

Coping by avoidance in making decisions for relatives in ICU may lead to PTSD

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Family members who make major medical decisions for relatives in an intensive care unit (ICU) may suffer posttraumatic stress disorder (PTSD) if they cope by avoiding the situation, according to a new study by scientists at Case Western Reserve University's Frances Payne Bolton School of Nursing.

The patient isn't the only one affected by the long stay, according to Amy Petrinec, from the school of nursing. Family members may suffer, especially if they're required to make [medical decisions](#) with long-range consequences they may not understand, or are reluctant to question.

Family members tasked with the difficult and emotional role of decision-maker are better off health-wise dealing with the experience, advised Petrinec, RN, PhD, a postdoctoral fellow and the study's lead researcher.

If not, they may struggle with guilt about whether they had done the right thing, Petrinec said, which stresses the importance of having a living will, or, at least discussions about someone's wishes in case of major illness.

The study

Petrinec and her team studied three coping styles for family decision-makers—emotional, problem-solving and avoidance coping.

Emotional coping involves seeking emotional support or comfort from others, making jokes to lighten the situation or trying to see the situation in a new way.

Problem-solving is action-driven by seeking information, making a plan and getting help or advice.

Avoidance coping is not thinking or doing anything about the situation, drinking or using drugs to obliterate thoughts and denying the reality of the situation.

"We use all of these coping skills to one level or another in different situations," Petrinec said, "but people usually employ one predominant coping strategy in a particular situation."

Petrinec surveyed 77 people about their initial coping skills three to five days after a family member entered the medical, surgical or neurological ICU in a large urban hospital, and then 30 days later to see if their coping strategies changed. Sixty days later, she tested them for PTSD.

Findings

She found 42 percent of family decision-makers had clinically significant PTSD symptoms. Death of the patient was a strong factor in predicting PTSD in the family decision-makers, regardless of coping style.

Details of the study and their findings were published in *Critical Care Medicine*.

The Society of Critical Care Medicine has raised concerns about individuals who develop what is called Post-Intensive Care Syndrome (PICS)—a change in physical, mental or cognitive functions after a long

stay in the ICU.

The condition has become more prevalent as improved medical care has allowed people with chronic illnesses to live longer, Petrinec said.

Provided by Case Western Reserve University

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