

Common Mental Health Problems in Heart Failure


Ritu Kalsi

**Senior Health Psychologist &
Cognitive Behavioural Psychotherapist
in Cardiac Health & Rehabilitation**

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What are we going to do?



Learn about common conditions



Look at prevalence & stats



Small group work & skill sharing




Ask any questions

04. Mental health impacts on life expectancy.


Average life expectancy in England and Wales for people with mental health problems is 60 years behind the national average.¹²



08. Mental health problems affect the likelihood that people will be compliant with their treatment.



Depressed co-morbid patients are **three times more likely** to be non-compliant with treatment recommendations than non-depressed patients.¹⁵



06. When people with LTCs also have mental health issues the cost of treatment can rise significantly.

NHS BILL

1/3 people with long term physical conditions also experience mental health problems increasing treatment costs by around

£8 - 13bn a year¹³



05. People with mental health problems have worse physical outcomes.

People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases and some cancers.

Why Do We Need To Know About Mental Health Problems In Heart Failure?

07. The mental health of people with serious physical health problems is often overlooked.

1/2 of terminally ill or advanced cancer patients suffer from depression, anxiety, and/or an adjustment disorder...



...yet less than half receive treatment for their mental health.¹⁴

Facts and Figures – Depression & Anxiety

- ♥ Heart failure is common and a major cause of death and disability
- ♥ **Depression** is common in heart failure (prevalence 21.5%)
- ♥ Depression is associated with:
 - ♥ poor quality of life
 - ♥ limited functional status
 - ♥ increased risk morbidity and mortality in this population
- ♥ **Anxiety** is also common in heart failure (prevalence 13.1% for anxiety disorders, 28.79% for probable clinically significant anxiety, and 55.5% for elevated symptoms of anxiety (Easton et al., 2016))
- ♥ Anxiety is associated with:
 - ♥ Poorer self-management behaviours
 - ♥ Increased symptom perception i.e. breathlessness, panic and chest-pains which can further exacerbate symptoms of CHF
 - ♥ increased health-care utilisation
- ♥ More than 30% of individuals with **1 or more physical long-term conditions have a comorbid mental health condition**
 - ♥ E.g. anxiety and depression
- ♥ This can lead to:
 - ♥ Increased health complications
 - ♥ Consumption of healthcare
 - ♥ And, in turn, estimated increases in healthcare spending of 45%

