

Developing a Digital ACT Intervention for Cardiac Patients

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BACKGROUND

Research indicates that management of distress levels in those with chronic health conditions, such as cardiac disease, is not only important for improving quality of life and functioning but is also critical for condition management, adherence to treatment, and ultimately disease prognosis and progression (Celano, Villegas, Albanese, Gaggin, & Huffman, 2018; Jiang et al., 2007; Sherwood et al., 2007). Acceptance and Commitment Therapy (ACT) uses a transdiagnostic approach that has consistently demonstrated positive long-term outcomes across a wide array of conditions, including chronic illness (A-Tjak et al., 2015; Graham, Gouick, Krahé, & Gillanders, 2016; Ruiz, 2010). However, most empirical investigations conducted to date also involve in-person therapy, which typically can be quite costly and difficult to access, particularly for those dealing with the additional demands of chronic disease (Lin, Faust, Ebert, Krämer, & Baumeister, 2018). The objective of this research is to develop a digital ACT intervention to improve self-management behaviours and distress levels in those with multi-morbidities.

METHOD

First deeper insight is needed into the specific needs and concerns of older adults relating to distress or anxiety related to managing their conditions, therefore one-to-one qualitative interviews and focus groups with people with chronic health conditions and health care professionals explore issues specifically relating to anxiety, to understand user needs and requirements and translate into a digital ACT intervention. Participants were 11 older adults with multi-morbidities (42.11% male; M=73.39 yrs; Age range 60-86 years) and 14 health care professionals (35.71% male) including five Clinical Nurse Specialists, four pharmacists, two GPs, one Occupational Therapist, one Speech and Language Therapist and one Dietician. Thematic analysis was used to identify key themes (Braun & Clarke, 2006).

RESULTS & DISCUSSION

Key themes identified in the data included Impact of Anxiety on Ability to Self-Manage, Fears of Judgment from Medical Professionals, Feelings of Burdening Others, and Importance of Identifying Patient Motivation or Values. Therefore, a digital ACT intervention will be developed with strategies to target these unhelpful beliefs and manage difficult emotions to improve self-management behaviours and clarify patient values. The digital ACT intervention will be delivered via a digital health self-management platform over 6 weeks with once weekly live video sessions. Workbooks and mindfulness exercises will be delivered using via the digital platform to help implement and practice the strategies learned throughout participants' day-to-day lives. This will involve a randomized-multiple baseline Single Case Experimental Design (SCED) with approximately 10-15 adults with cardiac disease. The Independent Variable for each participant will be pre- post intervention phase. Dependent variables will be daily self report measures of psychological well being, as well as objective measures of self-management and engagement with the app.

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