



6th Asian Preventive Cardiology & Cardiac Rehabilitation Conference
Cum 10th Certificate Course in Cardiac Rehabilitation
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Workshop IV

A Psychological Approach to Disease Management for Cardiac Patients

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Challenges Our Cardiac Patients Faced

- ❖ The impact of a heart disease is often much more than a person's heart. The consequences of heart disease on a person's physical capability and daily functioning can impose multi-dimensional and long-term psychological burden on our patients
 - Fear and shock after having a major cardiac event / surgery
 - Elevated death anxiety and sense of uncertainty about the future
 - Guilt and shame about previous habits that might increase the risk of having a heart disease
 - Embarrassment and self-doubt over diminished physical capabilities
 - Loss of confidence about one's ability to fulfill different social roles, e.g., being a productive employee, a caring parent, etc.
 - Stress to cope with the disease via long-term medication compliance, frequent medical appointment, change of lifestyle and diet control

Some Common Psychopathologies Related to Heart Disease

- ❖ Major Depressive Disorder
- ❖ Anxiety Disorders
 - Panic Disorder
 - Agoraphobia
- ❖ Cardiophobia (not a formal DSM-5 diagnosis)
- ❖ Trauma- and stressor-related disorders
 - Adjustment Disorder
 - Acute Stress Disorder
 - Posttraumatic Stress Disorder
- ❖ Somatic symptoms and related disorders
 - Somatic Symptom Disorder
 - Illness Anxiety Disorder

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Major Depressive Disorder

- ❖ The relationship between heart disease and Major Depressive Disorder is bi-directional
 - Following acute cardiac events, around 20% of individuals experienced a major depressive episode within a few weeks (Steptoe & Whitehead, 2005)
 - Depression consistently predicts morbidity and mortality among individuals with heart disease, including MI and CHD (Dornelas, 2008)
- ❖ Major Depressive Disorder affects the prognosis of heart disease through numerous behavioral pathways (Dornelas, 2012)
 - Decreased attendance to cardiac rehabilitation program
 - Problematic smoking and drinking
 - Substance abuse
 - Poor medication compliance
 - Physical inactivity

Major Depressive Disorder | DSM-5 Diagnostic Criteria

- ❖ Five (or more) of the following symptoms have been present during the same 2-week period and represent **a change from previous functioning**
 - Depressed mood most of the day, nearly every day
 - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (i.e., anhedonia)
 - Significant change in weight or appetite
 - Insomnia / hypersomnia
 - Psychomotor agitation / retardation
 - Fatigue
 - Feelings of worthlessness or excessive guilt
 - Diminished ability to think or concentrate, or indecisiveness
 - Recurrent thoughts of death

Major Depressive Disorder | Identify MDD among Cardiac Patients

- ❖ Despite the high prevalence estimates, depression is often underdiagnosed and untreated among cardiac patients
 - Some somatic symptoms of depression might resemble part of the normal recovery from a cardiac event, e.g., weight/appetite change, poor sleep, psychomotor retardation and fatigue
 - Stigma to mental illnesses
- ❖ Traditional markers of depression can be used to recognize MDD in cardiac patients
 - Persistent depressed mood
 - Anhedonia, i.e., incapacity to experience pleasure
 - Suicidality
 - Prior history of depression and other comorbid psychiatric conditions

Major Depressive Disorder | Identify MDD among Cardiac Patients

Living with heart disease - My story by Lois Trader
<https://www.youtube.com/watch?v=nov8DESw6Z4>

