

Enhanced psychological care in cardiac rehabilitation services for patients with new-onset depression: the CADENCE feasibility study and pilot RCT

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

The CADENCE feasibility study and pilot RCT

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Plain English summary

After an acute heart problem, around 20% of people eligible for NHS cardiac rehabilitation have moderate or severe symptoms of depression. Although psychological health is part of cardiac rehabilitation, access to psychological care is patchy. Our aim was to develop and implement enhanced psychological care (EPC) to be delivered by nurses within cardiac rehabilitation teams. Nurses identified patients with depressive symptoms and offered them behavioural activation – an established treatment for depression that focuses on helping people with depression change the way they act. Nurses were also trained in how to monitor/manage the patient’s mental health-care needs.

First, we tested the practicality and acceptability of EPC from the patients’ and the nurses’ perspectives. After refinement, we then undertook a pilot study to further test EPC and to clarify uncertainties around the participant recruitment and retention needed to design a future randomised controlled trial (RCT) that would compare a group of people who receive EPC to a group who receive usual care. Preliminary testing of EPC (four teams, nine patients) found EPC to be acceptable, although nurses found it difficult to deliver within their existing workload. The intervention was refined to reduce workload, and then tested in a small pilot version of a potential RCT. Five teams were randomly allocated to deliver EPC and three teams to deliver usual care. Patients completed assessments at the beginning of the RCT and at 5 and 8 months after that. Measures assessed included mood, cardiac events, health-related quality of life and resource use. Twenty-nine patients participated in the trial (15 in the EPC arm and 14 in the usual-care arm). Nurses and patients were also asked to take part in interviews.

Our pilot study showed that 93% of participants completed the 5-month follow-up assessment, but participant recruitment was challenging. At interview, patients and nurses acknowledged the importance of embedding psychological support within routine rehabilitation. However, significant organisational and workload constraints meant that EPC was not practical in routine care.

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