Medical Xpress

Psychological interventions could reduce mental health problems after intensive care

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(Medical Xpress)—A study by UCL researchers at University College Hospital's intensive care unit has suggested that psychological interventions could reduce the mental health problems experienced by many patients.

The research, published in Critical Care *Journal*, found that more than 50 per cent of patients in the study discharged from intensive care went on to suffer adverse psychological problems. It went on to investigate what causes poor mental health in certain ICU patients once they are back home supposedly 'well'.

As well as identifying clinical risk factors such as different drug treatments, the research found that by far the greatest risk factor for subsequent psychological problems was experiencing acute stress reactions while in intensive care. This important finding suggests more work needs to be done to look at how psychological interventions while patients are in critical care could reduce the risk of later psychological problems.

Researchers looked at four groups of risk factors (clinical, acute psychological, socio-demographic and chronic health) during the ICU admissions of 157 patients. Three months after the patients had been discharged, they were assessed to see if they had any signs of post traumatic stress disorder (PTSD), depression and anxiety. The research was carried out by resident health psychologist Dr Dorothy Wade (UCL Institute of Child Health), Professor Rosalind Raine (UCL Applied

Health Research), Dr David Howell, clinical director of critical care, Professor Monty Mythen (UCL Institute of Child Health) and additional UCL colleagues.

It found that 'level three' patients – who received mechanical ventilation for more than 24 hours or had had two or more organs supported – suffered considerable psychological distress both during and following a general ICU admission. Three months after being discharged, 27 per cent had probable PTSD, 46 per cent had probable depression and 44 per cent had anxiety.

The biggest risk factors were: duration of sedation (for PTSD); use of benzodiazepines (for depression); use of inotropes and vasopressors (for anxiety) and use of steroids (predicting better physical quality of life). The research builds on the work of earlier pilot studies suggesting a link between sedation and PTSD and depression after intensive care.

The most notable finding however was that acute stress reactions in the ICU were stronger risk factors than clinical factors.

Dr. Dorothy Wade said: "Our hypothesis is that patients suffer stress and delirium in the ICU due to invasive treatments and powerful drugs received, and those who suffer those stress reactions are more likely to have adverse psychological outcomes in the long-term."

Dr David Howell said: "The research showed associations between sedative drugs such as benzodiazepines, the length of time a patient was sedated and the likelihood of them feeling depressed, anxious and traumatised in future. However we found that acute stress reactions felt by a patient in the ICU was an even stronger risk factor.

"As well as looking at modifying our drug treatments, we may need to invest more time in the psychological care of a patient and find ways to

prevent psychological suffering in the ICU which can affect the quality of their life in years to come."

A short psychological questionnaire, the I-PAT (Intensive Care Psychological Assessment Tool), used by nurses to assess any changes in the mental well-being of patients is now being validated by Dr Wade and her colleagues in the critical care unit. In addition, a range of methods including relaxation, breathing exercises and therapeutic approaches are used to help patients feel safe and more assured. Picture prompts, wearing eye masks and softly playing music can also alleviate patients' distress.

Dr Wade said: "These are all relatively simple interventions which staff can undertake at the bedside as part of holistic care."

More funding is needed however to investigate the impact of such techniques on a patient's long-term mental wellbeing.

Dr Howell said: "Research into psychological recovery from critical care is vitally important and more needs to be done. We're really proud of this study and our work developing the I-PAT, and excited about the next step, which is to examine the effects of psychological interventions while patients are in critical care."

More information: ccforum.com/content/16/5/R192/abstract

Provided by University College London

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