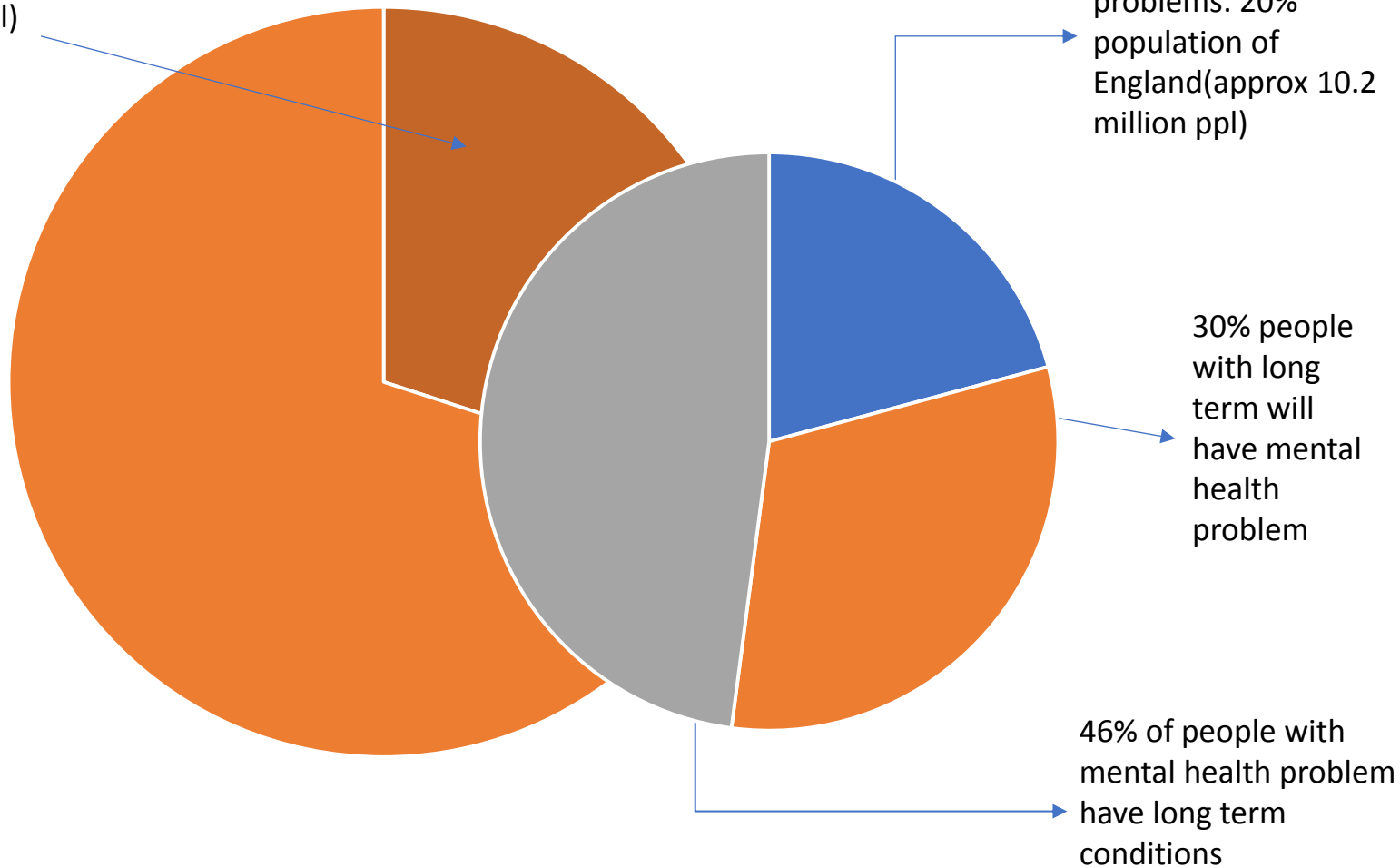
Physical Health and Mental Health Link

- ♥ The mind and body is intricately connected through physiological and neurological pathways.
- ♥ Our emotional states affect our perception of physical symptoms
 - ♥ such as pain and breathlessness
- ♥ Our stress levels affect the balance of systems in our bodies responsible for flight or fight and recovery
 - ♥ e.g. an anxious emotional state can increase feelings of breathlessness...
- ♥ Depression and anxiety often affect motivation and confidence to engage in treatment such as rehabilitation
 - ♥ This can lead to poor self-management and inactivity
 - ♥ Around 50% of patients with LTCs take their medications as prescribed
- ♥ On the other hand, physical ill-health often leads to increased stress and a sense of loss of identity, independence, control and even relationships.
- ♥ Our environment, social connections and culture also play an important role in how we cope with mental and physical stressors

The overlap between long term conditions and mental health problem 2012

Long term conditions: 30% population of England (approx 15.4 million ppl)

Mental health problems: 20% population of England (approx 10.2 million ppl)





Depression

Anxiety

Common
Mental
Health
Problems
in Heart
Failure

What have I done to deserve this punishment!?

I can't even do chores without feeling breathless... I am useless!

I am not the man I used to be. I can't even please my wife

I am going to die soon!



COMMON NEGATIVE THOUGHTS

I will get a shock anytime!

I messed up my life and reached a point of no return..

I'd rather die than be a burden to my family

I don't need all these meds, as long as I live a healthy lifestyle I should be fine

Stages in psychological adaptation to serious illness



Initial Crisis Stage

Denial predominates (may fluctuate between indifference and intense emotions, can't retain much information)



Transitional Stage

Alternating feelings of guilt, anger, self-pity, and anxiety, rumination about past behaviour. Depression, suicidal ideation and lashing out is common



