Social anxiety and inhibition in 10- to 14-year-old youngsters with Cystic Fibrosis: further evidence of resilience?

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Aims: Most of the studies on the psychological impact of cystic fibrosis (CF) were confined to the narrow focus on whether or not CF is associated with psychopathology. Studies on coping as well as on quality of life have broadened this scope, so that aspects beyond clinical significance get more attention, today. A new German scale (FESUK) to assess social inhibition and anxiety not fulfilling criteria of anxiety disorder allowed to study another aspect of psychological functioning in that broadened scope.

Methods: multi-centre investigation using FESUK as well as clinical measures (SASC-R, anxiety scale; SDQ, psychopathology scale; SSR, stress perception and coping scale; a disease-impact scale designed for the purpose of this study) cross-sectional case-control design.

Sample: N = 68 eligible; N = 47 CF youngsters (x = 11.9 y; 26 female) from 3 German CF centres; n = 27 controls (not randomised) allowing to analyse 25 complete pairs.

Results: Whilst the sick role as well as the widespread (moderate) parental overprotection may imply a greater shyness and social anxiety in CF children our results rather showed the opposite. CF youngsters scored lower than their case-controls (n = 25) as well as compared to the age-related references of the FESUK (n = 47). This was true for the global score on social inhibition (p = 0.056) as well as regarding social anxiety (p = 0.016). FESUK scores significantly corresponded to SASC-R scores (r = 0.44–0.67; all p < 0.01).

Conclusions: Our findings support previous reports indicating high resilience in CF patients.

Motivational interviewing as a bridge to shared decision making: Further results from a team-centred programme

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Objective: to assess participant satisfaction and benefit with a tripartite team-centered programme to improve the management of adherence related problems.

Method: staff education, on request performed as an in-house programme for CF teams; 3 half day courses: (1) basic concepts (health psychology), (2) stages of change model, reflective listening; (3) developing discrepancies and rolling with resistance. [For further details on the course cf. J. Cystic Fibros 4 (suppl. 1), sl 11–15.]

Assessment of satisfaction included ratings of perceived relevance of every single component as well as a global rating of satisfaction with the respective day (e.g. fulfilled my expectations; was worth attending).

Results: Up to now we ran 9 courses (170 participants from 17 centers). For various reasons we have complete questionnaires from 144 participants. The team approach is reflected by the vocational composition of the group: 18% physicians, 28% nurses, 18% physiotherapists, 18% psychosocial staff, 18% other. Most attendees were experienced (61% ≥ 5y working with CF). Satisfaction with the programme was high: 79% (day 1), 93% (day 2) and 90% (day 3) of participants said the course was worth its input. Experience on the job or type of profession was unrelated to this.

Conclusions: a team-centred approach is well accepted and applied issues are particularly welcomed.