

Beating heart problems: How a combined group therapy helps depressed cardiac patients

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Researchers from the Heart Research Centre in Melbourne, Australia, have demonstrated the benefits of the 8-week 'Beating Heart Problems' group programme in a randomised controlled trial. According to Principal Research Fellow at the Centre, Dr Barbara Murphy, depressed participants appear to have benefited from the contact with their non-depressed peers: "In groups for depressed patients, progress can be slow. With our programme, which involved depressed and non-depressed patients in a group together, we saw that the depressed patients improved dramatically. We believe that the 'well' patients were positive role models for the depressed patients, helping them to embrace healthy behaviours and a more positive mood."

After a heart attack or <u>coronary bypass surgery</u>, about one in four patients experience symptoms of depression. For some, these symptoms continue on for months and even years. Depressed patients are more likely to experience another acute event in the year after their heart attack, and have an increased likelihood of death in the years to follow. Treating depression is a key step in preventing disability and premature death.

The <u>Beating Heart</u> Problems program uses principles of <u>cognitive</u> <u>behaviour therapy</u>, which helps patients to identify 'unhelpful thoughts' and replace them with more helpful ones. "Often it is not the actual events in our lives but the way we think about those events that causes



low mood or depression" says Dr Murphy. "The Beating Heart Problems program helps patients to focus on their thoughts about their heart attack or heart condition, and come up with more helpful ways of thinking about it. In the same way, we can practise more helpful ways of thinking about physical activity, healthy eating and quitting smoking".

"Another feature of our program is that it is very patient-centred. We don't tell people which behaviours to change or which thoughts to think. Patients in the group are encouraged to make the <u>lifestyle changes</u> that they want to make, and to work at their own pace."

The 8-week program covers eight topics including depression, anxiety and anger management, physical activity, healthy eating, and smoking cessation. Depressed patients who attended the 8-week program also significantly increased their physical activity levels, and had substantial improvements in the high-density lipoprotein levels, the 'good' cholesterols in the blood. Increased physical activity has long been known to improve symptoms of depression, in both cardiac patients and in the general population. Patients who did not attend the program did not obtain these benefits.

The study, funded by Australian Rotary Health, the Eirene Lucas Foundation and Perpetual Trustees, involved 275 patients from the Royal Melbourne Hospital and Melbourne Private Hospital, both in Victoria, Australia. All patients had been recently hospitalised after heart attack or for coronary bypass surgery.

"Overall we are very excited about these findings" says Dr Murphy.
"Depression is very debilitating for cardiac patients, and makes their recovery process more protracted and difficult. Our program helps to make the recovery process easier. And having non-depressed patients in the group certainly seems to be a strong point of the programme".



Provided by European Society of Cardiology

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