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ESC European Society of Cardiology

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VIEWPOINT

A call for action to include psychosocial management into holistic, integrated care for patients with atrial fibrillation

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Abstract

Contemporary management of atrial fibrillation (AF) has become increasingly complex. Therefore, strong efforts have been made during the past decade to develop models for structured, integrated care for patients with AF. These have also been incorporated in international guidelines for the management of patients with AF. However, implementation of integrated care approaches in daily clinical practice is scarce and far from optimal, and it may require a re-thinking of the structure of the healthcare system. The reasons for the poor implementation are many, from limited time and economic resources to deficits in postgraduate education of healthcare professionals, lack of involvement of patients in how integrated care should be designed, and fragmentation of the healthcare system. Moreover, patients' psychological challenges, which not only impact patients' adherence to treatment but, if untreated, increase their risk of morbidity, mortality, and poor quality of life, are not given sufficient attention. It is time to start a necessary discussion of what integrated care should be, what it should contain, and what is necessary to implement it in daily clinical practice.

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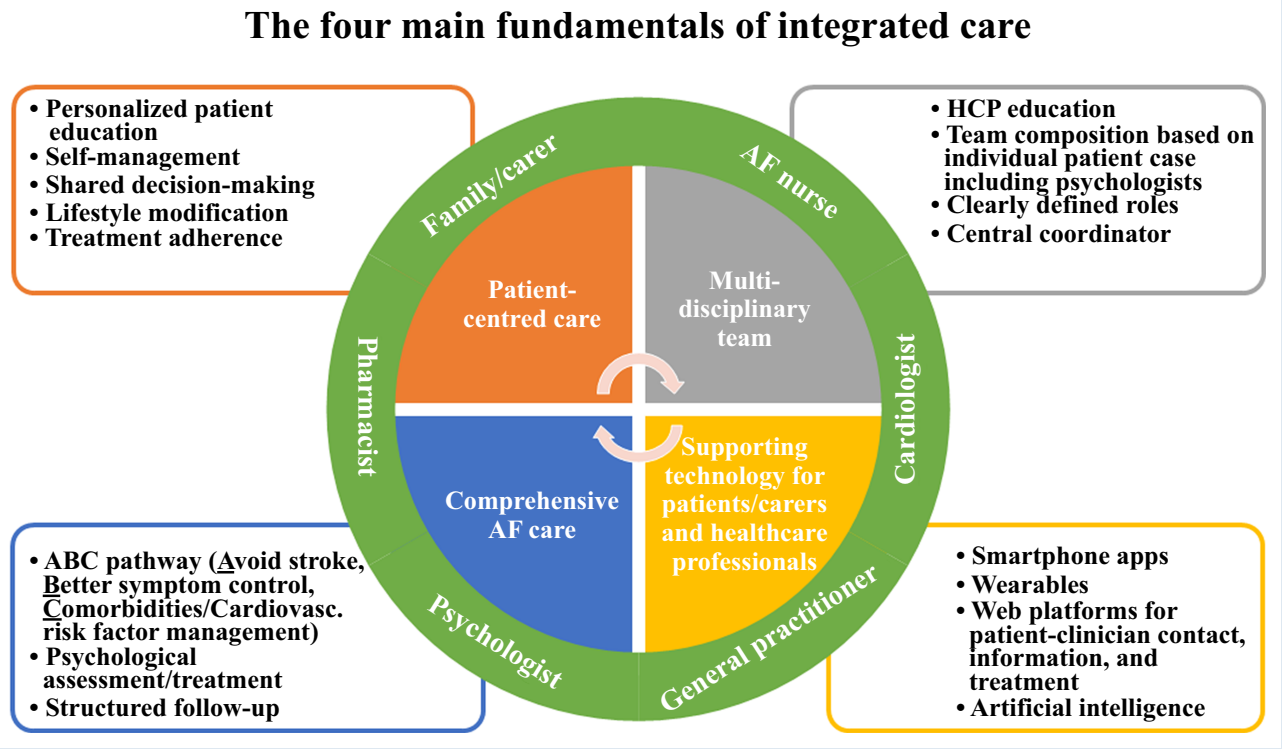
Graphical Abstract



AF, atrial fibrillation; HCP, healthcare professional.

Keywords Atrial fibrillation • Integrated care • Psychosocial management

Atrial fibrillation—a global and major public health crisis

Atrial fibrillation (AF) is the most prevalent arrhythmia worldwide. Over the next three decades, the number of cases in Europe will almost double. Although increasing age is a prominent risk factor for AF, several modifiable risk factors and underlying conditions, such as hypertension, also significantly contribute to the development and progression of AF.[1,2] Atrial fibrillation is independently associated with increased risk of mortality, heart failure, and stroke, which is the most devastating consequence of AF: cardioembolic stroke is usually severe, often recurrent and fatal, or at least permanently disabling.[1,3] Also, up to one-third of AF patients have left ventricular dysfunction with varying degree.[1] Moreover, AF is associated with an increased risk of cognitive impairment and dementia, even without a history of stroke.[1] Even if AF can be asymptomatic, >60% of the patients have symptoms, reduced functional capacity, and impaired quality of life (QoL).[1] The impairment of health-related QoL is even more pronounced in patients with a distressed personality type (type D).[4] It is important to note that AF patients more often develop anxiety disorders and have a higher burden of depressive symptoms.[1,5,6] Moreover, poorer mental health functioning has been recognized as a contributing factor to non-adherence to warfarin treatment,[7] which may result in an increased risk of stroke. Due to increasing case numbers, AF, its consequences, symptoms, and underlying comorbidities do not only add a significant disease burden on the individual patient but also a significant economic burden on society at large due to repeat contacts with the healthcare system and associated and increased treatment costs.[8]

