EMOTION DYSREGULATION AS A MODERATOR OF STRESS ON PHYSICAL HEALTH FUNCTIONING IN CARDIAC PATIENTS

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Introduction: Although perceived stress has been shown to impede health and recovery of cardiac patients, few studies have investigated the role of emotion dysregulation in the association between stress and health deterioration.

Method: Participants were 164 cardiac patients (mean age = 63 [SD=9] years) who participated in a community-based cardiac rehabilitation program, and 101 of them also completed a 3-month follow-up. Participants completed measures tapping perceived stress, difficulties with emotion regulation, and physical health functioning. Medical record reviews were conducted. Hierarchical multiple regressions were performed to examine whether perceived stress and emotion dysregulation contributed to lower physical health functioning at baseline and at 3 months and whether emotion dysregulation exacerbated the negative impact of stress.

Results: After adjusting for age, education, gender, and months in rehabilitation, both stress (β=-.39, p<.01) and emotion dysregulation (β=-.30, p<.01) independently predicted lower baseline physical functioning in separate models. In the combined model, while only stress, but not emotion dysregulation, was significantly associated with lower baseline physical functioning, there was a significant stress by emotion dysregulation interaction (β=-.20, p<.01). That is, for patients with higher emotion dysregulation, stress showed a greater detrimental impact on physical functioning.

In prospective analysis, stress (β=-.40, p<.01) and its increase over time (β=-.18, p<.05) predicted physical functioning decline at 3 months, and the stress by emotional dysregulation interaction was not significant.

Conclusion: Both perceived stress and emotional dysregulation may be targets of psychosocial intervention for cardiac patients, and improving emotion regulation may further ameliorate the negative impact of stress.

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