

EFFECTIVENESS OF ECLECTIC TREATMENT APPROACH FOR CORONARY HEART DISEASE PATIENT- A CASE REPORTAsiya Khalid¹, Mahwesh Arooj Naz²

^{1,2}Clinical Psychology Unit,
Government College University,
Lahore

Address for Correspondence:

Asiya Khalid

Clinical Psychology Unit, Government
College University, Lahore.

Emails: asiya_khalidpsy@gmail.com

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Contribution

AK conceived the idea and designed the case report. MAN did final drafting and review. Both authors contributed equally to the submitted case report.

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ABSTRACT

Objective: Coronary Heart Disease is one of the chief sources of illness and death worldwide. Focus of the study was on a 29 years old female having coronary heart disease. She reported complaints of feeling irritable as well as angry most of the time, fatigue, chronic worry, poor concentration, sleep disturbances, and restlessness. On the basis of assessment, that included semi-structured interview and Siddiqui Shah Anxiety Scale, patient was diagnosed with 293.84 (F06.4) anxiety disorder due to coronary heart disease and V61.8 (Z63.8) High Expressed Emotion Level Within Family. An eclectic treatment approach was used for management of symptoms of the patient.

Key Words: Coronary heart disease, Generalized anxiety disorder, Eclectic treatment approach.

INTRODUCTION

Coronary heart disease (CHD) is the major reason of mortality especially in US and about seventeen percent of state welfare care expenses are because of CHD. This disease involves accumulation of cholesterol inside arteries that delivers blood to heart for its proper functioning.¹ Because of this, area inside arteries reduces and the required amount of blood isn't delivered to the heart. Due to insufficient supply of oxygenated blood various heart conditions like ischemia or heart attacks might occur. Further, accumulation of unhealthy lipids under endothelial layer could also reduce arterial flexibility.¹ Many factors that contribute to development of CHD includes anxiety disorders, anger, having life stress for longer durations, issues in marital life, and lack of social support.² Even though the exact incidence of anxiety disorders among those having heart issues isn't confirmed but researches had found that around eleven to fourteen percent of individuals having heart problems develop anxiety disorder especially generalized anxiety disorder with time and around forty percent CHD patients reported having symptoms of anxiety.^{3,4} For management of anxiety symptoms an eclectic treatment approach has been found to be effective.

Eclectic approach involves using more than one type of therapy, which is suited for managing various symptoms of a patient. Therefore following a single therapeutic approach is not always enough for relieving all the symptoms reported by a patient. Previous research has shown that an eclectic treatment approach is beneficial for a number of psychological disorders including Generalized Anxiety Disorder.⁵ Hence an eclectic treatment approach will be taken for treating the symptoms of the patient in the current study.

CASE STUDY

A 29 years old female diagnosed with coronary heart disease reported having complaints of feeling irritable as well as angry most of the time, fatigue, chronic worry, poor concentration, sleep disturbances, and restlessness. She was diagnosed with 293.84 (F06.4) anxiety disorder due to coronary heart disease and V61.8 (Z63.8) High Expressed Emotion Level Within Family. Problem of the patient started after getting married where she had to live in a joint family system with her sister-in-law, mother-in-law, and father-in-law. Her sister-in-law and mother-in-law made her work whole day and also verbally abused her. Whenever, she would complain to her husband regarding her sister-in-law as well as her mother-in-law's attitude and behavior, he would simply dismiss her by saying that she must have done something wrong. The patient's husband did not have time to listen to the patient as he was mostly busy in doing his job.

The patient's grandparents died because of having a heart attack and her mother also had a heart attack a month after her marriage. She was very worried for her mother's health as she was very close to her. She started being angry most of the time due to being unable to do anything for changing her situation. She had two sons, which she physically abused at times due to being frustrated in her married life. She didn't take care of her health and used to eat food high in cholesterol for dealing with her stress due to which she got overweight. She started feeling tired most of the day and she mostly spent her time lying in bed. Her sister-in-law

and mother-in-law would taunt her for not doing chores around the house. As the time went by, she started to feel anxious as she mostly felt stressed and unloved at her home. One day she suddenly had a chest pain and was unable to breathe properly. Her husband took her to a hospital in an emergency. She was diagnosed with Coronary Heart Disease (CAD). Due to high cholesterol level and reduced physical activity most of her arteries were covered with cholesterol that increased her risk for having a heart attack. Further she also skipped taking her medicines regularly.

