

# Preventive Psychological Interventions for High Risk Patients

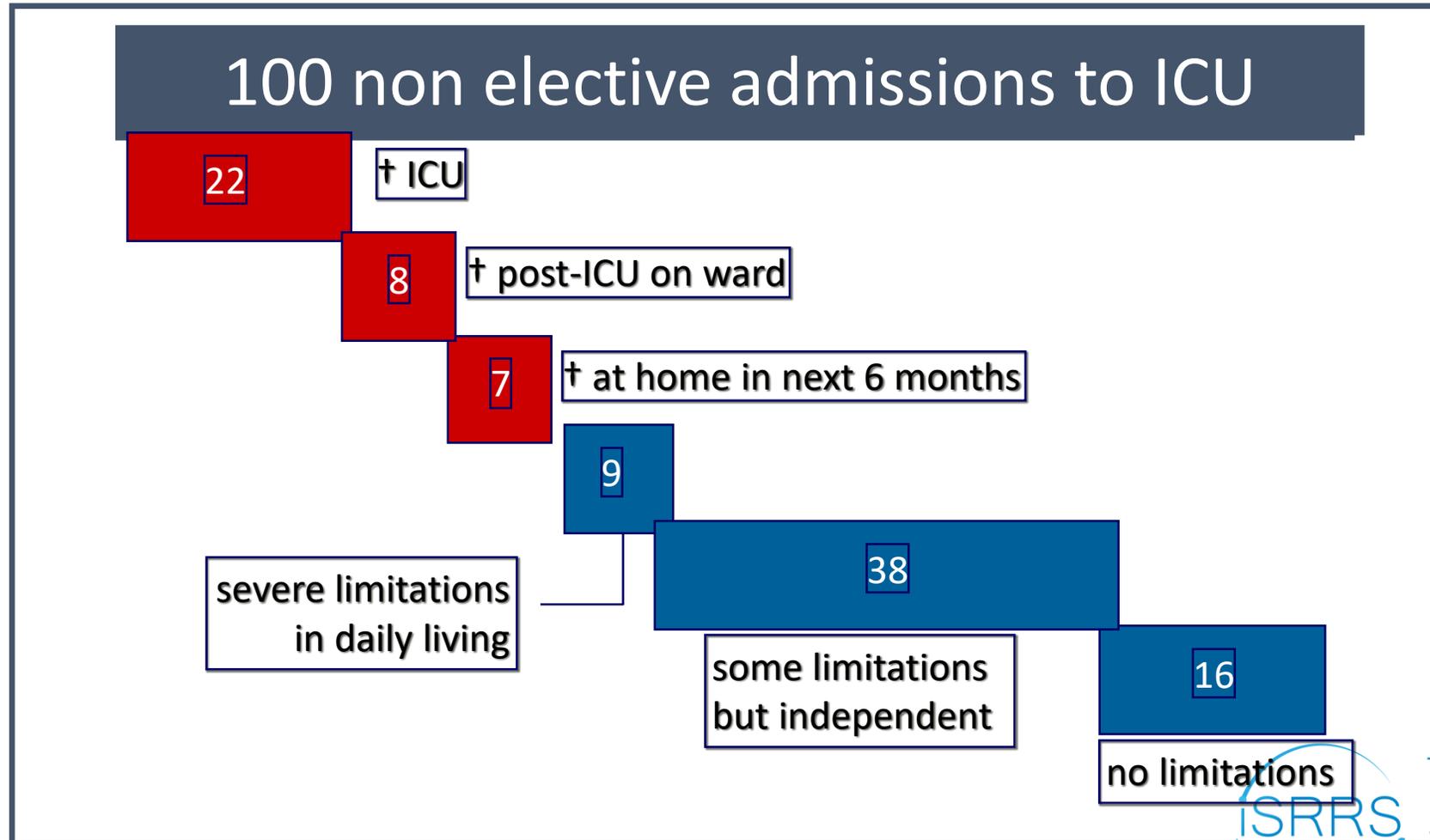
John Welch, Consultant Nurse, Critical Care & Critical Care Outreach

# What critical illness does ...



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

# What critical illness does ...



What critical illness does ...

