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Research Article

**EFFECTIVENESS OF PRE-COUNSELLING REGARDING
CARDIAC PROCEDURES****Bushra Parveen¹, Munawar Sultana², Tahira Shaheen³**¹Charge Nurse, Government Teaching Hospital Shahdara, Lahore²Head Nurse, Jinnah Hospital Lahore³Nursing Instructor, Post Graduate College of Nursing Punjab, Lahore**Article Received:** March 2021**Accepted:** March 2021**Published:** April 2021**Abstract:**

Introduction: Depression is common in people with coronary heart disease (CHD), affecting approximately a fifth of individuals following an acute coronary syndrome (ACS). **Objectives:** The main objective of the study is to find the Effectiveness of Pre Counselling Regarding Cardiac Procedures. **Material and methods:** This descriptive study was conducted in Jinnah Hospital Lahore during 2019 to 2020. We reviewed the evidence to assess the effects of adding psychological treatments (talking therapies) to usual care for people with coronary heart disease (CHD; narrowing of the arteries supplying the heart) compared with people receiving usual care. **Results:** There were 200 patients which were selected for this study. From these 200 patients there were 96 female and 104 males. The mean age range was 41.2 ± 12.4 years. Table 01 shows the demographic values of all selected patients. **Conclusion:** It is concluded that psychological interventions did not reduce mortality (any cause), or the risk cardiac surgery or having another heart attack. Psychological interventions reduced the risk of cardiac deaths and reduced participant-reported symptoms of depression, anxiety, and stress.

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INTRODUCTION:

Depression is common in people with coronary heart disease (CHD), affecting approximately a fifth of individuals following an acute coronary syndrome (ACS), coronary artery bypass grafting (CABG) and chronic heart failure. Such depression is important as it is associated with worse health-related quality of life, greater use of unscheduled care, increased health care costs and a doubling of risk of subsequent morbidity and mortality. The detection and appropriate management of depression among people with CHD is a policy priority in the UK and in many other countries with well-developed health care systems [1].

For most people in the UK who have experienced an ACS or have had coronary revascularisation, cardiac rehabilitation is offered by the National Health Service (NHS) as part of routine care to help people return to optimal functioning. This rehabilitation usually incorporates education, exercise and psychological support, although the exact form of the psychological support provided is not well defined in guidance documents and remains open to interpretation by individual services [2]. While psychological treatments, such as cognitive behavioural therapy, for example, are effective for depression in people with CHD, very few rehabilitation services provide access specific psychological treatments part of cardiac rehabilitation. Furthermore, only a minority of rehabilitation services (18% in 2014) provide direct access to specialist psychological care [3]. Thus, despite the availability of evidence-based interventions in primary and secondary care, the majority of people attending cardiac rehabilitation in the UK do not receive adequate treatment for depression [4].

To improve access to evidence-based psychological treatment for depression among people attending cardiac rehabilitation, we developed and conducted a preliminary evaluation of a complex intervention (Enhanced Psychological Care or 'EPC') for delivery by cardiac rehabilitation nurses alongside routine cardiac rehabilitation. Our aim was to pilot the methods and procedures required to undertake a fully

powered evaluation of the clinical effectiveness and cost-effectiveness of implementing EPC for patients with new-onset depressive symptoms using cardiac rehabilitation compared with treatment as usual [5].

Objectives

The main objective of the study is to find the Effectiveness of Pre-Counselling Regarding Cardiac Procedures.

MATERIAL AND METHODS:

This descriptive study was conducted in Jinnah Hospital Lahore during 2019 to 2020. We reviewed the evidence to assess the effects of adding psychological treatments (talking therapies) to usual care for people with coronary heart disease (CHD; narrowing of the arteries supplying the heart) compared with people receiving usual care. We extracted results on the rates of death (any cause or cardiac-related); heart attacks; the need for revascularisation surgery (operation to restore the blood flow around the heart); and levels of depression, anxiety, and stress. Heart attacks and cardiac (heart) surgery may be frightening and traumatic, and may lead some people to experience psychological problems. Some psychological characteristics are linked to the development and progression of cardiac complaints. Psychological treatments for depression, anxiety or stress are sometimes offered, either alone or as part of a rehabilitation programme. We tested whether there are any benefits from providing psychological therapies in addition to usual care for people with CHD. We only selected studies that followed people for at least six months.

The data was collected and analysed using SPSS version 19. All the values were expressed in mean and standard deviation.

RESULTS:

There were 200 patients which were selected for this study. From these 200 patients there were 96 female and 104 males. The mean age range was 41.2 ± 12.4 years. Table 01 shows the demographic values of all selected patients.

Table 01: Demographic values of selected patients (n =200)

Demographic values	Frequency	%
Age		
18–30	51	24.5
31–50	95	47.5
>50	54	28
Gender		
Male	104	52
Female	96	48
Complains of patients		
Nasal obstruction	154	77
Facial pain	55	27.5
Facial pressure	93	46.5
Smell loss	39	19.5
Runny nose/discharge	98	49
Post nasal drip	135	67.5
Duration of symptoms		
<3months	40	20
3–6months	28	14
7–12months	27	13.5
1–4years	35	17.5
>5years	70	35.1

The nurse explained the evidence-based treatment options available to all potentially eligible patients. This included BA self-help materials supported by the nurse as part of the cardiac rehabilitation programme, and/or referrals to their general practitioner (GP), local mental health services, or referral to specific cardiac patient psychological support services where available. Nurses were trained to coordinate care while the participant attended cardiac rehabilitation by monitoring depressive symptoms, assessing risk to self or others and agreeing/reviewing any changes to the mental health care plan with participants, including onward referral to other services [6].