Assessment carried out with the patient included semi-structured interview, which was not an objective measure but was carried out for getting an in-depth insight regarding the problem of the patient. Siddiqui Shah Anxiety Scale was administered for assessing and quantifying the degree of severity of the anxiety symptoms⁶. For intervention an eclectic treatment approach was taken. First of all medical advice was given to the patient in order to increase compliance of taking medicines. Then progressive muscle relaxation technique was taught to her for reducing strain felt in body due to being anxious most of the time⁷. After that distinguishing thought from facts technique was carried out in which insight regarding thoughts being hypotheses, descriptions or even guesses rather than facts was given⁸. And for differentiating thoughts, feelings and facts, ABC technique was also carried out with patient in which she was educated regarding how similar activating event can trigger different beliefs (thoughts) and consequences (behaviors and feelings).⁸ Then cost-benefit analysis of worry technique was done with her for probing what role she thought worry had while engaging in it.⁸ She was supposed to think of a worrisome thought along with thinking of the possible benefits and costs of maintaining that thought for making her realize that worrying didn't serve any productive function. Another technique named distinguishing between productive and unproductive worry⁸ was carried out in which she was taught to differentiate beneficial worries from worries that weren't along with how to change them into solutions.

Then assigning worry time technique was carried out in which she gained control over worrying by worrying in a specific time and place so that she wouldn't have to worry all the time.⁸ Activity Scheduling was used for helping her spend most of her time in healthy activities. Then certain health enhancing behaviors were set as goals for her to engage in like walking for at least 30 minutes, eating less fatty food, and regular checkups from doctor. Written ventilation was also carried out with her for channelizing her anger in appropriate way.⁸ Certain sleep hygiene tips were also given to her for improving quality of sleep. It was evident from pre and post ratings on Siddiqui Shah Anxiety Scale in which patient's score reduced from 44 to 35, that eclectic treatment approach was effective in managing symptoms of the patient. She was able to manage her anger, and instead of worrying she focused on what could be done in a problematic situation. Her sleep also improved and she didn't feel as much restless as she felt before the intervention.

DISCUSSION

Current study showed effectiveness of eclectic treatment approach in reducing symptoms of patient having coronary heart disease. Since the study primarily focused on relaxation therapy and cognitive behavioral therapy so researches focusing on these therapies will be taken for consideration. The current findings were consistent with another research that showed effectiveness of Cognitive and Behavioral Therapy in reducing anxiety symptoms of patients having cardiovascular disease.⁹ Through this therapy the maladaptive thoughts were targeted and were replaced with adaptive ones that resulted in reduction of the anxiety symptoms reported by the patient. Similarly another study showed that Progressive Muscle Relaxation Technique (PMRT) was effective in decreasing anxiety symptoms in patients having heart by reducing their emotional distress. In the current study the patient was able to relax after practicing PMRT.¹⁰

Genetics was the predisposing factor since it was reported in history that patient's grandparents and mother had heart attacks. Researches had shown that genetic vulnerability increased chances of developing coronary heart disease later in life.¹¹ Hence the patient was already at risk for developing a heart condition. The precipitating factor for coronary heart disease in patient included marital discord and chronic life stress.² It was evident from history of patient that her husband didn't support her the way she wanted to be supported and the stressful environment at home that consisted of never ending quarrels with the mother-in-law and sister-in-law made the patient further vulnerable for developing coronary heart disease. There was no source of relaxation for the patient due to which she started developing symptoms of anxiety after being diagnosed with coronary heart disease. However, PMRT relieved patient of some of her stress. She was also taught activity scheduling for keeping herself busy at home so that disturbing thoughts wouldn't intrude on her mind. Further, CBT also targeted those thoughts that weren't healthy like her thinking that no one was left to care for her even though she still had her children by her side who loved her.

The maintaining factors that contributed to patient's heart issue included anxiety, and health compromising behaviors. Disturbance because of emotions like anxiety can activate physio-pathological variations in cholesterol level, development of vascular surrounding that is prothrombotic and other such reactions that could end up in cardiac instabilities.¹² Further, certain health compromising behaviors like intake of food high in fat content and inactivity could also increase cholesterol level which in turn aggravates heart diseases¹³ as was evident from history of patient. Through written ventilation she could express all her anger and anxiety in a safe place. Certain health enhancing behaviors that included eating healthy food and going for exercise reduced health compromising behavior in patient.

CONCLUSION

Due to certain predisposing, precipitating and maintaining factors, patient's coronary heart disease wasn't improving. However, after implication of eclectic treatment most symptoms of the patient were managed suggesting effectiveness of using such inventions for future occurrences of such disease.

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