Acceptance Stage

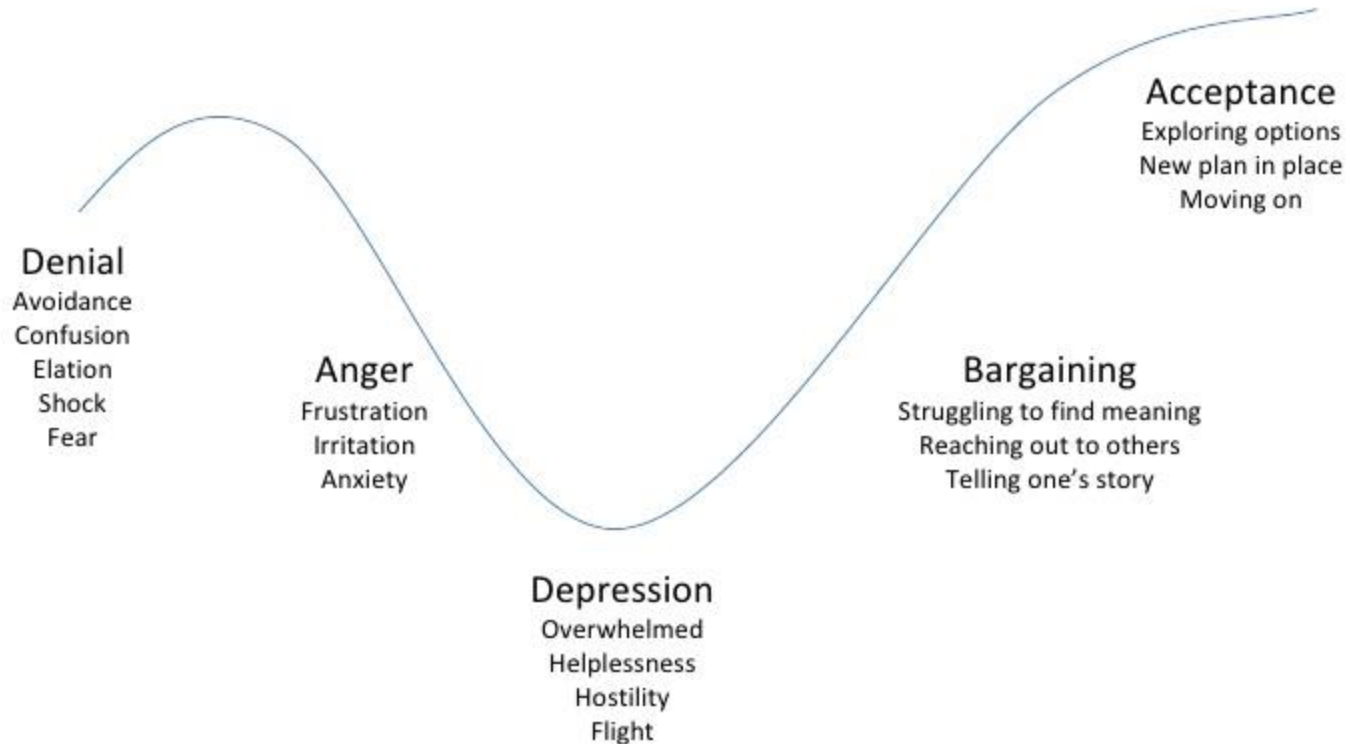
Begins to form a new identity integrating the acceptance of the illness and its implications. Re-assess values, new sense of spirituality, begin to focus on quality rather than quantity of years



Preparatory Stage

Fear of becoming too dependent on others, take care of unfinished business. Need to discuss feelings of dying and death

