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Integrated care to the person with heart failure from a therapeutic-occupational and psychological perspective: a case study

Atenção integrada a pessoa com insuficiência cardíaca na perspectiva terapêutico-ocupacional e psicológica: um relato de experiência

Atención integrada a la persona con insuficiencia cardíaca en una perspectiva terapéutico-ocupacional y psicológica: un relato de experiencia

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This article aims to report the experience on integrated management offered by Occupational Therapy and Psychology to people diagnosed with HF in a private hospital specialized in cardiology in the city of São Paulo. The integrated approach is necessary because of the complexity of this pathology that significantly impacts multiple dimensions of a person's life, causing motor, psychic, social and spiritual damages that reverberate in the functionality and occupational performance. Considering the technical and scientific specifics of each area, from an integrative and integral perspective, these technical areas make use of their therapeutic arsenal to assist patients and their families in the process of illness and confronting the present difficulties.
Descriptors: Heart failure; Patient care; Occupational therapy; Psychology.

Este artigo tem como objetivo relatar a experiência sobre a atenção integrada oferecida pela Terapia Ocupacional e Psicologia às pessoas com diagnóstico de insuficiência cardíaca junto a um hospital privado especializado de cardiologia da Cidade de São Paulo. A abordagem integrada se faz necessária em razão da complexidade dessa patologia que afeta de forma significativa várias dimensões da vida da pessoa, acarretando prejuízos a nível motor, psíquico, social e espiritual repercutindo na funcionalidade e no desempenho ocupacional. Considerando-se as especificidades técnicas científicas de cada uma das profissões, sob uma perspectiva integradora e integral, as referidas áreas técnicas fazem uso de seu arsenal terapêutico para auxiliar pacientes e familiares no processo de adoecimento e enfrentamento das dificuldades presentes.
Descritores: Insuficiência cardíaca; Assistência ao paciente; Terapia ocupacional; Atuação (Psicologia).

Este artículo tiene por objetivo relatar la experiencia sobre la atención integrada ofrecida por la Terapia Ocupacional y Psicología a las personas con diagnóstico de insuficiencia cardíaca junto a un hospital privado especializado en cardiología de la Ciudad de São Paulo. El enfoque integrado es necesario em razón de la complejidad de esa patología que afecta de forma significativa varias dimensiones de la vida de la persona, acarreando daños a nivel motor, psíquico, social y espiritual, lo que repercute em la funcionalidad y em el desempeño ocupacional. Considerando las especificidades técnicas científicas de cada una de las profesiones, bajo una perspectiva integradora e integral, las referidas áreas técnicas hacen uso de su arsenal terapéutico para auxiliar pacientes y familiares en el proceso de enfermedad y enfrentamiento de las dificultades presentes.
Descriptores: Insuficiencia cardíaca; Atención al paciente; Terapia ocupacional; Psicología.

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INTRODUCTION

The II Brazilian Guideline of Chronic Heart Failure (HF) of the Brazilian Society of Cardiology[1,2] points out that HF is a result of most heart diseases. It becomes a serious public health problem since it is an epidemic problem in progress, with high numbers of hospitalization and frequent readmissions, associated with morbimortality. Thus, approaching such complexity is a challenge, besides the fact that HF is the most common cause of cardiovascular disease hospitalization.

The first Brazilian Record of Heart Failure- Breathe- Brazilian Registry of Acute Heart Failure[2], highlights that 50,000 people die every year in Brazil due to heart complications, with an estimated 100,000 new cases/year. According to the World Health Organization (WHO), 23 million people suffer from heart disease in the world[3].

According to the New York Heart Association[4]-NYHA, the HF can be classified according to the intensity of the symptoms presented by the patient and the limitations observed in their daily activities; with a focus on the functionality progressive impairment and the possible repercussions on their quality of life.

The proposed classification is divided into: Class I, when there is an absence of symptoms during daily activities. The limitation for efforts is like that expected in normal individuals; Class II, symptoms are triggered in daily activities; Class III, clinical symptoms are triggered during less intense than daily activities, with small efforts; and class IV, characterized by the presence of clinical symptoms when resting[4].

It is possible to identify in people diagnosed with HF significant changes to carry out the routine activities. As the disease progresses, the inability to perform certain daily tasks increases because of the signs and symptoms of HF (precordial pain or discomfort, dyspnea, palpitations, syncope, orthopedics, fatigue and edema).

The consequences of these clinical manifestations are observed in the difficulties people with HF face, to live with the limitations and changes arising from the process of illness with consequences in the usual lifestyle, especially in the occupational performance (activities of daily living, work and leisure), social and affective life, nutrition, sexuality and other areas of life[5].

At the same time, it is possible to observe the presence of feelings of fear, anguish, sadness, uncertainty, helplessness, demotivation, among others, that may arise in the person who gets sick and, consequently, in their families. On the sum of these aspects, HF generates the need of modifying the reality of those involved, changing their lifestyle and coping strategies.

