The Psychological Impact of Venous Thromboembolism in young women: Health anxiety and PTSD

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What is Venous thrombosis?

- Umbrella term for DVT and PE
- Third most common cardiovascular illness and major cause of morbidity and mortality
- Most common in older adults
- DVT 20% 25% → Post-thrombotic syndrome (PTS)
- Behavioural and lifestyle changes
- Treatment issues

Research aims

- Main aim: To explore the lived experiences of young women with VTE
- Explore participant experiences of bodily sensations similar to those at IE
- To understand how bodily sensations contribute to psychological issues
- Age and gender related factors
- To identify future patient requirements

Method

Design

- Cross-sectional qualitative design
- Semi-structured Skype interviews with 8 open-ended questions

Participants

- Female, aged 18-26, first hand experience of VTE, no additional illnesses, English speaking
- N=11, recruited through 'Pulmonary Embolism & DVT Awareness UK' private Facebook group or email

Data Analysis

- Analysed using Thematic Analysis (Braun and Clarke, 2006)
- Inductive approach

Results

Five main Themes

- 1: The initial onset of VTE
- 2: Bodily sensations and their contribution to psychological problems
- 3: VTE as a biographical disruption
- 4: Learning to cope with VTE
- 5: Staying positive and looking to the future

The initial onset of VTE

SUB-THEMES	QUOTES		
Finding alternative explanations	"I didn't feel well, like I was coughing up blood but I honestly just thought it was like my asthma."— Rachel		
Traumatic and unexpected	"I felt like I had a plastic bag over my mouth" - Shannon "the memory that I had of actually getting that clot was- is so vivid um, it's almost something that I can't describe, it's almost like a- a trauma in some way." - Isobel "It was a bit of a shock to the system obviously because I was quite young at the time." — Erin "I just remember sitting in the car crying my eyes out thinking "oh my God, I can't believe this has happened" and it was the pure shock of it all." - Courtney		
Negative healthcare experiences	"My doctor was like "oh no, don't be silly, it's not a DVT" um and my mum was like "well, I'm a bit worried because our osteopath thinks it is and she obviously knows what a torn muscle would feel like" and um, yeah, the doctor just really- was really dismissive." — Rachel		

Body sensations and their contribution to psychological problems

SUB-THEMES	QUOTES		
Body sensations act as a reminder of the initial event	"especially when I feel short of breath, that just takes me back" – Shannon		
Automatic panic responses	"so the first like several times it happened it'd be panic, panic, paniccall the doctor non-stop." — Mollie "every time I get a pain in my calfI go on this panic mode" — Isobel		
Long-term health anxiety	"I think I'd almost be waiting for something to happen so- especially if- obviously if you're walking lots after you've had a clot in the leg it's still quite swollen, you do get pain, you do get heaviness, and I'd sort of be hyper alert that whole time." - Catherine,		
Post-traumatic stress symptomology	"Like the first year I was really bad, I was- I found it really hard to sleep because I'd be like "I should be dead. I'm going to die like that's really stressful because you're like "everyone's told me I should be dead. Why am I not dead? Why am I still alive?" — Rachel		

VTE as a Biographical disruption

SUB-THEMES	QUOTES		
The loss of a normal life	"I'm sort of in the mindset of like "oh this is you know- everyone else my age doesn't have to worry about this stupid stuff that I have to do" — Sarah "the consultant said "oh I've never seen somebody your age have a blood clot." - Isobel		
Issues with medication	"I feel like so many people are so much older than me that have ever had it before. Like fifty year olds are like "oh my mum's on warfarin" so they're like eighty and I'm just [laughs] - it's just really frustrating.'" – Rachel "you get scared of that medication and then your whole life is just based around trying to not cut yourself on the cheese grater" - Isobel		
Female-specific issues	"I think it has affected um, our sex life in that way because obviously I don't want another child- another baby um, and because of that I don't really want to do anything [laughs] sexually." — Leah "Like my first period on the blood thinners was like- I was nearly in A&E, it was so heavy, and it lasted for four weeks and it was just absolutely unbearable" — Shannon		

Learning to cope with VTE

SUB-THEMES	QUOTES
Learning how to cope with bodily sensations	"the best thing that I've found is just to elevate your leg" — Erin "Usually if I have chest pain I'll go like either lie down or go for a walk um, or I'd drink lots of water" - Courtney
Overcoming negative cognitions	"I think in a way it is mind over matter and I think in terms of managing symptoms, when you still have symptoms after your DVT or your PE" — Courtney "Really I know I should try and calm myself down and um, yeah, I guess calm myself down to rule out the anxiety" — Shannon
Emotional unburdening through social support	"they don't know what I'm going through but they're there to listen" — Erin "I did talk through my emotions and everything with my partner who was really understanding" - Leah
The importance of feeling in control	"But at least if I get- if I have a condition- so if I get told I've got this type of thrombophilia um I can look for more specific support online." – Mollie "I wear an- a wristband when I go outthat says I'm on anticoagulants" – Shannon

Staying positive and looking to the future

SUB-THEMES	QUOTES
A positive outlook	"I know it does get better . And I- I know even in the four- I'm four and a half months now and since then there's been a massive difference" - Shannon "now like I realise that there's more important things in life [laughs]." — Megan "it probably sounds strange to say this but- because it made me such a stronger person it was kind of an awakening for me. It just kind of made me appreciate life a lot more." — Summer
Future patient requirements	"nobody that you know of or you know is in that same situation so nobody can relate to what you're trying to tell them, which I find really difficult" - Isobel "obviously in regards to aftercare, there is none . Well, there wasn't any for me, like [laughs] none. [laughs] So it's needed. It's desperately needed." - Erin "maybe a support network for younger people would bewould be better." — Shannon

Conclusions

- Health anxiety and PTSD likely to be experienced in young female VTE sufferers
- Bodily sensations contribute to anxiety and exacerbation of psychological problems → decreased well-being
- Disrupted developmental progression and loss of 'normal' life
- Development of coping strategies over time → growth and positive change
 Patient needs:
- 1) Relationship with medical staff (determining a cause)
- 2) Credible sources of information (avoid 'horror stories')
- 3) Need for peer support

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Thank you for your attention







Appendix

Table 1. Participant information

Pt. no	Pseudonym*	Age	Time since the initial event**	VTE diagnosis	Known/Unknown onset
1	Mollie	22	7 months	DVT (UE)	Unknown
2	Isobel	24	9 months	DVT (SMV)	Suspected dehydration
3	Summer	23	2 years 7 months	PE	Combination
4	Erin	26	4 years 3 months	DVT	Factor V Leiden
5	Courtney	26	4 months	DVT (UE) and PE	Paget-Schröetter syndrome
6	Rachel	23	3 years	DVT and PE	Antiphospholipid syndrome
7	Leah	23	1 year 2 months	PE	Combination
8	Shannon	21	5 months	PE	Combination
9	Catherine	26	9 years 9 months	DVT (suspected PE)	Unknown
10	Sarah	22	1 year 3 months	DVT and PE	May Thurner syndrome
11	Megan	24	1 year 7 months	DVT and PE	Combination

Note. VTE = venous thromboembolism; DVT = deep vein thrombosis; UE = upper extremity; SMV = superior mesenteric vein thrombosis; PE = pulmonary embolism; PTS = post-thrombotic syndrome

^{*}Names have been changed for confidentiality

^{**}Approximate time since VTE event when interviews were conducted

^{&#}x27;Combination' factors included; Contraceptive pill, extreme vitamin K diet, Factor V Leiden, pregnancy, contraceptive pill prior to surgery, heparin administered incorrectly during surgery, suspected May Thurner syndrome