Major Depressive Disorder | Psychological Intervention

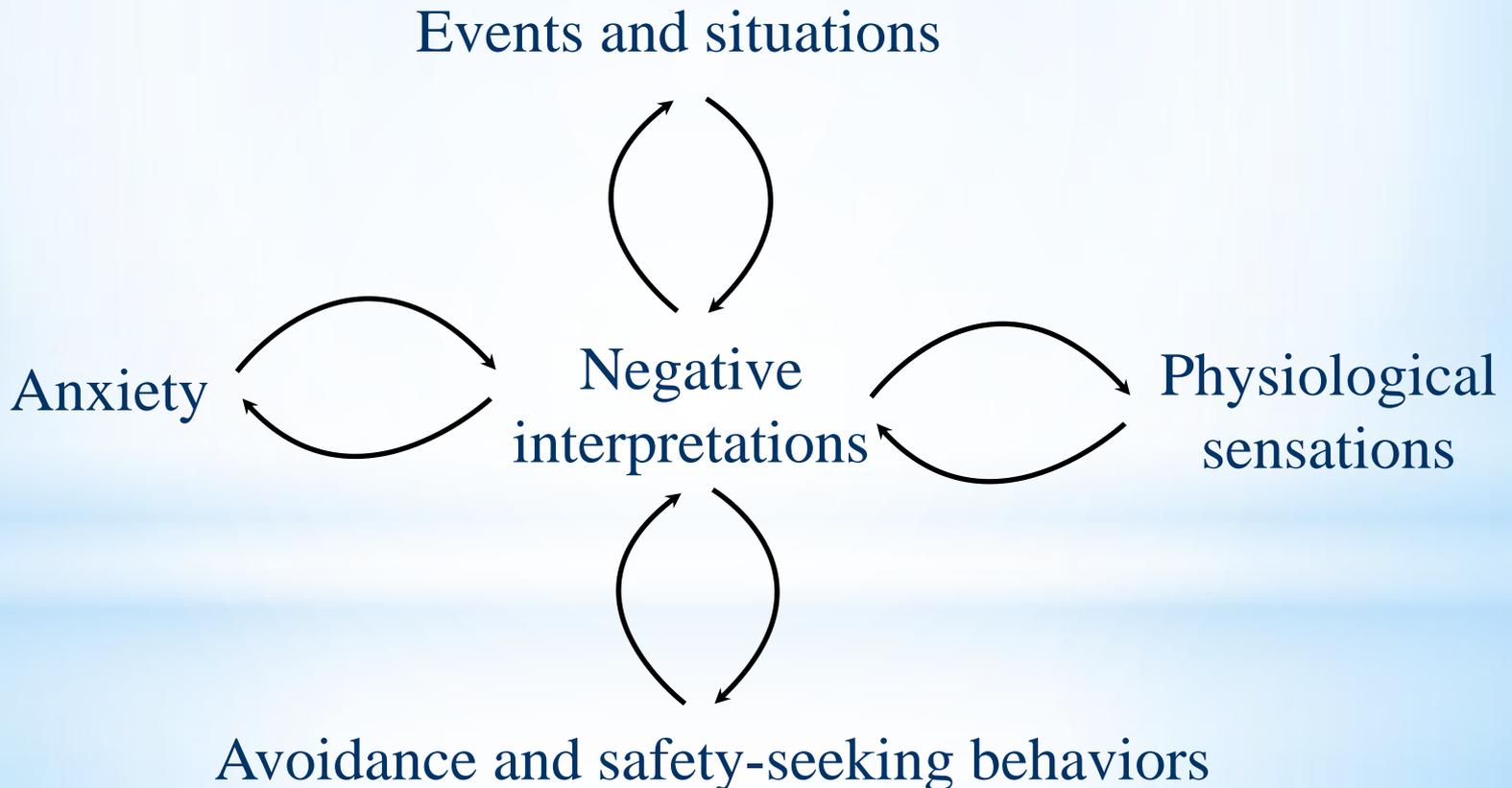
- ❖ Cognitive behavioral therapy
 - Practice behavioral activation
 - Identify and alter cognitive distortions (e.g., catastrophic thinking)
 - Interrupt the cognitive process of rumination
 - Distraction
 - Mindfulness
 - Relaxation techniques

Cardiophobia & Anxiety Disorders

- ❖ Cardiophobia is defined as anxiety towards physiological sensations and accompanied by fears of having a cardiac event and dying (Eifert, 1992)
 - Focused-attention and preoccupation on cardiac-related sensations
 - Fearf towards cardiac-related sensations, i.e., perceive these sensations as indicating or triggering a cardiac event which can be fatal
 - Persistent avoidance of and safety-seeking behaviors against activities that lead to cardiac-related sensations

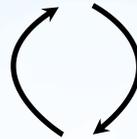
Cardiophobia & Anxiety Disorders | Mechanism

The “Vicious Daisy” (Salkovskis, 1999)



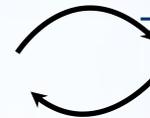
Cardiophobia & Anxiety Disorders | Mechanism

- Had a cardiac arrest
- Being sent to hospital and received surgery



- My heart is not functioning well, I can die from cardiac arrest at anytime
- Help might be unavailable when I have cardiac arrest, so better not to be alone
- Those physiological sensations are warning signs of an upcoming cardiac arrest
- Those physiological sensations will trigger another cardiac arrest

- Heart palpitation
- Pressured sensation on chest
- Muscle tension
- Shortness of breath



- Frequent checking of blood pressure, pulse rate and body weight
- Avoid activities that would cause cardiac-related sensations (e.g., exercising, watching horror movies, playing video games, etc.)
- Adopt a series of safety-behaviors (e.g., avoid staying alone in the office, traveling aboard, reading about cardiac information, etc.)