<https://www.youtube.com/watch?v=AJI7huIND4g>



---

INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

---

# It does your head in !

Wade et al. *Critical Care* 2012, **16**:R192  
<http://ccforum.com/content/16/5/R192>



RESEARCH

Open Access

## Investigating risk factors for psychological morbidity three months after intensive care: a prospective cohort study

Dorothy M Wade<sup>1,2\*</sup>, David C Howell<sup>2</sup>, John A Weinman<sup>3</sup>, Rebecca J Hardy<sup>4</sup>, Michael G Mythen<sup>5</sup>, Chris R Brewin<sup>6</sup>, Susana Borja-Boluda<sup>2</sup>, Claire F Matejowsky<sup>2</sup> and Rosalind A Raine<sup>1</sup>

- 44% suffer anxiety (95% CI: 34.6 to 54.2%)
- 46% depression (95% CI: 36.5 to 56.1%)
- 27% PTSD (95% CI: 18.3 to 35.9%)

- 55% of patients have at least one of the *above*



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

# And then there's relocation stress

- inadequate preparation for ICU to ward transfer
- feelings of anxiety / exposure in transfer
- loss of attention - 1 : 1 nursing to 1 : 8
- less observation / visible monitoring equipment

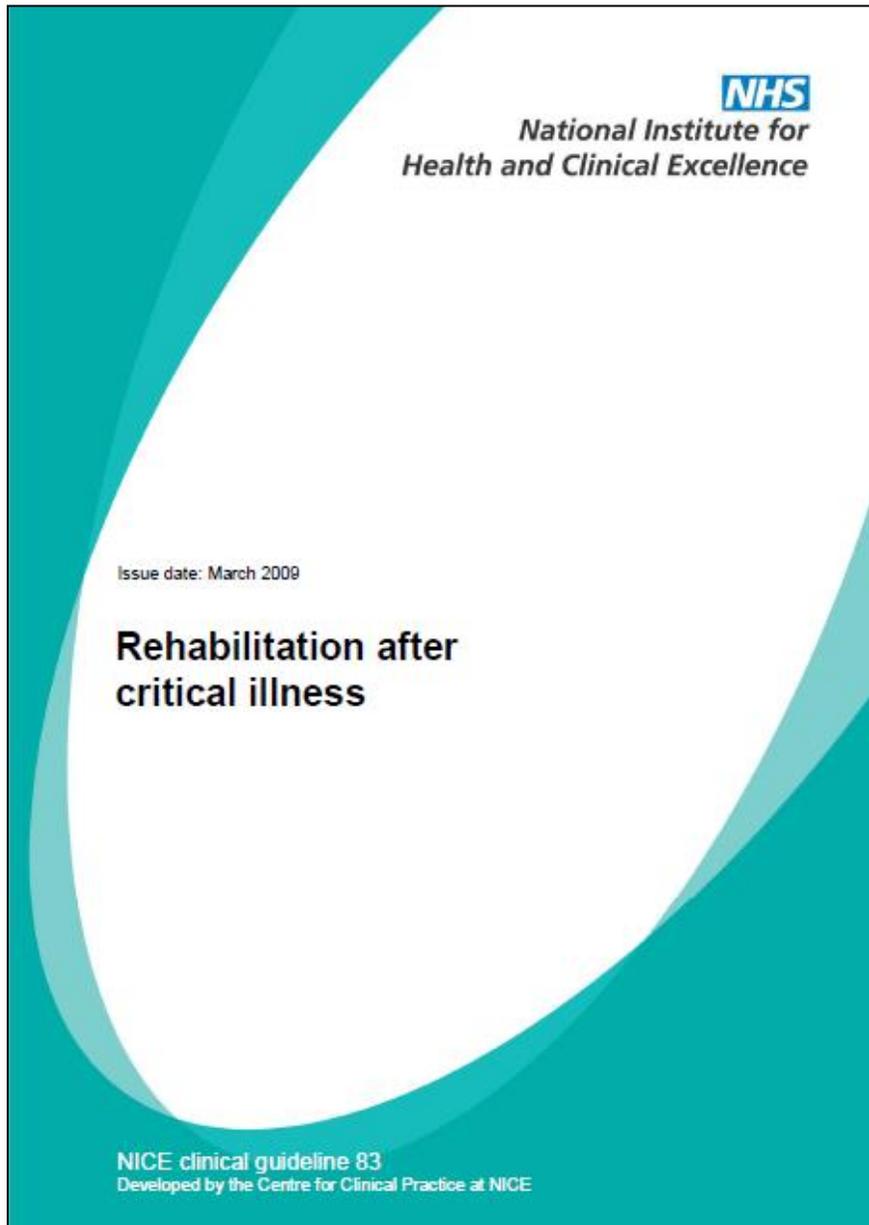


Beard H. Nurs Crit Care. 2005; 10(6): 272-8.



