Distress Thermometer in Heart Failure Services

Bronagh Raftery,
Trainee Health Psychologist, Dept. Of Public Health, bronagh.raftery@aapct.scot.nhs.uk

Dr. Lesley Allan,
Clinical Psychologist, Cardiac Psychology Services, lesley.allan@aapct.scot.nhs.uk

Background
The prevalence of psychological distress is significantly greater among the Chronic Heart Failure (CHF) population compared to the general population (1, 2, 3, 4). Psychological distress has been found to be a significant factor in the risk of hospital readmission (3, 4), poor quality of life and high mortality (4). Unrecognised distress can lead to the development of major clinical depression (4). Recently, a rapid screening tool, the Distress Thermometer (DT), was validated for use within a heart failure population (2). The DT is a two item measure designed to detect psychological distress across a range of areas such as practical, family, emotional and physical problems.

Aims:
1. Develop and pilot a DT training programme for Specialist heart failure nurses (SHFN).
2. Deliver and evaluate DT training.
3. Evaluate SHFN experience of using of the DT with patients

Methods:
Training:
• 1 x 2.5 hour session
• 8 participants
• 2 facilitators

Training Content:
• Definitions of distress
• Why assess distress
• Distress management System
• Active Listening
• Guided Discover

Evaluation:
• Evaluation forms
• Pre- post confidence questionnaire
• Follow up focus group to explore experience of using DT in practice (6 months post training)

Results:
Course evaluation:

<table>
<thead>
<tr>
<th>Content</th>
<th>Excellent</th>
<th>Good</th>
<th>OK</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding Distress</td>
<td>75%</td>
<td>25%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Introduction to Distress</td>
<td>75%</td>
<td>25%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Management System</td>
<td>25%</td>
<td>75%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Skills in active listening</td>
<td>75%</td>
<td>25%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Skills in guided discovery</td>
<td>75%</td>
<td>25%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Role Play</td>
<td>25%</td>
<td>50%</td>
<td>25%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Resources                       |            |      |    |      |      |
| Course Handouts                 | 72%        | 28%  | -  | -    | -    |
| Trainer                         | 87.5%      | 12.5%| -  | -    | -    |
| Ability to Answer Questions     | 75%        | 25%  | -  | -    | -    |

| Expectations                    |            |      |    |      |      |
| Extent expectations were met    | 87.5%      | 12.5%| -  | -    | -    |
| A lot                           | -          | -    | -  | -    | -    |
| A little                        | -          | -    | -  | -    | -    |
| Maybe                           | -          | -    | -  | -    | -    |
| Not so much                     | Not at all | -    | -  | -    | -    |

Table 1 – Evaluation of Training

Follow up focus group:
“it think it is a good tool because it would throw up issues that the patients feel. it’s not what you’re thinking it’s what they are thinking”

“i think some of the patients who have got multiple problems psychological, social, financial, it helps to focus on the 3 most important and helps them to deal with them one thing at a time, it leads to structure and can prioritise”

“it does help you to plan an appropriate action.”

“I agree it is good for the patient and it flags up all sorts of things that perhaps we have missed”

Pre, post & follow up confidence evaluation:

Fig 1: Confidence (pre, post & follow up after training)

Statistically significant increase in confidence for item 3 (how confident do you feel about using specific screening tools to detect psychological problems in patients with heart failure?) (t)= 3.870, p<0.01; and item 8 (How confident do you feel about managing your own feelings when dealing with patients in psychological distress?) (t)= 4.583, p<0.01. These significant increases in confidence were not sustained in the follow up.

Feedback:
“Found this easy to understand, concise & enjoyable- relevant to looking after heart failure patients”

How will use this knowledge in your practice?:
“To identify stress in heart failure patients and make a start with the patient to help to reduce these levels (if high) - using the distress thermometer.”

“Use skills with Distress Thermometer and be able to discuss topics identified”

Conclusion
• SHFN found this to be a patient focused, and useful tool, to help identify psychological distress and for signposting patients to services to help manage their distress.
• Overall the training was well evaluated. The key learning objectives identified by SHFN linked in with the course objectives.
• Suggestions made to develop and improve the quality of this training.

References