

Living with ulcerative colitis in Iran: Discovery of psychological problems

Sir,
Ulcerative colitis (UC) is one of the chronic inflammatory bowel diseases (IBDs) with unknown etiology.^[1] Living with any chronic health condition can challenge person's daily functioning and his/her emotional and psychological well-being. This challenge may be increased in IBD, because course and symptoms of the disease fluctuate unpredictably from an active to inactive periods.^[2] It sounds that psychological factors and disease activity are concomitant in a self-perpetuating cycle with devastating effects for IBD patients.^[3] However, the UC patients' common experiences in the domain of the psychological factors have not been investigated, at least in Iranian patients.

In a study with a phenomenological qualitative design, the participants were recruited using purposeful sampling from the IBD Outpatient Clinic of Isfahan University of Medical Sciences and private office. The sampling was done in such a way as to encompass greatest variation in the diagnosis and duration of UC, age, and sex (*n* = 26). The interviews started with one open-ended question: Could you please describe your emotional problems related to living with UC? In order to encourage participants to elaborate on and explain their problems for accessing deeper aspects of the phenomenon, probing questions were applied. Then, the researcher listened to the recorded files and transcribed verbatim them. At the end, the data were analyzed using seven-step Colaizzi's method. The findings included two main concepts: quality of life and perception [Table 1].

This study using qualitative method identified more common physical/psychological variables in UC patients, which are similar to results of the quantitative researches in this regard. In these patients, the researchers consider fatigue, disease-related concerns, and illness perception as significant as other variables such as psychological stress, emotional problems, and disease activity that have been addressed often in various studies. All of these variables can impact quality of life.^[4,5] Given the findings, a quality of life model can be presumed for these patients [Figure 1]. Quality of life is one of the important issues in IBD patients and

Table 1: Categories and subcategories	
Quality of life	
Somatic symptoms	
Disease activity	
Comorbidities symptoms or diseases	
Chronic fatigue	
Persistent weakness feeling	
Interference weakness with function	
Self-care	
Follow-up on therapeutic measures	
Acceptance and adhering to drug therapy	
Personalized management of physical symptoms	
Stress management	
Healthy health behaviors	
Follow-up of psychological treatments	
Emotional problems	
Experience negative emotions	
Loss of experience positive emotions	
Perception	
Perceived stress	
Stressful stimuli	
Susceptible personality to stress	
Relation of stress to disease	
Illness perception	
Perception of the impact of the disease	
Attitude toward UC	
Personal control of the disease	
Perception of the cause of the disease	
Evaluation of the disease and symptoms	
Duration and effect of disease treatment	
Disease-related concerns and worries	
Medications	
Nature of disease	
Cancer	
Life's major concerns	
Costs	

UC=Ulcerative colitis

it has been evaluated in various studies and takes into account as one of the treatment goals for IBD.

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Conflicts of interest
There are no conflicts of interest.

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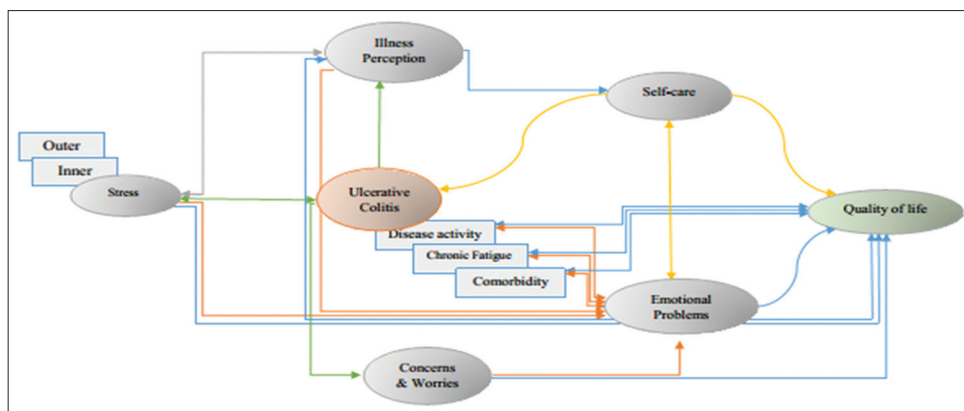


Figure 1: Conceptual model of psychological variables of ulcerative colitis

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