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

# What can be done?

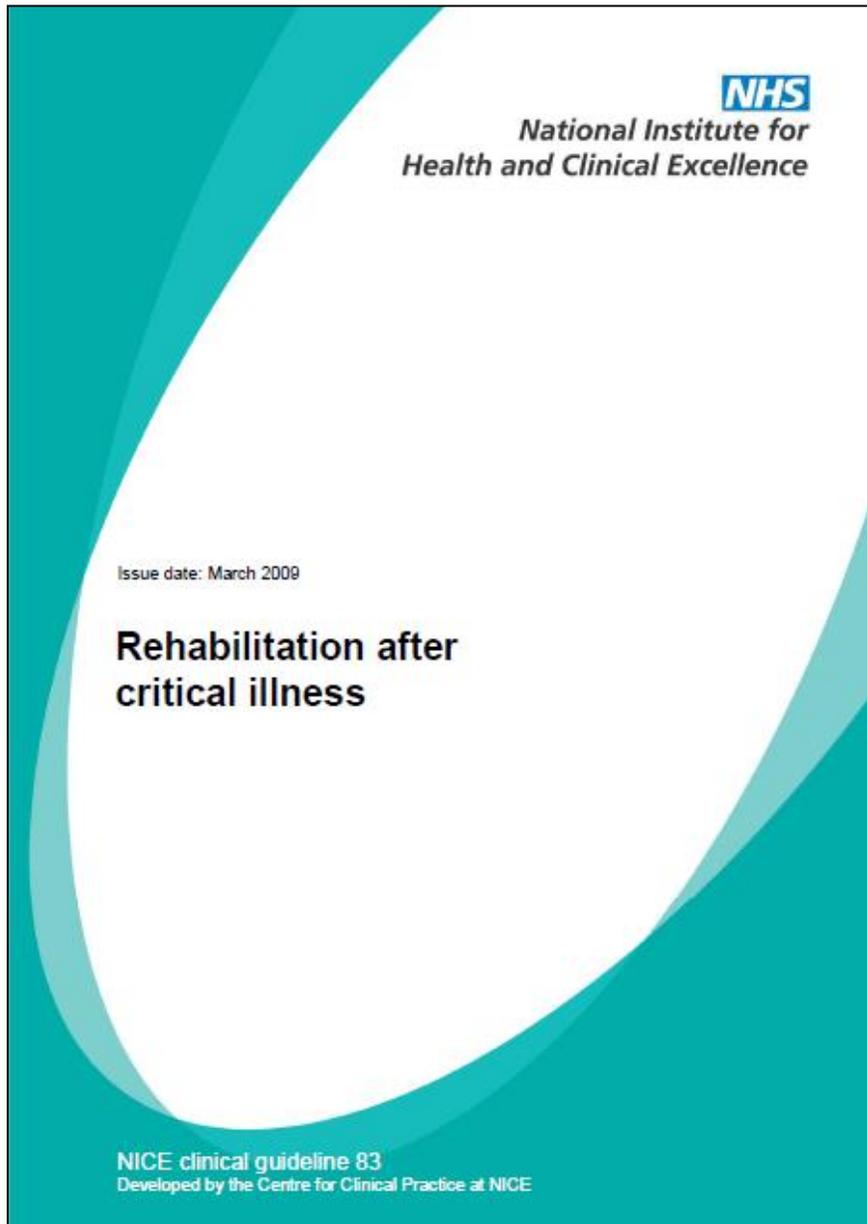


# Before leaving ICU ...

- Perform a short assessment to determine the patient's risk of developing physical and psychological morbidity



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS



# Before leaving ICU ...

- Perform a short assessment to determine the patient's risk of developing physical and **psychological morbidity**



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

RESEARCH

Open Access

# Detecting acute distress and risk of future psychological morbidity in critically ill patients: validation of the intensive care psychological assessment tool

## The I-PAT questionnaire

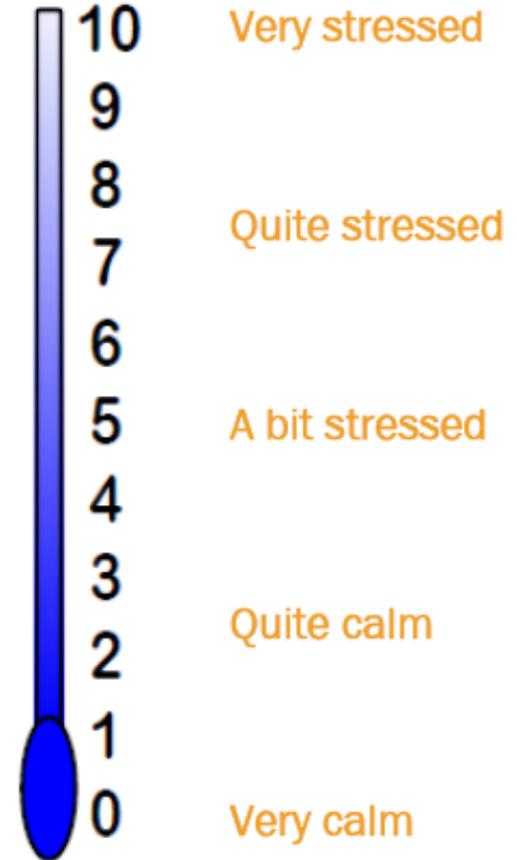
I would like to ask you some questions about your experience of intensive care, and how you've been feeling in yourself. These feelings can be an important part of your recovery. Please choose the answer that is closest to the way you feel.

