

# Reduction of psycho-spiritual distress of an elderly with advanced congestive heart failure by life review interview in a palliative care day center

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## Abstract

**Objectives:** Major depression is common in patients hospitalized with congestive heart failure and is independently associated with increased re-hospitalization and mortality.

**Methods:** Hereby, we report the treatment for an elderly congestive heart failure patient with frequent emergency department visits having major depression and hopelessness.

**Results:** Treatment outcomes measured showed that depressed scores of psychosocial needs were reduced with life review interview therapy in a palliative care day center.

**Conclusion:** We hypothesize that multidisciplinary team's approach to treatment was important for this case.

## Keywords

Life review interview, congestive heart failure, psycho-spiritual distress, palliative care

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## Introduction

Major depression is common in elderly patients hospitalized with congestive heart failure (CHF) and is independently associated with increased re-hospitalization and mortality.<sup>1</sup> Usual current treatment for major depression can be limited to use of antidepressant.<sup>2</sup> However, prescribing antidepressants does not resolve any spiritual distress, especially since the elderly are often confronted with loneliness, anxiety, worry about near future death and debility, resulting in low self-esteem or depression. From a narrative therapy approach, to address these psychological problems, a technique called life review has been used. It is defined as “the progressive return to consciousness of previous experience, which can be reviewed with the intention of resolving the issues of past conflict, thus giving hope to the significance of one's life.” Previous studies have shown the positive effects of life review interview (LRI) on depression, self-esteem and life satisfaction.<sup>3</sup> In this study, we reported LRI therapy on an elderly patient with advanced CHF suffering from major depression and hopelessness and was treated with LRI therapy in a palliative care (PC) day center. Her depressed mood

and psycho-spiritual needs were markedly reduced after receiving the therapy.

## Case history

Madam X was an 86-year-old Chinese woman with poor social support. She was referred to our PC day center because of her advanced CHF in New York Heart Association (NYHA) Class 3. She also has history of hypertension, diabetes mellitus, hyperlipidemia, atrial fibrillation and ischemic heart disease with percutaneous

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**Table 1.** Item scores of SNAP and HADS-depression scores before and after short-term LRI.

Subscale item	Before LRI	After LRI
<b>A. Psychosocial needs</b>		
1. Getting in touch with other patients with similar illnesses?	3	2
2. Relaxation or stress management?	3	2
3. Learning to cope with feelings of sadness?	4	2
4. Sharing your thoughts and feelings with people close to you?	1	2
5. Worries you have about your family?	4	1
Subscale (psychosocial needs) scores	15	9
<b>B. Spiritual needs</b>		
6. Finding meaning in your experience of illness?	3	1
7. Finding hope?	3	1
8. Overcoming fears?	2	1
9. Personal meditation or prayer practices?	2	2
10. Your relationship with God or something beyond yourself?	3	2
11. Becoming closer to a community that shares your spiritual beliefs?	3	2
12. Coping with any suffering you may be experiencing?	3	1
13. The meaning and purpose of human life?	4	1
14. Death and dying?	2	2
15. Finding peace of mind?	4	1
16. Resolving old disputes, hurts, or resentments among family or friends?	3	2
17. Finding forgiveness?	1	1
18. Making decisions about your medical treatment that are in keeping with your spiritual or religious beliefs?	4	1
Subscale (spiritual needs) scores	37	18
<b>C. Religious needs</b>		
19. Visits from clergy of your faith community?	1	1
20. Visits from a hospital chaplain?	3	3
21. Visits from fellow members of your faith community?	3	3
22. Religious rituals such as chant, prayer, lighting candles or incense, anointing, or communion?	3	3
23. Someone to bring you spiritual texts such as the Torah, Qur'an (Koran), Bible, Analects of Confucius or Tibetan Book of the Dead?	1	1
Subscale (religious needs) scores	11	11
SNAP total score	63	38
HADS-depression score	11	7

SNAP: Spiritual Needs Assessment for Patients; HADS: Hospital Anxiety and Depression Scale; LRI: life review interview.

The question stem of SNAP was "How much would you like help with the following?"

Response options were "very much" (4 points), "somewhat" (3 points), "not very much" (2 points) and "not at all" (1 point).

HADS-depression score  $\geq 8$  indicates significant depression.

coronary intervention. Her ejection fraction (EF) was 21%. Regarding her social background, she lived alone at home after her husband passed away. Her 43-year-old daughter lived far away with rare contact. In 6 months before receiving PC, she had frequent emergency department (ED) visits due to fluid overload, sepsis and repeated falls. She was deconditioned with bilateral lower limb weakness and was only able to walk slowly with a stick.

