

Am I Going to Die Now?

The experience of being diagnosed with Aortic Dissection

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Background

Aortic dissection is a life threatening condition. Treatment in the acute phase consists of total bedrest until pain level and blood pressure has been stabilized and a plan for further treatment is established. Studies indicate that aortic dissection is associated with anxiety and decreased health-related quality of life. However, the studies include few patients and the results are ambiguous.

Aim

The aim of this study was to explore patients' physical and mental health when diagnosed with aortic dissection, and their lived experience of diagnosis, hospitalization and subsequent life.

Method

An explanatory sequential mixed method was applied. Quantitative data regarding self-reported mental and physical health was obtained from 71 patients participating in the DenHeart survey and combined with qualitative data from interviews with 10 patients recently diagnosed with aortic dissection. Mental and physical health was measured by the Hospital Anxiety and Depression Scale (scores ≥ 8 indicating clinically relevant anxiety/depression) and the mental and physical component scores of the Short-Form 12 (lower score indicating a poorer result). Interviews were analyzed using a phenomenological approach.

Results

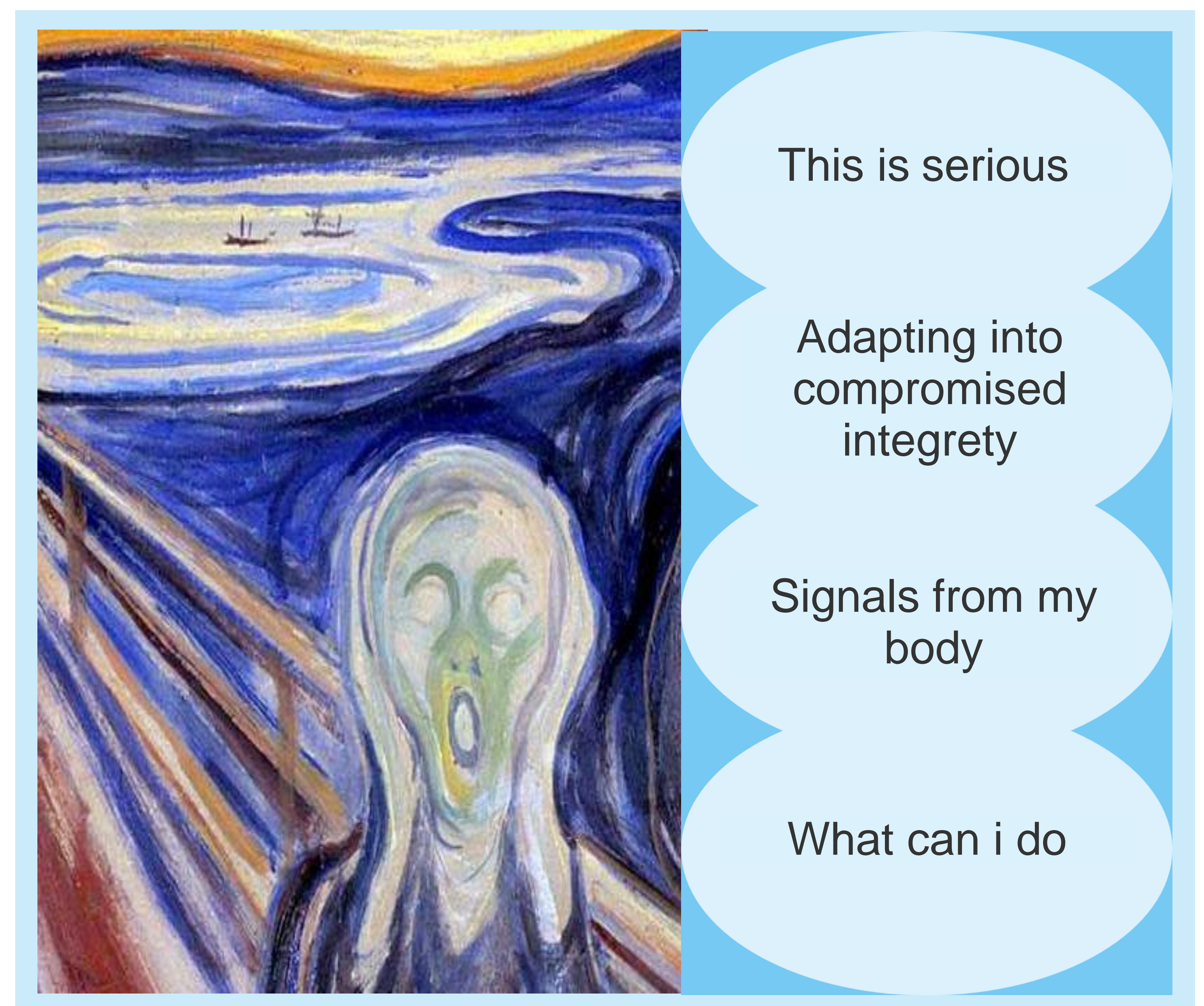
The prevalence of anxiety and depression was 41% and 25% respectively, and an adversely affected physical and mental health, with a Physical Component Score of (standard deviation (SD)) 41.1 (12.1), and Mental Component Score of 46.4 (10.4) was detected (figure 1). The quantitative data was nuanced by results from the qualitative interviews that revealed four themes (figure 2). The physical impairment was explained by patient's experiences of pain, feeling an extreme weakness and thoughts regarding blood pressure level. The mental deterioration was explained by a compromised integrity, fear of dying, not knowing what the future will bring and a bodily weakness which makes everyday life hard to manage. Conflicting information on the level of activity and the fear of doing something that makes the dissection worse also explains the mental impairment.

Conclusion

Fear of death, not knowing what the future will bring and a bodily weakness explains high prevalence of symptoms of anxiety and depression. Physical restrictions and conflicting information creates insecurity and describes the adversely affected self-reported health.

N	71
HADS A ≥ 8 (%)	40,9
HADS A mean (SD)	6,9 (4,1)
HADS D ≥ 8 (%)	25,4
HADS D mean (SD)	5,7 (4,0)
SF12 PSC, mean (SD)	41,1 (12,1)
SF12 MSC, mean (SD)	46,4 (10,4)

Figur 1: Quantitative results



Figur 2: Qualitative results