Hypnosis: a new method to facilitate trans-oesophageal echocardiography. The I-SLEPT study

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Background: Trans-esophageal echocardiography (TEE) can be source of severe discomfort for the patient despite local anesthesia and a general one cannot always be performed since it may adversely impact the diagnostic value of the procedure and/or patient’s safety. Hypnosis is a safe, validated alternative or complement to traditional anesthesia. During the hypnotic state, the patient’s sensitivity to a stimulus and his/her emotional interpretation of this stimulus can be dissociated. Feelings such as discomfort linked to a painful stimulus can be then dramatically reduced and make this stimulus acceptable. The main goal of this study was to determine the additive value of hypnosis to improve patient comfort during TEE.

Methods: Patients with an indication for TEE were randomized into two arms: hypnosis 30 minutes before topical oropharyngeal anesthesia (HYP) versus oropharyngeal anesthesia only (CTRL). The primary outcome measure was the level of patient discomfort assessed using a visual analog scale (VAS) and secondary outcome measures were rate of procedure failure and quality of the procedure assessed by a blinded operator.

Results: 97 consecutive patients were included and randomized (47 into the HYP group and 50 into the CTRL one). There was no difference between the 2 groups in terms of anticipated discomfort prior the procedure (VAS of 5.8±2.5 in the HYP group versus 6.2±2.0 in the CTRL one, P=0.54). TEE could not be performed in 2.2% of the HYP patients compared to 3.9% among CTRL patients (P=1.00). Hypnosis significantly reduced patient’s discomfort (VAS of 5.6±2.8 in the HYP group versus 6.9±2.4 in the CTRL one, P=0.03) with no impairment of exam’s quality (VAS of 7.3±2.4 in the HYP group versus 7.8±2.5 in the CTRL one, P=0.20) or increase of side effects (HYP: 0% and CTRL: 8.5%, P=0.12).

Conclusion: Hypnosis is an alternative or complementary method to significantly improve patient’s comfort during TEE.

Heart failure and aging: a double danger for self-esteem

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In France, 15 million people, nearly 20% of the population has a chronic disease with increasing life expectancy. As a result, the population affected by chronic diseases is growing rapidly.

A chronic illness affects living conditions in all its aspects and even his identity. Chronic illness alters self-image and by the same value that matches. Heart failure is one of those chronic illnesses. She is the most common cardiovascular disease in the next decade. The average age of patients who suffer is over 70 years and mortality exceeds that of most cancers. Therapeutic Patient Education (TVE) is, for a number of chronic diseases such as heart failure, a major element of the strategy of treatment and care to which it belongs. When the patient with chronic illness is older, the health care team must adapt its educational strategies to lower physical and cognitive abilities of the patient. These aging effects are accompanied by changes in the individual's social identity limiting self-image.

TVE is to acquire or maintain self-care skills and life skills. Maintaining self-esteem is one of those skills. The value that an individual agrees is fundamental and it will guide its capabilities taking action and its adaptive capacity.

In my experience of health framework, I found that life skills were not considered by health care team. The aim of my research was to evaluated the relevance of establishing self-esteem workshops in the management of heart failure patients in my institution.

I conducted a survey of patient with heart failure, aged 74 years on average. It was through interviews to assess self-esteem of patient with regard to their disease, aging and raise their expectations for support to improve their care.