



ISHLT CONSENSUS

The 2018 ISHLT/APM/AST/ICCAC/STSW recommendations for the psychosocial evaluation of adult cardiothoracic transplant candidates and candidates for long-term mechanical circulatory support

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The psychosocial evaluation is well-recognized as an important component of the multifaceted assessment process to determine candidacy for heart transplantation, lung transplantation, and long-term mechanical circulatory support (MCS). However, there is no consensus-based set of recommendations for either the full range of psychosocial domains to be assessed during the evaluation, or the set of processes and procedures to be used to conduct the evaluation, report its findings, and monitor patients' receipt of and response to interventions for any problems identified. This document provides recommendations on both evaluation content and process. It represents a collaborative effort of the International Society for Heart and Lung Transplantation (ISHLT) and the Academy of Psychosomatic Medicine, American Society of Transplantation, International Consortium of Circulatory Assist Clinicians, and Society for Transplant Social Workers. The Nursing, Health Science and Allied Health Council of the ISHLT organized a Writing Committee composed of international experts representing the ISHLT and the collaborating societies. This Committee synthesized expert opinion and conducted a comprehensive literature review to support the psychosocial evaluation content and process recommendations that were developed. The recommendations are intended to dovetail with current ISHLT guidelines and consensus statements for the selection of candidates for cardiothoracic transplantation and MCS implantation. Moreover, the recommendations are designed to promote consistency across programs in the performance of the psychosocial evaluation by proposing a core set of content domains and processes that can be expanded as needed to meet programs' unique needs and goals.

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Candidates for heart transplantation, lung transplantation, and long-term mechanical circulatory support (MCS) undergo a multifaceted assessment process. The psychosocial evaluation is integral to this process for several reasons. First, it provides information relevant for the selection of patients for transplantation and MCS. Second, it enables care planning and the provision of interventions to improve patients' viability as transplant and/or MCS candidates. Third, it facilitates referrals for care for patients deemed ineligible for transplantation or MCS. Fourth, for patients who undergo transplantation or device implantation (either as a bridge to transplantation or as permanent, "destination," therapy), information from the psychosocial evaluation facilitates post-transplantation/post-implantation care to support optimal psychosocial and medical outcomes.

The International Society for Heart and Lung Transplantation (ISHLT), leading a collaboration with the Academy of Psychosomatic Medicine (APM), American Society of Transplantation (AST), International Consortium of Circulatory Assist Clinicians (ICCAC), and Society for Transplant Social Workers (STSW), convened a Writing Committee of international experts to produce this consensus document, which provides recommendations for: (a) the content of the psychosocial evaluation; and (b) the process of evaluation performance, reporting, and use by transplantation and MCS programs. The primary aim of the recommendations is to aid programs to construct evaluation protocols that comprehensively gather information on psychosocial factors recognized in ISHLT guidelines and consensus statements,¹⁻³ and/or in the empirical literature as relevant to patient selection for transplantation or long-term MCS implantation. In addition, when psychosocial contraindications for selection are identified, the recommendations outline the implementation of referrals for treatments or

interventions that may improve patients' well-being and suitability as transplantation or MCS candidates.

Need for recommendations

Pre-transplant psychosocial factors, including patients' history of medical adherence, mental health, substance use, and social support, predict outcomes after cardiothoracic transplantation. As reviewed herein, these outcomes include post-transplant medical adherence and quality of life (QOL), as well as transplant-related morbidities and mortality. Although there are fewer studies, similar effects are observed in patients receiving long-term MCS. Transplantation and MCS programs perform evaluations to assess psychosocial factors as part of the patient selection process. However, despite recognition of the value of the psychosocial evaluation by ISHLT guidelines and consensus statements,¹⁻³ these documents have not delineated the full range of psychosocial domains that should be assessed, or the set of processes and procedures to be used to conduct the evaluation, report its findings, and monitor patients' receipt of interventions for any identified problems. To the best of our knowledge, these issues have not been fully delineated in any other published professional society guidelines or recommendations.

The clinical literature developed over the past 30 years has included extensive expert advice and commentary on rationale, ethical underpinnings, and essential content of the psychosocial evaluation.⁴⁻²⁸ This literature has also offered some heuristic tools to guide and summarize the evaluation.²⁹⁻³² In addition, there is an empirical literature that identifies psychosocial risk factors for patient outcomes, suggesting that the evaluation should include such factors. In the absence of any previous synthesis of both expert opinion and the empirical literature into a consensus-based, comprehensive set of recommendations for practice, cardiothoracic transplantation and MCS

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