ASSESSING REHABILITATION NEEDS IN PATIENTS WITH CORONARY ARTERY DISEASE

A BRIEF INTERVIEW FOR USE IN GENERAL PRACTICE

Stage 1  Assessment

Using the evidence-based trigger questions in this brief interview, aim to identify

(i) Red Flags - medical issues that require action, using questions 1-4.
(ii) Yellow Flags - factors that predict poor functional outcome, using questions 5-15.

Yellow Flags can be defined as any psychosocial factor that increases risk of long term distress, disability, pain and sub-optimal outcome.

Unhelpful psychosocial factors could be:
- a passive attitude to self-management of condition
- incorrect beliefs about heart disease
- emotions such as anxiety and depression
- behaviours such over activity, under activity, avoidance
- social isolation from family and friends
- perceived lack of social support
- avoidance of return to workplace
- cognitive problems (e.g. memory; concentration; planning) affecting function

Stage 2  Action

- Red Flag considerations:
  Urgency (e.g. now; today; this week); Discussion (e.g. patient; GP); Appointment / referral (e.g. GP; Cardiology)

- Yellow Flag options: (i) In-house intervention (GP; nurse); (ii) In-house treatment in consultation with CRL; (iii) Referral to CRL
  If uncertain about Yellow Flags either make referral to CRL for further assessment or call CRL for telephone consultation about case management

MEDICAL SYMPTOMS AND POTENTIAL RED FLAGS - QUESTIONS 1-4

1  How have your symptoms (e.g. chest pain, tightness, discomfort or shortness of breath, palpitations, nausea, sweating, weakness or dizziness) been since your last attendance here or at the cardiology clinic? (tick one only)

☐ better
☐ same
☐ worse

2  Compared with the last time you attended, how much exercise, effort or physical activity does it now take to bring on your symptoms? (tick one only)

☐ it takes more
☐ the same
☐ it takes less

3  If you answered ‘worse’ to Question 1 and / or ‘less’ to Question 2 over approximately what time period has this occurred? (tick one only)

☐ about a week
☐ about a month
☐ about a year

4  Approximately how often do your symptoms occur? (tick one only)

☐ several times each day
☐ a few times each week
☐ less that once a week
PSYCHOSOCIAL FACTORS AND POTENTIAL YELLOW FLAGS - QUESTIONS 5-15

Guidance on Questions 5 - 6
Seek evidence of avoidance or an unnecessary reduction in activity (including work). It may be caused by a misconception, lack of confidence or low mood. This may be a recent or long-standing feature. If long-standing it may have resulted in de-conditioning, debilitation and acceptance of an incorrect belief that low performance is normal and to be expected in CAD.

5  PHYSICAL FITNESS During the past 2 weeks ... what was the hardest physical activity you could do for at least 2 minutes? (tick one only)
- Very heavy - run, at fast pace or carry a heavy load (10 kgs) upstairs or uphill
- Heavy - jog, at a slow pace or climb stairs or a hill at moderate pace
- Moderate - walk, at a fast pace or carry a heavy load (10 kgs) on level ground
- Light - walk, at a medium pace or carry a light load (5 kgs) on level ground
- Very light - walk, at a slow pace or not able to walk, wash dishes

6  DAILY ACTIVITIES During the last 2 weeks ... how much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health? (tick one only)
- No difficulty at all
- A little bit of difficulty
- Some difficulty
- Much difficulty
- Could not do

Guidance on Questions 7 - 9
Look for evidence of low mood, social isolation or a perceived lack in social support. These can be a primary risk factor OR may reduce ability to self-manage and take up health behaviours.

7  FEELINGS During the past 2 weeks ... how much have you been bothered by emotional problems such anxiety, depression, irritability or sadness? (tick one only)
- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

8  QUALITY OF LIFE During the past 2 weeks ... how have things been going for you? (tick one only)
- Very well, could hardly be better
- Pretty good
- Good and bad in equal parts
- Pretty bad
- Very bad, could hardly be worse

9.  SOCIAL SUPPORT During the past 2 weeks ... was someone available to help you if you needed and wanted help? (tick one only) For example:
- if you got sick and had to stay in bed
- if you needed help with daily chores
- if you needed someone to talk to
- if you needed help taking care of yourself
- Yes, as much as I wanted
- Yes, quite a bit
- Yes, some
- Yes, a little
- No, not at all
Guidance on Questions 10 - 15

This section is targeting common misconceptions that patients may have about coronary artery disease, the interventions and / or the prognosis.

Misconceptions are linked with (i) poor compliance with treatment, (ii) lack of involvement in self-management, (iii) poor mood and (iv) inappropriate expectations of treatment i.e. "I'm cured ... I don't need to do anything".

When asking patients what they have understood about their condition and treatment look for misconceptions in the following categories:

**Label:** e.g. angina is really a small heart attack, taking statins is a sign of illness

**Timeline:** e.g. I will always have a weak heart, my bypass will run out in 5 years

**Consequences:** e.g. once I have angioplasty I am cured, with my new valve I will very soon be a new man again, MI means my heart is weak

**Cause:** my childrens’ arguments caused this heart failure,

**Cure/control:** this is hereditary, I will die like my Dad, stress caused this and I can’t control that

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<td>My heart problems are due to my family history</td>
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<td>Being short of breath means my heart is weak</td>
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<td>It is very important to avoid anything that might bring on chest pain</td>
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<td>Coronary artery disease means my heart is worn out</td>
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<td>[ ] agree</td>
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<td>Heart problems are caused by stress or anxiety</td>
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<td>The medical treatment I have had has cured my heart disease</td>
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