Health Psychology

Course Review & Exam info

Final Exam

Chapters 8 to 15
- Chapter 8: Using Health Services
- Chapter 9: Patient Provider Relations
- Chapter 10: Pain and It’s Management
- Chapter 11: Management of Chronic Illness
- Chapter 13: CHD, Hypertension, Stroke, Diabetes
- Chapter 14: PNI, AIDS, Cancer, Arthritis, IBD
Final Exam

- Focus on Canadian Stats and health care system, not American
  - Disregard anything to do with HMO’s, DRG’s etc.
- Responsible for all assigned readings, prep guides, lecture notes and lecture materials (internet, video, lecture discussions, etc.).
- Final exam is worth 40% of your overall grade.
- 50 multiple choice questions worth 50% of final so that = 20% of your overall grade.

Final Exam

First part is like a second midterm covering material post midterm
- 50 multiple choice questions worth - 50 pts.
- Short answer questions – 30 pts.
- 3 bonus points as before
- Second part is comprehensive
  - 1 applied question – 15 pts.
  - 1 brief essay question that tests how well you have assimilated the course concepts – 5 pts.
Final Exam

Multiple choice questions can be
- Factual - memorization
- Definitional – memorization and understanding
- Conceptual – understanding
- Applied – understanding and application

Short answer questions
- Name/list 2-3 of the ……
- Similar to pre guide questions

Final Exam

Comprehensive questions
- Can include material from entire course
  - Applied examples
    - Find and define key concepts from the course
    - Many possible answers
    - You choose which ones to locate and define/explain
    - Choose best answer to maximize points – less accurate or precise answers will earn lower points.
Spot the Health Psychology at work

Diane has recently been diagnosed with arthritis even though she is only in her early 20’s. The diagnosis has hit her hard and she has been having difficulty getting motivated to do any of the things that she previously enjoyed and has also had difficulty getting a good night’s sleep. To make it worse, she has cancelled the last few weekly gatherings with her friends, and now her friends seemed to have stopped inviting her out. She worries a lot about what her life will be like now and has also found that her pain seems to be getting worse. But what is troubling her most is the burning sensation in her stomach that she has been experiencing. She notes that she has not been eating anything spicy or that she thinks might upset her stomach. She decides to make an appointment with her doctor to get some answers.

Her own doctor is on leave so she has to see a new doctor. Upon arrival at the doctor’s office Diane limps over to the examining room and winces as she sits down. She tells this new doctor about how tired and fatigued she has been feeling, how the pain has gotten worse, and how she hasn’t felt like doing too much because her joints hurt so much all the time. She also mentions that now her stomach is burning. The doctor is sympathetic, but tells her that the fatigue and soreness are to be expected due to the arthritis. This doctor is also interested in knowing more about the stomach pain and asks if it started just after she started her new medications. Diane says yes, and the doctor suggests that this may be due to the type of anti-inflammatory she has been taking which is known to cause stomach problems. The doctor tells her about several other alternative medications which wouldn’t have these same effects and asks if Diane would like to switch her medication. After Diane agrees to switch the doctor writes her a new prescription and tells her to stop taking the other medication once she has the new medication. Diane decides that it is better to finish the other medication to save money before getting her new prescription filled.

Tips for answering…

- Always choose the more precise term/concept if one exists.
- Your definition/explanation should not just be a repeat of where the term/concept is located
- Do not try to read too much into the scenario:
  - Support for your answer should be directly linked to the scenario, not to speculation
  - If you can make a solid case for why the scenario is an example of your term/concept you will get the points
Some possible answers…

- Depression?
- Chronic illness is associated with depression?
- Incidence of depression in young adults with chronic illness is much higher than in older adults

- Non-adherence
- Creative non-adherence
- Adherence rates are lower when patients do not trust their doctors

- Social support
- Erosion of social support

Exercise to test your knowledge of coping…

- Can you identify specific types of different coping strategies used by people to cope with chronic illness?
- Recall the general types of coping strategies that may be used.
Coping with Arthritis

Arthritis

“I take a weekend off. I sit on my butt all weekend. I read. I take bubble baths. I take naps.”
“I try my best not to ask for help. Hide that I’m experiencing pain. Try to keep an optimistic view. But I get into a depression.”
“Ignore it as much as possible and focus on something else.”
“Slow down and pace myself.”
“I have not really learned to cope very well yet. I have only had it for about 9 months.”
“Lay down; take medicine; cry; vent to my partner; Pray.”
“I just try to accept what I can and can’t do. I’m learning to accept my limitations.”
“I use visualization. I picture myself on a warm beach swimming in the water and take myself there mentally.”
“I retreat into a shell - I hurt and I know that I treat people like crap (and I don’t want to do that) when I feel that.”
“I talk about it to family and friends. Or I just get real quiet and need to be left alone…”

Coping with IBD

IBD

“Talk to my friend whose husband has Crohn’s disease. Read up on the disease to find ways to cope.”
“Pamper myself, read a good book, use a heating pad or soak in a hot tub.”
“Watch a movie, have a nap, take various narcotics.”
“Try to keep a positive attitude, there are people far worse off…”
“I haven’t figured out how to cope with it yet. Mostly it just depresses me.”
“Talk to my husband, friends. Use the internet for support.”
“I use drugs! Cannabis.”
“I write my thoughts and feelings down in different forms. I keep a journal and also write poetry and songs.”
“I try very hard to ignore it, living as far as possible into the center of denial.”
“I always try to have a sense of humour, and to stay positive. If I didn’t do that I would be depressed and crusty all the time.”
“I pray and meditate a good bit.”
Sample Multiple Choice Questions

The sensory aspect of pain seems to be determined primarily by
a) A-delta fibers.
b) C-fibers.
c) the limbic system.
d) the cerebral cortex.

Sample Multiple Choice Questions

The doctor tells you that the new medicine she has given you will take one hour to work, will make you feel less congested and will last for 4 hours. With respect to placebo salient cues, this best illustrates the power of _____________ in the placebo effect.
a) informational cues
b) interactional cues
c) physical cues
d) causal cues
Sample Multiple Choice Questions

In the study by Sirois, Davis, & Morgan (2006), which of the following control constructs did NOT predict adjustment to tinnitus?

a) Symptom control  
b) Retrospective control  
c) Self-efficacy  
d) General control over health

Sample Multiple Choice Questions

Kiecolt-Glaser, et al. (1993) examined the effects of marital conflict on the immune system functioning of newlyweds. They found that

a) negative immune system changes were significantly related to avoidant coping behaviors  
b) negative immune system changes were significantly related to problem solving behaviors  
c) those who were more hostile/negative showed more negative immune system changes  
d) all of the above
Osteoarthritis

a) affects the small joints of the wrists, hands, and feet.
b) involves the destruction of the bone and muscle tissue of the joint.
c) involves the deterioration of cartilage in weight-bearing joints.
d) none of the above.

Sample Multiple Choice Questions

Which of the following is not a common complication of Diabetes?

a) amputation
b) gall stones
c) blindness
d) cardiac event