|    | Since you've been in intensive care:                                | Answers |            |                    |
|----|---|---------|------------|--------------------|
| 1  | Has it been hard to communicate?                                    | No      | Yes, a bit | Yes, a lot         |
| 2  | Have you found breathing difficult?                                 | No      | Yes, a bit | Yes, a lot         |
| 3  | Have you had pain?  | No      | Yes, a bit | Yes, a lot         |
| 4  | Has it been difficult to sleep?                                     | No      | Yes, a bit | Yes, a lot         |
| 5  | Have you been feeling tense?  | No      | Yes, a bit | Yes, a lot         |
| 6  | Have you been feeling sad?  | No      | Yes, a bit | Yes, a lot         |
| 7  | Have you been feeling panicky?                                      | No      | Yes, a bit | Yes, a lot         |
| 8  | Have you been feeling hopeless?                                     | No      | Yes, a bit | Yes, a lot         |
| 9  | Have you felt disorientated (not quite sure where you are)?         | No      | Yes, a bit | Yes, a lot         |
| 10 | Have you had hallucinations or nightmares?                          | No      | Yes, a bit | Yes, a lot         |
| 11 | Have you felt that people are deliberately trying to harm you?      | No      | Yes, a bit | Yes, a lot         |
| 12 | Do upsetting memories of intensive care keep coming into your mind? | No      | Yes, a bit | Yes, a lot         |
| 13 | Have you ever had treatment for psychological problems?             | No      | Yes, once  | Yes more than once |

# The stress thermometer

## Stress thermometer

Please ask the patient to rate their stress. Ask them to choose a number that reflects their stress level on the thermometer and record it.



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

# Supporting patients after ICU

May require a change from normal practice

- from talking to listening
- from giving advice to drawing patients out
- from reassuring to asking questions
- from problem-solving to empowering: giving more control to the patient
  
- Remember, you don't have to fix everything!



---

INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

---

# Supporting patients after ICU: how to help

- Build a relationship with your patients
  - so that they can raise difficult to discuss / embarrassing concerns

# Talking to patients about worries and fears

Do you have any particular worries or concerns that you would like to talk about?

Is there anything in particular you have found stressful during your stay?

I wonder if you could tell me a little bit more about how this is affecting you?

I can understand how frightened you must have been ...



---

INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

---

# Supporting patients after ICU: how to help

- Build a relationship with your patients
  - so that they can raise difficult to discuss / embarrassing concerns
- Promote five elements known to reduce stress after trauma:
  - feelings of safety,
    - calm,
      - confidence,
        - connectedness,
          - hope

? provide structured stress support sessions

- Encourage patients to understand the links between their experiences and psychological reactions

# Thoughts, feelings & behaviour



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

# Provide structured stress support sessions

- Encourage patients to understand the links between their experiences and psychological reactions
- Increase patients sense of control
- Discuss strategies for coping with stress
- Help re-evaluation of stressful thoughts, e.g., “I’m never getting better”
- Reduce feelings of hopelessness

# Psychological education and Normalising

- Information about mind - body and body – mind links
  - Drug effects
  - Sleep deprivation
  - ICU acquired weakness
- Helping patients understand that their feelings and reactions are normal given the out-of-the-ordinary situation they are in

# Teach “Check out my fear” technique



- Notice when patients thoughts / beliefs are increasing their stress or fear
- Discuss these with the patient
- Work with the patient to help them come up with alternative possibilities to their stressful thoughts / beliefs
- Discuss how they can gather further information to check out their fears



Provision Of Psychological support  
to People in Intensive care

- Cluster-randomised controlled trial in 24 UK hospitals
- £2.3 million funding - National Institute of Health Research
- Evaluating clinical- and cost-effectiveness of nurse-led, preventative, psychological interventions



---

INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

---



Provision Of Psychological support  
to People in Intensive care

- Cluster-randomised controlled trial in 24 UK hospitals
- £2.3 million funding - National Institute of Health Research
- Evaluating clinical- and cost-effectiveness of nurse-led, preventative, psychological interventions
- Primary outcome: **PTSD** severity at 6 months

