

Poster presentation

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Coping styles predict immune system parameters and clinical outcomes in patients with HIV

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Background

The Type C coping style, characterized by nonrecognition and nonexpression of negative emotions and dyssynchrony between psychological and physiological responses to stress, has been associated with disease progression in both cancer and HIV, as well as with unfavorable immune parameters. The present study expands this work to examine other theoretically maladaptive coping patterns.

Methods

Participants were 273 HIV-positive adults (54% male, 94% African-American) recruited from inpatient and outpatient units of an inner-city U.S. hospital. Coping was assessed using the Temoshok Vignette Similarity Rating Method, adapting the previous assessment to reflect additional coping constructs.

Results

Patients with a hopeless, emotionally despairing coping style had lower CD4+ counts ($r = -0.134$, $p = 0.05$) and higher VLs ($r = 0.165$, $p = 0.03$), and were more likely to be hospitalized during the 6-month follow-up period ($t(60) = 1.876$, $p = 0.07$). Patients with a hostile, angry coping style had higher VLs ($r = 0.179$, $p = 0.02$) and were more likely to be hospitalized during follow-up ($t(74) = 1.89$, $p = 0.06$). Patients with an ashamed, repressive coping style had lower CD4+ counts ($r = -0.152$, $p = 0.026$). Differences in clinical outcomes could not be explained by differences in medication adherence.

Conclusion

These findings suggest that psychological interventions to modify maladaptive coping may have a positive impact on disease outcomes, as well as psychosocial health.