By the complexity of this reality, a multidisciplinary intervention is suggested from hospitalization, to confront heart failure. Considering the impact of the disease on daily life activities and quality of life, Psychology and Occupational Therapy are among the professions listed to compose a multidisciplinary team to take care of the person with heart failure.

Professionals in the field of Occupational Therapy and Psychology must integrate multiprofessional teams to take care of people with HF as they have a real possibility to give a significant and effective contribution to the development of an integrated and integral care plan, where integrality is understood in the context of the approach of the following areas: physical, psychosocial and spiritual, to be able to answer the needs and demands of that population.

The present study aims to report the experience on integrated management offered by Occupational Therapy and Psychology to people diagnosed with HF in a private hospital specialized in Cardiology in the city of São Paulo.

METHOD

This is a case study that addresses the integrated management offered to people with a diagnosis of HF in a private hospital specialized in Cardiology in the city of São Paulo, São Paulo State, through therapeutic interventions offered by Occupational Therapy and Psychology.

RESULTS

The actions described in this study portray the performance with the patient admitted in the intensive care unit or hospital unit where an assistance team takes care of them, including the occupational therapist and psychologist.

After identifying the problems related to HF, a therapeutic proposal covering the patient and their family is established within an integral and integrated understanding, being the last concept inserted in a multidisciplinary approach.

People who receive intensive and specialized monitoring in the areas of Occupational Therapy and Psychology are those in advanced stages of the disease and that, by this fact, present significant implications regarding occupational performance and functionality, as well as other areas of the human being, with emphasis on the psychological impact.

The reported experience follows this methodology: Identification of HF in a progression or advanced stage, with signs of refractoriness and/or frequent hospitalizations; Referring to the approach of Psychology and Occupational Therapy in the hospital context; Discussion with the medical staff to clarify the clinical picture and degree of complexity to facilitate the definition of the plan of care and decision-making.

We highlight that this last stage includes and is extended to the families so that they can be welcomed, clarify their doubts, talk about fears and anguish regarding the disease process and its evolution.

DISCUSSION

A study on HF hospital readmission in a Teaching Hospital in the countryside, demonstrated that one of the leading causes of decompensation of HF is low treatment adherence, which suggests the need for definition continuous education strategies to be resolutive[6].

The main goal of integrated monitoring is to ensure complementarity and continuity of intra and extramural assistance and, especially, to reduce the impacts and suffering that arise from the process of illness.

At the time of hospital discharge, the person is transferred to the referenced specialty service to continue the psychological and medical care.

In case of clinical decompensation, defined by Mangini, Pires, Braga and Bacal[7] as a clinical syndrome that, due to a functional or structural change of the heart, leads to the inability to eject or accommodate blood, causes functional impairment and requires immediate therapeutic intervention that demands a need to be in hospital, is necessary to call (via phone or message) the occupational therapist or psychologist to accompany and monitor the patient and their family since they enter in the emergency room.

In the evaluation process it is necessary to identify the disease, its manifestations, repercussions and symptoms in the patient's life because there are differences between the therapeutic proposals in the light of each stage, that is, the presence or absence of stressful symptoms with limitations of negative repercussions, the length of the illness, which pharmacological and not pharmacological treatments have been proposed and carried out and what are the results obtained, or even if the refractoriness to the optimized therapy is identified.

The prognostic evaluation must be present in the care of HF patients, so that the therapeutic proposal is consistent with the clinical situation and expectations of the health care team, the patient and their family,

The treatment of HF involves the integrality of the individual so, it is essential that a multidisciplinary team monitors the patient to meet the different aspects in the proposal of a care plan that aims to minimize the discomfort and harm, while at the same time, seeks a better adherence of the patient to the proposed treatment, reducing debilitating symptoms in order to maximize the patient's condition and quality of life.

During psychological assistance are different and important moments. First, the impact of the diagnosis and the lack of understanding of what the patient was told, permeated by a lot of anguish and

helplessness. Over time, the patient begins to get acquainted and to understand the process, which is often painful as it challenges their own fragility and vulnerability in front of life.

Other aspects with psychological repercussion arise from the effect of pharmacological treatment with diuretics, which cause an increase in the number of urination and emotional labilities, with increased sensitivity favoring constraint situations, what carries more personal and social isolation.

The sexual life of the person with HF also ends up being affected by erectile dysfunction resulting from the use of diuretics and beta blockers.

A key aspect is to evaluate the performance of everyday activities due to the change of functional class and the appearance of physical, psychosocial and spiritual symptoms that appear during the daily routine.

The assessment tries to identify activities that cause discomfort and limit functional capacity, such as taking care of hygiene and bathing, dressing and undressing, preparing food and eating, participating and taking care of the domestic environment and shopping, going up and down stairs, walking, among others.

In the evaluation process it is important to systematize the data in an objective way using scales, for example, the scale of anxiety and depression-HADS[8]. HADS allows to observe an important incidence of depression and anxiety frames that adversely affect adherence to the established therapy and patient's improvement.

