Health related anxiety

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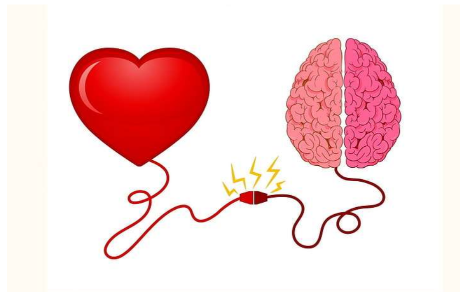
Plan for this session

- Understand health anxiety and the implications for our CHD population.
- The cycle of health anxiety
- Some recommendations for practice.
- Time for questions

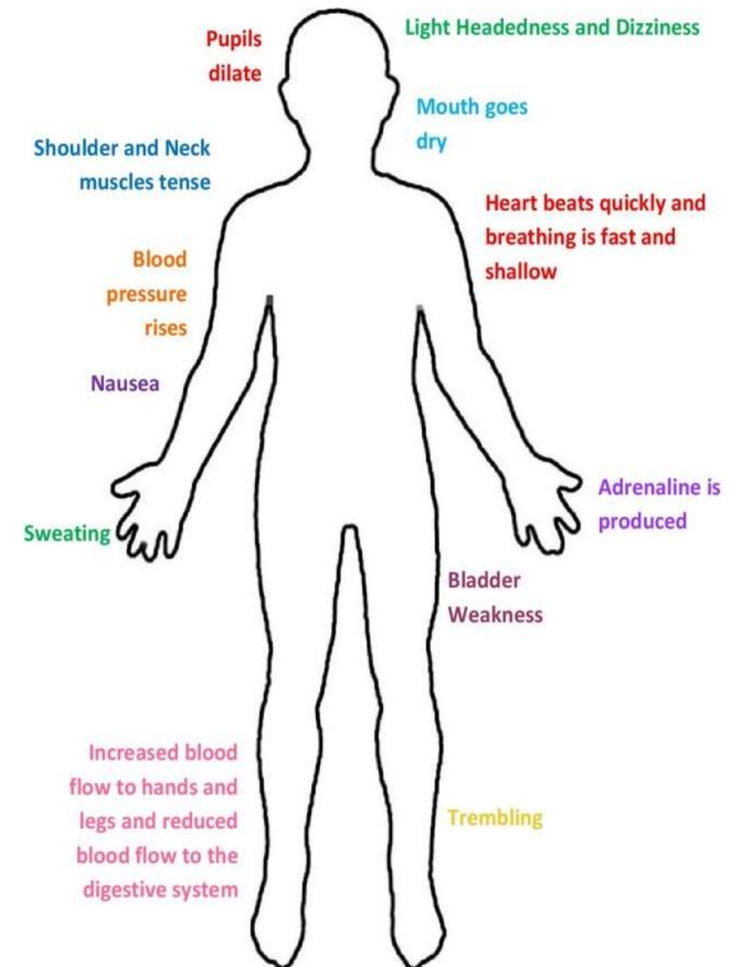
Psychological health of the CHD population

- In comparison to the general population, ACHD patients show higher rates in anxiety (weighted prevalence ACHD: 38% vs global prevalence: 34%; Bandelow & Michaelis, 2015).
- Up to a 1/3, or even ½, of CHD adults meet criteria for mood and/or anxiety disorders (Kovacs & Belinger, 2020).
- Psychological distress associated with poorer quality of life and adverse cardiovascular outcomes (Gleason et al., 2019; Westhoff-Bleck et al., 2016; Jackson, Leslie & Hondorp, 2018; Benderly et al., 2019).
- Preliminary research suggests that anxiety/depression symptoms in this population frequently re-occur (Gleason et al., 2019).



A quick reminder of anxiety…

- How many of these symptoms might be observed in your CHD patients and are genuinely related to the heart condition?
- How do we know when palpitations are due to anxiety, heart condition, or both?



Health anxiety and CHD

- "A multi-dimensional negative emotional state involving cognitive-affective "preparation" focused on bodily signs and symptoms because of their perceived or real negative consequences" (Lebel et al., 2020; P31).