During the PC team's initial assessment, her facial and general edema were related to her poor drug and fluid compliance. Fatigue and shortness of breath were also noted at rest. In addition, her depression was worsened due to grief from the loss of her husband, yet the prescribed antidepressants were without much improvements. She also expressed loneliness since there were only few relatives in Hong Kong.

The impaired self-care ability had led to her feelings to loss of control and low self-esteem. Spiritually, there were feelings of hopelessness and helplessness. Her total score of Chinese version of Spiritual Needs Assessment for Patients (SNAP)<sup>4</sup> was 63 with spiritual subscale >13 which indicated significant spiritual needs while Hospital Anxiety and Depression Scale (HADS) score<sup>5</sup> revealed significant depressed mood at that time (Table 1).

Madam X herself wondered how she could find hope and meaning in her life. To address this, she went through LRI therapy<sup>3</sup> for psycho-spiritual well-being support from PC team in the PC day center.

During LRI therapy, a trained interviewer/therapist conducted the therapy for her life review. A total of four sessions with 60 min, with a 1-week interval between each session,



### 勤奮拼搏的日子

人家說二作有七十二行,我說我做过不只七十行

我年轻时做过很多不同的工作,人家说工作分七十二行,我可能做过不只七十行啊,关键是甚麼不行也没做过,有非常多不同的工作经历,翻开了最成功的工作,我试过在工厂做工(做印刷工),做过「排字工」(做排字大小进行台翻)和在进出口二做「查核工」,曾经在仓库和仓库做一些不同的工,现在都没有了,年轻一辈也许去做过这些工作,说起来,我有一堆「宝贝」的,可能为年轻时做过许多不同的工作,例如把红球五和花生分装,训练出蜜汁的手。



我又记得跟着她一起在西营盘正街,她每天一早就会到附近的市场买菜,然后她会把菜送去卖,我就跟着她,哥哥和妹妹一起在市场的摊位做帮手,当时整个正街都是菜,卖菜和卖肉的地方,卖「走鬼」,我们会很紧张,一有人经过就会紧张的人,我们会叫「走鬼」,接着我们会立刻带着货物就逃跑,我们会很紧张的「逃」,她会很紧张,但我们跑得比其他人快!「走鬼」,其实我们不是怕鬼,我们怕的是自己会紧张,懂得把自己的人体紧张,可能起反应,就觉得自己很紧张的人十分吓人,我也会很紧张,她会吓唬人,以吓唬人的方式是去吓唬「走鬼」,她会说那些话吓唬人,但我不愿意去,我马上跑入楼,幸好有一只会叫会叫成很多声,我马上把食物拿走了,我拿到食物后可以看看其他人能否成功,然后我便会上五金舖上拿剩下的,我人越一向很好,以前上楼拿时,住家的人很吓人,会叫或叫鬼,其实他们可以吓唬鬼,又可以吓唬鬼,但他们的鬼,其实他们就是会叫鬼,我们又知道我要拿很多东西吃,其实他们怕鬼,他们是怕人,怕有鬼的,他们真的怕人,怕鬼,我很多怕鬼的。

### 惜花之人

我很喜欢花,我年轻时就已经很喜欢,以前我们在家里用很大的「盆」,摆满大大小小的植物,例如很大的花,茉莉,玉桂等,也有很多花,我们都会种,我记得以前有人送给我的,看我的花很漂亮,会给我一些花,然后我就会一盆一盆的,我更喜欢。

花花草草可说是我的宝贝,我甚至不舍得让它们死!用过的水种的它们我都会种,甚至让它们长出来!现在我家的窗台和阳台的一角都摆满了不同的花,全部都是为我自己种的,每星期我都会浇水,有时也会修剪,我也会让它们休息一下。

小时候看妈妈一盆盆的花,我觉得很神奇,我记得有一次是子女和孙女们特意送给我的,又记得她们的心,她们会种和喜欢的人,种上一些第一盆(如下图一)植物是小儿子送给我的,他看到这些植物时想起我喜欢的植物就回来给我。



在会送的花(如下图二),是小女儿送给我的,她经常会买花给我,我的女儿都喜欢,她和我一样都喜欢花,五女也特别喜欢,家里也有很多花,五女有时看到丈夫有买花,会问我「可不可以把这花送给我阿妈」,五女的心意我明白的,但我觉得我舍不得自己心爱的,花了那么多心照顾的,打理的花送给别人,我宁愿买一盆送给别人,五女也长大了会有花阿妈!

