

STATE ANXIETY IN THE PTCA AND STENT POPULATION

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Certificate of Authorship/Originality

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as part requirements of a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help I have received in my research work and in the preparation of this thesis itself has been acknowledged. In addition, I certify that all the information sources and the literature used are indicated in the thesis.

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Abstract

Percutaneous transluminal coronary angioplasty (PTCA) and stent has become the most commonly performed cardiac procedure in Australia over the last decade. This study investigated the level of anxiety experienced by patients who were undergoing elective PTCA and stent procedures. Anxiety was assessed at three specific times, in-hospital pre-procedure, within 18 hours after the procedure, and one-week post discharge, using two methods to assess anxiety, the State Anxiety Inventory and the Faces Anxiety Scale.

The sample ($n = 100$) was predominantly elderly (mean 65.63 years), male (80%) and married (83%). Most participants (70%) had previously experienced a cardiac event, of which the most common was PTCA and stent (41%). Almost half of the participants had experienced unstable angina (47%) and the most frequent concurrent condition was hypertension (67%).

The results confirm that most people were not clinically anxious as anxiety SAI scores ranged from 37.72 (mean) pre-procedure and decreased over time to 31.8 (mean) post procedure and again post discharge 28.79 (mean). However, there is a significant group of participants that experienced more than normal levels of anxiety pre procedure (49%), post procedure (32%) and post discharge (19%). . The independent predictors of anxiety were also identified through multiple regression analysis. . Participants at risk of pre-procedure anxiety were those taking medications for the management of the symptoms of anxiety and depression. The predictors of post procedure anxiety included anxiety pre-procedure, having chest pain post procedure, or

undergoing a PTCA and stent procedure for the first-time. Again, post discharge patients were more likely to be anxious if they were anxious pre-procedure and they reported their major concern to be related to the future progression of their coronary artery disease. The Faces Anxiety Scale proved to have low sensitivity and moderate specificity in this sample.

The conclusion is that anxiety is relatively common and needs to be identified and treated, particularly pre-procedure to decrease subsequent anxiety. An instrument to detect anxiety quickly and accurately needs to be developed for clinical use.