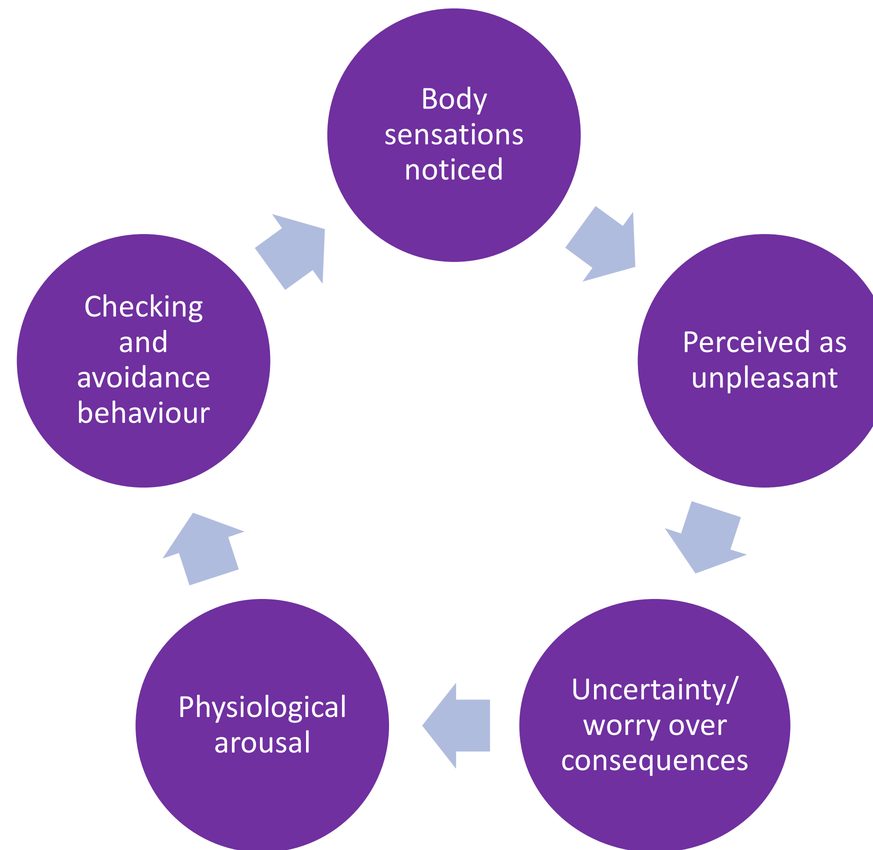
- Minimal research of Health Anxiety in ACHD population.

- Prevalent in people with health conditions; 20% of patients at outpatient clinic (cardiology, respiratory, endocrine and gastroenterology) had significant health anxiety (Tyrer et al., 2011).

Health Anxiety

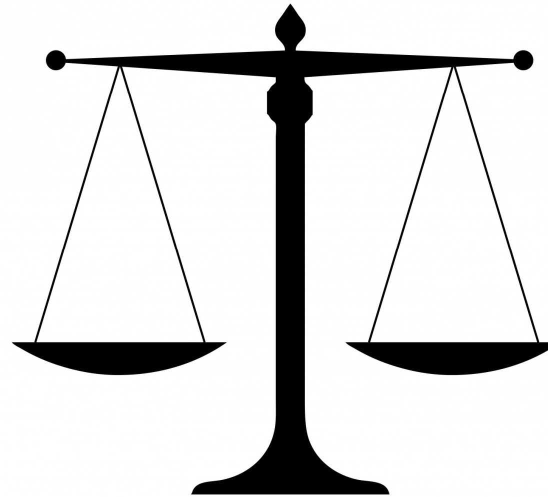
- Physical sensations
  - Very real
  - “normal” physiological sensations
- Intrusive thoughts/images
  - Perceived danger
  - Catastrophising in nature
  - Uncertainty
  - Worry: “What if…” thinking
- Attentional processes
  - Self/internal focused
- Behaviours
  - Attempts to control
  - Monitoring or checking
  - Avoidance – Cardioprotective, reminders, experiential
  - Reassurance seeking

The cycle of Health Anxiety



The balancing act

Remain attentive to changes in health symptoms that might warrant medical attention



