

Research Paper

The Effectiveness of Cognitive Rehabilitation on Quality of Life, Psychological Flexibility and Health Worry in Patients with Panic Disorder

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Abstract

Introduction: Panic disorder has many emotional, physical, and cognitive symptoms, and people suffer from a decline in health. Since the cognitive rehabilitation program is an effective method for improving health-related features, present research aimed to determine the effectiveness of cognitive rehabilitation on quality of life, psychological flexibility, and health worry in patients with panic disorder.

Methods: Present study was semi-experimental with a pretest and posttest design with the control group. The research population was patients with panic disorder of Ahvaz city in the 2020 year. About 40 people were selected by the available sampling method after reviewing the inclusion criteria and randomly replaced into two equal groups. The experimental group trained ten sessions of 45 minutes (two sessions per week) with the cognitive rehabilitation method, and the control group was placed on the waiting list for training. The research tools were the quality of life scale, psychological flexibility questionnaire, and health worry subscale in the anxious thoughts scale. Data were analyzed with appropriate statistical tests in SPSS-19 software.

Results: The findings showed that the experimental and control groups did not significantly differ in gender, education, age, and marriage ($P > 0.05$). Also, the pretest phase groups did not have a significant difference in terms of quality of life, psychological flexibility, and health worry ($P > 0.05$). Still, in the posttest, a phase has a substantial difference in terms of all variables of quality of life, psychological flexibility, and health worry ($P < 0.001$). Cognitive rehabilitation programs significantly increased quality of life and psychological flexibility and significantly decreased health worry in patients with panic disorder ($P < 0.001$).

Conclusions: The results indicated the effectiveness of cognitive rehabilitation program on quality of life and psychological flexibility, and decreasing health worry. Therefore, therapists and health experts can use the cognitive rehabilitation method and other ways to improve health-related features, especially in patients with panic disorder.

Extended Abstract

OBJECTIVE

Panic disorder has many emotional, physical, and cognitive symptoms and includes a period of intense fear and worry [1]. The prevalence of panic disorder is 1.5 to 5%, and women are two to three times more likely than

men to have it, and the quality of life of those suffering from it is significantly reduced [3]. Quality of life is an influential factor in mental health and multidimensional structures, including financial, emotional, physical, and

social satisfaction [4]. People with a high quality of life have a remarkable ability to adapt to stressful or challenging events and situations [6]. Other problems of people with the panic disorder include decreased psychological flexibility [7] and increased health worry [10]. Psychological flexibility means the ability to adapt to changing environmental stimuli. Due to the balance between different life areas, it has an influential role in increasing health and quality of life [8]. Also, health worry refers to health-related concerns and preoccupations in aspects of physical, mental and social that people have about their own lives or others' lives [12]. One way to improve health-related features to restore lost cognitive capacity by providing targeted stimuli and specific exercises is the cognitive rehabilitation method [13]. The mental rehabilitation program results from an integration of cognitive neuroscience and information technology based on the principle of brain flexibility [15]. Therefore, the present research aimed to determine cognitive rehabilitation's effectiveness on quality of life, psychological flexibility, and health worry in patients with panic disorder.

MATERIALS AND METHODS

The present research method was semi-experimental with a pretest and posttest design with experimental and control groups. The research population of this research was patients with panic disorder of Ahvaz city in the 2020 year. From between of population members number of 40 people after reviewing the inclusion criteria to study were selected by the available sampling method and randomly replaced into two equal groups (each group 20 people). The experimental group trained ten sessions of 45 minutes (two sessions per week) with a rehabilitation counseling specialist's cognitive rehabilitation method. The control group was replaced on the waiting list

for training. After expressing ethical considerations (principles of secrecy, the confidentiality of personal information, privacy of the subjects, etc.) and receive from of consent conscious participation in research, the research firm to collect data use from specifications demographic form including gender, education, age, and marriage, World Health Organization quality of life scale, Bond & et al. psychological flexibility questionnaire and Wells & Davies health worry subscale in the anxious thoughts scale. In the present study, the reliability was calculated by Cronbach's alpha coefficients for quality of life, psychological flexibility, and health worry in the patients with panic disorder 0.86, 0.77, and 0.80, respectively. Data were analyzed with chi-square tests, independent t, and multivariate analysis of covariance (MANCOVA) in the SPSS-19 software at a significant level of $P < 0.01$.

RESULTS

The findings showed no significant difference between the experimental and control groups regarding gender, education, age, and marriage in patients with panic disorder ($P > 0.05$). Also, there was no significant difference between the experimental and control groups in the pretest stage in terms of quality of life, psychological flexibility, and health worry in patients with panic disorder ($P > 0.05$), but there was a significant difference between the mentioned groups in the posttest stage in terms of their quality of life, psychological flexibility and health worry variables ($P < 0.05$) (Table 1). In other words, cognitive rehabilitation program led to significantly increased quality of life and psychological flexibility and decreased health worry in patients with panic disorder ($P < 0.001$) (Table 2).

Table 1. T-Test Results

Variables	Experimental Group M±SD	Control Group M±SD	P-Value
Quality of life			
Pre-test	37.050±4.882	36.050±4.447	0.504
Post-test	42.450±4.512	35.450±3.993	0.001
Psychological flexibility			
Pre-test	27.200±4.663	27.900±4.983	0.649
Post-test	21.850±4.428	28.300±5.161	0.001
Health worry			
Pre-test	15.150±3.166	15.300±3.798	0.893
Post-test	11.550±2.305	15.600±3.424	0.001

Table 2: The multivariate analysis of covariance results

Variables	Source	Sum of Squares	Df	Mean Squares	F	P-Value	Eta Squared	Test Power
Quality of life	Group	365.262	1	365.262	183.798	0.001	0.840	1.000
Psychological flexibility	Group	352.871	1	352.871	75.952	0.001	0.685	1.000
Health worry	Group	147.211	1	147.211	214.992	0.001	0.860	1.000

CONCLUSION

The present study results showed the cognitive rehabilitation program's effect on the quality of life and psychological flexibility and decreasing health worry in patients with panic disorder. These results have practical

implications for therapists and health experts of psychological service centers and clinics to improve health-related features, so planning to use cognitive rehabilitation to improve health-related psychological features, especially quality of life, psychological

flexibility, and health worry essential. Therefore, therapists and health experts can use the cognitive rehabilitation program method and other rehabilitation methods to increase life quality and psychological flexibility and decrease health worry.

Ethical Considerations

In this study, ethical points according to Helsinki studies' ethical protocols were done and received moral code from Islamic Azad University of Ahvaz branch with several IR.IAU.AHVAZ.REC.1399.056. Also, the research consent form was signed by all participants.

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Author's Contribution

In this study, Mrs. Baratpour was responsible for data collection and initial writing of the article. Mrs. Dashtbozorgi was responsible for data analysis and the final review of the paper.

Conflict of Interest

There is no conflict of interest between the authors of the present study.

Applicable Remarks

Regarded to the relatively high prevalence of panic disorder and the many problems that these people have in the field of psychological health mainly decreased quality of life and psychological flexibility and increased health worry, cognitive rehabilitation program was able to increase the quality of life and psychological flexibility and decrease health worry in patients with panic disorder. Therefore, therapists and health experts can use this research as a new perspective to enhance health-related features. As a result, cognitive rehabilitation methods in health and care policies related to chronic disorders such as panic disorder can play an important role in improving psychological features associated with the health of patients with panic disorder.

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