

Coping with Advanced Stage Heart Failure and LVAD/Transplant

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What is Health Psychology?



- Health psychology focuses on how biology, psychology, behavior, and social factors influence health and illness
- Other terms including medical psychology and behavioral medicine are sometimes used
- Health and illness are influenced by a wide variety of factors
- While contagious and hereditary illness are common, there are many behavioral and psychological factors that can impact overall physical well-being and various medical conditions
- Cardiac Psychology/Behavioral Cardiology and Transplant Psychology are areas of health psychology



Heart Failure

- A condition in which the heart is damaged or weak
- As a result, it can't pump enough blood to meet the body's needs
- "End-stage" means the condition is so severe that all medicine treatments have failed

- Class I



no limitation of activities; no symptoms from ordinary activities

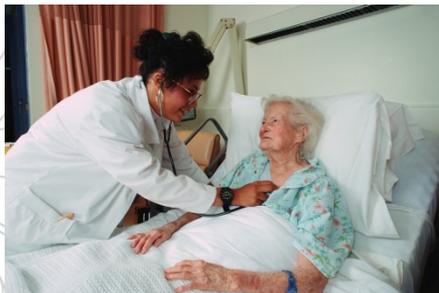
- Class II

slight, mild limitation of activity; comfortable at rest or with mild exertion

- Class III

marked limitation of activity; comfortable only at rest

- Class IV



confined to bed or chair; any physical activity brings discomfort and symptoms occur at rest.



Living with Heart Failure

- What was your emotional response when you found out your doctor was concerned about your heart or said that your symptoms were related to heart *failure*?
 - Scared?
 - Angry?
 - Depressed?
 - Desperate?
- In the past, a diagnosis of heart failure meant you didn't have much longer to live; this is no longer true!
- But that also means there are more years managing physical and emotional symptoms



The Physical and Emotional Toll of Heart Failure

- Physical

- Fluctuations in weight due to fluid
- Chest pain
- Increased fatigue
- Decreased appetite
- Memory and attention problems



- Emotional

- Leads to higher levels of depression, anxiety, and hostility than those with other heart conditions
- Have more chronic interruptions with work schedules and daily activities

Psychosocial Factors Outcome Study

- investigated prevalence of depression, anxiety and relationship of psychosocial factors to mortality in outpatients with CHF
- 153 participants
- 36% Beck Depression Inventory-II ≥ 13 ;
- 45% State-Trait Anxiety Inventory ≥ 40
- Depression and social isolation predicted mortality independent of demographic and clinical status

<https://www.bing.com/videos/search?q=Scrubs+heart+failure&&view=detail&mid=965CE7F3A70F11B1D3CC965CE7F3A70F11B1D3CC&&FORM=VRDGAR>



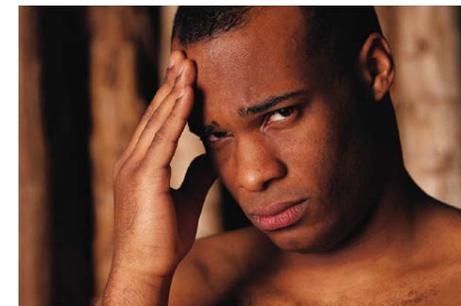
Depressive Disorders



- Major Depressive Disorder
 - Episodes lasting at least two weeks of sad mood, loss of interest in activities, hopelessness, worthlessness, guilt, forgetfulness, change in appetite and sleep, increased thoughts of death
- Persistent Depressive Disorder
 - At least two years of low-grade feelings of depression, often related to low self-esteem, may have trouble feeling upbeat even on happy occasions, but may be well-hidden to others
- Adjustment Disorder with Depressed Mood
 - Short-term condition when a person has difficulty coping with a major life change like divorce, loss, or illness



Anxiety Disorders



- Generalized Anxiety Disorder

- At least six months of uncontrollable worry, tension, feeling keyed up, restless sleep, irritability, trouble making decisions

- Specific Phobia

- Fear of a specific thing or situation that causes panicky feelings and is avoided at all costs

- Panic Disorder

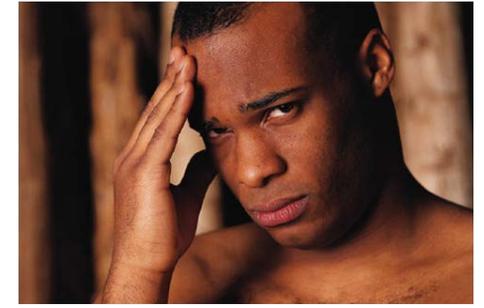
- Recurrent, unexpected panic attacks; the “fear of fear”

- Obsessive Compulsive Disorder

- Recurrent, intrusive thoughts followed by a behavior felt to keep the bad thing from occurring



