University of Macau  
Faculty of Social Sciences and Humanities  
Department of Psychology  

Seminar on  

Effects of Relaxation Therapy on the Psychological and Symptom Status of Older People with Chronic Heart Failure  

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2:30 p.m. - 3:30 p.m.  
L205A  
(Luso-Chinese Building)  

Abstract:  
Background: Psychological distress is a prominent problem among older people with heart failure. It not only hampers their emotional quality of life, but also triggers more sympathetic autonomic responses, which are most detrimental to their compromised cardiac function. Yet, there is a dearth of study identifying effective psychological intervention that can enhance the health outcomes of the older people with CHF. Mounting evidence indicates that the effects of relaxation therapy extend well beyond improving psychological status to inducing favorable parasympathetic physiological changes among patients of other cardiac diseases. The generalizability of such therapeutic effects to older people with CHF deserves prompt attention.  

Methods: In a longitudinal, randomized, placebo-controlled study, a consecutive sample of older people with CHF (n = 121), who discharged from a university-affiliated hospital in Hong Kong, was randomly assigned to either the experimental (n = 59) or the control group (n = 62). The experimental group attended a relaxation training program, which consisted of two weekly group-based relaxation training sessions, one revision workshop, a tape-directed relaxation self-practice schedule, and biweekly telephone calls, within one week after hospital discharge. The control group received regular follow-up telephone calls at a schedule similar to that for the patients in the relaxation program contacted with the intervener as an attention placebo. Main outcome measures, including psychological distress (Hospital Anxiety and Depression Scale), dyspnea and fatigue (Chronic Heart Failure Questionnaire - dyspnea and fatigue subscales), were taken at baseline, the 8th week and the 14th week.  

Results: By using repeated-measure analysis of covariance, the experimental group reported a greater reduction in psychological distress over the 14-week study period, with F (1.77, 2.7.2) = 8.15, p = .001. The partial eta square (2 = .07) for the interaction effect indicated that relaxation therapy has achieved a medium effect size in reducing psychological distress. Patients practicing relaxation therapy, however, only demonstrated a non-significant trend of greater improvement in symptom status. The compliance rate to relaxation home practice [9.13 /week (SD = 2.05)] was significantly correlated with the reduction in the level of psychological distress.  

Conclusion: This study endorsed the therapeutic value of relaxation therapy in enhancing the psychological status of older heart failure patients. Future study should use placebo in a more effective manner to clarify the effect of PMRT on their symptom status.