

Significant other's excessive fears can compromise patient's recovery from SAH

July 23 2013

Researchers from Durham University and Kings College London (United Kingdom) and the University of Erlangen-Nürnberg (Germany) found that patients who have suffered a subarachnoid hemorrhage (SAH) may not recover psychosocially as well as expected if their significant other is excessively fearful about the possibility of SAH recurrence. The researchers' findings are discussed in "Family and friends' fears of recurrence: impact on the patient's recovery after subarachnoid hemorrhage. Clinical article," by Judith Covey, Ph.D., Adam J. Noble, Ph.D., and Thomas Schenk, Ph.D., published today online, ahead of print, in the *Journal of Neurosurgery*.

Subarachnoid hemorrhage (SAH) is bleeding into the subarachnoid space, a region between membranes surrounding the brain. SAH can occur without warning and is usually a result of a [ruptured aneurysm](#) (a balloon-like bulge in the wall of a blood vessel) or arteriovenous malformation (an abnormal tangle of [arteries and veins](#)), or a blow to the head. SAH can increase pressure in the skull, damage or kill [brain cells](#), and deprive the brain of oxygen, resulting in a stroke and lack of [neurological function](#). It is a serious medical event that can lead to death or permanent severe [brain defects](#). Emergency medical care is necessary when SAH occurs. Symptoms of SAH include sudden onset of severe headache, stiff neck, vision problems, decreased consciousness, confusion, and seizure among others. SAH is a traumatic experience both for patients and those close to them, and there is a small chance that SAH will recur.

Dr. Judith Covey, of Durham University's Department of Psychology, and her colleagues found published reports of patients experiencing poor psychosocial outcomes following SAH and symptoms of [psychological stress](#) in the patients' significant others (spouses, other family members, or close friends). These researchers wondered whether excessive fear of recurrence on the part of the patient and/or significant other led to patients' poor psychosocial outcomes.

To find out, the researchers examined a group of 69 patients who had experienced a spontaneous SAH between May 2005 and August 2006 and had been treated at one of two hospitals in the UK—Newcastle General Hospital or James Cook University Hospital in Middlesbrough. Each of these patients had a significant other who agreed to participate in the study. Self-assessment tests (a 5-point fear rating scale and a health survey [Short Form-36]) were filled out by the patients and significant others to assess their levels of fear (both partners) and health-related quality of life (patient) about one year after the SAH occurred. Statistical tests were performed to determine the degree to which patients' and significant others' fears were related and how these fears separately contributed to patients' psychosocial recovery.

Covey and colleagues found no relationship between the fears of patients and their significant others: "There was no evidence that the patients who were most fearful of SAH recurrence were paired with the SOs [significant others] who were also most fearful." These researchers did find, however, that significant others were significantly more fearful of SAH recurrence than the patients themselves. They also found that patients whose significant others were the most fearful of SAH recurrence experienced compromised recovery. "Their general health was rated as worse, and they had more limitations in their everyday physical and social activities," states Dr. Covey, adding, "Their work and daily activities were also more likely to be affected by emotional problems."

While acknowledging that future research is necessary to determine precisely why fears harbored by significant others can negatively affect patients' recovery, Covey and colleagues suggest that excessive fear may change significant others' behaviors toward their companion patient.

"Although significant others may be acting with the best of intentions, a desire to protect the patient could mean that they help patients a bit too much with everyday physical tasks and inadvertently place restrictions on what the patient does both physically and socially," states Dr. Covey.

According to the researchers, the study results suggest that greater assistance should be offered to significant others who may have inflated fears that the patient will suffer a repeated SAH. These persons' excessive fears can compromise patients' recovery. According to Covey and colleagues, "If the source of their [the significant others'] fears can be identified and addressed, the functioning of patients may potentially be improved."

The paper is accompanied by an editorial by Dr. Roberto Heros, who draws upon his rich experience in treating patients with SAH. He describes medical and psychological factors that must be evaluated before neurosurgeons counsel patients and families on the risks of SAH recurrence and whether follow-up visits are advisable in particular cases. The aim is to keep patients and significant others well informed but not unduly fearful. In her response to the editorial, Dr. Covey points out that one should also bear in mind the possibility that the SAH event may precipitate post-traumatic stress syndrome in some patients and significant others, and symptoms of that syndrome may have to be addressed.

More information: *Journal of Neurosurgery*, published online, ahead of print, July 23, 2013; [DOI: 10.3171/2013.5.JNS121688](https://doi.org/10.3171/2013.5.JNS121688)

Provided by Journal of Neurosurgery

Citation: Significant other's excessive fears can compromise patient's recovery from SAH (2013, July 23) retrieved 23 April 2024 from <https://medicalxpress.com/news/2013-07-significant-excessive-compromise-patient-recovery.html>

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