It is also important to assess the patients' quality of life since it is often significantly impaired, so it is necessary to identify the most impacted areas to propose resolutive and viable interventions.

An assessment tool to be used for systematic health care of people with HF is the Minnesota Living with Heart Failure questionnaire[9] that asks about the consequences of the disease and treatment in daily life of the sick person, addressing the presence of symptoms, the perception of the psychological state and the performance of daily activities.

In parallel with this evaluation we must enhance the subjective perception of the patient and their caregivers/family to facilitate the identification of the actual needs and demands in a larger and realistic context.

The analysis of the data obtained through the evaluations allows the systematization of integrated and integral occupational therapy and psychology care to improve the quality of life of the person with HF and the impact of the illness and hospitalization in affective and family relationships by increasing the individual's functionality.

All this is done to reorganize their social roles, change their lifestyle and integrate physical, psychosocial and spiritual aspects.

Special attention is offered to patients who are in a transplant line, due to the physical and emotional tension related to "organ waiting" while clinical conditions are declining and the need for procedures and life-support measures are gradually implemented.

Situational stress is traumatic and impacts in both the patient and their family members and, it is necessary being closer, listening actively and hosting to maintain cognitive and psychic status during this period.

For patients with an indication of palliative approach because of the refractoriness to the established therapy, progressive evolution and in the process of terminality, we observe the proposition of measures such as the suspension of futile procedures and the use of non-invasive measures. In this context, the occupational and psychological therapeutic arsenal is directed to aid in the control of the symptoms and relief suffering in physical, psychosocial and spiritual spheres.

A recent study[10] pointed out the importance of the palliative care approach for patients with advanced HF with repercussions in the increase of quality of life, control of symptoms and relief of sufferings.

The evaluation process performed by the occupational therapist makes possible the

identification of problems related to the needs of the patient and their family, which will guide the therapeutic-occupational proposal, standing out among them:
- Adaptation of the daily selfcare, leisure and work activities to the limitations arising from the disease process and the established therapeutic;
-Guidance to perform the daily activities with energy conservation and joint protection proposing the simplification of tasks and priorities definition;
-Performing preventive, educational and rehabilitative actions and activities aiming at improving the state of health and increasing the quality of life and functional capacity;
-Promoting meaningful activities that enable the redemption of their life meaning and sense through the resignification of the history of life and daily activities;
-Reorganization of habits, occupational and daily roles recovering their active and meaningful life with functional and occupational performance appropriate to the stage, prognosis of the disease, energy consumption and current limitations;
- Maintenance and/or adoption of life projects according to the actual physical, psychosocial and spiritual conditions;
-Social and family participation;
Reception, support and training for the families/caregivers due to the demands of the patient's illness process.

There is a need for cardiac rehabilitation programs that increase the functionality and quality of life of the patients[11]; besides the attention to socio-cultural factors in the care plan and evolution of patients with HF[12].

The psychological evaluation allows to identify problems that should be accompanied by proposing an approach to patients and family members, emphasizing:
-Psychological follow-up of the person with HF and their families favoring the alleviation of suffering and the best adaptation to the context of the disease, its treatment and hospitalization;
-Reception of the demands and needs of patients and families;
-Psychoeducation (orientation) to patients and family members about the importance of adherence to treatment and lifestyle changes;
-Assist in the resolution of conflicts between the patient, their family and the staff;
-Ensure continuity of care in the extra-hospital and family context;
-Monitor specific and complex demands (such as drug abuse, dependencies and emotional and/or psychiatrist changes);
-Assist in the process of early grief in the case of critical patients and imminent death;
-Investigate and strengthen the internal resources of the patient and their family to face the disease and treatment;
-Meet and rescue the socio- family structure.
Such interventions try to respond to the needs of support and structure with the family, who are closely linked to the process and have their routines altered because of the patient's disease and treatment[13].

CONCLUSION

As we can see, HF is a serious chronic disease with systemic repercussions to the body, with considerable damage to life projects, interpersonal relationships and self-esteem.

When the heart, so full of symbolism is affected, the patient faces the sensation and perception of threat to their body integrity, negative repercussions on their quality of life and contact with the possibility of death, depending on the affection/illness of this organ, symbol of life.

Physical and emotional aspects are the most impacted dimensions in the life of the person with diagnosis of HF and are present in the reduction of the patient's functionality and change their daily dynamics.

Faced with this scenario, the approach of Occupational Therapy and Psychology in an integral and integrating perspective is important in order to enhance the qualities and abilities of the patient beyond their limitations to alleviate and control the symptoms and minimize the damage and difficulties.

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CONTRIBUTIONS

Mônica Estuque Garcia de Queiroz contributed in the design, analysis and discussion of results and writing. **Mary Lee Faria Norris Nelsen Foz** participated in the design, data collection, analysis and discussion, as well as writing.

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