Panic Disorder | DSM-5 Diagnostic Criteria

- ❖ Recurrent unexpected panic attacks – an abrupt surge of intense fear or discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:
 - Palpitations, pounding heart, or accelerated heart rate
 - Sweating
 - Trembling or shaking
 - Sensations of shortness of breath
 - Feelings of choking
 - Chest pain or discomfort
 - Nausea or abdominal distress
 - Feeling dizzy, unsteady, light-headed, or faint
 - Chills or heat sensations
 - Paresthesias (numbness or tingling sensations)
 - Derealization (feelings of unreality) or depersonalization (being detached from oneself)
 - Fear of losing control or “going crazy”
 - Fear of dying

Agoraphobia

DSM-5 Diagnostic Criteria

- ❖ Marked fear or anxiety about two or more –
 - Public transportation
 - Open spaces
 - Enclosed places
 - In line or in a crowd
 - Outside of home alone
- ❖ Thought that **escape might be difficult or help might not be available** in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms
- ❖ Situations always provoke fear or anxiety
- ❖ Situations are **actively avoided, require companion, or are endured with intense fear or anxiety**
- ❖ Fear or anxiety out of proportion of the actual danger

Cardiac VS Non-Cardiac Chest Pain

<u>Cardiac Chest Pain</u>	<u>Non-Cardiac Chest Pain</u>
<ul style="list-style-type: none">• Straightforward descriptions, e.g., tight, gripping, etc.	<ul style="list-style-type: none">• Complex metaphorical descriptions, e.g., unsettled feelings
<ul style="list-style-type: none">• Often at the central chest or symmetrical	<ul style="list-style-type: none">• Away from midline of chest
<ul style="list-style-type: none">• During or soon after exercise	<ul style="list-style-type: none">• Spontaneous occurrence
<ul style="list-style-type: none">• Rapidly relieved by rest or nitroglycerin	<ul style="list-style-type: none">• Last for longer periods; not easily relieved by rest or nitroglycerin

Diagnostic differentiation best by angiography

Cardiophobia & Anxiety Disorders| Psychological Intervention

- ❖ Cognitive behavioral therapy
 - Apply imagery exposure or in-vivo exposure together with response prevention to achieve habituation/extinction of physiological arousal
 - Conduct behavioral experiments to disconfirm negative interpretations on physiological arousal

Facilitate Adjustment among Cardiac Patients

- ❖ Five key elements of successful adjustment to heart disease as a chronic medical condition (de Ridder, Geenen, Kuijer, & van Middendorp, 2008)
 - Successful performance of adaptive tasks
 - Adequate functional status (e.g., work)
 - Absence of psychological disorders
 - Presence of low negative affect and high positive affect
 - Satisfaction and wellbeing in various life domains

Your Contributions in Promoting Patients' Successful Adjustment

- ❖ The successful performance of adaptive tasks relies on patients being actively engaged in self-management as much as possible, thus allowing good habits to form

1. Knowledge

- Explain the diagnosis and treatment in simple and objective language, avoid using threatening words (e.g., “you have one foot stepped in the hell”)
- Clarify misunderstanding via time for patients to ask questions and involvement of family when necessary
- Offer concrete advices on disease management (e.g., individual physical capabilities; what kind and duration of exercise are suitable for each patient)

Your Contributions in Promoting Patients' Successful Adjustment

2. Perceived self-efficacy

- In rehabilitation settings, assist patients to set achievable goals and focus on one to two goals at a time
- Acknowledge patients' effort in working towards the goals and reflect on their positive changes
- Anticipate patients' difficulties in adhering to disease management regimens
- Facilitate communication among patients via modeling in patient support groups

3. Outcome expectancies

- In cases of ICD implant, emphasize on the protective functions of the device and what patients can do after the implant

Your Contributions in Promoting Patients' Successful Adjustment

❖ Five key elements of successful adjustment to heart disease as a chronic medical condition (de Ridder, Geenen, Kuijer, & van Middendorp, 2008)

- Successful performance of adaptive tasks
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- Pay attention to the psychological state of patients
- Refer to Clinical Psychologist when necessary



Is the Experience of Dealing with Cardiac Disease all Negative?

How Heart Failure Brought Me Back to Life by L.T. Kirk

<https://www.youtube.com/watch?v=rEOciA7BEq8>

Positive Outcomes our Cardiac Patients Recognized

- ❖ Established and adopted a healthier lifestyle
 - Quit smoking, practice diet control and exercise regularly
- ❖ Improved social relationships
 - Establish closer relationships with family and friends via the appreciation of their care and support in patients' recovery
 - Develop new relationships with medical staff
- ❖ Achieved a better appreciation of life and sense of purpose
 - Rearrange life priorities, e.g., identifying new opportunities
 - Emphasize on self-care, including stress management



“ Living with heart disease is not just about survival. To be exact, it is about how to incorporate the physical limitations I have into the pursuit of my life purpose and strive to maintain a reasonable level of wellbeing simultaneously. My doctors, nurses and therapists are helping me a lot in attaining this goal.”

By a patient of the cardiac rehabilitation program at Tung Wah Hospital



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THANK YOU