Abstract 1578

DYADIC COPING PATTERNS IN ADOLESCENTS WITH TYPE 1 DIABETES AND THEIR MOTHERS

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Relatively little attention has focused on the influence of parental coping styles on adolescent’s adjustment to illness. The effect of parental coping on children may be especially important because mothers are typically heavily involved in their child’s illness management. Eighty-one mother-adolescent dyads participated in this study. Adolescents were between 10 and 15 years of age and diagnosed with type 1 diabetes. Both mothers and adolescents completed measures of maternal involvement in diabetes management and positive affect. They also completed a structured interview in which they described a recent diabetes stressor and listed three strategies they used to cope with the stressor. These strategies were then coded. Adolescents reported their coping styles changing as a function of who was primarily responsible for diabetes management. As the child assumed more responsibility, he/she engaged in more problem focused coping (p<.05) and less emotion focused coping (p<.01). The more involved mothers were in the diabetes management tasks, the more emotion focused coping she employed (p<.01). Overall problem focused and emotion focused coping were unrelated to psychological adjustment and adherence in adolescents. However, regression analyses revealed that the variables interacted in a complex manner. A three-way interaction was found such that the effect of problem-focused coping in adolescents and their mothers interacted with diabetes responsibility (p<.08).

Best overall positive mood for the adolescent occurred when both mother and child used problem focused coping and the mother was highly involved in diabetes management. These results suggest that mother’s coping, as well as her involvement in diabetes management are important in understanding the adjustment of adolescents to diabetes.

Abstract 1520

PREDICTORS OF FATIGUE IN FIBROMYALGIA

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In a longitudinal design, we evaluated a model that examined predictors of fatigue in fibromyalgia (FM) patients. Specifically, in the first phase of this research with aggregated (averaged) data, we examined the contribution of active and passive pain coping to pain and depression which, in turn, were hypothesized to lead to increased fatigue. In the second phase of the research using disaggregated data, we examined whether depression would mediate the effects of pain on fatigue. The sample consisted of 52 patients with confirmed diagnoses of FM. The sample was predominantly female (92%), Caucasian (88%), and of middle to upper-middle class socioeconomic background. The mean age of the sample was 53 years old, and the average duration of illness was 11 years. During a psychosocial interview, patients completed the Passive and Active Coping Scales of the Pain Management Inventory along with other measures of their health status. For each of the 5 following months, pain, depression, and fatigue were assessed during a telephone interview. Pain was measured by the AIMS Pain Scale; depression by the CES-D; and fatigue by an adapted version of the Multidimensional Assessment of Fatigue (Tack, 1990). Findings from the first phase demonstrated that passive coping contributed to higher pain (ß=.51, p<.001) and depression (ß=.26, p<.05). Pain (ß=.27, p<.05) and depression (ß=.54, p<.001) significantly predicted higher fatigue, as well as mediated the effects of passive coping on fatigue. The analysis of disaggregated data revealed that pain contributed to greater depression (ß=.27, p<.001) which led to higher fatigue (ß=.38, p<.001). Pain, however, retained a significant, independent relationship with fatigue (ß=.13, p<.05). The findings thus confirm a disruptive cyclical pattern characterized by the contribution of maladaptive pain coping to both pain and depression which, in turn, contribute to greater fatigue.