Kübler-Ross Grief Cycle



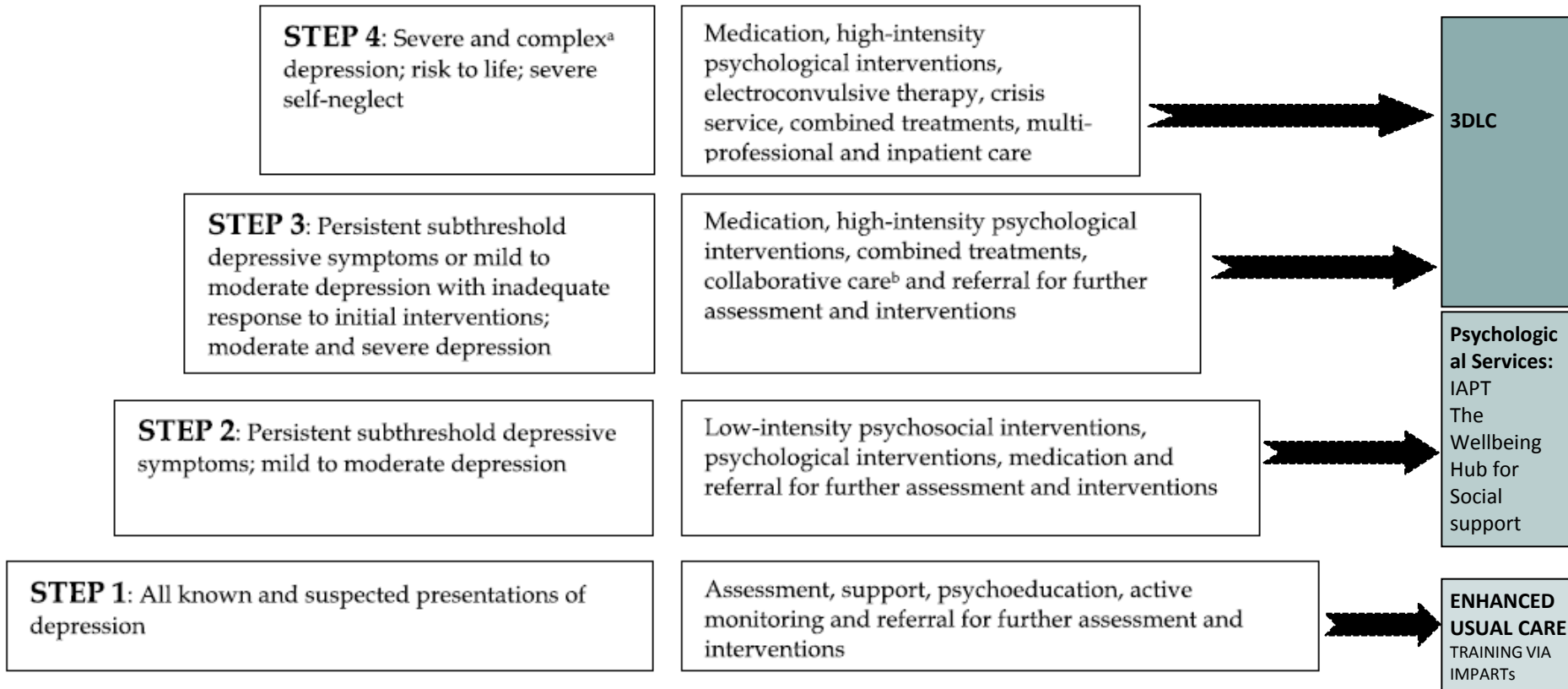
Information and
Communication

Emotional Support

Guidance and
Direction

Evidence base (NICE Guidelines CG 91)

Figure 4: Stepped-care model



^a Complex depression includes depression that shows an inadequate response to multiple treatments, is complicated by psychotic symptoms, and/or is associated with significant psychiatric comorbidity or psychosocial factors.

^b Only for depression where the patient also has a chronic physical health problem and associated functional impairment.



What is
depression?

Depression

The severity of depression can vary

- short term reaction
- an adverse event
- a prolonged episode
 - that interferes with the ability to function, feel pleasure or maintain interest

Common symptoms include:

- low mood
- feelings of hopelessness and helplessness
- feeling useless, inadequate or bad
- frequent tearfulness
- loss of appetite
- loss of interest and pleasure in activities
- loss of energy and motivation
- agitation and restlessness
- physical aches and pains
- being vulnerable and over-sensitive
- suicidal ideation/acts of self harm or suicide

