

Psychological Adjustment to Cardiac Disease

Lisa Neffgen

Alex King

Clinical Health Psychology Department
The Hillingdon Hospital

What You May Take Away

- How people make sense of CHD
- How people adjust to CHD
- How people can be helped to self-manage their condition

Cognitive-Behavioural Model

Trigger



Feelings



Behaviour



Sensations

Thoughts



An Applied Example

**Given the
all-clear**

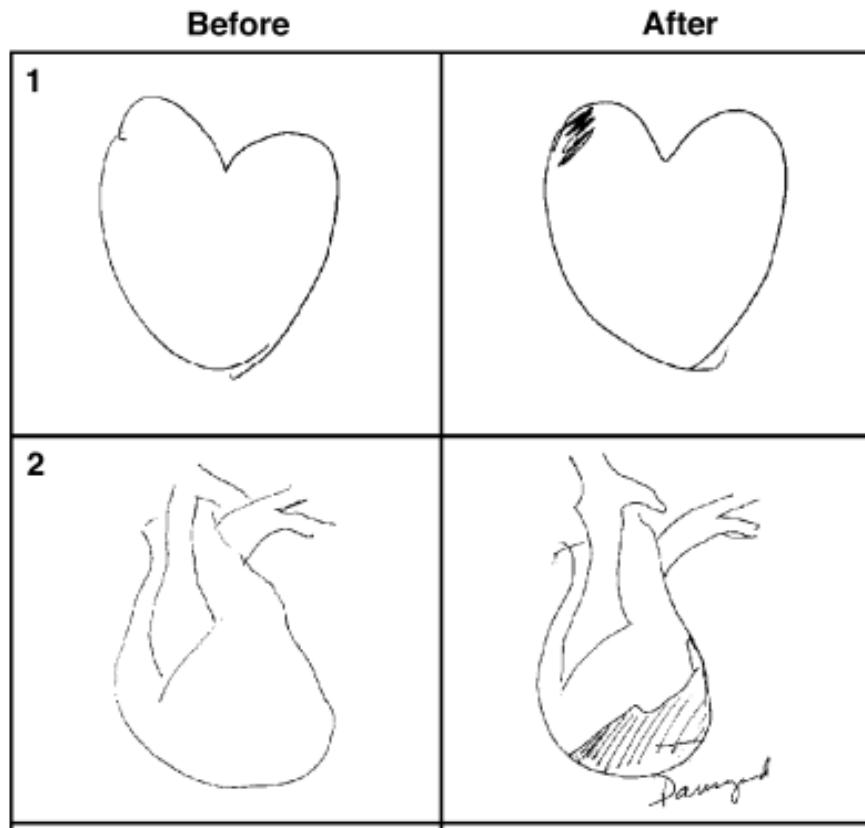


- **Thoughts**
 - There is nothing more they can do.
 - My heart can't cope with much.
 - I must not do anything stressful now.
- **Feelings**
 - Anxious, fearful, hopeless
- **Behaviours**
 - Withdrawal, underactivity, avoid all work and exertion
- **Sensations**
 - Hypervigilant to e.g palpitations

Understanding (Cardiac) Disease

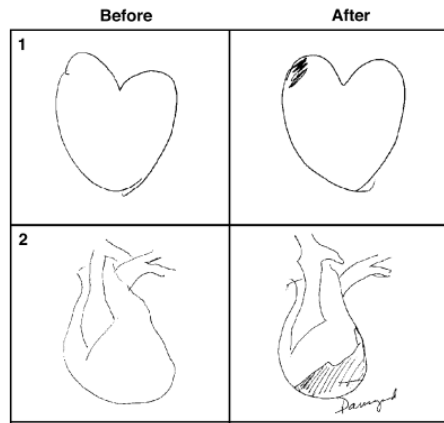
- Illness Representations (Leventhal)
 - Mental Model of Illness
 - Implicit, Commonsense, Informal
 - Multiple Sources
- Main Components
 - Symptoms, Cause, Timeline, Consequences

Research: A Picture of Health



**Broadbent, Petrie, Ellis,
Ying & Gamble (2004). A
Picture of Health. Journal
of Psychosomatic
Research, 2004, 583-7.**

A Picture of Health: Conclusions



- Extent of damage drawn correlated to slower return to work
- Peak troponin-t related to damage drawn
- But **not** with 3-month outcomes or return to work
- “Drawings of damage predict recover better than medical variables”

Illness Representations: Key Points

- From any info given..
- people will develop personal, implicit and idiosyncratic understandings
- which may not be helpful or realistic or concurrent with the medical information
- ..but they will drive behaviour nonetheless

Key Questions To Use

- From all the advice, information and experience you have had..
- What do you understand about..
- How likely / how dangerous would it be..
- Does this all make sense?
- Any bits that don't add up?
- So what does this suggest you have to **do** for your health?

