Family Conflict and Chronic Illness Management

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Units of Analysis of an Eco-system

- 1. Community
- 2. Environments
- 3. Organization of relationships

Units of Analysis of an Eco-system

- 1. Patient and Chum/Blonde
- 2. Biological, Psychosocial Environments
- 3. Conflict in the relationship

Treatment of most chronic illnesses is often the responsibility of the patient

Lifestyle and role changes

Potential strain on the couple and family relationships

Importance of the quality of the relationship with the spouse/partner

Especially among patients with more than one chronic health condition

WHAT IS THE EVIDENCE?

Family achievement orientation, low conflict, and organization predicts blood glucose control among diabetics

Family's expression and management of emotion--conflict resolution, intimacy, anger, loss-- have been linked to Chronic Illness Management

WHAT IS THE EVIDENCE?

Married or coupled adults have lower prevalence of illness and recover more quickly than adults living alone

FOCUS OF THE STUDY

Structure of the relationship between family conflict, number of chronic health problems, and chronic illness management among adult patients

HYPOTHESES

Chronic illness management is poor among:

Patients who live alone

Patients with conflicted spouse/partner relationship

Patients with multiple chronic health problems

Data: QHS 1998

Patients: N= 5558

Independent Variables

Marital Status

Difficulty in the relationship:

Spouse/partner doesn't understand you Spouse/Partner doesn't show affection Spouse/partner is not involved in the relationship

Independent Variables

Number of Chronic Health Problems (one or more than one)

Control Variables
Age, gender, education, employment, income

Dependent Variables: Chronic Illness Management

Consulting a GP (No/Yes)

Consulting a Specialist

Consulting Other Health Professionals

Use of telephone health line

Dependent Variables: Chronic Illness Management

Self-Rated General Health (High/Low)

Self-Rated Mental Health (High/Low)

Psychological Distress (Low/High)

Logistic Regressions

Conservative approach to significance testing p < .01

Focus on confidence intervals

Marital Status

Odds Ratio (95%CI)

Psychological Distress

Married	Reference
Common Law	1.39 (1.14-1.69)
Div/Sep/Wid	1.65 (1.23-2.19)
Single	1.67 (1.27-2.20)

Odds Ratio (95%CI)

Consulting a General Physician

None	Reference
Some	1.00 (0.78- 1.29)
Average	1.14 (0.85-1.52)
Severe	1.58 (1.21-2.07)

Odds Ratio (95%CI)

Use of Telephone Health Line

None	Reference
Some	0.75 (0.62-0.91)
Average	0.76 (0.60-0.96)
Severe	0.77 (0.61-0.98)

Odds Ratio (95%CI)

Self-Rated General Health

None	Reference
Some	1.44 (1.09-1.89)
Average	1.50 (1.10-2.05)
Severe	2.04 (1.52-2.72)

Odds Ratio (95%CI)

Self-Rated Mental Health

None	Reference
Some	2.33 (1.73-3.13)
Average	3.12 (2.27-4.28)
Severe	5.16 (3.84-6.93)

Odds Ratio (95%CI)

Psychological Distress

None	Reference
Some	2.42 (1.96-2.99)
Average	3.59 (2.83-4.55)
Severe	5.71 (4.49-7.26)

Odds Ratio (95%CI)

Consulting a General Physician

One Reference

More than one 1.79 (1.49-2.15)

Odds Ratio (95%CI)

Consulting a Specialist

One Reference

More than one 2.36 (1.82-3.06)

Odds Ratio (95%CI)

Consulting Other Health Professionals

One Reference

More than one 2.04 (1.78-2.33)

Odds Ratio (95%CI)

Use of Telephone Health Line

One Reference

More than one 0.79 (0.69-0.91)

Odds Ratio (95%CI)

Self-Rated General Health

One Reference

More than one 4.43 (3.44-5.70)

Odds Ratio (95%CI)

Self-Rated Mental Health

One Reference

More than one 2.74 (2.11-3.55)

Odds Ratio (95%CI)

Psychological Distress

One Reference

More than one 1.60 (1.36-1.89)

Limitations of the study

Cross-Sectional

Measure of Family Conflict

Measure of Co-morbidity

Multiple Testing

Preliminary Study Results

Patients who live alone may not necessarily perform poorly in managing their illness--but they report higher psychological distress

Patients reporting difficulty in their relationship with their spouse/partner are more likely to have lower perception of their health

Patients reporting difficulty in their relationship with their spouse/partner are more likely to report higher psychological distress

Patients reporting difficulty in their relationship with their spouse/partner are less likely to use Info-Santé

Patients with more than one chronic health problem are more likely to use health services (GP, Specialist, Other HP)

Patients with more than one chronic health problem are more likely to have lower perception of their health

Patients with more than one chronic health problem are more likely to report higher psychological distress

Patients with more than one chronic health problem are less likely to use Info-Santé

Avenues for intervention

1. Improve understanding of what makes a good couple relationship (does being married provide more consistent support?)

2. Target interventions to relationships not just individuals

Avenues for intervention

3. Improve understanding of the phenomenon of multiple morbidities

4. Proactive role of Info-Santé?

CONCLUSION

Units of Analysis of an eco-system: A useful strategy

Importance of the quality of the relationship with the spouse/partner

Patients with multiple chronic health problems +++

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