

# Anxiety Management & Treatment Adherence

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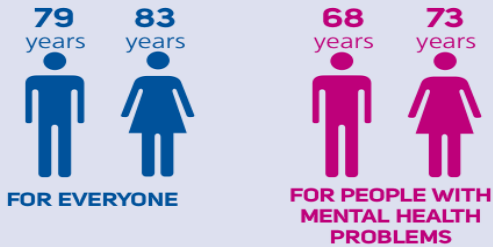
February 2020

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# Anxiety Management

## 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.<sup>12</sup>



## 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.<sup>15</sup>



## 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 year**<sup>13</sup>



## 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.<sup>14</sup>

# Questions to ask your patients

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## ♥ 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?

# Simple Rules to Manage Panic and Anxiety

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- ♥ 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

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- ♥ 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.
- ♥ 5 minute Breathing Exercises:
  - ♥ <https://www.youtube.com/watch?v=YFSc7Ck0Ao0>
  - ♥ <https://www.youtube.com/watch?v=nmFUDkj1Aq0>

# Breathing Techniques

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♥ **By changing their breathing they can reverse 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

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# Progressive Muscle Relaxation Exercise

5 mins



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# Diaphragmatic Breathing Exercise

5 mins

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# Adherence in HF

# Adherence

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♥ Adherence is defined by the WHO:

♥ “the extent to which a person’s behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider.”

(Sabaté E, World Health Organization, 2003)

♥ **Non-adherence:**

♥ Failure to adopt behaviour change advice

♥ Taking incorrect dose of medication

♥ Taking medication at the incorrect time

♥ Forgetting multiple doses

♥ Not stopping medication on time

♥ Failure to keep appointments

♥ Discharge against medical advice

# Effects of Non-Adherence in HF

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- ♥ Increased number of cardiovascular related emergency department visits
- ♥ Increased number of inpatient hospital days
- ♥ Increased HF exacerbations
- ♥ Reduced physical function
- ♥ Death

# How common is non-adherence in HF?

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- ♥ Medication adherence has been shown to be the strongest predictor of hospitalisation among HF patients (Riegel et al., 2013)
- ♥ Optimal adherence to beta blockers is reached in only 47-57% of HF patients (Setoguchi et al., 2010)
- ♥ Of 357 patients included in Lee et al., (2015) study, 79 HF patients (22.1%) were non-adherent
- ♥ Of 310 study participants only 22.3% of heart failure patients reported good adherence to their self-care recommendations. Adherence to self-care recommendation was positively associated with being male in gender, good level of heart failure knowledge and free from chronic comorbid diseases (Sied et al., 2019)

# Exercise

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- ♥ **As specialist nurses, what factors do you think may influence treatment adherence?**
- ♥ **Discuss in groups of 4**

# What influences adherence behaviour?

## 1) Individual factors:

- ♥ Age
- ♥ Gender
- ♥ Race, culture and diversity
- ♥ Attribution
- ♥ Knowledge
- ♥ Attitude

## 2) Contextual factors:

- ♥ Socio-economic status
- ♥ Low Income
- ♥ Housing
- ♥ Social support
- ♥ Education

# The 2 Main Types of Non-Adherence

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## Active Non-Adherence

- ♥ Patient decides not to take treatment
- ♥ May reflect a choice of coping strategy

## Passive Non-Adherence

- ♥ Forgetting
- ♥ Inability to understand instructions
- ♥ Physical problems such as poor eyesight or manual dexterity
- ♥ Poor communication



# Barriers to Adherence (Aggarwal et al., 2015)

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- ♥ 50% - forgetfulness
- ♥ 20% - having other medications to take
- ♥ 20% - being symptom free

# Patient-reported barriers to medication adherence in heart failure in Scotland

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- ♥ **The factors affecting medication adherence in heart failure are multifactorial and are unlikely to be improved by one single-faceted intervention.**
- ♥ **Future interventions need to treat patients holistically, build their trust as partners, simplify complex treatment regimens where possible and involve educational and social elements. (Forsyth, Richardson, and Lowrie).**

