





## Psihološki problemi bolesnika uključenih u program ambulantne kardiovaskularne rehabilitacije

### Psychological problems of patients involved in the outpatient cardiovascular rehabilitation program

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**Uvod:** Akutni infarkt miokarda (AIM) jedan je od najtežih srčanožilnih incidenata. Liječenje, oporavak te promjena načina života kod bolesnika može dovesti do straha, tjeskobe, nesigurnosti, anksioznosti i depresije. U svrhu što kvalitetnijeg oporavka te smanjivanje rizika od ponavljanja kardiovaskularnih incidenata provodi se program kardiovaskularne rehabilitacije (KVR), koji pored drugih komponenti sekundarne prevencije, uključuje i cjelovitu psihološku skrb.<sup>1,3</sup> Cilj ovog istraživanja je bio utvrditi učestalost anksioznosti i depresivnosti kod bolesnika uključenih u program ambulantne KVR.

**Bolesnici i metode:** Retrospektivno istraživanje je provedeno u Poliklinici za prevenciju kardiovaskularnih bolesti i rehabilitaciju u Zagrebu. Podaci bolesnika prikupljeni su za razdoblje od 10. rujna 2015. do 31. prosinca 2017. godine. Bolesnici s osnovnom dijagnozom AIM-a su podijeljeni u tri skupine: liječeni perkutanom koronarnom intervencijom (PCI), liječeni kardiokirurškim zahvatom (CABG) i liječeni optimalnom medikamentoznom terapijom (OMT). Za probir anksioznosti i depresivnosti na početku i na kraju programa tromjesečne ambulantne KVR<sup>2,3</sup> korištena je strukturirana Ljestvica hospitalne anksioznosti i depresivnosti (HADS, engl. *Hospital Anxiety and Depression Scale*).

**Rezultati:** U istraživanje je bilo uključeno 437 bolesnika, od kojih je njih 367 liječeno primjenom PCI, 50 s učinjenom CABG, a 20 bolesnika s OMT. Rezultati (**tablica 1**) ukazuju da od ukupnog broja na početku programa 18% bolesnika ima prisutnu graničnu i klinički značajnu anksioznost, a njih 22% ima prisutnu graničnu i klinički značajnu depresivnost. Vrijednosti anksioznosti na kraju, u odnosu na početak, programa ambulantne KVR normalizirale su se kod 10%, a vrijednosti depresivnosti kod 11% bolesnika s AIM.

**Zaključak:** Sudjelovanje u programu ambulantne KVR dovodi do smanjenja samoprocijenjene anksioznosti i depresivnosti u bolesnika nakon AIM. Rezultati probira HAD-om ukazuju na bolji oporavak u skupini bolesnika liječenih primjenom PCI.

**Introduction:** Acute myocardial infarction (AMI) is one of the most severe cardiovascular incidents. The treatment, recovery and change in life style in a patient can result in fear, distress, insecurity, anxiety and depression. In order to improve the quality of recovery and reduce the risk of cardiovascular incidents, a cardiovascular rehabilitation program (CVR) is conducted, which, in addition to some other secondary prevention components, also includes a complete psychological care.<sup>1,3</sup> The aim of this study was to determine the incidence of anxiety and depression in patients involved in the outpatient CVR program.

**Patients and Methods:** The retrospective study was conducted in the Institute for Cardiovascular Prevention and Rehabilitation in Zagreb. The details about patients were collected for the period from 10<sup>th</sup> September 2015 to 31<sup>st</sup> December 2017. The patients with AMI basic diagnosis were divided into three groups: those treated by percutaneous coronary intervention (PCI), those treated by coronary artery bypass surgery (CABG) and those treated by optimal medical therapy (OMT). The structured Hospital Anxiety and Depression Scale (HADS) was used for screening of anxiety and depression at the beginning and end of the program of quarterly outpatient CVR.<sup>2,3</sup>

**Results:** 437 patients were involved in this trial of whom 367 were treated by applying PCI, 50 patients were treated by applying CABG and 20 patients were treated by applying OMT. The results (**Table 1**) show that out of the total number of patients at the beginning of the program, 18% of them have borderline and clinically significant anxiety, and 22% of them have borderline and clinically significant depression. The values of anxiety at the discharge, compared to the anxiety at the beginning of the outpatient CVR program normalized in 10%, while the values of depression normalized in 11% of patients with AMI.

**Conclusion:** Participation in the outpatient CVR program results in a decrease in self-assessed anxiety and depression in patients after AMI. The results of screening by using HADS show a better recovery in a group of patients treated by applying PCI.

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**TABLE 1. Incidence of borderline and clinically significant anxiety and depression in patients with acute myocardial infarction involved in the outpatient cardiovascular rehabilitation program.**

| Results on HADS<br>≥8  | On admission<br>number (%) | At discharge<br>number (%) | Change<br>number (%) |
|--|----------------------------|----------------------------|----------------------|
| <b>All patients with AMI (N=437)</b>   |                            |                            |                      |
| Anxiety  | 80 (18.3%)                 | 38 (8.7%)                  | 42 (-9.6)            |
| Depression   | 98 (22.4%)                 | 48 (11.0%)                 | 50 (-11.4)           |
| <b>Patients with AMI treated by percutaneous coronary intervention (n=367)</b> |                            |                            |                      |
| Anxiety  | 69 (18.8%)                 | 30 (8.2%)                  | 39 (-10.6)           |
| Depression   | 83 (22.6%)                 | 39 (10.6%)                 | 44 (-12.0)           |
| <b>Patients with AMI treated by coronary artery bypass surgery (n=50)</b>      |                            |                            |                      |
| Anxiety  | 6 (12.0%)                  | 4 (8.0%)                   | 2 (-4.0)             |
| Depression   | 9 (18.0%)                  | 6 (12.0%)                  | 3 (-6.0)             |
| <b>Patients with AMI treated by optimal medical therapy (n=20)</b>             |                            |                            |                      |
| Anxiety  | 5 (25.0%)                  | 4 (20.0%)                  | 1 (-5.0)             |
| Depression   | 6 (30.0%)                  | 3 (15.0%)                  | 3 (-15.0)            |

HADS = Hospital Anxiety and Depression Scale; AMI = acute myocardial infarction.

#### LITERATURE

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