最近(如下图一)的一盆绿色的,不会开花,我和女儿看到它没有花,觉得有点无聊,就一起把它拿去扔掉,有红蝴蝶兰是不是看起来很有生机呢!桌上的花,有送给孙女送给我的,中间的一盆就是其中一盆,虽然不是花,但我仍然很喜欢,我的孙女很喜欢,有时她会和我一起去浇水。

而我最喜欢的还是这盆小花,不过我忘了它们叫什么名字。我很喜欢它们的外形,没有太多枝叶,它们很简单的,跟我的个性很像,简单而且,不计较太多,它们的花很大,很鲜艳,很美,我很喜欢,我特别喜欢红色的花,看起来会让人感到精神。

Figure 1. Sample of the life review book.

were conducted. In the first three sessions, the patient was asked to share significant life events and make stories about their life. The therapist would then reflect, consolidate patient's happenings and to explore their unique meanings in life. Important keywords including both positive and negative elements of the interviews were recorded and summarized in the production of album/book with patients. Patient was also encouraged to select photos and drawings relevant to their stories out from the available resources in the interview room to decorate their album/book. During the last session, Madam X and the interviewer viewed the album together and agreed on the LRI contents. The therapist would follow up debriefing at the end of session to affirm patient's life review from another meaning-making perspective in life. The album consisted of 50 pages funded by the day center (Figure 1). After the LRI therapy, Madam X reported that the LRI treatment had restored her hope and enabled her to have better communication with her daughter. Her daughter reflected that she could now better understand her mother. Madam X also expressed her wish to join more social gatherings and outdoor activities such as flower shows if possible. After therapy, she participated in almost all activities arranged by the PC day center. The patient and her daughter highly appreciated our arrangements. In the day center, Madam X could have social gatherings with other patients, such as enjoying opera, music video, watching television, doing some hand-made work, hair cut service and joining outdoor activities like going to Ocean Park. In fact, she has had the highest attendances rates (about two to three times per week) in our center. In addressing her drug and diet compliance, nurse counseling and volunteer clergy visits were also arranged for her as a part of psychosocial support to maintain her psychological well-being upon completion of LRI therapy.

After 3 months of palliative day service, her mood was improved. The Edmonton symptom scores<sup>6</sup> of fatigue, mood and shortness of breath were improved (5 to 2, 7 to 3, 8 to 2 out of 10, respectively). The scores of SNAP and HADS-depression subscale were also reduced, which revealed less spiritual needs and reduced depression (Table 1).

## Discussion

In this case, LRI provided psycho-spiritual support to an elderly CHF patient facing the terminal illness. For patients suffering from advanced CHF, the disease is often characterized by progressive deterioration over several years with episodic exacerbations that gradually becomes more life threatening over time. At more advanced stages, patients can experience a poor quality of life (QOL) associated with significant functional impairment, heavy symptom burden, mood problems and great spiritual distress related to end of life.<sup>7</sup> In a PC center, LRI therapy has helped patients achieve a better sense of purpose and eased their suffering in depressive symptoms similar as seen in advanced cancer patients.<sup>3</sup> Benefits of LRI can possibly be made for individuals with other by raising patients' confidence and improving their coping skills. By

enhancing spiritual well-being, her mood and QOL might also be improved.<sup>7,8</sup>

Previous studies showed that chronically ill people with frequent ED visits were associated with complicated psychosocial problems with limited access to support systems and inadequate home care support.<sup>9,10</sup> PC services provided care by giving a multidisciplinary and individualized approach for addressing spiritual distress of advanced CHF patients. LRI therapy might help to reduce the psycho-spiritual needs more effectively with the multidisciplinary approach including input from pastoral worker and social worker.

It has been shown that depression occurs commonly in CHF elderly patients with conventional treatment usually being limited to the use of antidepressants, namely, a selective serotonin reuptake inhibitor and tricyclic antidepressant. However, the side effects, drug interactions and adverse reactions could affect the compliance in these patients, affecting the overall therapeutic benefits. Proposing LRI as an alternative, psycho-spiritual distress can be treated without the adverse reaction of the antidepressants could be avoided.

In conclusion, this case shows how LRI could help reduce psycho-spiritual needs and depressed mood by relieving psycho-spiritual distress and enhancing social support with the multidisciplinary approach in the PC day care setting.

## Declaration of conflicting interests

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## Ethical approval

Our institution does not require ethical approval for reporting individual cases or case series.

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## Informed consent

Written informed consent was obtained from a legally authorized representative(s) for anonymized patient information to be published in this article.

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