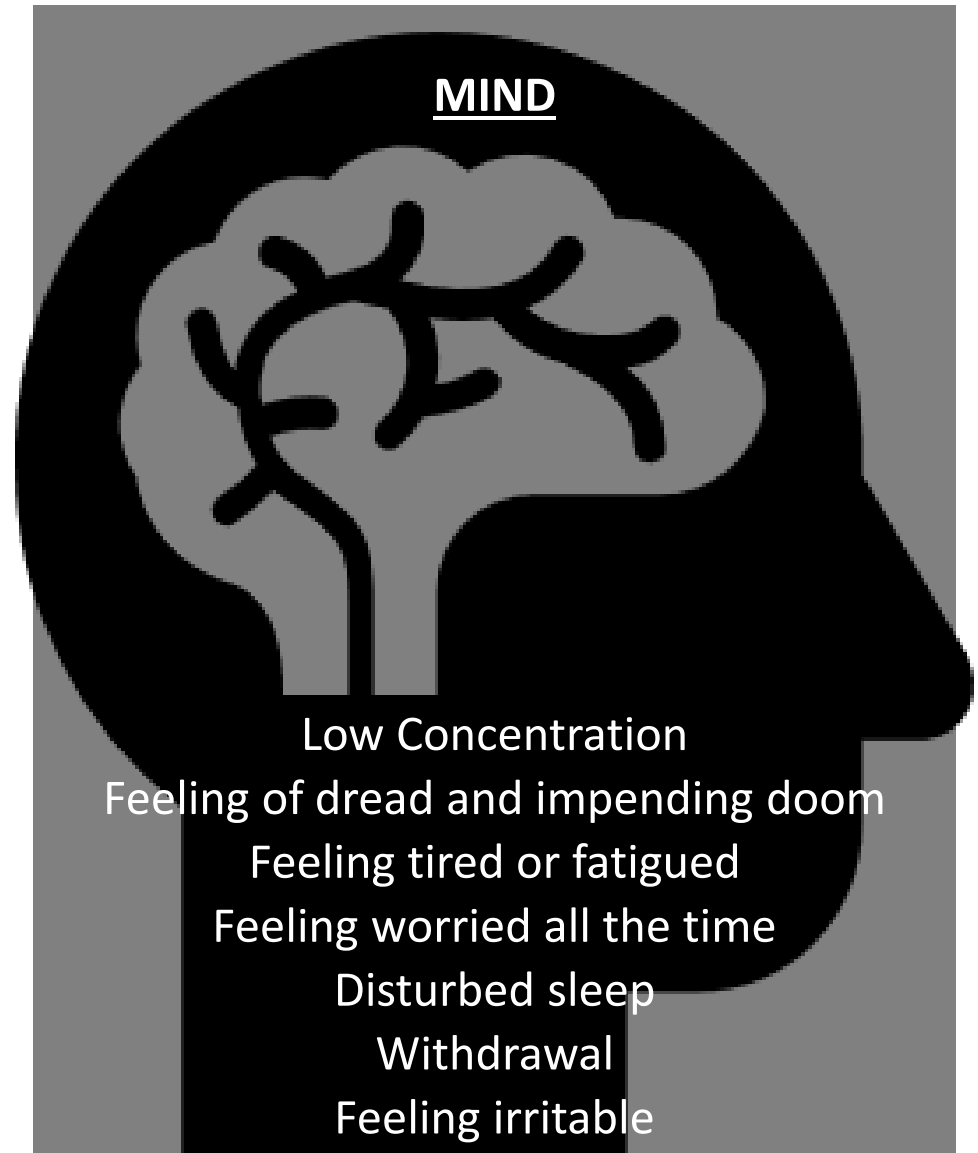
Complexity of Depression Diagnosis in Heart Failure

- ♥ The prevalence of major depression in chronic heart failure (HF) is about 20–40 %
 - ♥ which is 4–5 % higher than in the normal population (Mills et al, 2017)
- ♥ Adverse effects of depression in HF patients include:
 - ♥ Reduced quality of life
 - ♥ Reduced healthcare use
 - ♥ Rehospitalisation
 - ♥ Increased mortality
- ♥ Overlap between psychological reactions to life-threatening illness and the onset of a depressive syndrome
- ♥ Misassumptions that depressive states are “normal” in response to medical illness
- ♥ Unreliability of vegetative symptoms (e.g. weight, fatigue, weakness)
- ♥ Overlap with the effects of impaired cognitive functioning secondary to the medical condition itself



What is Anxiety?

Anxiety symptoms:



Anxiety symptoms:

IN THE BODY

Fast or irregular heartbeat

Tightness in chest

Sweating

Rapid breathing and hyperventilation

Dry mouth

Muscle tension & pains in body

Trembling

Numbness & tingling in fingers

Feeling faint and dizzy

Urinating frequently

Indigestion

Nausea, abdominal discomfort and stomach cramps

Anxiety Disorders include:

Generalised anxiety disorder (GAD)

Obsessive compulsive disorder (OCD)

Health Anxiety

Panic disorder

Post traumatic stress disorder (PTSD)

Social anxiety disorder

Specific phobias

Separation anxiety disorder

Complexity of diagnosing anxiety in HF patients:



- ♥ Assessing anxiety within physical disease process can be a great challenge
- ♥ Physical and emotional conditions share many common symptoms
 - ♥ including fatigue, palpitations, chest pains, breathlessness, and many more (Easton et al, 2013)
- ♥ So...
- ♥ Measures used to identify anxiety must be appropriate for use in this patient population
- ♥ Omitting somatic items in the detection of anxiety should allow for the separation of the emotional condition from the physical.

