(S116) COMPARISON OF GENERAL AND MULTIPLE SCLEROSIS–SPECIFIC HEALTH LOCUS OF CONTROL
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Background: Health locus of control (HLOC) refers to an individual’s beliefs about the extent of control over health outcomes. It has been associated with health knowledge and self-care practices in chronic disease populations. Internal HLOC reflects a belief that the person has control of health outcomes, and external HLOC (eg, things due to chance, influence of other people) reflects a belief that other variables control outcomes. People with multiple sclerosis (MS) may have different HLOC profiles if asked specifically about MS versus their general health. Measuring MS-specific HLOC could provide novel information with implications for symptom management and treatment. Objectives: Compare participants’ MS-specific and general HLOC.

Methods: Forty participants (33 female; mean ± SD age, 51.6 ± 9.4 years; mean ± SD MS duration, 9.6 ± 8.7 years) provided demographic information and completed two parallel forms (general and MS-specific) of the Multidimensional Health Locus of Control Scale. The first form asked questions about general HLOC (“Most things that affect my health happen to me by accident”), and the second form focused on MS-specific HLOC (“Most things that affect my MS happen to me by chance”). Both forms have 18 items and use a 6-point Likert scale. Three subscales were used to assess internal (Internal) and external (Chance and Doctors) HLOC. Paired t tests were conducted to examine differences on the subscales. Results: There was a statistically significant difference (t = 6.86, P = .00) between the general HLOC Internal subscale (mean ± SD, 25.95 ± 4.3) and the MS-specific HLOC Internal subscale (21.16 ± 5.01). Higher scores indicate stronger locus of control. A significant difference (t = −5.13, P = .00) between general HLOC Doctors subscale (9.30 ± 3.5) and the MS-specific Doctors subscale (11.88 ± 3.3) was also observed. No difference between general and MS health was seen for the Chance subscale (t = −1.3, P = .20). Conclusions: Participants reported having less internal control for MS-specific than for general HLOC. External control by doctors was greater for MS HLOC. External control associated with Chance was the same for MS versus general HLOC, an interesting finding considering the often unpredictable nature of MS disease progression. Research focusing on MS should use the MS HLOC scale to best capture beliefs about MS health outcomes.

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