



# The Heart: the emotional centre

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**AHG and ADHB**

# The Heart

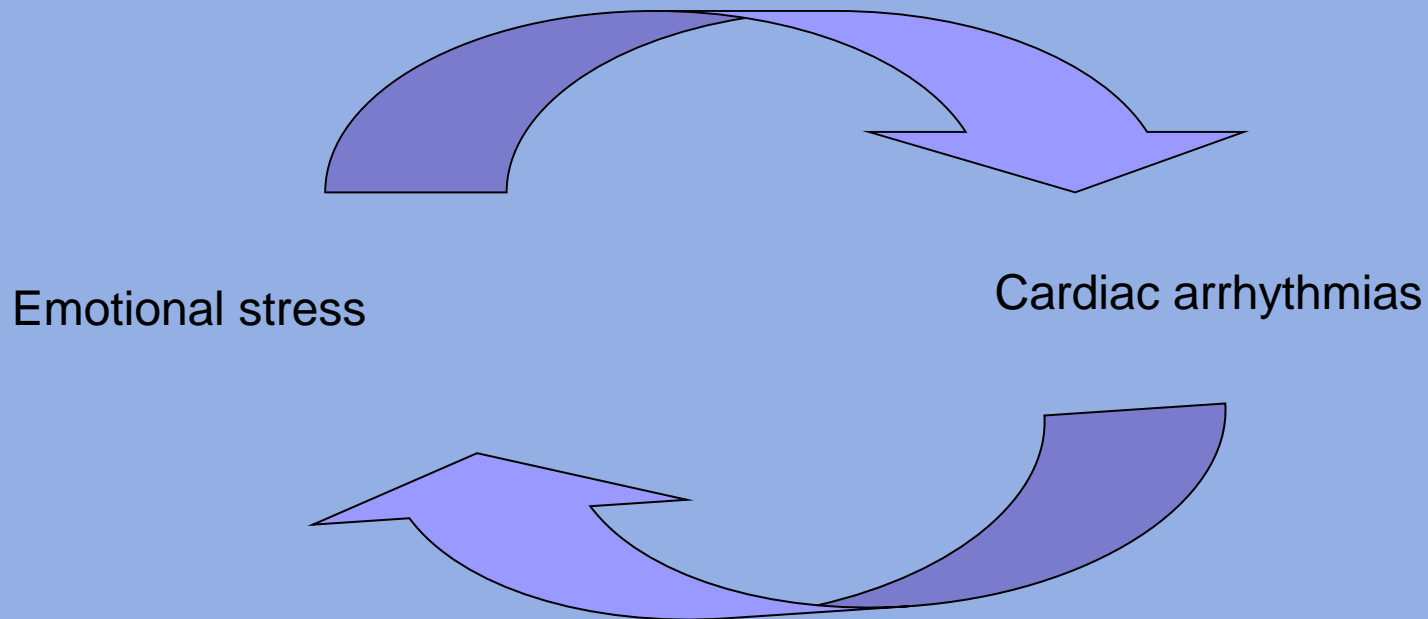


- Significance to the patient
- Range of conditions and myths
- Checking it out??

# Emotions and Heart Rhythms



- Anecdotally
- Heart and brain axis research



# Psychological wellbeing

Operate as humans best if life is . . .

- Predictable/expected
- Sense of control
- Pleasurable
- Understand what is going on
- Shared experiences
- Balanced – body & mind

**Distress if any of above**



# Bodily awareness



- Awareness challenge
- Default system is – not aware
- Changes with health event
  - Somatic Hypervigilance
  - Avoidance of activities that produce those Sx
  - Possible trauma

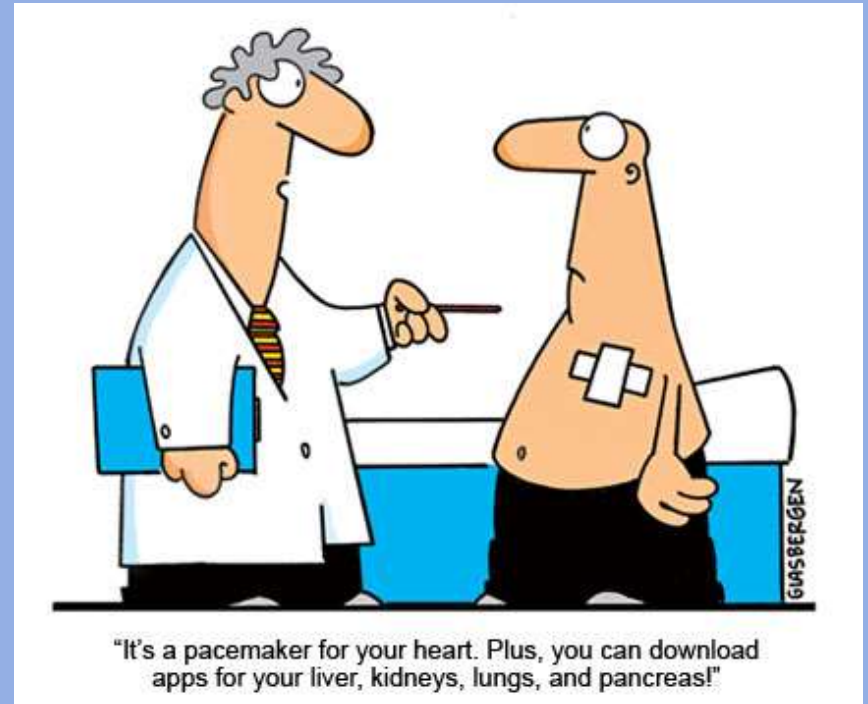
# Palpitations and arrhythmias: Adjustment

