

Second Chance
Behavioral Patterns of HT pts
Hahnemann Univ. Hospital 5/8/12

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POPULATION 5/8/12

- >2600 PTS WITH ESHF
- AVERAGE AGE 51(16-76); 4M:1F
- 55% ISCHEMIC CARDIOMYOPATHY
- 23% NEUROLOGIC HISTORY
- 90% NO LW/ AD/ POA
- DEVICES- 200; TRANSPLANTS- 628

Promising alternatives

- 500,000 pts in USA with ESHF
- > 8% survive on cont. IV inotropic support
- 80,000 to 150,000 pts in need for HT
- 2,200 HT performed each year
- Propose device use for BTT and DT
- Propose DT use for those not HT candidates due to comorbidities or age

LIFE-EXTENDING OPTIONS

- CONTINUE MEDICATIONS -
INOTROPES
- BRIDGES- L/R VADS
- DESTINATION THERAPY
- TRANSPLANT
- ARTIFICIAL HEART

DYNAMICS AT WORK

- PATIENT

MORE DESPERATE - MORE OPTIONS
ENTITLEMENT
ZEALOTS FOR LIFE

- STAFF

EXPECTATIONS FROM PT AND FAMILY
EXPECTATIONS OF REFERRING DR
WINDOWS OF OPPORTUNITY

EVALUATIONS

- HISTORY REVIEW
- MENTAL STATUS EXAM
- MEET WITH FAMILY
- COGNITIVE TESTING
- BEDSIDE FOLLOW-UP

Threats to neurologic state

- Sudden Cardiac Death - anoxia
- Hypoperfusion
- Arrhythmias- VT, AF
- PMH - DM, CRI
- Previous cardiac surgery
- Time off/on cardio-pulmonary bypass pump
- Carotid stenosis
- Toxic agents - medications
- Metabolic instability
- PMH – CVA's, TIA's

Hypotheses to explain cognitive impairment in HF

1. Cerebral infarction due to shower of cardiac emboli
2. Cerebral ischemia due to chronic or intermittent cerebral hypoperfusion

Effects of Cognitive Impairment on mortality with heart failure

2 European studies (n= 13,600):

1. Systolic hypotension clearly associated with CI in older pts with HF
2. In- hospital death with CI - 18 %
no CI - 3%
3. Out- hospital death with CI - 27%
no CI - 15%

Cognitive deficits

- Memory and learning
- Attention and concentration
- Problems solving
- Language
- Processing speed
- Reaction time and motor speed

PS factors influencing outcome

- 1) non-adherence
- 2) presence of authorities for supervision
- 3) no established support
- 4) chronic neurologic history
- 5) comorbid psychiatric history, unattended
- 6) suicidal/destructive/assaultive/impulsive behaviors
- 7) any substance abuse- including eating disorder

Summary (cont.)

PS factors influencing outcome PS

- 8) recidivism
- 9) personality disorder (Axis II)
- 10) fragmented family
- 11) non-established occupation
- 12) learning or perceptual problems
- 13) maladaptive behaviors
- 14) poor coping ability

Cardiac interventions provides a 'starter kit' or the tools for change; success depends on ...

1. Being honest with one's self, i.e., self-assessment
2. Setting attainable goals
3. Reorganizing "self-centered" focus
4. Learning to address the cognitive and emotional components
5. Including stress management skills
6. Recognizing change will produce stress
7. Establishing relapse prevention strategies

Prerequisites for modifying behavior

- Change occurs in the head not in the heart
- Change occurs slowly
- Monitor behavior through a journal, a calorie or sodium count and nutritional education
- Establish support

Concrete things to do to begin modify behaviors

1. Think of going from a disabled mode to an “able” mode
2. Commit to working on one new healthy interaction
3. Perceive yourself as going through a gradual transition
4. Practice one small change at a time