Psychiatric Nursing Care for Patients With Cardiac Disease

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Nursing Care of Cardiac Patients With Depression

Lehigh Valley Health Network is a 985 bed tertiary care hospital in Northeastern Pennsylvania with Heart Failure (HF) patient volumes 4 to 6 times the national average. In an effort to reduce 30 day all cause readmissions in this high risk population, a multidisciplinary team was convened.

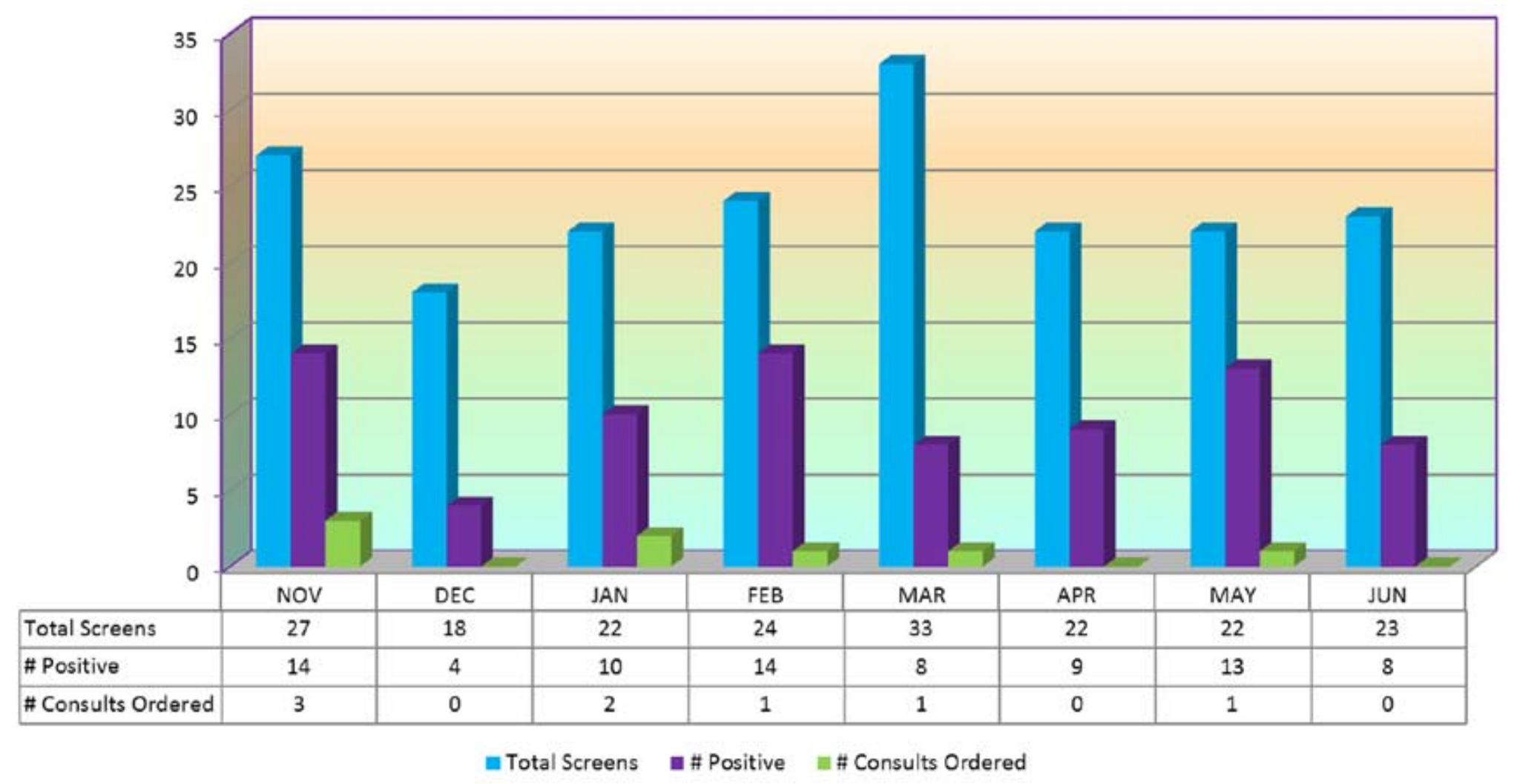
To prioritize continuum of care issues leading to measurable improvements consistent with the fundamental priorities of People, Service, Quality, Cost and Growth, Psychiatric nurse leadership was invited to provide expertise in the management of our complex HF patients with depression. Subsequently, a plan was developed to educate our cardiac nurses.

A LVHN Heart Failure Readmission Reduction Project Team works on improved outcomes and the reduction in inpatient readmissions for our patients with Congested Heart Failure. In 2012, they invited a Psychiatric Nurse to join this group.