- Normal or significant
- Reduce awareness
- Health beliefs – their understanding
- Manage triggers

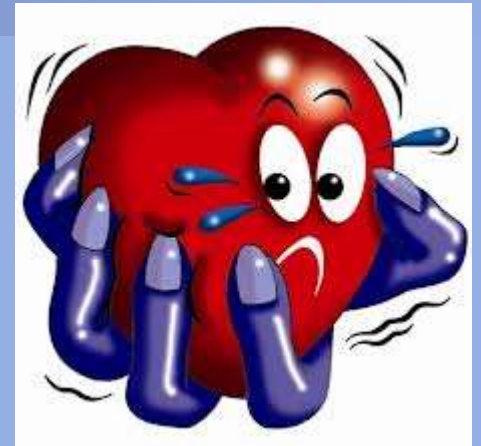


# PPMs and ICDs: adjustments

- “Bionic”
- Implantation –
  - surgery/risks/healing/infection
- Battery life/replacements/leads
- Life saving/enhancing
- Life long
- Individuals all different
  - Reason, experience, outlook
  - All dealing with cardiac problem – electrical/circulatory or structural



# ICD: main concerns



1

- Condition related
- Device related

- ☐ Bionic

2

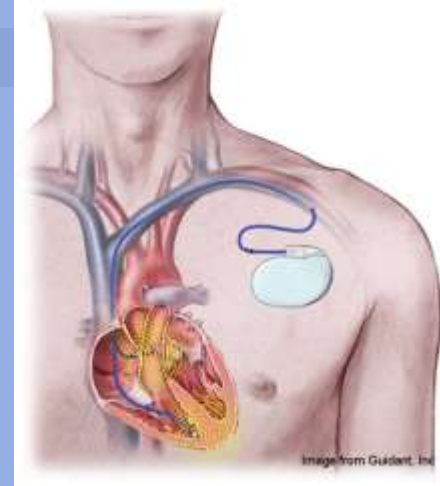
- ☐ Anticipation of “firing”
- Functional
  - ☐ Avoidance of firing– emotional and behavioural avoidance of triggers
- End of Life



# ICD: Ticking Time Bomb

## Impact of ICDs –

- Potential for life threatening arrhythmias
- Unpredictable when “firing”
- Limited or no control
- Unpleasant aversive stimulus
- Multiple potential triggers
- **And psychologically . . . .**

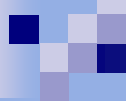




# Patient's reactions

**“I’d rather die than it go off again”**

**“I just shook myself and carried  
on pruning the roses”**



# Coping with having Arrhythmias/ Devices

**Most people cope well - ?80%**

- Most have some initial ↓ Q of L, ↑ distress, anxiety and avoidant behaviours but this reduces with time.
- Who copes the best?
  - Those with positive outlook/ vitality
  - Those who have access/support from specialist team or regular HCP

# ICD: Not coping



Subgroup have difficulties - ?20%

- Experience excessive distress and exhibit health seeking behaviours/reassurance
- More than x 5 firings or a storm →
  - ☐ Trauma – Acute and PTSD
  - ☐ Somatic hypervigilance
  - ☐ Anxiety – general and/or specific – phobias
- Further deterioration of underlying condition
- Other procedures
- Device recall/replacement
- Impact on partner/family – Onlooker PTSD

# Who is at risk ?



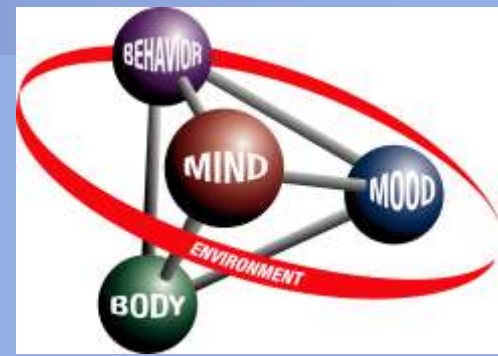
- Young
- Recent critical event
- Previous trauma/high stress/poor resilience/psychopathology
- No or poor support
- ICDs x 5+ shocks/storm
- **Those distressed at clinic/practice**

# What helped

- Staff honesty
- “Being heard” - AVN
- Being involved in decision making – regained some control
- Medication and psychological interventions



# Therapeutic interventions



- Distress reduction and tolerance
- Relaxation and mindfulness
- Restore balance/stress management
- Graded exposure to reduce avoidance
- Cognitive rescripting
- Reducing head noise



# Accessing help



- Through PHO Psychological Health Service
- Through ADHB Mental Health Service
- Through AHG Psychology Service
- Through other agency or private Counsellors/  
Psychologists

**Thank You**

