

Screening for abdominal aortic aneurysm, a one-year follow up: An interview study

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The purpose of the present study was to investigate whether screening for abdominal aortic aneurysm (AAA) and the finding of an enlarged aorta cause worries and affect the living situations of men with aneurysms or of their families within a 12-month follow-up period. Men invited to ultrasound screening and having an enlarged aorta (≥ 30 mm) were invited for an interview. In total, 10 men were interviewed. The semi-structured interview was conducted by using an interview guide. Data was analyzed by using an interpretative phenomenological method.

Three themes were identified: (i) feeling secure being under superintendence; (ii) living as usual, but repressing thoughts; and (iii) feeling disillusionment due to negative outcome.

Being given the message that an enlarged aorta was discovered at the screening was manageable; hence, continuing growth of the aorta led to some unpleasant feelings. The men were living as usual; however, they all had some reflections about having an AAA and that something could happen when they least expected it. They reported thoughts about the consequences of the enlarged aorta itself and the surgery.

In a one-year retrospective interview, men who have had an aneurysm detected in a screening program for AAA reported feeling secure being under superintendence.

The one finding in our study concerning worries and effects on life situation could be interpreted as disillusionment due to negative outcomes. Decisions to introduce screening for AAA in Sweden and other countries with ongoing programs should be considered to include guidelines for how to handle disillusionment. (J Vasc Nurs 2010;28:97-101)

INTRODUCTION

Abdominal aortic aneurysm (AAA) is found in 5% to 10% of men aged 65 to 79 years. Rupture of an AAA is a life-threatening condition with an overall mortality rate of 80%.¹⁻³ About 2 percent of all deaths in men over the age of 65 years is caused by an AAA,³ and of those undergoing emergency surgery for AAA rupture, only 60% will survive.⁴⁻⁶ Currently, elective surgical repairs are recommended for AAA that measure 55 mm or more in diameter to prevent rupture.¹ Ultrasound screening for asymptomatic AAA and elective repair before rupture have been identified as possible means of reducing mortality from AAA.^{5,7} Large randomized studies show considerable effect on mortality and most cost-effectiveness analyses show a reasonable cost-effectiveness ratio.⁸ However, implementation of screening for AAA might still be controversial for several reasons. Large aneurysms are not synonymous with death, weight-

ing the risks of rupture and risks of surgical repair for people with asymptomatic AAA could be difficult and awareness of a small aneurysm could lead to anxiety in the screened subjects or in their families.⁹ Thus, several aspects must be considered in the cost-effectiveness analysis of screening for AAA. When data on life expectancy, complications of surgery or quality of life in the literature are sparse, the assumptions that have to be made entail a high degree of uncertainty.¹

A cross-sectional case-control study measuring health and well-being in men being screened for AAA showed that men with AAA were more limited in physical activities than were those with a normal aorta. However, the mean level of self-perceived general health increased for all men from before to after screening. The conclusion from this study was that apart from physical functioning, screening was not associated with decreases in health and well-being.¹⁰ In contrast, low quality of life prior to AAA screening might be a risk factor for negative mental effects when diagnosing an AAA.¹¹ Similar results could be seen in a study by Marteau et al.,¹² where perceived health was measured 6 weeks after AAA screening, and men with an aneurysm perceived their health to be poorer before as well as after screening in comparison with those without an AAA. Using questionnaires to assess well-being, health or quality of life demands strong agreement in respondents' and researchers' views of the researched area to be explored, i.e., do they have the same meaning/interpretation about well-being, health and quality of life? Therefore, questions remain about how the men perceive the screening procedure and how a diagnosis of AAA affects their life situations/quality of life. In a previous qualitative study, 11 men were interviewed about whether screening for AAA and the finding of an enlarged aorta in men causes worries and affects the life-situation in the men themselves or in their families in a short-term perspective.¹³ Three themes were identified about

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the men's experiences of a AAA diagnosis; 1) being under superintendence, 2) affected but living as usual and 3) heredity of the illness, leading to fatalism. The dominating finding was an experience of being under superintendence, which made the men feel secure.¹³

The purpose of the present study was to investigate—by qualitative interviews—how being under superintendence after a screening for AAA and how the finding of an enlarged aorta in men affect their life-situations in a one-year retrospective study.

