

Peer support groups after a cardiac event – a 12-month follow-up

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INTRODUCTION

After a cardiac event, all patients in Sweden are given the opportunity of participating in group-activities arranged by the Swedish National

Association for Heart and Lung patients in a program called The Heart School.

PURPOSE

To compare persons who have participated in The Heart School after a cardiac event, and persons who have declined to attend such group-activities with regard to:

- Self-rated health, life situation and social support.
- Clinical data, re-hospitalisation and mortality.

METHOD

Design and setting

A non-randomised, comparative study design was employed at a district hospital in the southern part of Sweden, with a catchment area of 50,000 inhabitants.

Study group

184 consecutively chosen patients with myocardial infarction or treated with percutaneous transluminal coronary angioplasty or coronary by-pass surgery (Table 1).

Measurements

Clinical data

Patients visited health care centres at three times during 12 months to undergo medical examinations including blood counts, blood pressure and body-mass index.

Questionnaire

Patients answered a questionnaire consisting of three scales; Life Satisfaction Questionnaire (1, 2) Social Network and Social Support Scale (3) and Zung Self-Rating Depression Scale (4, 5) at three times during 12 months.

RESULTS

There were differences between groups (Table 2). Participants reported more physical symptoms during the twelve months but no differences were found in feelings of sadness, tearfulness, irritability or stress, nor concerning diet, physical activities, sex-life, meaning in life or belief in the future. Participants who no longer had a job reported lower satisfaction with their life situation than non-participants in the same position at baseline but not at 3 and 12 months. Concerning clinical data no differences were found except a lower body-mass index at 3 months and a higher HDL in participants at 12 months despite no differences between groups at baseline. No differences were found in re-hospitalisation and mortality.

Differences within groups are presented in Table 3.

CONCLUSIONS

As there was no randomisation, the result must be interpreted with caution, but there are good reasons to assume that there were benefits of group-participation, such as informational support, life-style changes and increased satisfaction with the life situation among group-participants who were unemployed.

Table 1. Sociodemographic data of participants (n = 59) and non-participants (n=125) in peer support groups for cardiac patients

	Participants	Non-participants	p-value
Gender; men/women (n)	31/28	100/25	p<0.001
Mean age/range (years)	65,6/48-80	62,9/38-83	ns
Cohabiting (%)	78	77	ns
Swedish born (%)	91	94	ns
Blue collar workers (%)	54,2	62,1	ns

Table 2. Differences between participants (n = 59) in peer support groups after a cardiac event and non-participants (n = 125) concerning self-rated health and social support.

	BASELINE			3 MONTHS			12 MONTHS		
	Participants	Non-participants	p-value	Participants	Non-participants	p-value	Participants	Non-participants	p-value
	Mean Rank	Mean Rank		Mean Rank	Mean Rank		Mean Rank	Mean Rank	
Palpitation of the heart	100,22	88,09	ns	102,62	86,17*	p<.02	102,14	87,30*	p<.03
Fatigue	80,28	98,27*	p<.02	84,75	94,74	ns	76,64	99,99*	p<.004
Sleeplessness	81,14	87,17*	p<.05	82,18	85,97	ns	82,14	87,39	ns
Muscular weakness	86,56	85,30	ns	89,69	82,37	ns	80,80	88,02*	p<.03
Pain	87,58	94,82	ns	82,44	95,85	ns	89,07	97,54*	p<.03
No difficulty in doing things one is accustomed to	80,75	98,04*	p<.02	82,75	95,70	ns	80,29	94,02	ns
Informational support	88,98	95,10	ns	75,97*	96,27	p<.003	82,39*	97,27	p<.04
Material support	83,22*	86,88	p<.04	88,71	82,11	ns	84,80	96,14	ns

Mean rank ranges between two extremes comprising three to seven reply alternatives. A value marked with an * implies a favourable answer.

Table 3. Differences within participants (n = 59) participating in peer support groups after a cardiac event and non-participants (n = 125) concerning self-rated health, life situation and social support.

	PARTICIPANTS				NON-PARTICIPANTS			
	Baseline	3 months	12 months	p-value	Baseline	3 months	12 months	p-value
	Mean Rank	Mean Rank	Mean Rank		Mean Rank	Mean Rank	Mean Rank	
Palpitation of the heart	2,09	2,01	1,80	ns	2,15	1,98	1,87*	p<.001
Fatigue	1,75	2,10	2,15*	p<.02	1,74	2,06	2,20*	p<.0001
Feeling happy about everyday things	2,19*	1,89	1,92	p<.04	2,00	2,06	1,84	ns
Regular physical activity	2,23	1,81*	1,97	p<.004	2,11	1,91	1,88	ns
Smoking	1,92	2,07*	2,02	p<.01	2,01	2,02	1,96	ns
Avoiding high fat foods	2,03	1,96	2,01	ns	2,10	1,96	1,94*	p<.01
Emotional support	2,01	1,97	2,02	ns	1,86*	2,03	2,11	p<.0001
Appraisal support	1,85	2,00	2,05	ns	1,91*	2,06	2,02	p<.03
Material support	1,86*	2,14	2,01	p<.02	1,92	2,04	2,04	ns

Mean rank ranges between two extremes comprising three to seven reply alternatives. A value marked with an * implies a favourable answer.

REFERENCES

1. Carlsson M, Hamrin E. Measurement of quality of life in women with breast cancer. Development of a Life Satisfaction Questionnaire (LSQ-32): a comparison with the EORTC QLQ-C30. *Qualitative Life Research* 1996; 5: 265-274.
2. Hildingh C, Fridlund B. Patient participation in peer support groups after a cardiac event. *British Journal of Nursing* 2001; 10: 1357-1363.
3. Hildingh C, Fridlund B, Segesten K. Elderly persons' social network and need for social support after a first myocardial infarction. *Scandinavian Journal of Caring Sciences* 1997; 11: 5-11.
4. Zung WW, Richards CB, Short MJ. Self-rating depression scale in an outpatient clinic. Further validation of the SDS. *Archives of General Psychiatry* 1965; 13: 508-515.
5. Welin K, Rosengren A, Wedel H, Wiklund I, Wilhelmsen L. Psychological characteristics in patients with myocardial infarction – A case-control study. *Cardiovascular Risk Factors* 1994; 4: 154-161.