

Cognitive behaviour therapy for people with syncope and POTS

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Welcome

A plan:

- Developing an understanding of psychological factors
- Why CBT?
- How does cognitive behavioural therapy work – a flavour
- Some examples

Listening

Syncope and POTS can provoke

- Intrusive symptoms –fatigue, faintness, tachicardia, breathlessness, nausea...
- Losses and changes on roles - work, health, activities.... uncertainty
- Challenges of maintaining independence, relationships, mobility, sense of self ...
- Distress and worry

Understanding the experience of syncope (Gracie, 2006)

- Semi structured interview study: 41 people with VVS. Half had not responded to conventional treatment
- Incidence of anxiety 34% and depression 22%
- People who worried more, more distressed, and who found their symptoms more disabling tended to be those who were not responding to clinic treatment.
- They were more likely to use avoidance and protection strategies

Triggers of symptoms

- All reported a number of triggers to their symptoms:
 - Included: heat, queuing, heights, changing posture, feeling run down, tired, being alone, when using public transport, exertion, anxiety, dehydration, escalators
 - non-responders reported significantly more sorts of and greater frequency of triggers

Thoughts, beliefs, predictions

- There were a wide range of thoughts relating to possible consequences of symptoms
 - Negative social consequences
 - Physical injury to self or others, fear of dying
 - Impact on functioning, independence
 - Loss of certainty and control
- Participants reported an average of 9 such thoughts linked with their VVS
- A strong link was found between illness concerns, feeling distressed and being more disabled

Coping responses

- Ways of coping with syncope fell into 3 categories:
 - Following conservative advice (many didn't)
 - Avoidance and precautions
 - Fighting spirit – pushing on regardless
- People responding well were found to be significantly less likely to report avoidance and protective strategies.

What comes first?

Bev Flint (2009)

Independent of symptom severity:

- Psychological factors (fear and worry, negative cognitions, anxiety, depression and psychosocial impairment) predicted treatment outcome
- Higher levels of anxiety and psychosocial impairment at diagnosis can predict non-response to the conventional treatment of VVS.

Chronic conditions and emotional distress

- Depression and anxiety are common
- People who are distressed are more likely to need hospital admission, have worse symptoms, greater impact on physical and social activities
- Physical conditions and depression/anxiety/anger impact on each other
- Depression and anxiety are often undetected but can be treated.

Why Cognitive Behavioural Therapy?

- Effective for psychological problems common in chronic medical problems
- It adopts a self management approach
- Fits with the chronic disease management approach
- Tried and tested models and methods
- Focus on interplay between thoughts, emotions, behaviours and physical symptoms
- Is researched– cardiac patients, cancer, pain, chronic fatigue, irritable bowel syndrome, diabetes, PMT, COPD, syncope
- A treatment of choice for depression and anxiety (NICE guidelines)

CBT in VVS

- Study of 9 adults with medically unresponsive vasovagal syncope who received up to 6 sessions of CBT
 - Reduced distress
 - Reduced reported functional and social disability
 - Return to work or education
 - Significant reduction in frequency of reported symptoms after CBT treatment
 - Significant reduction in number of consultations following CBT treatment

(Newton, Kenny and Baker, 2003)

The CBT model:

- What you think, believe, notice and remember affects
 - how you feel emotionally
 - what you make of physical sensations
 - the things you do and how you cope
- And is biased by past experiences, attitudes and predictions

An example

- Richard has been dreading this business trip and worries about how he will cope if he gets palpitations or becomes faint.
- At the airport he hears his flight called. He gets up to go down the long corridor towards the elevator to the departure lounge.
- He notices feeling unsteady, a bit giddy and hot.

Richard's experience

Trigger: Standing up to take escalator at airport
Feeling unsteady,
Hot and thirsty, alone

Cognitions: What if I faint on the escalator? Imagines falling backwards and taking others with him. I could be injured and so could others.
I'm hot and dry –I might well faint
I'm going to go
What will people think?
I want to get out of here

Physical state
Hot, sweaty
Heart rate increases
Unsteady and slightly giddy
Tired

Emotional response
Fear
Anticipatory embarrassment
Fed up, dismayed

Behaviours
Monitors heart rate and for signs of fainting (radar).
Seeks out lift, avoids elevator and stairs.
Sips water, sits down
Surveys airport to check for stairs or tunnel entrances

What might help?

An example

- Varsha is off sick from her nursery school job because her fainting has become much more frequent recently.
- She has avoided going out or doing much around her home and garden. She now feels easily fatigued and small tasks seem insurmountable. She seems further away from getting back to work.

CBT formulation

Trigger: Feeling giddy whilst putting out rubbish

Cognitions:

I'm so sick of feeling like this
I can't even do simple tasks
I'll lose my job
Then how will I manage?
Nothing seems to help
My neighbours think I'm a skiver

Physiological state

Fatigued
Weak
No energy

Emotional response

Fed up, depressed
Hopeless
Worried

Behaviours

Avoids going out
Avoids contacting friends
Doesn't get dressed
Rests

What might help?

Interventions

- **Listening** – hearing about it
- Developing **shared understanding**
- Offering **hope** – parts can be addressed
- **Information** - adrenaline reactions and internal radars, depression, resting and fatigue
- **generating helpful alternative approaches**: address misconceptions, shift focus of attention, bring it on!
- **Experiment** with new ways of thinking or acting
- Increasing **controllability** – practice applied tension and breathing/relaxation exercises
- **Activity planning** – paced, rewarding activity –address unhelpful avoidance and precautions

Any questions, comments?



Thanks for coming along