METHOD

Study design and sample

Screening was conducted in 3 different hospitals in the counties of Småland and Östergötland in Sweden. In a pilot study, a random selection of 270 men at the age of 65 years was invited in the fall 2006 to ultrasound screening, and 234 men accepted the invitation and were investigated. Men with an aorta ≥ 30 mm were classified as having an aneurysm. They all met a senior vascular surgeon within 14 days and were informed of the risks with different sizes of the enlargement abdominal aortic aneurysm. The connection with smoking habits and the hereditary aspects of the disease were explained. Recommendations to stop smoking were given and male relatives (sons and brothers) were recommended to have an ultrasound investigation at the age of 55 years. Those men having an enlarged aorta were offered ultrasound surveillance once a year (aorta < 40 mm) or twice a year (aorta 40–54 mm). Those having an aorta about 55 mm were offered prompt elective aneurysm repair. Subjects detected to have an untreated or maltreated hypertension were referred to their primary physicians. With an expected prevalence of 5%, we hoped to identify 10 men with enlarged aorta in this screened population. However, only 4 men instead of estimated 10 in this cohort had enlarged aortas and therefore additionally, 8 more men with an enlarged aorta were consecutively included from the regular screening program started in 2007 in the county of Östergötland. The regular program has the same inclusion criteria and management of detected AAA as in the pilot study described above. These 12 men with an enlarged abdominal aorta (≥ 30 mm) were all invited for an interview. All men, except one, who were invited to the interview agreed to participate and gave informed consent. Eleven men were interviewed in a short-term retrospective. One man underwent surgery immediately after the screening interview, and therefore, 10 men were interviewed at this one-year follow-up (one man had surgery late during this follow-up year and is included in the interview).

Approval to conduct this study was granted from the research Ethics Committee at the Linköping University, Sweden.

Data collection

The focus of the interview was how the men experienced the screening and the message of having an enlarged aorta. The semi-structured interview was conducted by using an interview guide¹⁴ outlining the areas of interest to be discussed regarding the aim of the study. Questions were adapted to the specific context and interesting issues are probed. The aim was to help the participants to tell their stories and share their experiences in their own words. All interviews were tape recorded.

The men were all aged 66 years; nine of them were married or co-habitants and one lived alone. They had all children; 22 in total (10 boys and 12 girls) and they all had grandchildren, 27 in total. All men except three were retired. The men who were still working were all self-employed persons. Three men had status quo findings regarding enlarged aorta and seven men had experienced a growth of the aneurysm (≥ 1 –17 mm).

Data analysis

The data set for this study consists of verbatim, transcribed semi-structured interviews with the 10 men who were under superintendence after AAA diagnosis.

The verbatim transcripts of the interviews constituted the raw data, which were analyzed by using an interpretative phenomenological method (IPA) described by Smith^{15–16} and Smith and Osborn.¹⁷ The analysis proceeded in the following steps:

- (i) Interview transcripts were read and reread several times to ensure a general sense of the men's accounts. Notes were made of potential themes and the process was informed by the researchers' experience of the interviews.
- (ii) Starting over again, the text was reread and themes were identified and organized tentatively.
- (iii) The themes were focused and defined in better detail than previously and their interrelationships were established. The focus was on the experiential content of the phenomenon under study and data were condensed.
- (iv) The shared themes of all men were organized to make consistent and meaningful statements that contributed to a description of the meaning of the men's experiences grounded in their own words.

Validity

Two important criteria to assess validity and reliability in qualitative research are internal coherence and the presentation of evidence. Internal coherence refers to whether the themes presented in the study are internally consistent and justified by data. Quotations, verbatim evidence from the participants, should be presented in the report of findings to allow a reader's own judgment regarding the interpretation.¹⁶ To protect the participants' identities, their quotations are referred to by a single identifying letter in alphabetical/chronological order.

RESULTS

Three themes were identified about how they experienced being under superintendence after AAA diagnosis and how it affected them: (i) feeling secure being under superintendence; (ii) living as usual, but repressing thoughts; and (iii) experiencing disillusionment due to potential negative outcomes.

Feeling secure being under superintendence

Feeling secure being under superintendence refers to the interviewees' motivation to take part in the check-ups. Receiving the message that an enlarged aorta was discovered at the screening was manageable; but continuing growth of the aorta produced some unpleasant feelings. They are under superintendence and

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