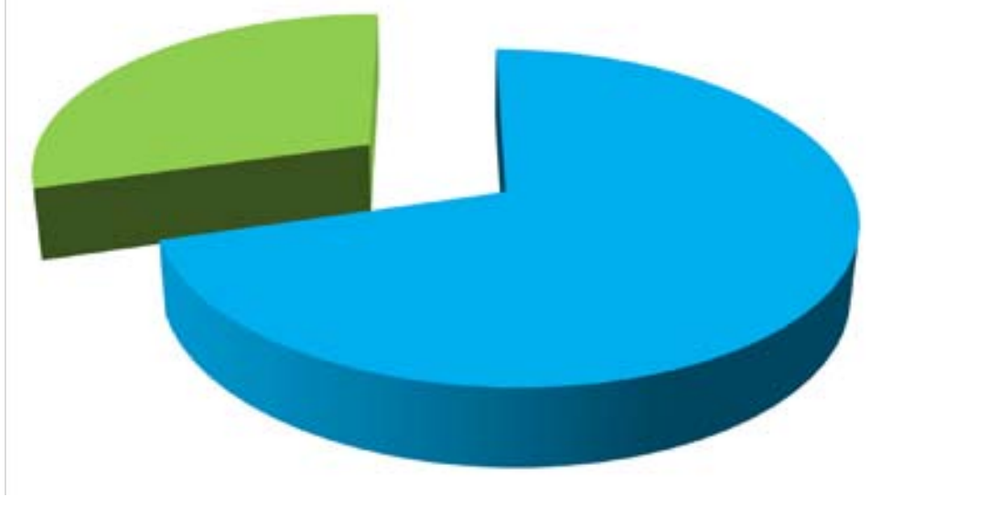
We made a plan to educate our cardiac nurses on depression and screen all patients admitted to our Regional Heart Center who carried the diagnosis of CHF. We screened for depression utilizing the PHQ2. This depression screen along with Suicide screening results were reported and discussed with the attending physician. In some cases immediate consults to Psychiatry were made to provide for patient safety and initiate treatment. Patients with positive scores, who were not in immediate need, were referred for follow up in outpatient settings.

PHQ2 and PHQ9 screening of patients in LVHN practices can be completed and monitored through our Electronic Medical Record, Centricity Physician Office. We have begun to standardize the monitoring process in multiple settings. It is through these nursing collaborations that Cardiac Nurses and Psychiatric Nurses educate and coordinate improved care for our patients. Integration occurs… two nurses at a time!

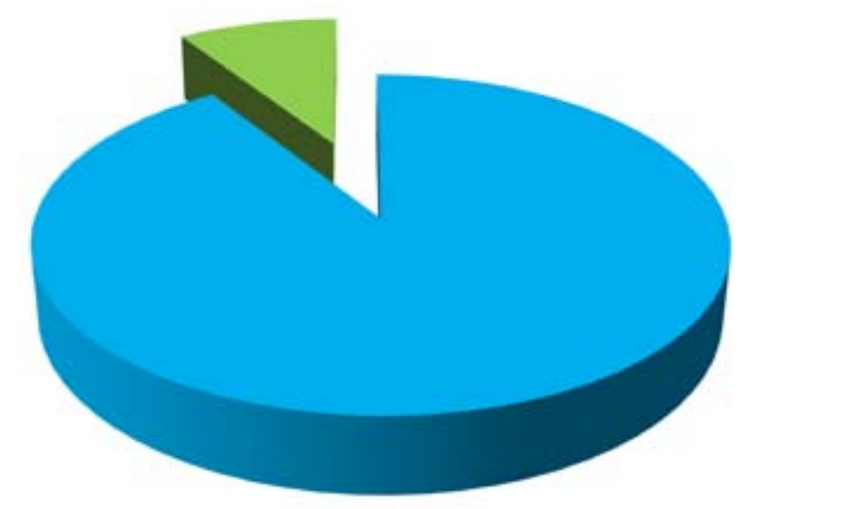
Depression Screening Results Positive Scores vs. Consultations Ordered



42% Positive Screenings



Consults Ordered on 10% of Positive Screenings



Serious Mental Illlness and Heart Disease

"Patients with severe mental illnesses, such as schizophrenia, bipolar disorder and depression together affect 5%-10% of the U.S. population, lose 25 or more years of life expectancy, with the majority of the excess premature deaths due to CVD, not suicide." *(Newcomer and Hennekens)*

