

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

**Ronette B. Pinto**

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School of Psychology  
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## List of Abbreviations

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

## **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.

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## 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.