



ORIGINAL ARTICLE

Brief psychological intervention in phase I of cardiac rehabilitation after acute coronary syndrome



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KEYWORDS

Acute coronary syndrome;
Hospital-based psychosocial intervention;
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Depression;
Illness cognitions

Abstract

Introduction: Acute coronary syndrome (ACS) is an important cause of mortality and significant personal and financial costs. Cardiac rehabilitation (CR) programs have shown positive effects in reducing cardiovascular mortality and improving functional capacity. However, adherence is low and appears to be influenced by psychosocial factors, such as patients' cognitions and emotional state. The objective was to evaluate the efficacy of a brief in-hospital psychological intervention to promote cognitive and emotional adaptation after ACS.

Methods: One hundred and twenty-one patients with ACS, admitted to a coronary care unit in a central hospital, were randomized to an experimental group (EG, n=65) and a control group (CG, n=56). Portuguese versions of the HADS and BIPQ were used to measure emotional well-being and illness cognitions. Two 1 h 15 min sessions were conducted 2-3 days after hospital admission, and a 20-minute follow-up session took place one month after discharge. Patients were assessed at four different time points: pre-test, post-test, and at 1- and 2-month follow-up.

Results: The intervention had significant effects on anxiety, depression and illness cognitions. Anxiety and depression were significantly reduced and illness cognitions improved significantly in the EG compared to the control group. For the EG, these changes were maintained or enhanced at 1- and 2-month follow-up, whereas for the CG there was a deterioration in psychosocial adjustment.

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PALAVRAS-CHAVE

Síndrome coronária aguda;
Intervenção psicológica breve;
Reabilitação cardíaca;
Ansiedade;
Depressão;
Representações de doença

Conclusions: These results indicate that a brief psychological intervention program delivered during hospitalization for ACS and combined with standard medical care can have positive effects in terms of psychosocial outcomes that have proven impact on cardiac rehabilitation and prognosis.

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Intervenção psicológica na fase I da reabilitação cardíaca pós-síndrome coronária aguda

Resumo

Introdução: A síndrome coronária aguda (SCA) é uma importante causa de mortalidade, com custos pessoais e financeiros consideráveis. Os programas de reabilitação cardíaca têm benefícios na redução da mortalidade e melhoria da capacidade funcional. Contudo, a adesão é baixa e depende de fatores como o estado emocional e as representações de doença. Neste trabalho, avaliou-se a eficácia de um programa de intervenção psicológica breve na fase I da reabilitação cardíaca da SCA.

Material e métodos: Cento e vinte e um doentes com SCA, admitidos na unidade coronária de um hospital central, foram aleatorizados num grupo experimental (GE) (n= 65) e num grupo de controlo (GC) (n=56). Foram utilizadas versões portuguesas da HADS e IPQ-B para avaliar a adaptação emocional e as representações de doença. Foram efetuadas duas sessões de 1 h15 min, 2-3 dias após a admissão hospitalar, e uma avaliação de *follow-up* um mês após a alta hospitalar de 20 min. Os doentes foram avaliados em quatro momentos: pré-teste, pós-teste, um e dois meses *follow-up*.

Resultados: Os resultados demonstraram um efeito positivo e significativo da intervenção. A ansiedade e depressão evidenciaram uma redução significativa e as representações de doença melhoraram significativamente no GE, comparativamente ao GC. No GE estas alterações mantiveram-se ou aumentaram no *follow-up* de um e dois meses, enquanto no GC houve uma deterioração no ajustamento psicológico.

Conclusões: A intervenção psicológica breve durante a hospitalização por SCA, aliada ao tratamento médico convencional, pode ter efeitos positivos em termos de adaptação psicossocial, cujo impacto está amplamente demonstrado na reabilitação cardíaca e no prognóstico clínico. © 2017 Sociedade Portuguesa de Cardiologia. Publicado por Elsevier España, S.L.U. Todos os direitos reservados.

Introduction

Cardiovascular disease (CVD), particularly acute coronary syndrome (ACS), is an important cause of mortality in developed countries and is responsible for a large number of hospital admissions, as well as for significant personal and financial costs.¹ Cardiac rehabilitation (CR) programs reduce cardiovascular mortality, all-cause mortality and non-fatal ACS and facilitate physical and psychological recovery following acute events.²⁻⁵ Furthermore, CR significantly reduces the associated burden on healthcare by maximizing physical, psychological and social functioning and promoting behaviors that reduce or prevent the recurrence of acute events.^{5,6} Despite the plentiful evidence supporting the effectiveness of CR, studies show that there is low adherence to these programs,⁷⁻⁹ with participation rates varying from 21 to 75%.^{6,10,11} Two surveys in European countries concluded that less than half of eligible patients participate in CR programs in most countries.^{10,11}

The negative impact of ACS on patients' psychological functioning has been linked to a lower adherence to therapy

and consequently to greater cardiac vulnerability, constituting a higher risk for the recurrence of an acute event.^{12,13} Multidisciplinary programs that include a psychological component appear to be highly effective and have shown significant benefits in post-ACS morbidity and mortality.¹⁴⁻¹⁶ Various clinical trials assessing the effectiveness of such programs have supported the provision of biopsychosocial care in hospital-based cardiac rehabilitation.^{17,18}

In Portugal, research in this area is still scarce and clinical trials on psychological intervention in CR are practically non-existent. This study aims to assess the effectiveness of a brief multidisciplinary psycho-educational intervention in hospitalized ACS patients targeting various psychosocial and behavioral outcomes.

Methods

Participants and design

The sample consisted of 121 patients (36 females and 84 males), diagnosed with ACS and admitted to the coronary

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