



Positive Psychology Intervention Study
Continuation of the CARMEN Study

Presented By: Suhad Jabi Masri

BACKGROUND- LITRETURE

- (1) Approximately, 15-30% of patients with cardiovascular disease (CVD) suffer from depressive disorders
- (2) These rates of depression are two to three times higher than in the general population.
- (3) Mental health problems can have a direct physiological effect on the course of cardiac disease and their adverse effect may also be mediated by non-compliance to lifestyle interventions, treatment and medication
- (4) In Palestine, CVD is the leading cause of death, accounting for 29.5% of all deaths

BACKGROUND- LITRETURE

(5)The Palestinian population faces severe psychological challenges in light of the difficult political situation and the prevalence of mental disorders is increasing

(6) mental health services remain marginalized both, because of limited resources, but more importantly as a result of the stigmatization of depression and related diseases in the Middle Eastern culture.

(7)The evidence base to promote mental health services is currently lacking.

BACKGROUND- CARMEN STUDY

In 2016, the CARMEN (**C**ardiology patients and **mental** health) study was established between the Swiss Tropical and Public Health Institute and An-Najah National University in the context of a Swiss Excellency PhD student fellowship (Hala Allabadi)- which was led by Prof Nicole Probst Hensch.

BACKGROUND- CARMEN STUDY

- In total, 1053 patients with a confirmed cardiac diagnosis were included in the study with a participation rate of 96%.
- 42, 54% met the criteria for severe depression and 19.2% for severe-to very severe anxiety.
- Symptoms of depression and anxiety were more prevalent among females and less educated patients.
- Factors independently associated with both depressive and anxiety symptoms were post-traumatic stress disorder symptoms, low level of self-esteem, high somatic symptoms, low physical and mental health component scores, active smoking, physical inactivity, and longer disease duration. Patients with depressive and anxiety symptoms also reported poor social support and lower resilience.

CONCLUSION

- There was a high level of depression and anxiety in this sample of cardiac patients.
- The results point to characteristics of patients in particular need for mental health screening and suggest possible targets for intervention such as strengthening of social support and of physical activity.
- The integration of mental health services into cardiac rehabilitation in Palestine and comparable cultural settings is warranted from the time of first diagnosis and onward.

RESEARCH ARTICLE

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Depression and anxiety symptoms in cardiac patients: a cross-sectional hospital-based study in a Palestinian population



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Abstract

Background: Mental health problems have an adverse effect on the course of cardiac disease. The integration of their diagnosis and treatment into cardiology care is generally poor. It is particularly challenging in cultural environments where mental health problems are stigmatized. The objective of the current study was to investigate the proportion of cardiac patients with depression and anxiety as well as factors associated with the presence of these symptoms in a Palestinian population.

Methods: This cross-sectional hospital-based study was conducted on patients consecutively admitted with a new or existing cardiac diagnosis to one of the four main hospitals in Nablus, Palestine over an eight-month period. Data was obtained from hospital medical charts and an in-person interview, using a structured questionnaire with a sequence of validated instruments. All subjects were screened for depression and anxiety using the Cardiac Depression Scale (CDS) and the Depression Anxiety Stress Scale (DASS-42). Multivariate ordered logistic regression analyses were performed to identify factors among four categories (socio-demographic, clinical, psychosocial, lifestyle) independently associated with depression and anxiety.

[See link for article:](https://doi.org/10.1186/s12889-019-6561-3)

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POSITIVE PSYCHOLOGY

- PP interventions use targeted activities in several domains, including altruism (e.g., performing acts of kindness), gratitude (e.g., savoring positive life events), and optimism (e.g., imagining positive future outcomes) .
- A PPI developed and implemented by Huffman et al., has been found to be feasible and well-accepted in a broad range of patients with CHD. Huffman et al. cite that in a recent meta-analysis of over 50 trials of PPI's, over 4,000 subjects found that positively-oriented interventions have consistently **resulted in overall increases in happiness, reductions in depression, and improvements in overall wellbeing. It is evident that PP can tremendously influence cardiac health. Positive emotions can impact cardiac outcomes through health behaviors such as healthy dietary habits and reduction in smoking**

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FAMILY SYSTEM

- .Sickness in a system - impact on subsystem- What that means related to the intervention
- The aim of the intervention is to encourage and build a community based support system where open dialogue and communication can occur between patients as well as their partners/family members;
- educate patients on how to cope with and deal with the cardiac-related disease and prevent exacerbation of their disease
- The intervention will focus on group therapy as a way of facilitating a process of cognitive development due to the intervention's foundation on psychosocial wellness.

BASELINE ASSESSMENT

Assessments will include: Psychological and Mental health (Depression, anxiety); Satisfaction with life; Hope; Happiness; Social support; Satisfaction with care/treatment; socio-demographics (income, marital status employment status); Medical information (new diagnosis, major cardiac-related events); Lifestyle (diet; physical activity; smoking; weight change); Medical/Treatment adherence. The Control Group will undergo only ONE out of the five PPI sessions, which will be conducted during the same time of the baseline assessment. The Intervention Group will undergo ALL five PPI sessions.

THEMES

Recalling positive events/*Jabi Masri* counting blessings

Using personal strengths

Gratitude

Enjoyable and meaningful activities

Recalling and leveraging past success

Acts of kindness

Creating Meaning and Purpose of Life

THANK YOU