Exercise 1 - in groups of 4/5

- ♥ Based on your clinical experience of working with HF patients, how do you make a differential diagnosis between a cardiac episode and an anxiety episode? Bear in mind they could be both...
- ♥ In your experience what are the tell tale signs that help you differentiate?

Exercise 2 – in groups of 4/5

♥ As specialist HF nurses, have you had any difficult encounters with patients who are resistant to accept that their symptoms are consistent with an anxiety/panic disorder? How have you managed this?

Management of panic disorder:

- ♥ Differentiate between anxiety episodes and symptoms of HF
- ♥ Screening tools – PHQ-9 and GAD-7 to detect symptoms (less invasive)
- ♥ Look a Hx of panic attacks in the past (onset?). Does this coincide with their health issues or long before they had the HF?
- ♥ Do not jump to conclusions as there is a risk of invalidating their medical symptoms (invasive tests)
- ♥ Remain respectful but still maintain your point of view – be assertive
- ♥ Provide them with some psychoeducation on anxiety (resources can be found at the end of this presentation)
- ♥ Tell the patient to at least try to manage the anxiety and see what the residual is

GAD-7

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score _____ = Add Columns _____ + _____ + _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Total Score: 1-4 Minimal depression; 5-9 Mild depression; 10-14 Moderate depression; 15-19 Moderately severe depression; 20-27 Severe depression

Questions to ask your patients

♥ During the past month:

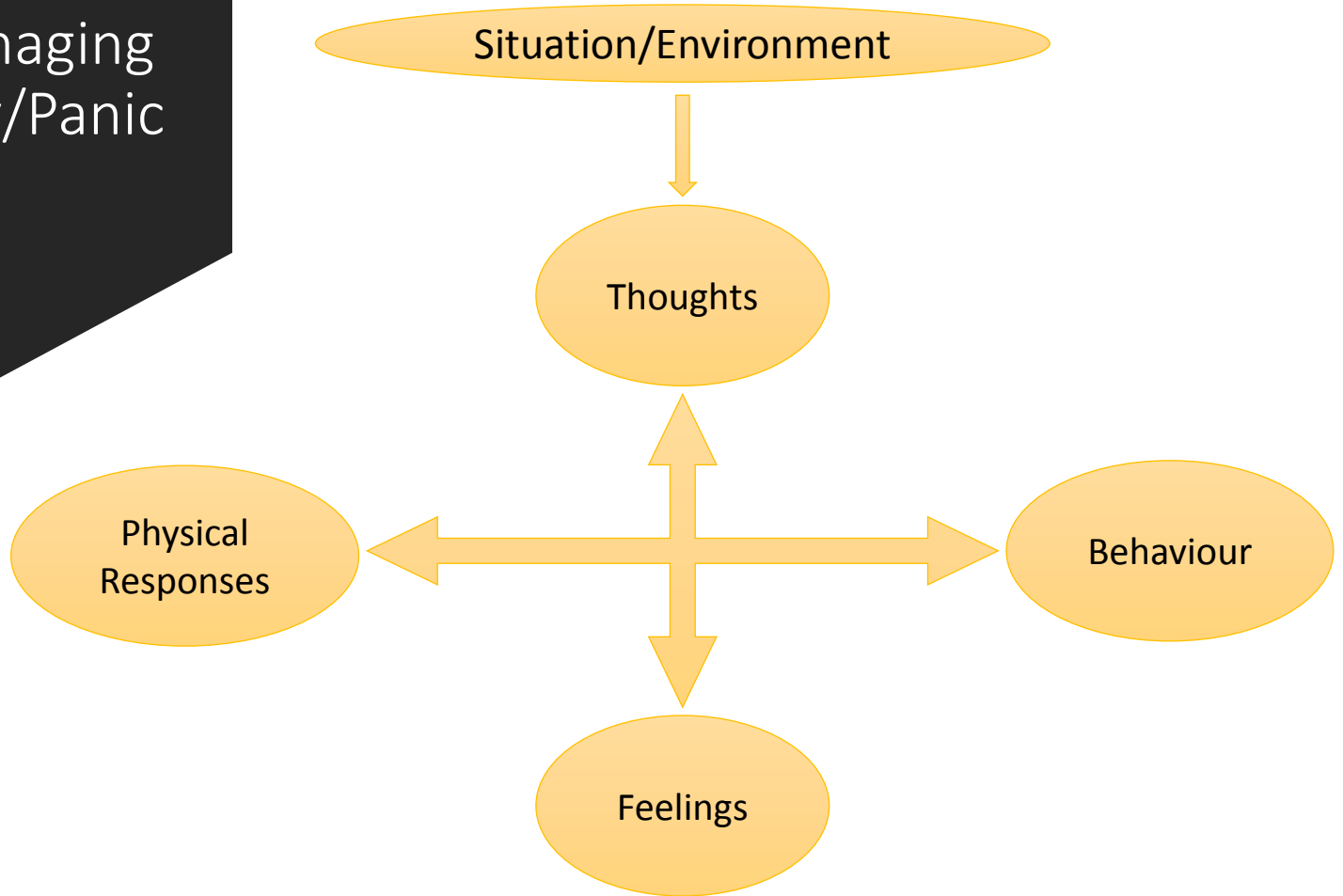
♥ Have you often been bothered by feeling down, depressed or hopeless?

