Cardiac Patients’ Psychosocial Needs

Implications for Rehabilitation Programs and CACR Guidelines

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The INTERHEART study (2004) concluded that: “Raised cholesterol, smoking and psychosocial [stress] factors were the most important risk factors [for heart attack] in all regions of the world.” p. 943

In Cardiac Rehab (CR), we are now in the ‘post-INTERHEART era’: the importance of addressing psychosocial factors in the rehab process is accepted unequivocally

So, what psychosocial intervention is provided, to whom, how and when?
Best Practice at Toronto Rehab

Definition of Best Practice:
“An approach to planning and delivery of patient care that is
- patient centered,
- research and outcome-based,
- refined through quality improvement and
- benchmarking”

CACR Guidelines* for Cardiac Rehab

1. Develop routine screening protocols
2. Provide Individual Treatment for Depression & Anxiety
3. Provide Group Treatments for Stress & Self-Management
4. Address return to work issues by providing Vocational Rehab assessments
5. Provide Continuing Education of all Supervisors on the track (front line)

CACR Guidelines (2nd Edition)

Advocates screening and treatment for specific psychosocial needs:

- Depression
- Anxiety
- Alcohol and Substance Abuse
- Chronic Stress
- Self-Management for Lifestyle and Non-adherence

*But, how does one set priorities for programming and staffing?*

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The Process Circle to Develop Best Practices

- Start with the Patient → Patient Need
- Evaluate
- Implement and Facilitate
- Prepare
- Gap Analysis
- Determine Best Practice
- Review Present Practice
- Sustain

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A Patient Centered Review

- Prospective study of consecutive CR patients
- Patients were selected by Cardiac Supervisors on basis of inability to meet their exercise prescription
- Study cohort includes every patient assessed by the psychologist across one full year
- Files were reviewed for:
  - Chief complaint (1° and 2° presentation)
  - DSM-IV diagnoses (1° and 2°)
Co-Morbid Health Conditions

Health Conditions reported by patients:

- 90% had had a Cardiac event
- 23% had also had a Stroke
- 19% had been diagnosed with Diabetes
- 15% reported a psychiatric history
- 15% reported angina

Not only Cardiac patients, but patients with multiple health concerns and challenges
CACR Guidelines (2nd Edition)

Advocates screening and treatment for specific psychosocial needs:

- Depression
- Anxiety
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What conditions do you expect are seen most typically?

Results: Chief Complaints

<table>
<thead>
<tr>
<th>Condition</th>
<th>87 Men</th>
<th>31 Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Stress</td>
<td>41 %</td>
<td>32 %</td>
</tr>
<tr>
<td>Anxiety &amp; Anger</td>
<td>40 %</td>
<td>42 %</td>
</tr>
<tr>
<td>Depression</td>
<td>29 %</td>
<td>48 %</td>
</tr>
<tr>
<td>Chronic Stress</td>
<td>27 %</td>
<td>13 %</td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>19 %</td>
<td>23 %</td>
</tr>
<tr>
<td>Substances and Lifestyle</td>
<td>15 %</td>
<td>19 %</td>
</tr>
</tbody>
</table>

No significant differences between men and women at assessment
Chief Complaints

118 consecutive CR Patients
(men and women combined)

Results: Psychiatric Diagnoses

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>87 Men</th>
<th>31 Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diagnosis</td>
<td>1 %</td>
<td>6 %</td>
</tr>
<tr>
<td><strong>Axis I Conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>32 %</td>
<td>42 %</td>
</tr>
<tr>
<td>Anxiety &amp; Anger</td>
<td>35 %</td>
<td>23 %</td>
</tr>
<tr>
<td>Sleep Disorder</td>
<td>18 %</td>
<td>19 %</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>13 %</td>
<td>16 %</td>
</tr>
<tr>
<td>Substances and Lifestyle</td>
<td>12 %</td>
<td>12 %</td>
</tr>
<tr>
<td><strong>Axis IV (People Stress)</strong></td>
<td>51 %</td>
<td>45 %</td>
</tr>
</tbody>
</table>

*No significant differences* between men and women at assessment
Psychiatric Diagnoses

Anxiety & Anger 14%
Adjustment Disorder 19%
Sleep Disorders 33%
Anxiety & Anger 34%
Depression 50%
Substances and Lifestyle 12%

118 consecutive CR Patients
(men and women combined)

Meeting Patient Needs

Programming requirements for Cardiac Rehab (CR) patients:
- 146 of 1650 patients enrolled in CR required diagnostic workup (triage)
- Of the 118 assessed CR patients,
  - 45% required individual therapy, most for anxiety and depression, and
  - 22% required referral for psychiatric consultation
Meeting Patient Needs

The diversity of patient problems seen clustered in three domains, which would lend themselves to treatment with Group programs focusing on skills acquisition in:

- Arousal reduction strategies ("Stress Management")
- Behavioural skills training to better manage chronic health conditions ("Self-Management")
- Social interaction and better understanding of their emotional reactions to their health condition ("Patient Support Group")

“People Stress”

Most (50%) had difficulties in interpersonal relationships. Examples include:

- Wife has an alcohol problem
- Son with Schizophrenic has a psychotic episode
- Husband has Diabetes and heart failure
- Son makes a suicide attempt
- Daughter’s marriage breaks down and has to move back into family home with two young children
Mood Disorders (34 %)

- Optimally, treatment requires both SSRIs and psychotherapy (CREATE study underlines use of SSRIs in management of CR depressed patients)
- Referral to psychiatrist means rapid identification of patient problem is key
- Ongoing co-ordination between front-line staff and treating team is very important
- Mood Disorders tend to be more prevalent among the female CR patients

Anxiety Disorders (33 %)

Contain a broad range of distinct clinical problems, that require unique treatment strategies
- Generalized Anxiety Disorder
- Angina management
- Angry outbursts
- Attention Deficit Disorder (4 adult cases)
Sleep Disorders (19%)

Were more prevalent than one might expect and are not fully integrated into the current CACR Guidelines:
- There are high levels of sleep disturbance among both depressed and anxiety patients
- Beyond that there are more patients who have sleep disruptions (triggered by surgery, or their heart problems) who need treatment
- Some patients have co-morbid sleep apnea, which should be investigated in the sleep lab

Substances and Lifestyle (7%)

Substance abuse problems were under-represented in this patient cohort
- Perhaps these patients are less likely to enroll in a Cardiac Rehab program
- Perhaps they don’t reveal their problem to their Supervisor
- Perhaps they are not ready to identify themselves, or feel too stressed to start
- Smoking, in particular, is among the most negative risk factors and requires more vigorous follow-up
Implications for CACR Guidelines

- Develop routine screening protocols: Cardiac patients present with broad range of needs (10% of all CR patients required psychosocial consultation)
- Triaging personnel require excellent diagnostic skills in the assessment of:
  - psychopathology,
  - health risks,
  - sleep disorders and
  - readiness to change
- Provide Individual Treatment for Depression & Anxiety (45% required & 22% referred for SSRIs ...)
- Provide Group Treatment for Stress Management (arousal reduction), Self-Management, and Emotional and Social Support (25% or more are likely to benefit)

Limitations: Sources of Bias

- No guarantee that all appropriate cases were identified (bias in referral)
- Small sample size from only one setting
- Determination of conditions is based on the judgment of one clinician
- Data is based on clinical interview only
- Further attention to patient needs in Rehabilitation programs would be helpful
References