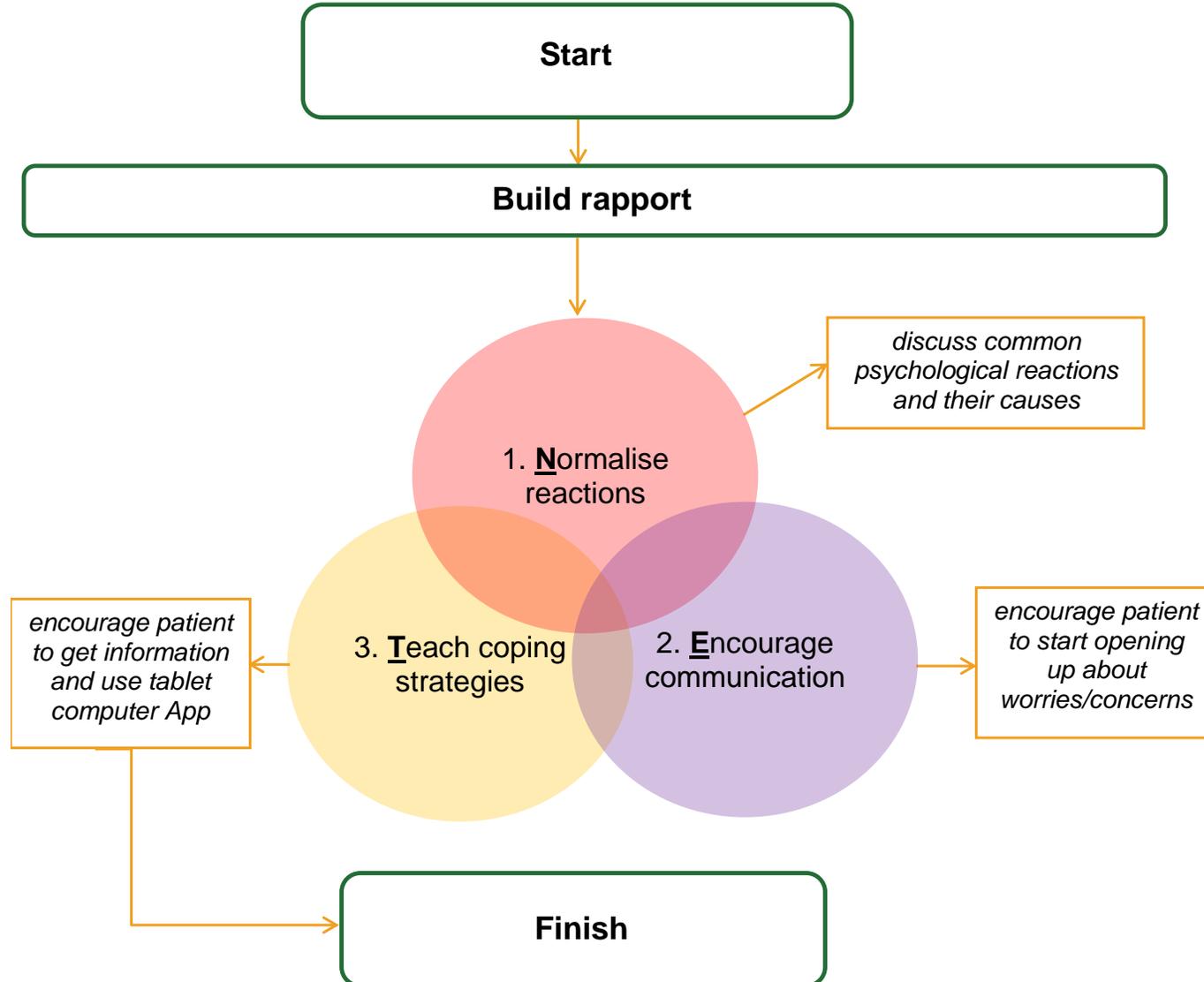


---

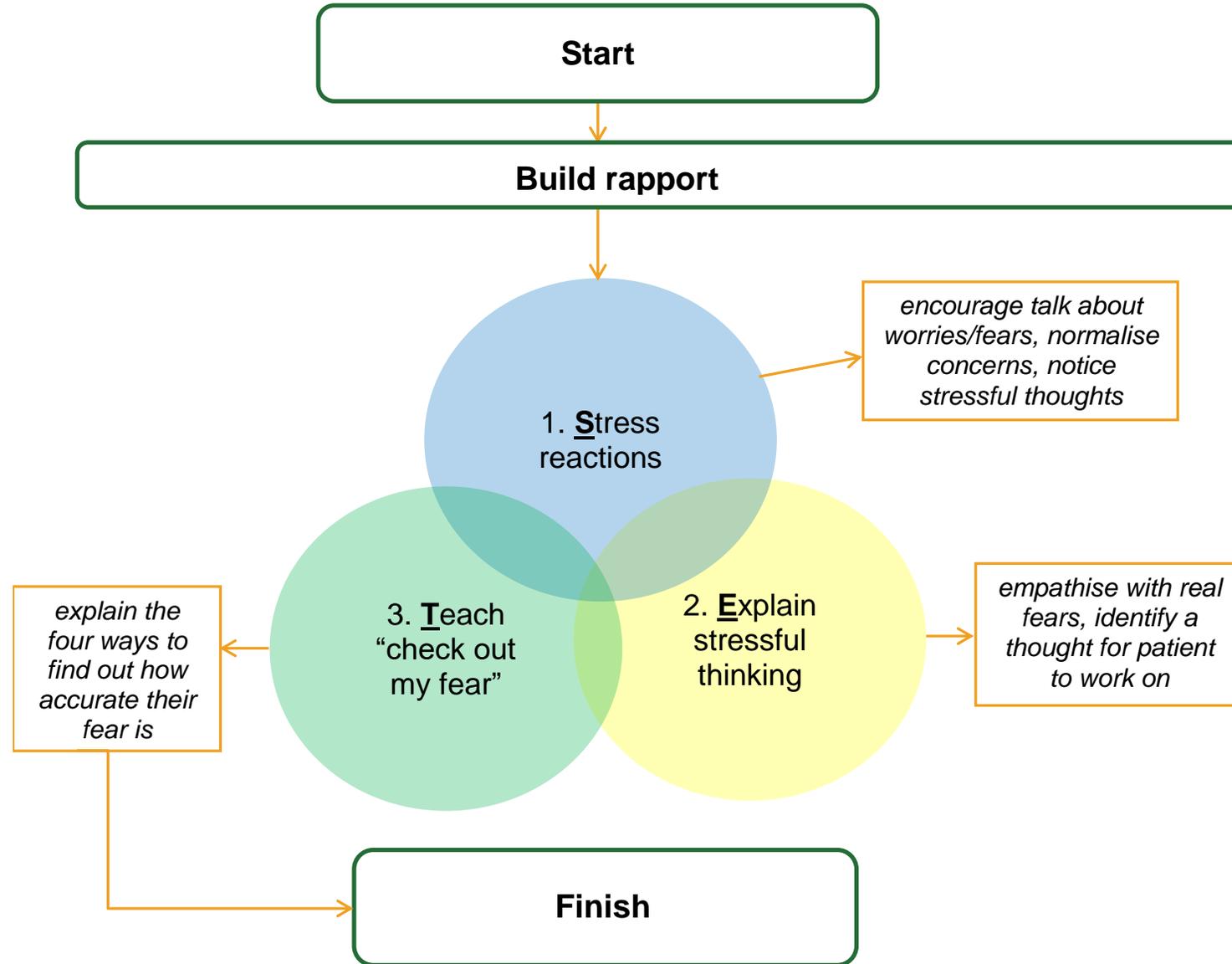
INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS