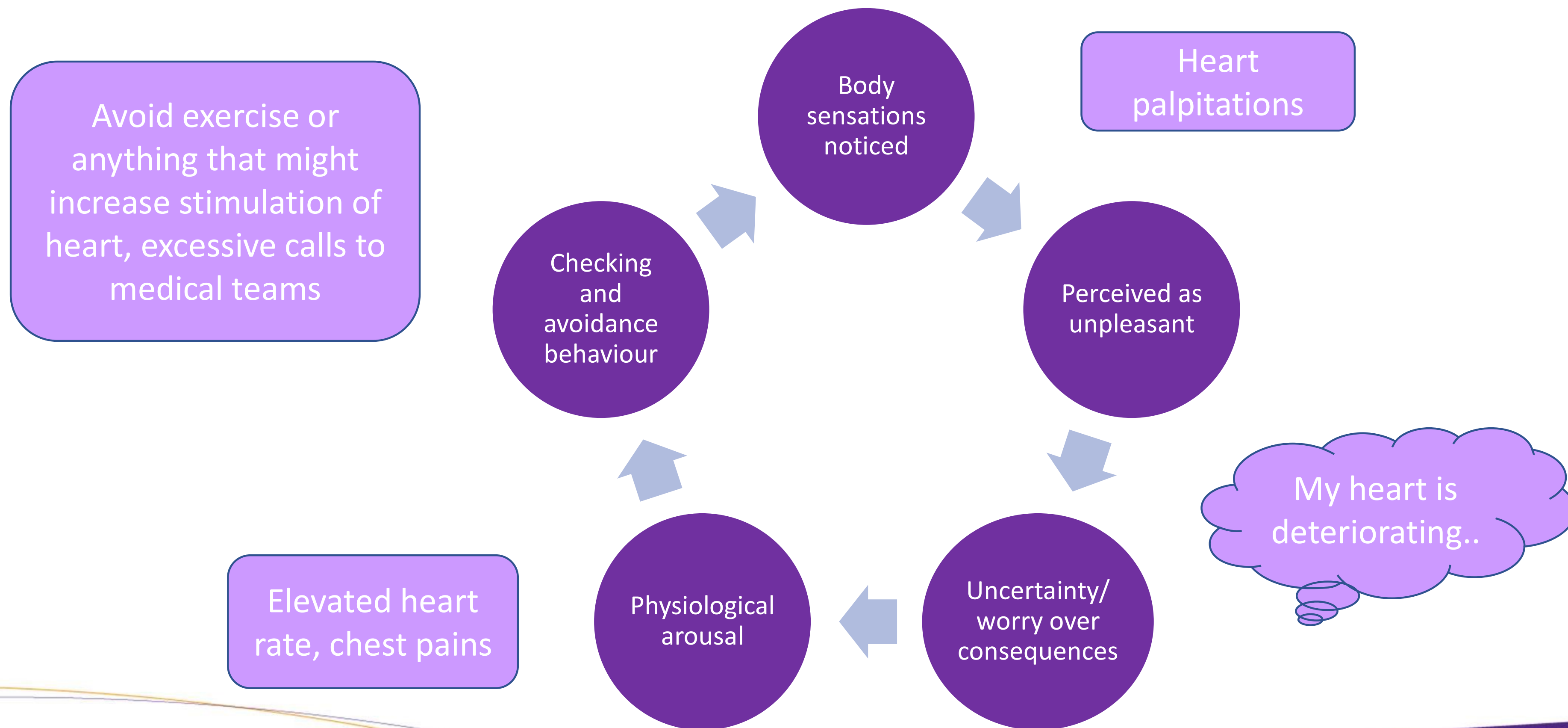
Refrain from unnecessary health related thoughts or behaviours

Jessica*

- Jessica is 23 years old; diagnosed with CHD; surgery as a baby but does not remember it; receives routine annual checks on her heart; otherwise healthy and enjoys exercise, running and being with her friends.
- She went to university and now works full time in an office-based job. She lives at home with her parents. She reports to have good relationships with her family, but has reported that her Mum can be quite overprotective about what she does and where she goes.
- When out running she experiences elevated heart rhythm and chest pain; her immediate thought is "I am having a heart attack"
- She attends A&E and is informed that it was atrial fibrillation. After several episodes, at clinic, she is advised to go for an ablation.
- Jessica begins to dread it happening again but is also anxious about ablation..
- She stops running and going out with her friends. She spends a lot of time with her parents where she feels safe, should anything happen to her.
- She often calls her specialist team re new symptoms and has frequently attended A&E.
- Over time, Jessica's mood dips.

* Please note that this case study is fictional

Jessica's cycle



Implications

- Reactions from the team if a patient is disengaging or engaging too much.
- Higher healthcare utilisation and expenses (Asmundson et al., 2010; Horenstein & Heimberg, 2020).
- Risk of social isolation, loss of meaningful activity (work, school, social).
- Impact on physical health/mortality.

Implications

Patient

- Decreased quality of life and functional disability
- Lack of confidence in roles (work, family)
- Low self-esteem and increased self-doubt
- Changes in attitude/mood
- Uncertainty about the future
- Decreased motivation (e.g. diet, exercise, medication)
- Difficulty with self-management and medical attendance/engagement
- Impact on physical health/mortality

Service

- Increased service use (e.g. advice lines, longer appointments)
- Increased health costs (e.g. longer admission)
- DNA'd appointments
- Patient-team relationships

Recommendations for practice

- Psychologist integrated within the MDT.
- Noticing engagement patterns and considering potential reasons.
- Educational sessions to support differentiation of physiological changes associated with anxiety versus health condition (Boyer et al., 2020).
- Using standardised questionnaires (i.e. CAQ) or asking questions to explore patient’s anxiety and normalise/validate their experiences.
- Anticipating anxiety-provoking situations i.e. breaking bad news.

Liverpool Heart and Chest Hospital NHS
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QUESTIONS