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Conference Abstract

Usability and engagement with an online platform to support the self-management of symptoms and promote the wellbeing of people with cardiovascular disease (CVD)

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Abstract

Introduction: Cardiovascular disease (CVD) is the leading cause of disability & mortality. Related conditions include: coronary heart disease, stroke, hypertension, diabetes, chronic kidney disease, peripheral arterial disease and vascular dementia. These are conditions that can be managed but not cured. Self-management is the core of effective treatment for CVDs, but can be compromised in the presence of co-morbid depression and anxiety, which has a greater prevalence in CVD patients than in the general population. Co-morbid depression and anxiety can also exacerbate the perceived severity of physical symptoms such as chest pain, breathlessness and fatigue; this commonly leads to increased primary care and emergency department attendance.

Access to effective psychological treatment for depression and anxiety for people with CVD (such as cognitive behavioural therapy delivered by the government's Improving Access to Psychological Therapy services) is limited, waiting lists can be a problem and patients may be unwilling or unable to attend. Online-delivered interventions are a low-cost and non-stigmatising way of delivering therapy and self-management support and are easily accessed.

Aims & Objectives: The study aims to:

1. determine the usability of the online intervention by people with CVD and
2. determine patterns of use and engagement with the online intervention by people with CVD

Methods:

Objective 1:

People with CVD (n=2-4) will be invited to take part in a think aloud test of the first iteration of the intervention. The study team will observe audio-visual recordings; problems with the intervention or difficulties using it will be noted to inform the second iteration of the intervention.

Objective 2:

Ten individuals with CVD will be given access to the second iteration of the intervention and data concerning patterns of usage of the intervention will be collected electronically via SilverCloud. Participants will also be asked to complete the following measures of mood and quality of life:

Patient health Questionnaire (PHQ-9)

Generalized Anxiety Disorder-7 (GAD-7)

Perceived Stress Scale (PSS)

Work and Social Adjustment Scale (WSAS)

EuroQoI – 5D (EQ-5D)

Results: We will collect data that will contribute to our understanding regarding the usability of the intervention for people with CVD.

The cross sectional study will provide descriptive statistics on the number of sessions completed, mean time spent on the program, average number of sessions per user, and average length of a session. Use of different program components will be measured. We will also ask participants from where they accessed the computer (e.g. own home, friend/relative's house, public space) and whether they had any problems accessing either the computer or the intervention.

In addition, we will present outcomes pre- to post- intervention for the measures included.

Conclusions: Computer delivered therapy is effective for psychological distress. However, established generic computerised cognitive behavioural therapy packages may not be acceptable for people with co-morbid physical health problems. A solution that includes disease-specific content is needed in order to maximise health benefit. The current study will develop the first disease specific online psycho-educational and psychotherapeutic intervention for self-management of symptoms and distress in people with CVD and determine its feasibility and acceptability.

Keywords

cvd; online behavioural health; engagement; psychological distress

PowerPoint presentation:

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