Current treatment and what is needed to handle the crisis—unmet needs and lack of integrated care

The past two decades have seen marked changes in the management of patients with AF towards more structured care, which has led to important improvements of clinical outcomes.[9] At the same time, management of AF has become more complex and requires a systemic, comprehensive, and multidisciplinary approach. International clinical practice guidelines recommend that AF treatment should include the following three aspects: (i) appropriate anticoagulant therapy to prevent thromboembolic complications; (ii) rate and/or rhythm control therapy to preserve left ventricular function and control symptoms; and (iii) treatment of underlying cardiovascular conditions as well as risk factor management and lifestyle modification to reduce risk factor burden, which consequently would reduce the burden of AF. Integrated models of care delivery have been introduced largely to focus on the delivery of care with specific attention to secondary prevention[10] and improving outcomes. Although these models mention that carers should be aware of the psychological morbidity of AF patients,[11] there is still a lack of detailed guidance on how to identify and appropriately treat AF patients with psychological health issues. Care for AF patients should also include patient involvement—their preferences and needs—psychosocial and psychological management (e.g. prevention and treatment of anxiety and depression), a multidisciplinary and collaborative team approach where multiple specialists work closely with the patient and their carers,[12] and the use of technology to support the integrated

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character of this approach.[1] Current international guidelines recommend such approach in providing care and treatment for patients with AF.[1] Although such approaches are promising,[13,14] establishing them in clinical practice can be tedious, and in reality, AF care is often fragmented, resulting in suboptimal clinical and patient outcomes.

Psychosocial assessment and support in comprehensive atrial fibrillation management

Currently, atrial fibrillation management is largely medically driven, and aspects such as psychosocial well-being, mental health, and anxiety and depression are often overlooked. Even though international guidelines state that an integrated care approach should include psychosocial management, including cognitive behavioural therapy, stress management, and other psychological assessment and/or treatment,[1] there is no further guidance on how to implement this in clinical practice, including how and when to include dedicated psychologists in the integrated AF care team providing tailored psychological management according to patients' needs and preferences. This may have several reasons. The lack of focus on psychosocial management of AF patients is at least partly a consequence of the fragmentation of AF care and the lack of education of healthcare professionals in psychological aspects, as it prevents healthcare professionals from having a holistic view of patients. Unless such guidance is provided and a consensus is reached within the field, patients' unmet needs and lack of integrated care are likely to continue to the detriment of patients and costs to society. If we are not able to establish and implement a comprehensive and integrated care approach for patients with AF, this would be particularly challenging given that we are looking into a global public health crisis, as the prevalence of AF has increased three-fold during the last 50 years and will continue to do so over the coming decades.[15] Already, the healthcare system is burdened with ongoing workforce issues potentially leading to capacity issues in the near future. Hence, there is an urgent need to redesign practice, so that healthcare professionals have sufficient time to engage with patients and together determine a tailored care and treatment approach in which patients also have a responsibility and play active roles. The use of digital technology could guide this process. Previously, an integrated mHealth approach calling upon the active involvement of patients demonstrated significant adherence and motivation in patients with AF.[16] Atrial fibrillation as the most common sustained cardiac arrhythmia with a prevalence of 3% in adults often goes hand in hand with psychological reactions, including excessive worrying, continuous focus on the body's signals, which may lead to withdrawal from the things that give AF patients QoL, and ultimately depression. The prevalence of anxiety and depression in AF ranges from 28 to 38% with women being more likely to becoming depressed than men.[17]

As depression can be both a consequence of being diagnosed with AF and a trigger of the onset of AF, and they influence each other, also with regard to treatment, they are vicious twins. Hence, psychology matters, and it is paramount that an integrated care approach not only largely focuses on stroke prevention, improving arrhythmia symptoms, and treating the underlying cardiovascular disease and risk factors for AF as proposed with the atrial fibrillation better care (ABC) pathway. Although attention to psychological morbidity of AF patients is mentioned in the original publication of the pathway,[11] it is crucial not only to identify but also to treat patients' underlying mental health issues, such as depression, appropriately extending the care pathway to "ABCD", where psychologists are an integrated part of the AF care team. This is particularly important, as depression is listed as a key AF-related outcome in the current ESC guidelines for the management of AF and may even be associated with suicidal ideation.[1]

However, implementation and provision of holistic, integrated AF care in the 21st century is still associated with multiple barriers and challenges. To overcome these barriers, we need to educate and prepare healthcare professionals to work together and establish multidisciplinary teams, as we are facing a diminished workforce, an increasing treatment burden, little time to spend with patients, and inadequate reimbursement for integrated care, which all are detrimental to our patients and call each of us into action to find ways out of this crisis.

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Data availability

There are no new data associated with this article.

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