Adherence in Cardiovascular Disease:
The Role of Positive and Negative Metacognitive Worry Beliefs

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This thesis is submitted in partial fulfillment of the Honours degree of Bachelor of Psychological Science

School of Psychology
The University of Adelaide
October 2016

Word Count: 11,740
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<th>Meaning</th>
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<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorders Identification Test</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behaviour Therapy</td>
</tr>
<tr>
<td>CHAMPS</td>
<td>Cardiovascular Health in Anxiety or Mood Problems Study</td>
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<tr>
<td>CR</td>
<td>Cardiac rehabilitation</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardiovascular Disease/s</td>
</tr>
<tr>
<td>DASS</td>
<td>Depression, Anxiety, and Stress Scales</td>
</tr>
<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
</tr>
<tr>
<td>EUC</td>
<td>Enhanced Usual Care</td>
</tr>
<tr>
<td>GAD</td>
<td>Generalized Anxiety Disorder</td>
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<tr>
<td>GATS</td>
<td>Global Adult Tobacco Survey</td>
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<tr>
<td>HREC</td>
<td>Human Research Ethics Committee</td>
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<tr>
<td>HRQoL</td>
<td>Health-related quality of life</td>
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<td>MaSCS</td>
<td>Metacognitions About Symptom Control Scale</td>
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<tr>
<td>MINI</td>
<td>Mini International Neuropsychiatric Interview</td>
</tr>
<tr>
<td>MOS-SAS</td>
<td>Medical Outcomes Study Specific Adherence Scale</td>
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<tr>
<td>NMWB</td>
<td>Negative metacognitive worry beliefs</td>
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<td>OASIS</td>
<td>Overall Anxiety Severity and Impairment Scale</td>
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<tr>
<td>PHQ</td>
<td>Patient Health Questionnaire</td>
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<tr>
<td>PMWB</td>
<td>Positive metacognitive worry beliefs</td>
</tr>
<tr>
<td>SF-12</td>
<td>Short Form 12-Item Health Survey</td>
</tr>
<tr>
<td>TQEIH</td>
<td>The Queen Elizabeth Hospital</td>
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Declaration

This thesis contains no material which has been accepted for the award of any other
degree or diploma in any University, and, to the best of my knowledge, this thesis contains no
materials previously published except where due reference is made. I give consent to this copy of
my thesis, when deposited in the University Library, being available for loan and photocopying.

Ronette B. Pinto

October, 2016
Acknowledgments

I wish to extend my deepest gratitude to Dr. Phil Tully for making me a part of his CHAMPS research project, for his constant guidance, and for contributing his wealth of knowledge and expertise. Despite being overseas throughout this year, his immediate replies to every single one of my emails always made me feel supported. I also wish to sincerely thank Dr. Linley Denson for her careful consideration of ideas, for sharing her depth of knowledge and valuable insight, and for her warm and approachable manner. I am grateful for the support, encouragement, and critical feedback I received from both my supervisors throughout every stage of this year.

My deepest thanks also go to Nathan Harrison and Peter Cheung from The Queen Elizabeth Hospital. Their diligent help was instrumental during both the ethics approval and the data collection phases of this project. I really appreciate how much easier my year was made thanks to their assistance.

Finally, a special thank you to my family and friends, especially Mum and Dad. Their unwavering patience and constant interest in my progress kept me motivated through every challenge I faced this year. I feel blessed to have them, and hope to continue making them proud.
Abstract

On a national and global scale, cardiovascular disease (CVD) poses deleterious consequences for individual mortality and morbidity, and for broader health economics. Enhancing patient adherence is crucial for secondary prevention and improving health-related quality of life (HRQoL). Health psychology research to date is characterised by limited and inconsistent findings regarding the role of worry. Specifically, research has failed to investigate the positive and negative beliefs held by individuals regarding their worry processes. The current study utilized the Metacognitive Model of Generalized Anxiety Disorder as a theoretical basis for quantitatively testing if adherence to CVD-specific recommendations, HRQoL, and engagement in health behaviours were differentially associated with positive and negative metacognitive worry beliefs. The study adopted a mixed-methods design to further qualitatively explore satisfaction with medical care, adherence barriers, facilitators, and self-reported levels of adherence. Self-report data (N = 33) were analysed using linear and logistic regressions; qualitative data from brief semi-structured telephone interviews (N = 30) were analysed through content analysis. Results indicated that metacognitive worry beliefs were only partially associated with outcomes, whereas interviews elicited other psychological variables that are potentially more salient than worry. Adherence barriers and facilitators ranged across factors pertaining to the individual, the illness, and the medical practitioner. These findings have practical implications for the development of interventions that can enhance adherence, reduce mortality and morbidity, and ultimately benefit Australia's health care system. Worry and worry beliefs are worthy of further investigation in larger, more inclusive CVD samples free from social desirability and external validity limitations.