

What do we know about young adult cardiac patients' experience? A systematic review

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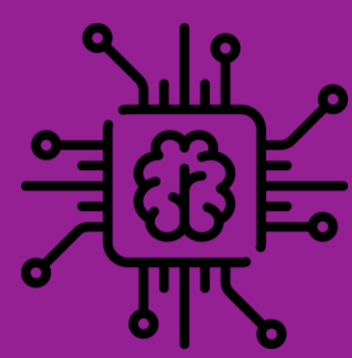
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Context

Young adults represent 10 to 23% of all cardiac patients. Being young is sometimes associated with **more adverse psychological outcomes** than being old in cardiac settings. Yet studies mainly focus on: children, teenagers or older patients and/or people with congenital heart diseases.



Objective

To gather all the psychological information and experience regarding young adult cardiac patients.

Methodology

Databases

PsycINFO, PubMed, ScienceDirect, Cochrane Library.



Keywords

Cardiac diseases or treatments (myocardial, angina, stent...)
+ young adults
+ psy* or mental or emotion or coping or perception
(Without) stroke, cerebral, brain.

Inclusion criteria: studies of psychosocial interest regarding young adult cardiac patients (18-55 years old).

Exclusion criteria: congenital heart diseases, non-specified age groups.

10747 records identified

32 articles included

72% of quantitative articles

81% deal with coronary patients

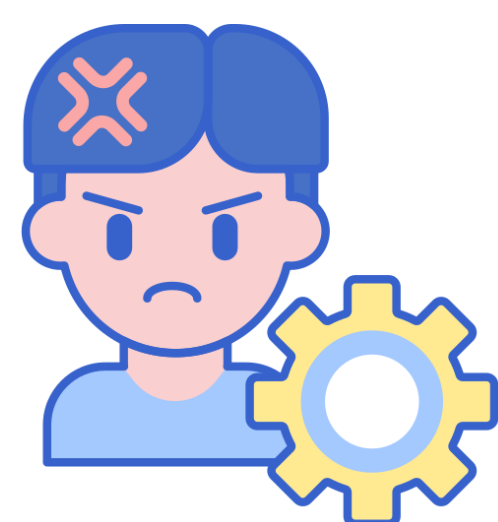
Results

Mental health



- High levels of **depression, anxiety** and **stress**.
- Sometimes higher than older cardiac patients.
- Inconsistent results.

Emotions



- **Anger**.
- Irritability.
- Hostility.

Identity



- Feel **different from older** cardiac patients.
- Fight from / towards **normality**.
- **Body** seen as **unfamiliar** and weak.

Social interactions



- Low **social support** associated with psychosocial difficulties.
- **Difficulty** accepting being **dependent**.
- Feel **isolated**.

Parenthood



- Specifically concerned with parenthood.
- Will to become parents.
- Fear of the consequences on their children.

Work



- Can be **stressful**.
- **Difficulties** returning to work.
- **Changed** to adopt more **meaningful** ways of working.

Financial barriers



- **More** financial barriers than older patients.
- Barriers to **medication** and **health care services**.

Quality of life



- Perceived quality of life (QoL) **impacted**.
- Often **worse** than older cardiac patients.

Communication with medical teams



- Lack of **communication**.
- Especially regarding **sexual problems**.

Adherence



- **Compliance** to medication and healthier habits tends to **fade away**.
- Seen as **constraints** or as a positive, **healthier** way of life.

Coping strategies



- To live in the moment.
- Acceptance.
- Avoidance.
- Social support.
- Spirituality.
- To adopt a better lifestyle.

Women



- More **depression, stress, emotional distress**.
- **Lower** quality of life.
- More **impaired** physical functioning.

Conclusion

Young adult cardiac patients express specific difficulties regarding their **personal, emotional, professional, medical and social life**:

- ✓ sometimes **more symptoms of depression, stress and anxiety** than older and children/teenagers cardiac patients;
- ✓ **low quality of life, social isolation and financial difficulties** less present in other age groups.

- Young adult cardiac patients are to be considered **with their own identity and challenges**.
- Young **women** are a particularly **fragile group** in cardiac settings.

Implications

Implications for practice

- Medical constraints might be presented as a **new beginning**, a **healthier and more meaningful** way of life so as to improve compliance to medication.
- Helping patients meet **other young patients** and promoting **communication with families** and professional **caregivers** could prevent feelings of isolation.
- **Sexual counselling** should be provided by health care professionals.

Implications for research

- Study young adults in other cardiac diseases than coronary.
- Pay attention to the specificities of young women.
- Identify the most efficient coping strategies to enhance mental issues and QoL.