Heart Disease and Mental Illness

- 1 in 5 people will have an episode of major depression in their lifetime. That number climbs to about 1 in 2 for people with heart disease.
- The risk of heart disease is double for people with a history of depression.
- Major depression puts heart attack victims at greater risk and appears to add to the patient's disability from heart disease. *(World Federation of Mental Health)*
- Hospitalized patients over 70 years-of-age who suffer from a combination of HF and depression experience readmission rates of 67% versus 44% among the same age group with HF but without depression. *(Rozzini)*
- Patients with HF are twice as likely to die if they have depression compared with those who did not have depression. *(Silver)*
- A multicenter study demonstrated that even at three months following a hospitalization, 63% of HF patients reported symptoms of depression.
- Patients with stable CHD plus generalized anxiety disorder (GAD) have a higher risk of experiencing cardiovascular events such as stroke, myocardial infarction, and death than patients with CHD only.
- GAD was associated with a 74% increased risk for adverse cardiovascular outcomes. *(E. Martins, World Federation for Mental Health)*

Primary vs. Secondary Diagnosis

- It is unclear if it is an independent primary diagnosis or if the depressive symptoms are secondary to the patients' chronic, complex illness.
- Both diagnoses share common pathophysiologic pathways and benefit from disease specific specialty care early in their diagnosis.

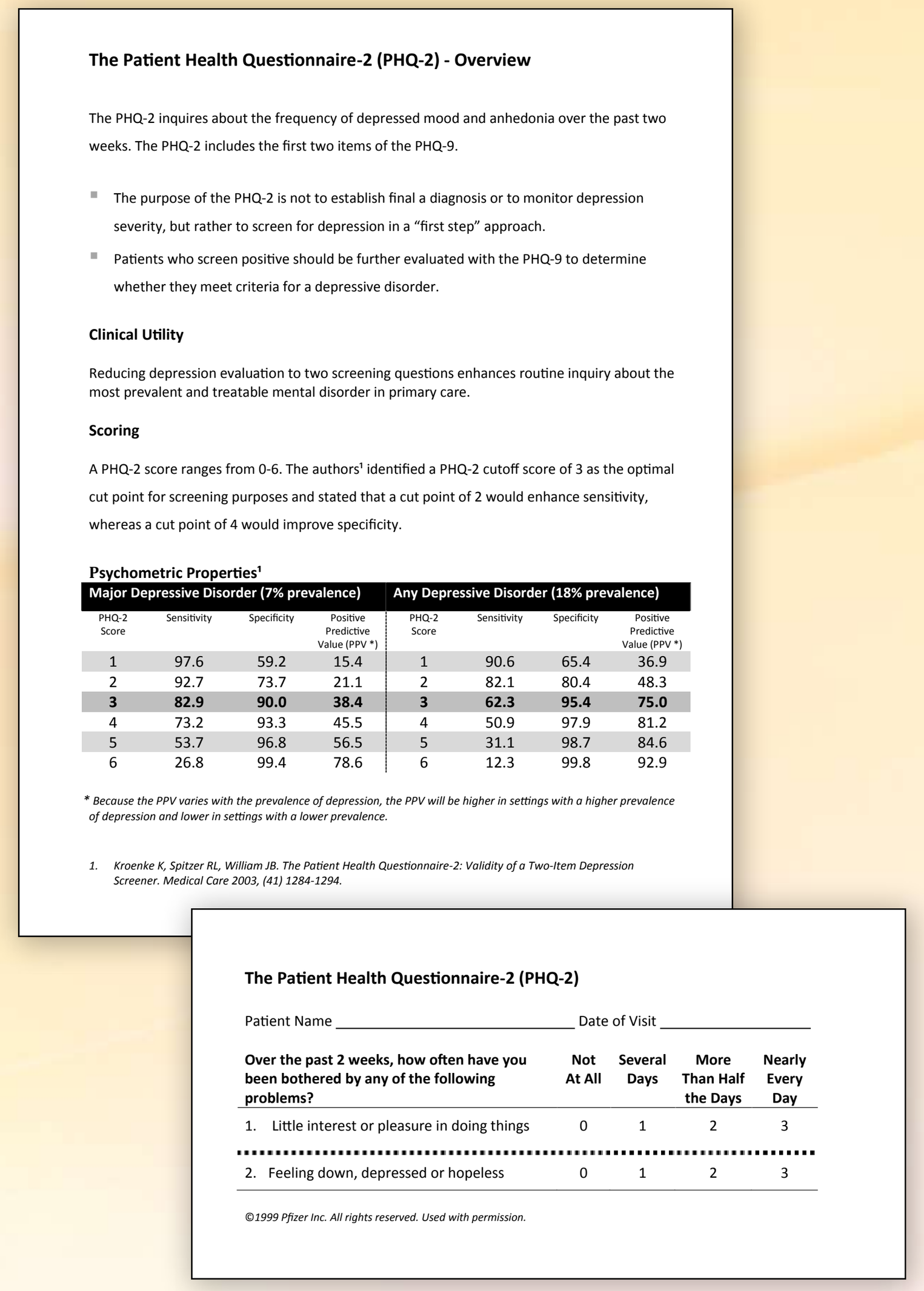
Depression and NYHA Functional Class

- A meta-analysis in 2006, performed by Rutledge, et. al., demonstrated a direct relationship between HF functional class and severity of depression.
- Patients with NYHA functional class I (mild) HF suffered an 11% occurrence of depression; 20% in class II, 38% in class III, and 42% in class IV.