♥ Have you often been bothered by having little interest or pleasure in doing things?

♥ Have you often felt unable to stop worrying or that you were worrying too much?

♥ Have you often felt nervous, anxious or unable to relax?

Cognitive Components Of Managing Anxiety/Panic



Simple rules to manage panic and anxiety

- ♥ Assert the fact that the feelings are normal bodily reactions
- ♥ They are not harmful, just hugely unpleasant
- ♥ Do not add frightening thoughts about what may or may not happen
- ♥ Wait for the fear to pass, do not fight it or run away from it
- ♥ Notice what is really happening in your body right now, not what you fear might happen
- ♥ Notice that once you stop adding frightening thoughts, the fear will start to fade
- ♥ The whole point of this is to learn to tolerate and manage the fear rather than avoid it...

Breathing Techniques & Mindfulness

♥ People who are anxious tend to breathe in their upper lungs (upper chest) with shallow, rapid breaths, instead of breathing into their lower lungs (lower chest).

♥ This is one contribution to hyperventilation: shallow, upper lung breathing.

♥ By changing their breathing they can **reverse these symptoms**

♥ Shifting breathing rate and pattern, can stimulate the body's parasympathetic response

♥ This is the body's opposite system to the Emergency Response and is often called the **Relaxation Response**.

♥ This is a state of profound rest that can be elicited in many ways, including:

♥ Progressive Muscle Relaxation

♥ Diaphragmatic Breathing

♥ Mindfulness

♥ Yoga

♥ Meditation

♥ 5 minute Breathing Exercises:

♥ <https://www.youtube.com/watch?v=YFSc7Ck0Ao0>

♥ <https://www.youtube.com/watch?v=nmFUDkj1Aq0>

Resources

♥ Centre for Clinical Interventions

♥ Anxiety:

<https://www.cci.health.wa.gov.au/Resources/For-Clinicians/Anxiety>

♥ Depression:

<https://www.cci.health.wa.gov.au/Resources/For-Clinicians/Depression>

♥ Panic:

<https://www.cci.health.wa.gov.au/Resources/For-Clinicians/Panic>

♥ Health Anxiety:

<https://www.cci.health.wa.gov.au/Resources/For-Clinicians/Health-Anxiety>

♥ Includes: breathing retraining, relaxation, breathing rate record, progressive muscle relaxation, coping with stress

♥ Heart Failure Matters

https://www.heartfailurematters.org/en_GB/For-caregivers/Recognising-depression-and-anxiety

♥ Get Self Help

www.getselfhelp.co.uk

♥ Living Life To The Full

<https://littf.com/>

Includes 'Living with a Long Term Condition' and 'Living Life To the Full with Coronary Heart Disease' coming soon

♥ anxieties.com

<https://www.anxieties.com/default/indexMain#.XZSVV0a2mBY>



Thank you

Any
Questions?