Supporting the psychological impact of VTE

Paul Bennett & Rachael Hunter

University of Swansea

p.d.bennett@swansea.ac.uk
The prevalence of problems...

<table>
<thead>
<tr>
<th></th>
<th>One month</th>
<th>Six months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HADS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>36.4%</td>
<td>40%</td>
</tr>
<tr>
<td>Depression</td>
<td>19.6%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>IES (PTSD)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinically relevant</td>
<td>23.3%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Clinical diagnosis</td>
<td>16.3%</td>
<td>15.8%</td>
</tr>
<tr>
<td><strong>HAI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health anxious</td>
<td>44.4%</td>
<td>50%</td>
</tr>
<tr>
<td>Hypochondriasis</td>
<td>24.4%</td>
<td>37.4%</td>
</tr>
</tbody>
</table>
Breaking this down...

- **Post-thrombotic panic syndrome**: short-term episode of very high intensity anxiety
  - hyperventilation
  - Feelings of panic
  - General physiological arousal: fight or flight

- **Post-thrombotic neurosis**: longer term nagging and repeated ‘worry’, ‘unease’
  - Feelings of unease or anxiety
  - Intrusive unwanted worries that interfere with daily life

- **PTSD: specific diagnosis**
  - Chronically high arousal/hypervigilant
  - intentional memories
  - flashbacks
Post-thrombotic panic syndrome

• Triggered by:
  
  – Reminders and memories of the VTE
    • Most likely when original VTE was highly anxiety provoking – but could be later information: “You are lucky.. You could have died!!”

  – Sensations that match original ‘symptoms’ – am I having another VTE?
    • Walking too fast, talking on phone while walking etc.
Panic…

• “Post-thrombotic panic syndrome”

“Because it’s so similar to, the symptoms, as a PE that’s the problem. If it wasn’t just, if a blood clot was something that just happened in your leg a panic attack wouldn’t worry me. But because if you read the symptoms of a panic attack and the symptoms of a PE, I’m sure they’re very different when you’re going through them but if you read them, they are the same. Chest pains, can’t breathe, heart racing. And cos of what I’ve got it’s just sort of ironic that I’ve got something that can give you that. So I am, I don’t think I will ever not be frightened of them cos no matter how much I read into them you could always have that [PE]… There’s a very small chance it could happen and you should never ignore you know”. Female, 25y
The process of panic

The Panic Circle

Trigger stimulus (internal or external)

Perceived threat

Interpretation of sensations as catastrophic

Apprehension or worry (e.g., about having a panic attack or about any distressing situation)

Body sensations

Trigger stimulus (internal or external) (e.g., exercise, excitement, anger, sexual arousal, coffee, psychoactive drugs)
What can you do?

The panic process

- Be aware of risky situations where likely to experience ‘ambivalent’ sensations. Try to relax and reassure self at this point. Don’t wait until problems arise.

- Be careful to not label any sensations as necessarily signs of ongoing problems.

- Start using deep breathing (count the square) and deep relaxation (brown paper bag if things get really bad!)

- Focus on feelings of relaxation and breathing rather than other sensations

- Reassure self that feelings are not impending doom, but are the body in overdrive – you have experienced them before

- If all else fails, then know you can call for medical help
The neurosis...

• A life of uncertainty and a need for clarity

“I thought I would have another scan to see if the clot has broken up and gone... This not knowing still plays with your mind, everyday”. Male, 57y.

“I think well, what the long term effect of this is you know. Is it going to shorten my life x years? Or you know, has it had an effect upon that? I sometimes dwell on that”. Male, 56y

“I think there should be a nurse. Not so much a doctor, but like a clinical nurse who[,] before your discharged should not go in depth, but say ‘this is what’s happened’. ... Female, 45y

• Recurring memories

“to be fair I think about it every day because of work. My boots are out there and I still do the same thing on the step. Putting them on there [where it happened]. And every time you go to do it you think, ‘oh yeah, this is where it really kicked in’. Male, 68y
Longer term worries: post-thrombotic neurosis

- **Mindfulness**

  - Living in the present moment and being fully aware of our bodies and the sensations they experience
  - an awareness of our thoughts and feelings as they happen moment to moment.
  - awareness of the stream of thoughts and feelings that we experience and how we can become entangled in that stream in ways that are not helpful.
  - learning to stand back from this stream: thoughts become 'mental events' that do not have to control us. 'Is trying to solve this by brooding about X helpful, or am I just getting caught up in my thoughts?'
  - Mindfulness versus cognitive approaches to change
Longer term worries: post-thrombotic neurosis

The Mindfulness App
Headspace
Calm
buddhify
Mindful exercises

Mindful Breathing

• Start by breathing in and out slowly. One breath cycle should last for approximately 6 seconds.
• Breathe in through your nose and out through your mouth, letting your breath flow effortlessly in and out of your body.
• Let go of your thoughts. Let go of things you have to do later today or pending projects that need your attention. Simply let thoughts rise and fall of their own accord and be at one with your breath.
• Purposefully watch your breath, focusing your sense of awareness on its pathway as it enters your body and fills you with life.
• Then watch with your awareness as it works work its way up and out of your mouth and its energy dissipates into the world.
Leaves on a Stream

- Sit in a comfortable position and either close your eyes or rest them gently on a fixed spot in the room.
- Visualize yourself sitting beside a gently flowing stream with leaves floating along the surface of the water. Pause 10 seconds.
- For the next few minutes, take each thought that enters your mind and place it on a leaf... let it float by. Do this with each thought – pleasurable, painful, or neutral. Even if you have joyous or enthusiastic thoughts, place them on a leaf and let them float by.
- If your thoughts momentarily stop, continue to watch the stream. Sooner or later, your thoughts will start up again. Pause 20 seconds.
- Allow the stream to flow at its own pace. Don’t try to speed it up and rush your thoughts along. You’re not trying to rush the leaves along or “get rid” of your thoughts. You are allowing them to come and go at their own pace.
- If your mind says “This is dumb,” “I’m bored,” or “I’m not doing this right” place those thoughts on leaves, too, and let them pass. Pause 20 seconds.

…….
What to look for....

Patients who:
- report **intrusive memories & thoughts about VTE** which ‘pop’ into your head
- have lots of **fears of recurrence**
- feel **anxious** all the time, or have **panic** attacks
- report a **lack of trust** of health professionals
- feel **angry or resentful** about care received
- have become **more anxious in general / health anxiety**
- have a **history of emotional difficulties**
- are finding it harder to cope/adjust to life after VTE (physically, financially...)
Contact details

- If you are interested in hearing more about the intervention, please do get in touch:

  Prof Paul Bennett  P.D.Bennett@swansea.ac.uk

  Dr Rachael Hunter  r.hunter@Swansea.ac.uk