

<b>N° 95208</b>	Statin induced irritability? The cardiac rehab patient who said no, no, no.	
Topic :	29.2 - Cardiovascular Rehabilitation	
Option :	No Options	Category : Clinical Case

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**Introduction:** 63 year old man 'Tom' presented to phase II cardiac rehabilitation clinic following non-ST myocardial infarction and deployment of 2 drug eluting stents to the left anterior descending artery four weeks previously. Positive family history and newly diagnosed hypertension and dyslipidaemia were noted as risk factors. Discharged medications consisted of dual anti-platelet therapy (DAPT), statin, ACE inhibitor and betablocker.

Tom was slim and fit. Blood pressure 180/90, heart rate 85/min. He seemed tense -was terse in his responses but denied subjective psychological distress. He felt cheated out of health as he had adhered to a healthy lifestyle and had done everything right. He had two family bereavements in 2 months. He related how he had compartmentalized his stress so that it couldn't affect him. Tom then revealed that he had stopped taking his medications 10 days ago. He believed they were making him irritable and hostile and coincided the onset of mood changes to medication commencement. His doctor had dismissed his concerns so he took the decision to stop. Mood changes abated within 3 days of stopping.

**The Problem:** Non adherence to medications is associated with worse outcomes and increased mortality and can dominate risk. Tom's decision placed him at high risk for stent thrombosis and future cardiovascular events relating to dyslipidaemia, hypertension & ventricular dysfunction.

**Practical challenges and solution:** Detecting non adherence does not equate to overcoming it. Tom was invested in his own perception of what had gone wrong as well as how best to deal with it. He had lost trust in clinicians. Using motivational interviewing techniques I helped Tom to understand that his decisions were not the best for his health. He needed more information regarding the nature of stents and cardiovascular disease and how each medication should work for him and not against him. I explained how the statin might be the culprit cause of mood changes. Using consensual collaboration we drew up a 2-step plan to reintroduce medications. He opted to recommence all medications except his statin and reported back in one week. Clear of any adverse mood effects we proceeded to introduce an alternative statin. A hydrophilic statin was substituted for the originally prescribed lipophilic formulation, on the basis that it should have less brain penetration. He opted to keep a diary recording any adverse mood effects. Tom commenced Phase III cardiac rehabilitation programme within 2 weeks and this afforded ideal monitoring opportunity. He tolerated all medications without recurrence of adverse effects.

**Conclusion and implications for practice:** This case study makes no claim to demonstrate cause and effect in terms of mood changes during treatment with statins. It does demonstrate how the nurse patient relationship within the cardiac rehabilitation setting is a pivotal and undervalued resource for optimising medication adherence for secondary prevention.