

Talking Therapies Reduce Anxiety, Depression in Heart Patients



A study published in the European Heart Journal has found that group therapy can alleviate psychological distress, improve quality of life, and result in fewer readmissions for heart problems. Nearly 20% of cardiac patients have signs of psychological distress. Psychological symptoms such as palpitations and chest discomfort are often difficult to distinguish from cardiac symptoms. This can result in further distress for patients and limit their ability to live a normal life. Programmes used for addressing psychological issues in heart patients have generally been lengthy and delivered by therapists or psychologists, making them difficult to use in real life. This study examined the effect of five group sessions of cognitive behavioural therapy (CBT) conducted by nurses as an add-on to cardiac rehabilitation in patients with symptoms of anxiety and depression.

The study included 147 working-age cardiac patients with psychological distress. The average age of the participants was 54 years, and 67% were men. Participants were randomized to receive five sessions of group CBT plus usual cardiac rehabilitation (CBT group) or cardiac rehabilitation alone (control group). Cardiac rehabilitation was delivered over eight weeks, with two 90-minute group sessions per week. It included exercise, medication adjustment, and education on diet, smoking, physical activity, body weight, blood sugar, blood pressure, blood lipids, and psychological issues. The CBT sessions were led by cardiac nurses trained and supervised by a psychologist. The sessions were 2 hours each and held in groups of 3-4 patients. The first session focused on clarifying patients' values and difficulties caused by heart disease, while the second session reviewed the anxiety circle and discussed coping strategies such as gradual exposure to anxiety-filled situations and breathing exercises. Session 3 dealt with the analysis and consequences of current behaviour, while session 4 focused on strategies for dealing with concerns. In session 5, patients saw how their coping strategies had changed throughout the course, learned how to optimise their strengths, and received an individual maintenance plan for dealing with future distress.

The study found that five cognitive behavioural therapy sessions (CBT) led by cardiac nurses as an add-on to usual cardiac rehabilitation effectively reduced psychological distress in working-age cardiac patients. The primary outcome improved more in the CBT group than in the control group. Both anxiety and depression subscales also improved significantly more in the CBT group, and these improvements were maintained at six months. Additionally, the CBT group had a greater improvement in quality of life at six months and a lower risk of cardiac readmissions at 12 months compared to the control group. The study also found that participants in the CBT group were more likely to participate in cardiac rehabilitation exercise and education sessions than in the control group.

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