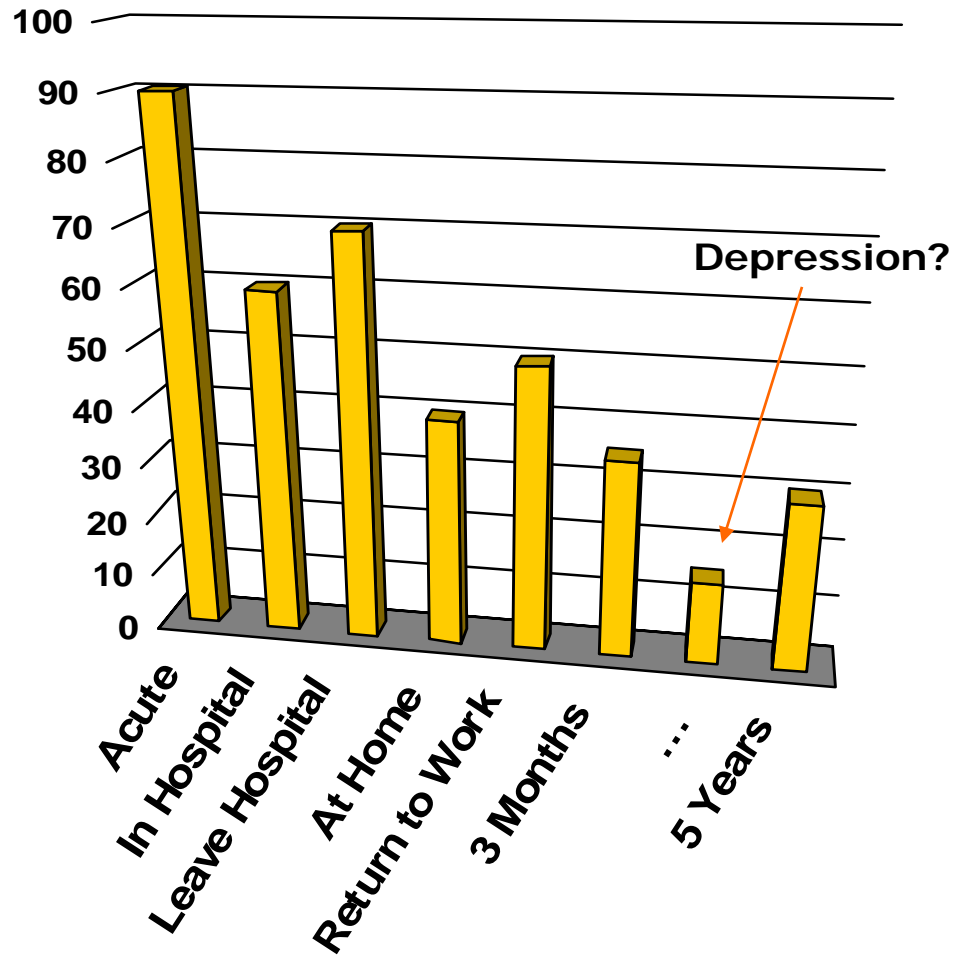
Challenges of (Cardiac) Illness

- Frightening, life threatening event (MI, surgery)
- Neurological impairment (esp. cardiac arrest pts.)
- Medication side effects (lethargy, impotence)
- A chronic illness, reduced life expectancy, symptoms
- Altered identity - an invalid, walking time bomb
- Fears for family and partner / being left alone
- Making lifestyle changes, smoking, diet, activity
- Threat to employment and financial status
- Being treated differently by other people

..a Lot to Get your Head Around

- Self-Concept
- Goals & Values
- Family
- Social Position
- Work & Activity
- Future

Distress Over Time



'Not The Same'

- 'I'm not OK' - but partner says not
- Not *clinically* anxious or depressed but..
 - Fear of activity, excitement
 - Given up hobbies, interests
 - Wont travel too far from home
 - Reduced work output, early retirement
 - Sex life not the same or abandoned
 - Much quieter than before, won't argue
 - Won't play actively with grandchildren

Not All Downhill!

- Many (>30%) people report significant and valuable changes from the experience of the illness.
 - Stronger relationships, intimacy, sex life improved
 - Sense of purpose and meaning
 - Active coping, renewed interests
 - Active in self-management of illness

Helping People Adjust

- Primary Care
 - General Information & Advice
 - Individualised Guidance
 - Cardiac Rehab Programme
 - Expert Patients Programme
- Specialist
 - e.g. Clinical Health Psychology