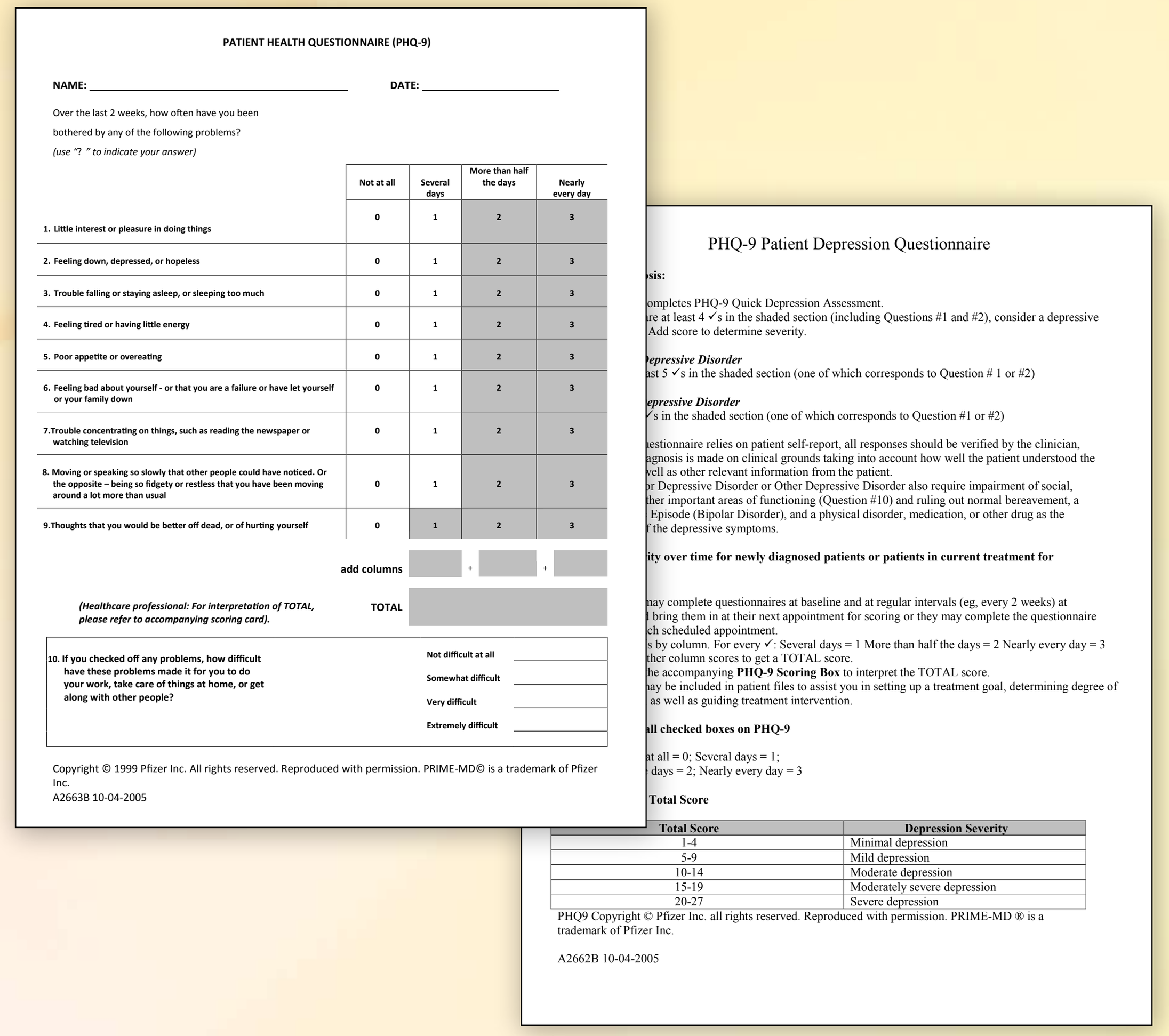
Depression and NYHA Functional Class

Screening for endogenous or prolonged reactive depression in patients with HF is recommended by the 2012 HFSA guidelines following diagnosis. The AHA recommends screening and treatment for depressive symptoms in an attempt to improve self-care behaviors and physical functioning.

Patient Health Questionnaire (PHQ-2)



Patient Health Questionnaire (PHQ-9)



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