# David

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**“I just got on with my life, I didn’t let it ... I said right from the word go it’s not going to stop me doing anything that I want to”**

**“I deliberately said well it’s not going to change my life... don’t fret about it... and really, I, it hasn’t stopped me doing a thing...”**

**“...and you know if it shortened my life, what I done, if it shortened my life by a few years I think it was worth the sacrifice”**

# David

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**As specialist nurses, what do you think of David's response to his illness?**

## David

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- ♥ **He wants to have control**

- ♥ Doesn't like other people ruling over his health

- ♥ **He puts QoL ahead of health**

- ♥ But is happy

- ♥ **Medical view**

- ♥ Could be viewed as 'non-adherent'

- ♥ **Psychological view**

- ♥ Positive response to illness

- ♥ **REMEMBER: Not everyone WANTS to adhere**

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# How To Improve Treatment Adherence

# Improving Non-Adherence

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- ♥ **As health care professionals, we need to remember that we cannot change people who do not want to be changed.**
- ♥ **However, there are things we can do to help guide behaviour change:**
  - ♥ Communicate – ask your patients questions, try to understand their perspective
  - ♥ What are your patient's beliefs about their illness and treatment?
  - ♥ How do these beliefs impact on your patient's behaviour?
- ♥ **Can we change patient beliefs?**
- ♥ **Ask patients to do a cost benefit analysis of change**

# Motivational Interviewing (MI)

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- ♥ A collaborative, person-centred form of guiding to elicit and strengthen motivation for change
- ♥ The facilitator supports behaviour change in a manner congruent with the person's own values and concerns by resolving ambivalence



# Motivational Interviewing - MI

- ♥ MI is a particular kind of conversation about change (therapy, consultation, method of communication)
- ♥ It is collaborative (person-centred, a partnership, honours autonomy, not expert-recipient)
- ♥ MI is evocative (seeks to call forth the person's own motivation and commitment)
- ♥ Works with the patient and not against (collaboration vs confrontation)
- ♥ Draw out patients own thoughts rather than giving our opinion (evocation)
- ♥ Autonomy – empower patients to decide on how to change
- ♥ Decisional balance – advantages vs disadvantages of change

## MI's spirit...

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**It's a partnership within which a practitioner's style is quiet, accepting, attentive, respectfully curious and guiding rather than overtly persuasive...**

# Motivational interviewing - 5 general principles

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- ♥ **Expressing empathy**
- ♥ **Developing discrepancy**
- ♥ **Avoiding arguments**
- ♥ **Rolling with resistance**
- ♥ **Supporting self-efficacy**

# How is MI achieved?

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- ♥ Working collaboratively
- ♥ Listening accurately
- ♥ Exercising restraint
- ♥ Responding differentially
- ♥ Monitoring ambivalence
- ♥ Guiding the conversation

# Five types of practitioner behaviour that may cause dissonance and lead to resistance from the client.

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- ♥ 1. Arguing for change- trying too hard to convince
- ♥ 2. Assuming the expert role – I know what's best for you
- ♥ 3. Criticising, shocking or blaming – shaking complacency
- ♥ 4. Labelling- mechanistic problem/solution reasoning
- ♥ 5. Being in a hurry- don't talk, listen!

# Appreciate the ambivalence

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## ♥ Definition:

♥ the coexistence in one person of contradictory and incompatible emotions or attitudes and the tension arising as a consequence

## ♥ Example

♥ “smoking helps me concentrate and calm down, but I’d really like to stop it because I’m always coughing”

## Patient-HCP communication

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- ♥ The HCP patient relationship is very important
- ♥ The quality of the communication will impact on memory and satisfaction
- ♥ Simple, well-organised information is better recalled
- ♥ Cues can help – “take with food” ; leave tablets next to toothbrush
- ♥ Shared decision making (concordance)

# Wrestle less.....dance more!

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**Between stimulus and  
response there is a  
space. In that space is  
our power to choose our  
response. In our  
response lies our growth  
and our freedom.  
Viktor E. Frankl**

# Any Questions Welcome

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