

Discussion

Management of Unbreakable Link between Mind and Heart: The ECUAD Approach

INTRODUCTION

Over the last years, cardiac diseases have been significantly studied. However, there is a lack regarding the studies related to cardiac patients' psychological problems and anxiety levels, especially in the prediagnosis phase.

ARGUMENTS

Anxiety is a negative emotional state resulting from a perception of a situation with danger or threat and is characterized by specific beliefs about an inability to predict, control, or achieve the desired results in some situations. A high mortality and disability associated with cardiovascular disease can be the major causes of anxiety that occurs in people who undergo instrumental diagnostic tests as well as an invasive coronary angiography (CA).

Probably, preprocedural stress is due to this belief from the ancient time that the heart is a fragile center and the container of the soul. Therefore, a heart intervention may cause anxiety and fear related to a life-threatening status.

The most important reasons for anxiety in these patients are lack of adequate information about the procedure and fear of hospitalization and medical team, complications during the procedure, lifestyle change after the possible percutaneous coronary intervention (PCI), and a new status as a cardiopathic patient with severe reduction of physical abilities.^[1] Some studies have also shown that medical teams' equipment, masks, and surgical gowns, as well as their discussions during the procedure may increase patients' anxiety level.^[2] This level increases in patients with inappropriate coverage and in a cold and unfamiliar room.

Stress and anxiety influence some physiological responses.^[3] Moreover, since an anxious patient is less likely to collaborate with health-care providers, technical problems, or patient refusal may occur during procedures.^[4] Therefore, it is essential for nurses to assess and alleviate patients' anxiety before the procedure and relieve pain during the procedure.^[5] In this view, it is well understood that nurses have active and key roles in assuring a favorable and safe work situation in catheterization laboratories.

In addition to pharmacological methods, nonpharmacological methods were often used to decrease anxiety in patients undergoing CA.

Nevertheless, reduction of stress and anxiety in patients undergoing CA remains a major challenge for health-care workers. Appropriate information and education about the procedure could reduce patients' anxiety levels and increase their self-esteem.^[6,7] Patient education by medical teams about CA procedure, and PCI is important for the reduction of anxiety and stress levels as well as their consequences.

Farsi *et al.*^[8] compared the effects of peer education and a round of anxious orientation in patients undergoing CA. One hundred and seventy-seven patients were divided into three groups, a group of peer education by a trained peer educator, a group of trained orientation tour by the researcher, and a control group. The three groups did not differ significantly with regard to the anxiety score before the intervention. There was a significant difference between average anxiety scores for the three groups after surgery. Therefore, the results showed that both methods of peer education and orientation tour could decrease anxiety levels in patients undergoing CA.

Sharing personal experiences among peers can be encouraging. Moradi and Adib-Hajbaghery^[9] examined influences of a patient preparation package on levels of anxiety in patients undergoing CA and showed the effectiveness of this strategy in reducing anxiety. There was a difference between the average anxiety scores before and after the implementation of this strategy. Patients' anxiety level was significantly reduced after the intervention and before CA.

CONCLUSIONS

According to our experience and literature review, we believe that it is crucial to use the ECUAD approach as described below:

Empathy

Establish an empathic relationship with patients, making them feel comfortable from admission to discharge.

Clarity and understanding

Clarify any doubts to the patient before the CA, be understandable in front of his fears, but at the same time, being able to convey security and faith in physicians and all operators.

Alternative methods

If the patient is anxious, apply initially nonpharmacological methods (relaxation techniques, massage, music therapy, alone or in combination) during routine preparations before the CA and if necessary and possible, even during

the procedure, as long as this does not cause distractions for interventional cardiologists who perform it.

Drugs

Switch to the administration of anxiolytic drugs, only if the nonpharmacological methods have not brought any benefit to the patient.

In the postdiagnostic phase, patients too eager frequently are not able to learn new information about the necessary changes related to lifestyle. Indeed, the standard cardiac therapy should be associated with a sufficiently intense and lasting psychological intervention in these patients: this approach could lead to an improvement of lifestyle and life quality, as well as a reduction in morbidity and mortality.^[10]

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Conflicts of interest

There are no conflicts of interest.

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