Nurses should consider training in CBT to support COPD patients

Using cognitive behavioural therapy with patients with COPD can reduce the psychological distress they commonly experience as well as hospital admissions, says Karen Heslop

Having worked in respiratory medicine for the past 22 years, I have seen a significant change in the provision of care for patients with COPD.

Breathlessness is the characteristic feature of this illness and it is a distressing and disabling symptom. The condition is multifactorial in origin with interrelated physiological, psychological and sociological components.

Over the years, drug treatments have improved, pulmonary rehabilitation has developed and early supported discharge schemes have become available. Community respiratory teams are also evolving to provide care closer to patients’ homes.

Unfortunately, what has not developed to the same degree is psychological care. Anxiety and depression have been reported in 25–50% of those presenting for treatment for COPD. Many nurses working in this area have had little or no training in psychological interventions. While some may have completed counselling courses, all too often training has not been undertaken.

I realised that developing my expertise in psychological care was important when I researched COPD from a patient perspective for my master’s degree. The main concern patients expressed was the psychological effect of the illness. As a respiratory nurse, my skills were limited in this area.

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The therapy is concerned with understanding how events and experiences are interpreted, focusing on the relationship between our cognitions (what we think), our emotions (how we feel) and our behaviour (what we do). It is based on addressing the interaction between thoughts, mood, behaviour and physical sensations. These are intricately linked.

CBT has a number of core features and is based on collaborating with patients. All too often, healthcare professionals tell patients what to do rather than working with them to identify their problems or goals. When using the CBT approach, the healthcare professional’s role is to develop a partnership with the patient to enable them to achieve a better understanding of their problems and to help them discover alternative ways of thinking and behaving. Good communication skills are essential to developing such a relationship.

Many patients would decline referral for outside psychological help but would be prepared to see a member of the primary care respiratory team who they know. The advantage of this is that the team member has an in-depth understanding of the physical and psychological treatment of long term conditions.

Clinicians working with patients with COPD can train in CBT at different levels. Even a basic understanding of the technique can aid appreciation of patients’ experience.

Our experience of using CBT in those with COPD has shown a significant reduction in patients’ psychological distress. In addition, we have also found it reduced hospital admissions. When public sector funding is limited, this may have important implications.

Karen Heslop is respiratory nurse consultant, Newcastle upon Tyne Hospitals Foundation Trust.

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