---

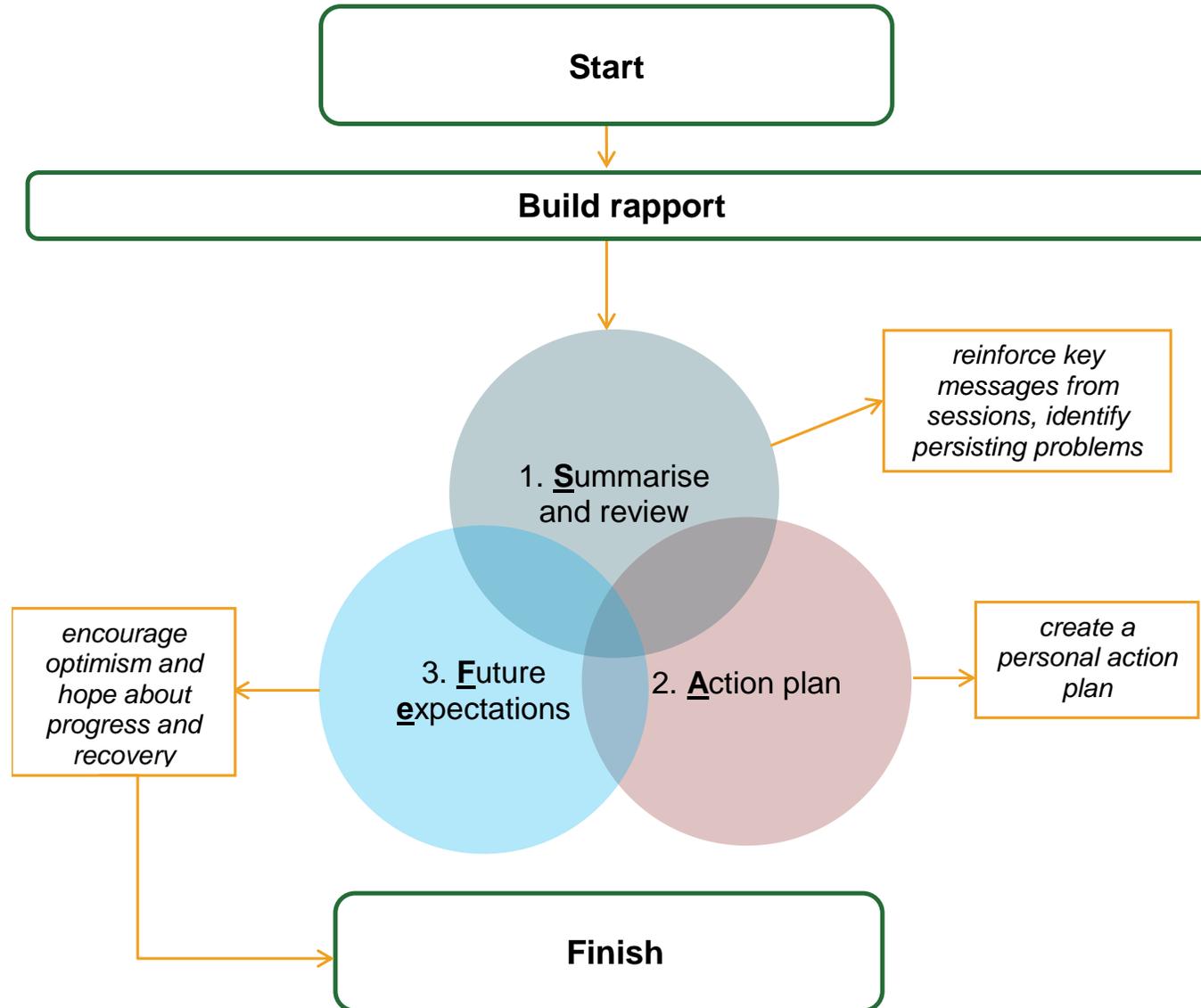
# Stress support session one: NET



# Stress support session two: SET



# Stress support session three: SAFe

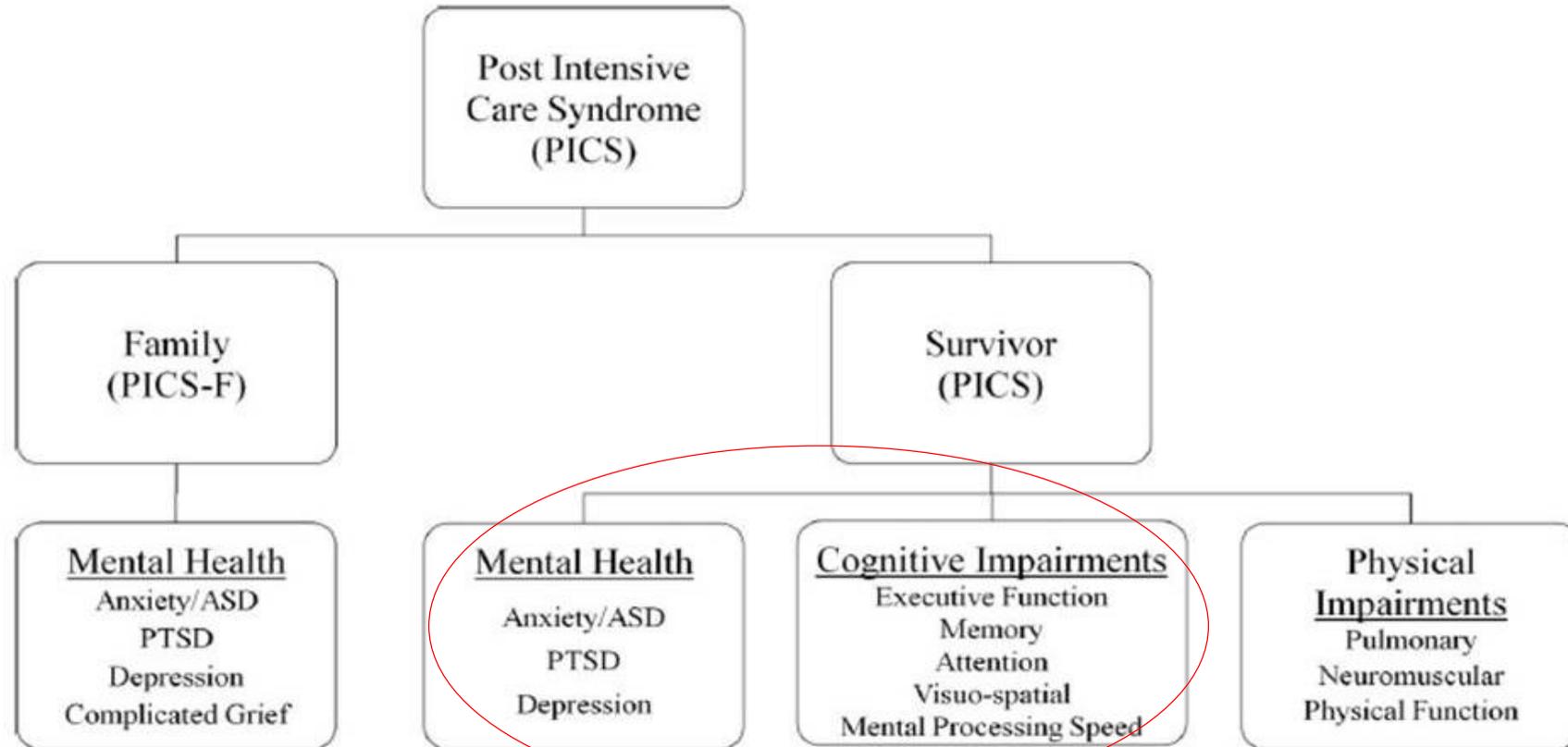




Provision Of Psychological support  
to People in Intensive care

- Cluster-randomised controlled trial in 24 UK hospitals
- £2.3 million funding - National Institute of Health Research
- Evaluating clinical- and cost-effectiveness of nurse-led, preventative, psychological interventions
- Primary outcome: **PTSD** severity at 6 months – results to come

# Summary: Post ICU Syndrome



# Summary: Interventions

- Promote methods of developing a sense of calm, minimising stress
- Assess all patients for acute stress
- Provide stress support where needed

## Evaluation of outreach services in critical care

**Project SDO/74/2004**

Kathy Rowan

on behalf of:

Sheila Adam, Carol Ball, Kate Bray,  
Denise Baker-McLearn, Simon Carmel, Kath Daly,  
Lisa Esmonde, Haiyan Gao, David Goldhill,  
David Harrison, Sheila Harvey, Nick Mays,  
Ann McDonnell, Richard Morgan, Emma North, Arash  
Rashidian, Claire Rayner, Ray Sinclair,  
Chris Subbe, Duncan Young

# Benefit of Outreach support

- 52 acute hospitals across England, 5,924 patients receiving Outreach visits after ICU
- Outreach follow-up associated with lower mortality and shorter stay
- *“Results for Outreach before critical care are inconclusive.”*
- **“Our results suggest a benefit to scheduled follow-up visits of patients discharged from critical care.”**