Anxiety Disorders



- Post Traumatic Stress Disorder

- After experiencing a life-threatening event (or seeing it in someone else), having re-experiencing of the event, avoidance of event related stimuli, numbing of emotions, increased arousal (**ICD Storm!**)



- Adjustment Disorder with Anxiety

- Short-term condition when a person has difficulty coping with a major life change like divorce, loss, or illness



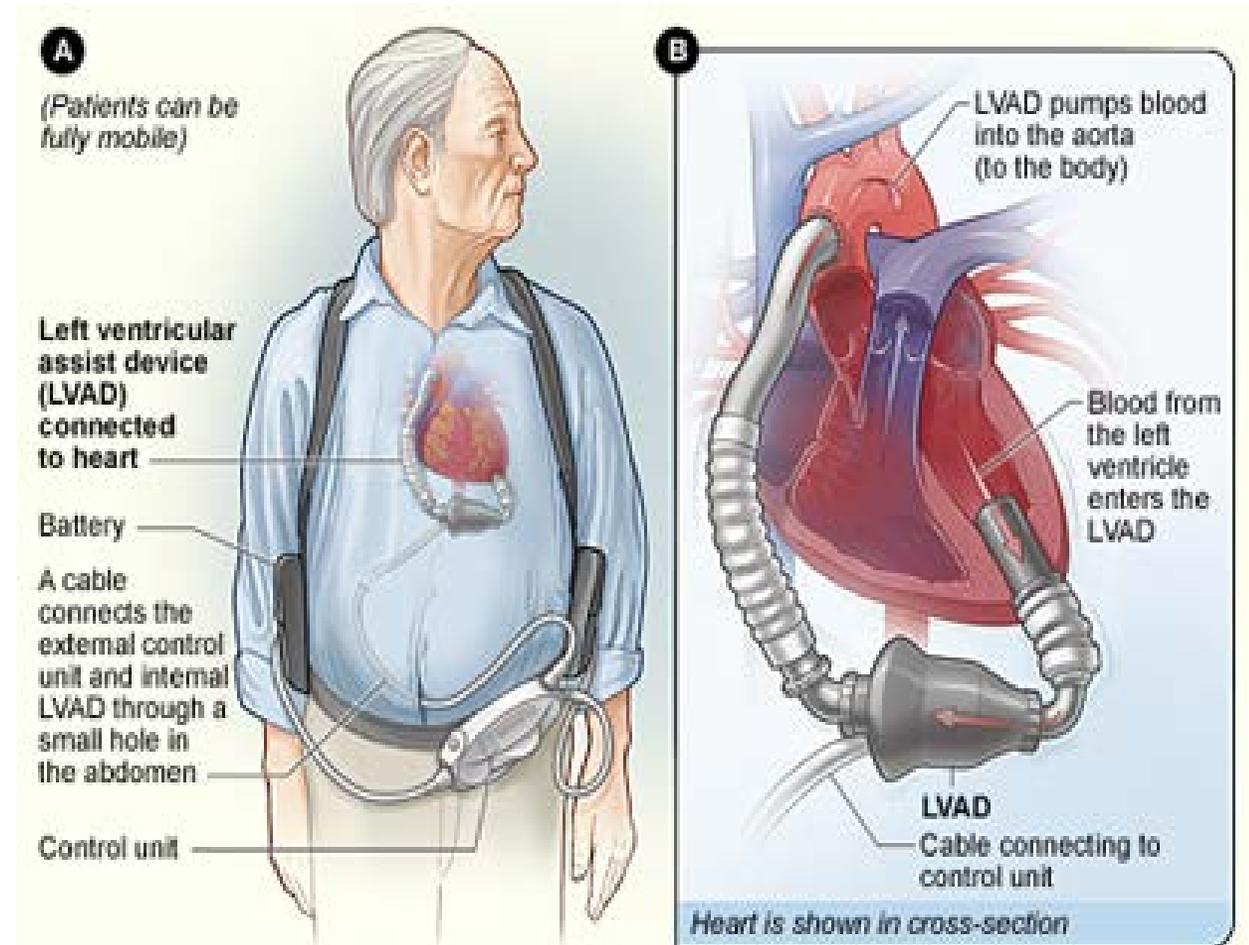
Advanced Therapies

LVAD

- pump used for patients who have reached end-stage heart failure
- surgically implanted, it's a battery-operated, mechanical pump, which then helps the left ventricle (main pumping chamber of the heart) pump blood to the rest of the body

Heart Transplant

- surgery that removes a diseased heart and replaces it with a healthy heart from a deceased donor to improve your quality of life and increase your lifespan



