

EMORY Health Sciences News

Nell Hodgson Woodruff School of Nursing
Robert W. Woodruff Health Sciences Center
Health Science Communications

November 13, 2006

Patients with newly implanted cardiac defibrillators cope best when they receive counseling, Emory University's School of Nursing research shows

Media Contacts: Amy Comeau, 404-727-8445, acomeau@emory.edu
 Sarah Goodwin, 404-727-3366, sgoodwi@emory.edu

ATLANTA — Patients with newly implanted cardiac defibrillators, or ICDs, experience less anxiety and depression when they spend time with professionals who help them understand what to expect and ways they can actively cope with the challenges ahead.

ICDs can shock irregular hearts back to normal rhythms. But they can also deliver a jolt to newly implanted patients' psyches because the lifesaving devices unexpectedly discharge their voltages in response to irregular heartbeats. Apprehension over when a charge may occur often leads to anxiety, fear, and depression in some patients.

Sandra B. Dunbar, RN, DSN, FAAN, the Charles Howard Candler Professor of Cardiovascular Nursing at Emory University's Nell Hodgson Woodruff School of Nursing, and a group of interdisciplinary colleagues have been studying the effects of education and counseling to help reduce the emotional side effects of living with an ICD. The Psychoeducational Intervention in Internal Cardiac Defibrillator Patients (PEACE) trial sought to improve physical and emotional recovery 12 months after initial ICD implantation.

Dr. Dunbar presented study results at the American Heart Association Scientific Sessions press conference Sunday, Nov. 12 in Chicago (Abstract #2675 -- "Effect of a Psychoeducational Intervention on Depressive Symptoms and Anxiety in ICD Patients").

Specifically, the PEACE trial examined whether educational and psychological intervention affects a number of important outcomes in patients with ICDs. The researchers asked whether or

not anxiety, fear and depression are lessened through positive, proactive coping and symptom management skills, and can the frequency and severity of arrhythmic events be reduced.

Dr. Dunbar says that during the weeks following implantation, ICD patients are usually keenly aware of the new implant, which is inserted in the pectoral area and is slightly larger than a pacemaker. In addition to psychological effects that come with having an ICD, patients may experience pain, sleep difficulties and limited arm movement. However, these side effects tend to subside after the first six weeks.

The PEACE trial divided patients ages 25 to 79 into three groups. One group received a combined education and counseling intervention in group sessions, another received education and counseling via telephone consultations, and a control group received standard care from their providers. Counseling sessions focused on positive self-appraisal and proactive coping skills, such as seeking social support from family and friends, returning to activities enjoyed before receiving the ICD, and learning to turn negative thoughts about their health into constructive ones.

“Previous work has found that patients have a better psychological outcome if they were able to view their situation with hope and optimism and use more active problem-solving and coping strategies,” says Dr. Dunbar. “The group intervention sessions were very interesting because the patients shared their experiences in detail. They talked about what they had found that worked for them, what they could and couldn’t do. And they were very concerned about each other. The telephone sessions also were informative and patients received individual education and coping assistance in a convenient, cost-effective manner.”

“Our goal is to help ICD recipients feel more in control and to shift from a victim to survivor mindset,” notes Dr. Dunbar. Results from the study reveal the interventions were effective in increasing use of positive coping strategies and reducing illness-related “threat appraisal.” Most importantly, the groups receiving the extra education and counseling by telephone or in the group sessions, reported less anxiety by three months and were less likely to have depressive symptoms at 12 months. Additionally, the groups receiving the interventions had less disability days and made less calls to their providers at the one-year follow up mark.

Trends in gender differences were also found with women experiencing greater symptoms early in the recovery period and less perceived social support over the course of the year than men. Dr. Dunbar hopes that further analysis of the data will help identify those patients for which the intervention will be most beneficial.

The PEACE Trial was being conducted in the Center for Research on Symptoms, Symptom Interactions, and Health Outcomes at the Nell Hodgson Woodruff School of Nursing, Emory University. The Center, led by Dr. Dunbar, is one of nine exploratory nursing research centers funded by the National Institutes of Health, National Institute for Nursing Research. The purpose of the Center is to facilitate symptom-related research, including the development and testing of interventions designed to reduce health-related symptoms and improve health outcomes in clinical populations.

The Nell Hodgson Woodruff School of Nursing at Emory University is recognized as a leader in the preparation of students for beginning and advanced practice nursing. Graduates of the school's programs are at the forefront in leadership, serving as role models for excellence in nursing practice throughout the world. The School of Nursing is committed to improving care and nursing leadership through its key values of scholarship, leadership and social responsibility. To learn more, visit www.nursing.emory.edu or call 404-727-7980.

###