What do we know about young adult cardiac patients’ experience? A systematic review

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Objective
To gather all the psychological information and experience regarding young adult cardiac patients.

Methodology

Databases
PsycINFO, PubMed, ScienceDirect, Cochrane Library.

Keywords
Cardiac diseases or treatments (myocardial, angina, stent...).
+ young adults
+ psy* or mental or emotion or coping or perception
(Without) stroke, cerebral, brain.

Inclusion criteria: studies of psychosocial interest regarding young adult cardiac patients (18-55 years old).
Exclusion criteria: congenital heart diseases, non-specified age groups.

Results

10747 records identified
32 articles included
72% of quantitative articles
81% deal with coronary patients

Context
Young adults represent 10 to 23% of all cardiac patients. Being young is sometimes associated with more adverse psychological outcomes than being old in cardiac settings. Yet studies mainly focus on children, teenagers or older patients and/or people with congenital heart diseases.

Mental health
- High levels of depression, anxiety and stress.
- Sometimes higher than older cardiac patients.
- Inconsistent results.

Emotions
- Anger.
- Irritability.
- Hostility.

Parenthood
- Specifically concerned with parenthood.
- Will to become parents.
- Fear of the consequences on their children.

Work
- Can be stressful.
- Difficulties returning to work.
- Changed to adopt more meaningful ways of working.

Communication with medical teams
- Lack of communication.
- Especially regarding sexual problems.

Identity
- Feel different from older cardiac patients.
- Fight from / towards normality.
- Body seen as unfamiliar and weak.

Financial barriers
- More financial barriers than older patients.
- Barriers to medication and health care services.

Quality of life
- Perceived quality of life (QoL) impacted.
- Often worse than older cardiac patients.

Social interactions
- Low social support associated with psychosocial difficulties.
- Difficulty accepting being dependent.
- Feel isolated.

Women
- More depression, stress, emotional distress.
- Lower quality of life.
- More impaired physical functioning.

Adherence
- Compliance to medication and healthier habits tends to fade away.
- Seen as constraints or as a positive, healthier way of life.

Coping strategies
- To live in the moment.
- Acceptance.
- Avoidance.
- Social support.
- Spirituality.
- To adopt a better lifestyle.

Implications

Implications for practice
- Medical constraints might be presented as a new beginning, a healthier and more meaningful way of life so as to improve compliance to medication.
- Helping patients meet other young patients and promoting communication with families and professional caregivers could prevent feelings of isolation.
- Sexual counselling should be provided by health care professionals.

Implications for research
- Study young adults in other cardiac diseases than coronary.
- Pay attention to the specificities of young women.
- Identify the most efficient coping strategies to enhance mental issues and QoL.

Conclusion

Young adult cardiac patients express specific difficulties regarding their personal, emotional, professional, medical and social life:
✓sometimes more symptoms of depression, stress and anxiety than older and children/teenagers cardiac patients;
✓low quality of life, social isolation and financial difficulties less present in other age groups.

➢ Young adult cardiac patients are to be considered with their own identity and challenges.
➢ Young women are a particularly fragile group in cardiac settings.