disease has a negative influence on quality of life.*
- Menière patients report more anxiety and depression than the healthy population.
- Disease acceptance is the most important predictor of quality of life.
R = .50, Beta = .29

Research question 2

- For patients, acceptance is able to take away the negative influence of anxiety and depression on relationship satisfaction. The influence of anxiety and depression is not significant anymore.**
- For partners, acceptance is partially able to take away the negative influence of anxiety and depression on relationship satisfaction. The influence of anxiety and depression is decreased, yet still significant.**

* = Figure 1
** = Table 1a & 1b

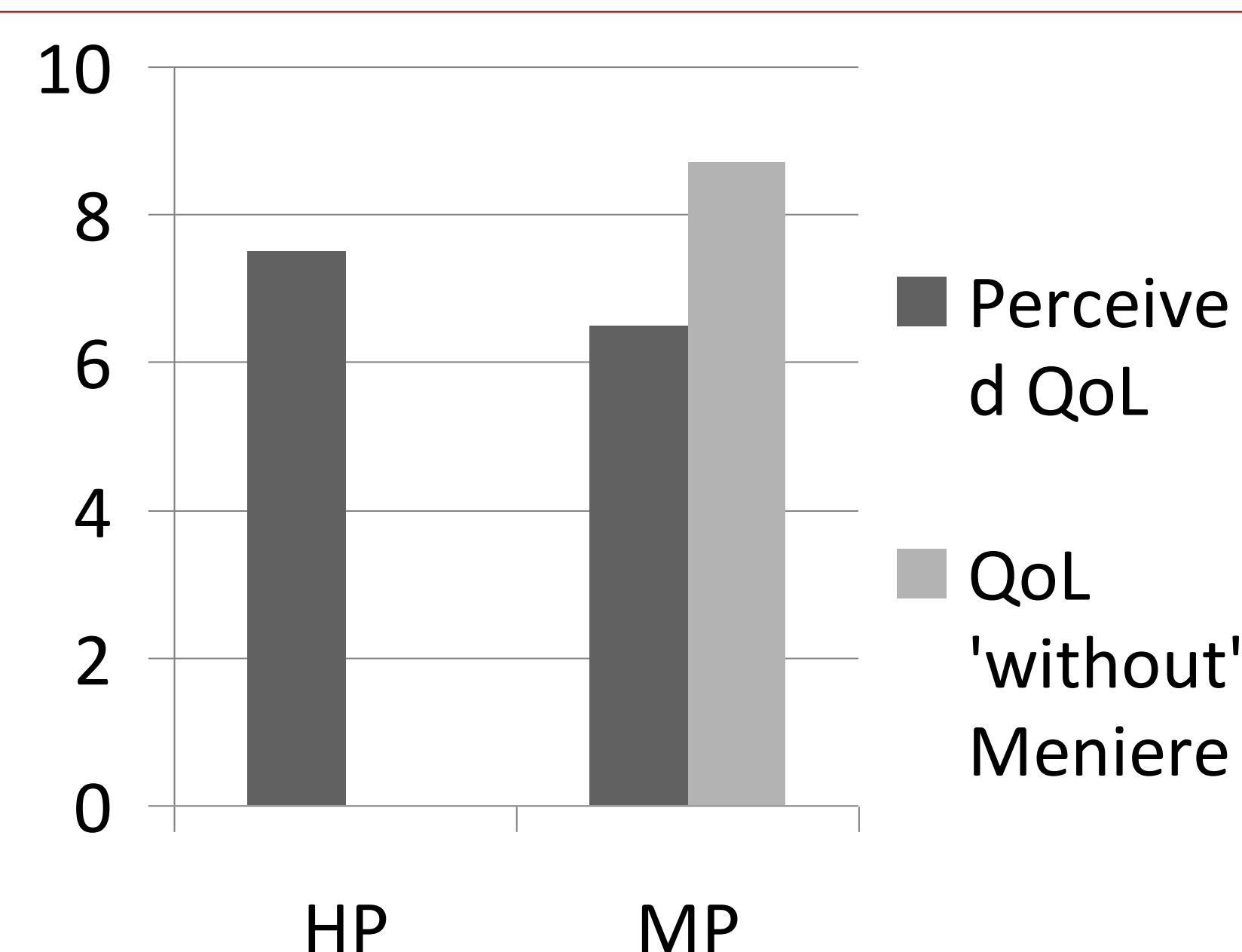


Figure 1: Quality of Life of Menière patients (MD) and the healthy population (HP). A higher score indicates a better quality of life.

Method

Research population

Research question 1

- 305 patients
- 43.3 % ♂♂, 56.7 % ♀♀
- Average age: 60 years
- Response rate: 77.6 %

Research question 2

- 142 couples
- Patients: 45.1% ♂♂, 54.9% ♀♀
- Partners: 54.9% ♂♂, 45.1% ♀♀
- Average age: 60 years
- Response rate: 37%

Questionnaires

The respondents filled out a digital or paper questionnaire, consisting of valid and reliable scales.

- Disease Acceptance: ICQ, Illness Cognition Questionnaire.
- Anxiety and Depression: HADS, Hospital Anxiety and Depression Scale.
- Relationship satisfaction: MMQ, Maudsley Marital Questionnaire.
- Global Quality of Life, QoL, Quality of Life: rated on scale 0 – 10.

Data-analysis

- Descriptive statistics, Pearson's r, Multiple regression.

Table 1a: Correlation coefficients of relationship satisfaction with acceptance, anxiety and depression.

Satisfaction	Acceptance	Anxiety	Depression
Patients	.377**	-.261**	-.297**
Partners	.471**	-.311**	-.485**

Table 1b: Regression analysis (beta) for patients and partners. Predictor variable is QoL and mediating variable is acceptance. Dependent variable is relationship satisfaction.

	Patients	Partners
Anxiety	-.090	-.186**
Acceptance	.330***	.415***
Depression	-.162	-.375**
Acceptance	.305***	.354***

Recommendations

- Acceptance is important and successful in the adaptation to Menière's disease for patients and partners.
- Interventions should focus on enhancing acceptance, for example by encouraging patients and partners to:
 - Give up unrealistic goals and pursue realistic goals engaging in daily activities. Acceptance is an active process.
 - Support each other in an active and positive way.
 - Attend cognitive behavioral therapy and relationship therapy.
 - Become a member of a patient organization.