Harrison DA, et al. J Crit Care. 2010; 25(2): 196-204.

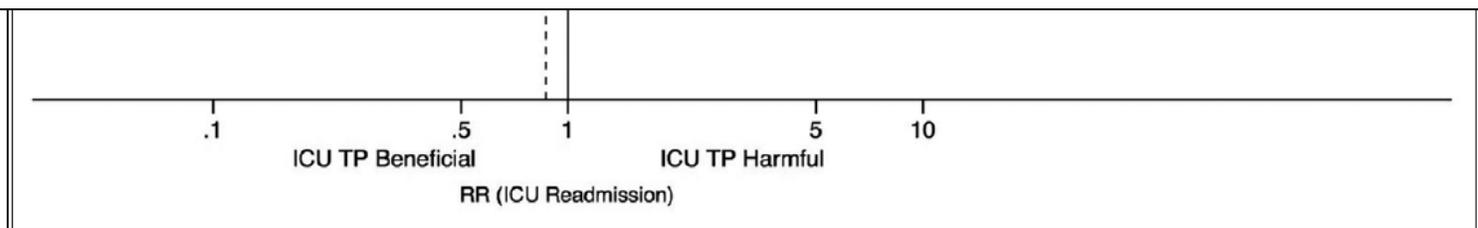
# Critical Care Transition Programs and the Risk of Readmission or Death After Discharge From an ICU: A Systematic Review and Meta-Analysis\*

Daniel J. Niven, MD, MSc, FRCPC<sup>1,2,3</sup>; Jaime F. Bastos, MD, PhD<sup>1,2,4</sup>;

H

| Author | Year | RR (95% CI) | Events, Intervention | Events, Control | % Weight |
|--------|------|-------------|----------------------|-----------------|----------|
|--------|------|-------------|----------------------|-----------------|----------|

**Conclusions:** Critical care transition programs appear to reduce the risk of ICU readmission in patients discharged from ICU to a general hospital ward. Given methodological limitations of the included before-and-after studies, additional research should confirm these observations and explore the ideal model for these programs before recommending implementation. (*Crit Care Med* 2014; 42:179–187)



**Figure 2.** The effect of a critical care transition program (TP) on the risk of ICU readmission among patients discharged from ICU to the general ward.



INTERNATIONAL SOCIETY FOR RAPID RESPONSE SYSTEMS

# Conclusions

- Patients recovering from critical illness are at high risk of morbidity and mortality for months after discharge
- Follow-up by the critical care outreach team improves outcomes and patient experience
- Follow-up should include psychological care

We're all monkeys at heart!



INTERNATIONAL  
SOCIETY FOR RAPID  
RESPONSE SYSTEMS