

# Women's conceptions of their life situation after implantation of an Implantable Cardioverter Defibrillator

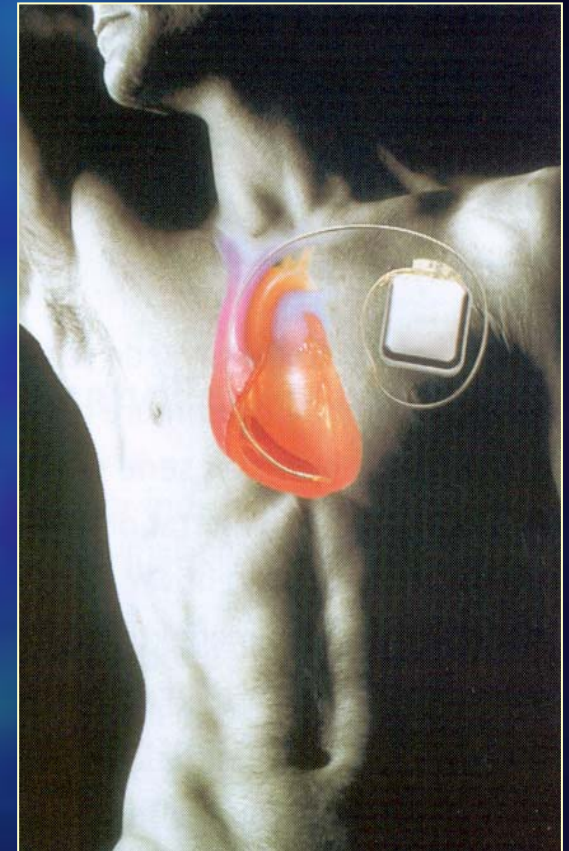
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# Introduction

- Sudden cardiac death:
  - Malign ventricular arrhythmias, VT and VF
  - 1560 events /year/million population (Helkki, 2001)
- Indications for ICD therapy:
  - Surviving an cardiac arrest due to VT or VF
  - A high risk for ventricular arrhythmias (Hauer, 2001)
- Prevalence:
  - Worldwide: 130 000 ICD-implantation/year
  - In U.S: 185/million population
  - In W. Europe: 31/million population
- The ICD-system: (Peters, 2001)



# Introduction

## ■ Clinical ICD trials:

Reduced mortality with ICD versus antiarrhythmic drugs

- AVID (AVID Investigators, 1997)
- CASH (Kuck, 2000)
- CIDS (Connolly, 2000)
- MADIT, MADIT II (Moss, 1996; Moss, 2002)
- MUSTT (Buxton, 1999)

## ■ Quality of Life:

- ICD is not associated with poorer QoL compared to antiarrhythmic drug, pacemaker or control group

(Duru, 2001; Herrmann, 1997; McCready, 2003)

- ICD shock is associated with reduction in QoL

(Dogherthy, 1995; Heller, 1998)

- Frequent shocks and younger age are associated with increased adjustment difficulty (Sears, 1999)

# Introduction

- Psychosocial impact of ICD:
  - 24-87% experience increased symptoms of anxiety
  - 12-38% experience clinically diagnostic levels of anxiety
  - 24-33% experience depressive symptoms
  - 10-15% experience clinically diagnostic depression  
(Sears, 1999)
- Interventions:
  - Support groups (Badger & Morris, 1989; Molchany & Peterson, 1994)
  - Telephone counseling (Dougherty, 2004; Sneed, 1997)
  - Nursing intervention program (Dougherty, 2004)
  - Cognitive behavior therapy (Kohn, 2000)
- Gender differences?

# Aim

- To describe women's conceptions of their life situation after implantation of an ICD from an emotional and social perspective

# Method and sample description

- Qualitative descriptive design - Phenomenographic approach
- Open semi structured interviews
- Data analysis
- Sample: Eleven strategically selected women
  - Age: 26-74 years
  - Marital status: 8 married  
3 single
  - Education: 8 secondary/upper secondary school  
3 higher education
  - Working situation: 5 working  
6 sickness/retirement pension
  - Time after implantation: 1-9 years
  - Total number of shocks: 0-2 per person

# Results category-system

## To conceive well-being

- Feeling of safety
- Being able to handle the situation
- Feeling of support
- Conceive new values in life

## To conceive non-satisfaction

- Feeling of limitations
- Feeling of discomfort
- Feeling of fear
- Feeling of frustration
- Feeling of confusion

# Feeling of safety

*" Above all you may have a higher freedom of movement. You don't always need to think about: Is there a hospital near by? If I'm going somewhere I don't have to worry, instead you feel safe. "*

- Feeling of security
- Feeling of reduced anxiety
- To experience continuity of hospital-staff

# Feeling of fear

*" But then there was this fear, about that nobody knew what this was...that nobody knew what the device was for, it made me really scared. When the nurse came at the beginning, I had to take out the book and show her what it was I have implanted."*

- Fear of lack of knowledge
- Fear of the ICD-device function
- Fear of disease deterioration

# Summary

- The ICD has a great psychosocial impact
- The women conceived both well-being and non-satisfaction in their life situation
- The conceptions changed over time, where non-satisfaction was dominant months after implantation and near after chock-delivery
- Women with ICD and their families need more information and support

# Psychosocial adjustment risk factors

## ICD-specific risk factors:

- Young ICD patient (age <50) (Sears, 2001; Vitale & Funk, 1995)
- High rate of ICD-shocks, multiple shocks (Sears & Conti, 2003)
- Poor knowledge of cardiac condition or ICD

## General heartdisease risk factors:

- Significant history of psychological problems
- Poor social support
- Increased medical severity
- Woman?

(Sears & Conti, 2002; Sears 1999)

# Clinical implications

- Education about the emotional and social aspects of having an ICD
- More frequent follow-up and psychological support the first 6-12 months after implantation and at check-delivery
- Support groups/supportive communication
- Psychological intervention for risk patients
- Professional healthcare-team

# Research implications

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- Validation of psychosocial interventions
- Focus on patient acceptance of the ICD
- Gender differences in psychosocial effect