Depression/Anxiety in LVAD Patients

- Prevalence rates of depression in LVAD patients is around 17-30%
- Prevalence rates of anxiety in LVAD patients is around 13%
- About 14% meet criteria for both
- Depression and anxiety rates decreased significantly eight months after implant
 - could be related to the improvement in acute heart failure symptoms, functional capacity, and quality of life
- Patients who experienced depression and anxiety after LVAD had a higher readmission rate



Depression/Anxiety in Heart Transplant Patients

- Prevalence rates of depression in heart transplant pts range from 0-63% in the first year after transplant
- Prevalence rates of anxiety in heart transplant pts range from about 20%-50%
- A passive coping style and low levels of social and physical activity are linked to a higher risk of depression after transplant

<https://www.bing.com/videos/search?q=anxiety+after+heart+transplant&&view=detail&mid=74E49A0D46B9A0B5100774E49A0D46B9A0B51007&&FO RM=VRDGAR>



Why do patients experience depression and/or anxiety?

- Pre-procedure, there is an extensive evaluation process- worry occurs about whether you will “pass the tests”
- If approved, the waiting is hard; “will I live long enough to get the transplant?” “will I survive surgery?” “will I be able to take care of it?”
- After surgery, these life-changing procedures come with their own sets of restrictions
 - Being in the hospital is a “safe place;” going home on your own is scary
- The surgeries have their own sets of longer-term potential complications
 - Drive line infections
 - Organ rejection/survivor’s guilt/cancer



Consequences of Ongoing Psychological Distress

- Pre-transplant or LVAD:
 - Often slows workup process
 - Non-adherence with medical regimen
 - Makes quitting substance use more difficult
- Post-transplant or LVAD:
 - Slower recovery
 - Non-adherence with medical regimen
 - Higher hospital readmission rates
 - Substance relapse
 - Decreased quality of life
 - Greater caregiver burden



What You Can Do to Help Yourself (cognitive and behavioral)

- **Shift your mindset**

- Instead of focusing on what you can't do (depression), focus on doing things you find enjoyable and that give you a sense of accomplishment
- Instead of focusing on things out of your control (anxiety), focus on what you can control
- Keep realistic expectations

- **Follow your doctor's instructions**

- Though this may mean making significant lifestyle changes, it usually ends up in patients feeling their best
- If you cannot follow an instruction for any reason, call your doctor's office right away instead of waiting until the next clinic visit
- Make a list of questions or challenges you're having to take to your next doctor's visit to ensure it is addressed



What You Can Do to Help Yourself (cognitive and behavioral)

- Exercise
 - Whether through cardiac rehab or on your own, it's "nature's antidepressant"
- Use Your Social Support Wisely
 - Try to continue doing all you can do within reason (don't lie on the couch all day and be "waited on" if you could be doing it yourself)
 - Alternatively, let people help you when needed and tell your loved ones how you're feeling
- Incorporate Relaxation into Daily Life
 - Progressive muscle relaxation
 - Visualization
 - Meditation
 - OSU Center for Integrative Medicine (Website for MP3's)



Manage Stress Through Soft-Belly Breathing

TALKRx
WITH
Doctor Neha



When to Get Professional Treatment

- Remember, it's normal to feel frightened or depressed if you are having a procedure, surgery, receiving a new diagnosis, or have to make significant lifestyle changes
- Was anxiety or depression a problem before you got sick or did it start after you got sick, and how long have the symptoms lasted?
- Is anxiety and/or depression interfering with your life or are these symptoms causing you distress?
 - Do family and friends keep asking, "are you OK?" or are they telling you that you should get help?



When to Get Professional Treatment

- Also consider getting help if:
 - You are preoccupied with symptoms and even if you know a sensation is normal, it causes you excessive concern, panic, etc.
 - Your quality of life is affected
 - You're not motivated or you're afraid to do things you typically enjoy
 - You're irritable a lot of the time
 - You can't stop worrying – you lie awake at night worrying
 - You feel like giving up or hurting yourself



Resources at Ohio State

- **Transplant Psychology (Includes Transplant and LVAD patients)**
 - May see patients before the surgery and/or afterward
 - Inpatient at the Ross
 - Outpatient Services at the Brain Spine Hospital
- **Behavioral Cardiology (Inpatient)**
 - Inpatient services: Currently a part of the CHF Consult Service but also provide psychological services throughout the Ross
 - If you are at the Ross, you can ask to see someone from the team
 - Outpatient Services at Harding Hospital
- **OSU Behavioral Medicine Clinic**
 - Health psychology Ph.D. students at the university provide free psychotherapy
 - At the OSU psychology building on Neil Avenue
- **Harding Hospital Psychiatry Clinics**
 - For psychiatric medication specialists

