

Psychological Sequelae Following Treatment in Intensive Care

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of the requirements for the degree
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DECLARATION

I, Cindy Frances Hatchett, declare that this research report is my own work, except where indicated.

It is being submitted in partial fulfilment for the degree Master of Science (Nursing) at the University of the Witwatersrand, Johannesburg.

It has not been submitted before for any degree or examination at this or any other University or institution.

.....
Cindy Hatchett

.....day of.....2009

DEDICATION

I would like to thank my husband Mike, and my tribe of children, Tarryn, Devon, Chelsey, Justin and Cameron for their patience, support and understanding during the writing of this research report.

My gratitude goes out to my mother, Lesley Wheelan, and my sisters Tracey and Tammy for their constant love and encouragement.

In memory of my father

Garth Thomas Wheelan

1942 - 1998

ABSTRACT

Anxiety, depressive and post-traumatic stress (PTS) symptoms have been identified in many patients following ICU treatment (Rattray, Johnston & Wildsmith 2005). The Intensive Care Unit (ICU) is a stressful environment and patients may be left with long standing psychological symptoms that impair their quality of life (Scragg, Jones & Fauvel 2001). There is a dearth of research on early assessment of the psychological sequelae following treatment in ICU in South Africa and interventions required to aid in the recovery process. Post-traumatic stress symptoms do not appear to decrease over time after ICU discharge (Jones et al 2001, Rattray et al 2005), indeed they may endure for a number of years (Kapfhammer et al 2004) causing the patients significant suffering.

The purpose of this study was to investigate the prevalence of symptoms of anxiety, depression and post-traumatic stress in patients, at their first follow up visit in the outpatient department at a level one academic hospital in Johannesburg, South Africa. A prospective, quantitative, cross-sectional, descriptive format was used to investigate these variables. The total sample number was 98 and the instruments used in the structured interview were the Hospital Anxiety and Depression Scale (HADS) and the Experience After Treatment in ICU –7 (ETIC-7).

The prevalence of symptoms of anxiety in this sample population was 48%, depression 28% and post-traumatic stress 32%. Fifty-eight percent of the sample had combined anxiety and depression scores severe enough to have a ‘possible clinical disorder’.

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ABBREVIATIONS USED IN THIS STUDY

ETIC-7	Experience After Treatment in ICU-7 scale
HADS	Hospital Anxiety and Depression Scale
ICU	Intensive Care Unit
OPD	Outpatient Department
PNI	Psychoneuroimmunology
PTS	Post-traumatic stress
PTSD	Post-traumatic stress disorder
PTSS	Post-traumatic stress symptoms