

Living with ulcerative colitis in Iran: Discovery of psychological problems

Sir,

Ulcerative colitis (UC) is one of the chronic inflammatory bowel diseases (IBDs) with unknown etiology.^[1] Living with any chronic health condition can challenge person's daily functioning and his/her emotional and psychological well-being. This challenge may be increased in IBD, because course and symptoms of the disease fluctuate unpredictably from an active to inactive periods.^[2] It sounds that psychological factors and disease activity are concomitant in a self-perpetuating cycle with devastating effects for IBD patients.^[3] However, the UC patients' common experiences in the domain of the psychological factors have not been investigated, at least in Iranian patients.

In a study with a phenomenological qualitative design, the participants were recruited using purposeful sampling from the IBD Outpatient Clinic of Isfahan University of Medical Sciences and private office. The sampling was done in such a way as to encompass greatest variation in the diagnosis and duration of UC, age, and sex ($n = 26$). The interviews started with one open-ended question: Could you please describe your emotional problems related to living with UC? In order to encourage participants to elaborate on and explain their problems for accessing deeper aspects of the phenomenon, probing questions were applied. Then, the researcher listened to the recorded files and transcribed verbatim them. At the end, the data were analyzed using seven-step Colaizzi's method. The findings included two main concepts: quality of life and perception [Table 1].

This study using qualitative method identified more common physical/psychological variables in UC patients, which are similar to results of the quantitative researches in this regard. In these patients, the researchers consider fatigue, disease-related concerns, and illness perception as significant as other variables such as psychological stress, emotional problems, and disease activity that have been addressed often in various studies. All of these variables can impact quality of life.^[4,5] Given the findings, a quality of life model can be presumed for these patients [Figure 1]. Quality of life is one of the important issues in IBD patients and

Table 1: Categories and subcategories

Quality of life
Somatic symptoms
Disease activity
Comorbidities symptoms or diseases
Chronic fatigue
Persistent weakness feeling
Interference weakness with function
Self-care
Follow-up on therapeutic measures
Acceptance and adhering to drug therapy
Personalized management of physical symptoms
Stress management
Healthy health behaviors
Follow-up of psychological treatments
Emotional problems
Experience negative emotions
Loss of experience positive emotions
Perception
Perceived stress
Stressful stimuli
Susceptible personality to stress
Relation of stress to disease
Illness perception
Perception of the impact of the disease
Attitude toward UC
Personal control of the disease
Perception of the cause of the disease
Evaluation of the disease and symptoms
Duration and effect of disease treatment
Disease-related concerns and worries
Medications
Nature of disease
Cancer
Life's major concerns
Costs

UC=Ulcerative colitis

it has been evaluated in various studies and takes into account as one of the treatment goals for IBD.

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Conflicts of interest

There are no conflicts of interest.

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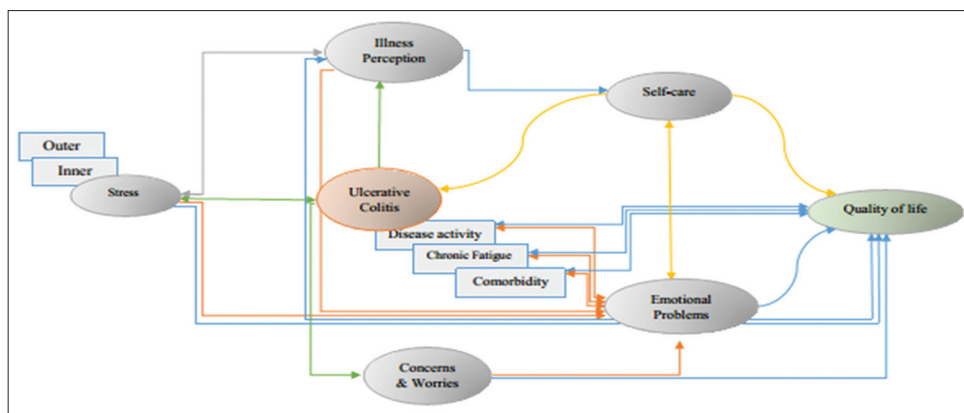


Figure 1: Conceptual model of psychological variables of ulcerative colitis

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