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ORIGINAL ARTICLE

Psychoeducational support to post cardiac surgery heart failure patients and their partners—A randomised pilot study[☆]

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Quality of life

Summary

Objectives: Postoperative heart failure is a serious complication that changes the lives of both the person who is critically ill and family in many ways. The purpose of this study was to evaluate the effects of an intervention in postoperative heart failure patient—partner dyads regarding health, symptoms of depression and perceived control.

Research methodology/design: Pilot study with a randomised controlled design evaluating psychosocial support and education from an interdisciplinary team.

Setting: Patients with postoperative heart failure and their partners.

Main outcome measures: SF-36, Beck Depression Inventory, Perceived Control at baseline, 3 and 12 months.

Results: A total of 42 patient—partner completed baseline assessment. Partners in the intervention group increased health in the role emotional and mental health dimensions and patients increased health in vitality, social function and mental health dimensions compared with the control group. Patients' perceived control improved significantly in the intervention group over time.

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Conclusion: Psychoeducational support to post cardiac surgery heart failure dyads improved health in both patients and partners at short term follow-up and improved patients' perceived control at both short and long-term follow-up. Psychoeducational support appears to be a promising intervention but the results need to be confirmed in larger studies.

Implications for Clinical Practice

- Psychoeducational support from an interdisciplinary team consisting of a physician, nurse and physiotherapist to post cardiac surgery heart failure dyads can improve health and perceived control over the heart disease.
- The psychoeducational support seems to be more effective among patients than partners.
- Interventions focused on psychoeducational support may improve the life situation for the patient—partner and especially for the patients.
- Attention should be given to the physical and mental state of the patients before and after the operation, the information and education of the patients and their families.

Introduction

Postoperative heart failure (PHF) is a serious complication that remains the main cause for early mortality after cardiac surgery. It is associated with increased postoperative morbidity and serious secondary complications such as renal failure. Postoperative heart failure therefore prolongs hospital stay and may influence the benefit of surgery and long-term survival negatively in patients who can be discharged (Holm et al., 2010; Vanky et al., 2006, 2007). This complication changes the lives of both the person who is critically ill and of close relations in many ways (Van Horn and Tesh, 2000).

As hospital lengths of stay in general continue to decrease, patients and families must learn to manage more recovery at home (Micik and Borbasi, 2002). This in turn puts greater responsibility and workload on the patient and relatives. In addition to the problems with the cardiac disease itself, the postoperative course is also burdened with reduced emotional and functional wellbeing. Areas of concern for both the cardiac surgery patient (Tully et al., 2008) and the family during recovery are anxiety, sadness and depression and worsened health-related quality of life (HRQOL) (McCrone et al., 2001; Tully et al., 2009). These emotions can negatively affect the physical and social recovery of the patient and have a negative impact on family functioning (Doering et al., 2005; Knoll, 2000; Lopez and Wai, 2007). The findings highlight the need to develop suitable interventions that target improving outcomes regarding mental well-being and health (Tully et al., 2008).

The need of information and support for patients and their families during recovery at home are not always met and the needs of the principal carer (often the patient's spouse/partner) are frequently not addressed (Agren et al., 2009; Boyd et al., 2004, 2009; Mårtensson and Fridlund, 2001).

When the families and the patients are well informed there is a basis for fruitful communication between them and the healthcare professionals, preparing them if complications occur (Ivarsson et al., 2011). Studies have concluded that family interventions in patients with chronic illness have positive effects on outcomes among both patients and their families (Chelsa, 2010; Hartmann et al., 2010; Martire et al., 2004). Psycho educational intervention has been found to reduce anxiety and depression in patients with HF (Sullivan et al., 2009), and educational interventions in the intensive care unit reduces anxiety and increases family satisfaction (Chien et al., 2006). The strategies for psycho-educational intervention include an evaluation of the advantages and disadvantages of different types of behaviour and coping styles. Further, they involve sharing of information as well as support from the health care team to obtain positive beliefs and better decision making (Sharif et al., 2012). Follow-up visits were seen as an important way of learning what had happened during the period of critical illness (Engstrom et al., 2008). However, no intervention study to date has focused on patient—partner dyads affected by heart failure complication after thoracic surgery.

The purpose of the present study was to evaluate the effects of an intervention with psychosocial support and education to post cardiac surgery heart failure dyads regarding health, symptoms of depression and perceived control.

Methods

We performed a randomised controlled pilot study of postoperative cardiac patients and their partners.

Setting and participants

The University Hospital in Linköping is the sole provider of cardiothoracic surgery in southeastern Sweden, serving a catchment area of approximately 1 million inhabitants. The department is the only unit in the area and it performs approximately 800 cardiac operations annually. The inclusion criteria were to be a dyad consisting of a patient diagnosed with PHF, with a partner living in the same household as the patient, and recently discharged from the hospital (i.e. 2—3 weeks). Exclusion criteria for the dyads were dementia, or other severe psychiatric illnesses, drug abuse, difficulties in understanding or reading the