ACC.15
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A550
JACC March 17, 2015
Volume 65, Issue 10S

Congenital Heart Disease

INITIAL FEASIBILITY RESULTS OF A GROUP COPING AND RESILIENCE PROGRAM FOR ADULTS WITH CONGENITAL HEART DISEASE

Poster Contributions
Poster Hall B1
Sunday, March 15, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Thinking of the Whole Patient in Congenital Heart Disease
Abstract Category: 10. Congenital Heart Disease: Adult
Presentation Number: 1221-320

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Background: One-third of North American adults with congenital heart disease (CHD) have diagnosable mood or anxiety disorders; unfortunately most of these patients do not receive mental health treatment. Despite an increasing awareness of the unique psychosocial concerns of this patient population, there are no manualized psychosocial interventions. We assessed the feasibility of a randomized controlled trial (RCT) of a group intervention aimed at improving the psychosocial functioning, quality of life and resilience of adults with CHD.

Methods: Within this feasibility study, we conducted a 2-arm pilot RCT in which patients were randomized to usual care or an 8-session group coping skills intervention. Here, we report feasibility in terms of study eligibility, recruitment, and retention. Recruitment was from a tertiary care downtown hospital that services adults with CHD from a wide geographic catchment area.

Results: Over a 12 month period, 10 patients responded to posted study flyers. A total of 370 patients were approached in clinic by a research assistant. Half (186) were interested in learning about the study, of whom 60 (32%) provided informed consent and were enrolled in the study. The most frequent reasons for declining study participation were travel/transportation issues that would prevent attendance (43%) and the absence of psychosocial difficulties (18%). Across recruitment modalities, 42 patients met inclusion criteria and were randomly assigned. Of the 21 patients assigned to the intervention, 17 (81%) participated in group sessions, 2 (10%) were unable to attend scheduled meetings, and 2 (10%) withdrew from the study.

Conclusion: This is the first evaluation of a manualized psychosocial intervention targeting adults with CHD. Initial feasibility results show that it is possible to successfully recruit and retain patients into an 8-week group coping skills intervention and that approaching patients in person is the most successful recruitment strategy. It is notable that a minority of patients denied psychosocial challenges. Given that travel/transportation problems limited participation for many patients, home- and/or web-based delivery should also be tested.