All participants were also offered nurse supported self-help using a participant BA handbook. The handbook consisted of a structured programme designed to support participants in re-engaging with sources of positive reinforcement from their environment and to develop future strategies for managing their depressive symptoms. A functional analytical approach was adopted, with the handbook designed to help participants develop an understanding of behaviours that interfere with meaningful, goal-oriented behaviours [7].

DISCUSSION:

Many definitions of cardiac rehabilitation (CR) have been proposed [8]. The following definition encompasses the key concepts of CR: "The coordinated sum of activities required to influence

favourably the underlying cause of cardiovascular disease, as well as to provide the best possible physical, mental and social conditions, so that the patients may, by their own efforts, preserve or resume optimal functioning in their community and through improved health behaviour, slow or reverse progression of disease" [9]. CR is offered to people after cardiac events to aid recovery and prevent further cardiac illness. As part of their secondary rehabilitation, people may be offered interventions which specifically aim to influence psychological or psychosocial outcomes. These psychological or psychosocial interventions are varied and may range from organisational efforts to improve patient communication and support, to empirically supported, psychotherapies used to target diagnosed psychopathology in people with cardiac conditions [10]. Furthermore, psychological or psychosocial interventions may incorporate other elements of CR such as the modification of cardiovascular risk factors (e.g. diet and lifestyle advice, or exercise); in some cases, the intervention may be described as 'psychological' only to the extent that psychological techniques are used to further other treatment goals through promoting behavioural change [11].

CONCLUSION:

It is concluded that psychological interventions did not reduce mortality (any cause), or the risk cardiac surgery or having another heart attack. Psychological interventions reduced the risk of cardiac deaths and

reduced participant-reported symptoms of depression, anxiety, and stress.

REFERENCES:

1. Oldenburg B, Perkins RJ, Andrews G. Controlled trial of psychological intervention in myocardial infarction. *Journal of Consulting and Clinical Psychology* 1985;53(6):852-9.
2. Oranta O, Luutonen S, Salokangas RK, Vahlberg T, Leino-Kilpi H. The outcomes of interpersonal counselling on depressive symptoms and distress after myocardial infarction. *Nordic Journal of Psychiatry* 2010;64:78-86.
3. Oranta O, Luutonen S, Salokangas RKR, Vahlberg T, Leino-Kilpi H. Nurse-led interpersonal counseling for depressive symptoms in patients with myocardial infarction. *Cardiology (Switzerland)* 2013;126:104.
4. Peng J, Jiang LJ. Psychotherapy on negative emotions for the incidence of ischemia-related events in patients with coronary heart disease. *Chinese Journal of Clinical Rehabilitation* 2005;9(4):38-9.
5. Rahe RH, Ward HW, Hayes V. Brief group therapy in myocardial infarction rehabilitation: three- to four-year follow-up of a controlled trial. *Psychosomatic Medicine* 1979;51(3):229-42.
6. Rakowska JM. Brief strategic therapy in first myocardial infarction patients with increased levels of stress: a randomized clinical trial. *Anxiety, Stress and Coping: An International Journal* 2015;28(6):687-705.
7. Adriana R, Christian P, Vincenzo P, Silvia S, Cinzia C, Diego I, et al. One-year follow-up results from the randomised study STEP IN AMI (Short Term Psychotherapy In Acute Myocardial Infarction). *European Journal of Integrative Medicine* 2012;4:58-
8. Pristipino C, Roncella A, Cianfrocca C, Scorza S, Pasceri V, Pelliccia F, et al. One-year results of the randomized, controlled short-term psychotherapy in acute myocardial infarction (STEP-IN-AMI) trial. *European Journal of Preventive Cardiology* 2013;1:S93.
9. Roncella A, Giornetti A, Cianfrocca C, Pasceri V, Pelliccia F, Denollet J, et al. Rationale and trial design of a randomized, controlled study on short-term psychotherapy after acute myocardial infarction: the STEP-IN-AMI trial (Short Term Psychotherapy in Acute Myocardial Infarction). *Journal of Cardiovascular Medicine* 2009;10:947-52.
10. Roncella A, Pristipino C, Cianfrocca C, Pasceri V, Irini D, Scorza S, et al. Short Term Psychotherapy IN Acute Myocardial Infarction (STEP IN AMI) Trial. Final results from a randomized trial. *European Heart Journal* 2012;33:954.
11. Roncella A, Pristipino C, Cianfrocca C, Scorza S, Pasceri V, Pelliccia F, et al. One-year results of the randomized, controlled, short-term psychotherapy in acute myocardial infarction (STEP-IN-AMI) trial. *International Journal of Cardiology* 2013;170:132-9.