Chapter XLIV
Psychological Guidelines in Cardiac Rehabilitation and Prevention

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ABSTRACT

A large number of evidence-based guidelines are drawn up all over the world to improve standards of healthcare and to reduce inequalities in access to effective treatment. Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. Despite widespread circulation and publicity of these guidelines, often they are not implemented effectively. Consequently, there is a substantial difference between evidence and practice, with best health outcomes not being achieved. The aim of this chapter is to describe and discuss the methodological process, development, and implementation of the Italian Guidelines for psychology activities in Cardiac Rehabilitation and Prevention, published in 2003 by the Working Group of Psychology of the Italian Society of Cardiac Rehabilitation and updated in the 2005 National Cardiac Rehabilitation guidelines issued by the Italian Programme for Guidelines.

INTRODUCTION

Generally guidelines summarize and evaluate all currently available evidence on a particular issue with the aim of assisting physicians and other professionals to select the best management strategies for a typical patient, suffering from a given condition, taking into account the impact on its outcome, as well as the risk–benefit ratio of particular diagnostic or therapeutic means. In particular, evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (American Psychological Association [APA], 2006). Evidence-based practice in psychology

promotes effective psychological practice and enhances public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.

Scientific evidence is not only the result of the research on a scale of values: it is also a precise criterion that must guide the psychologist's work. It also consists of a language enabling cardiology and psychology to get together in order to offer the patient the best available care.

Because of the impact on clinical practice, quality criteria for development of guidelines have been established in order to make all decisions transparent to the user.

The World Health Organization (WHO), like many other organisations around the world, has recognised the need to use more rigorous processes to ensure that health care recommendations are made known using the best available research evidence (Fretheim, Schünemann, Oxman, 2006).

Development and implementation of clinical practice guidelines suffer from the lack of a systematic, consistent methodology (Margolis, 1997). This lack of rigor is certainly due in part to the absence of a complete, standardized methodology that has unequivocal effects. However, a more important source of slippage is lack of awareness of the conceptual framework that underlies methods for developing guidelines and making them operational.

Evidence-based guidelines are produced in large numbers across the world to improve standards of health care and reduce inequalities in access to effective treatment. Despite widespread circulation and publicity of such guidelines, they are often not implemented effectively, with the result that there is a substantial gap between evidence and practice, and best health outcomes are not achieved (NHS, 1999; Haines & Donald, 1998)

The goal of this chapter is to describe and discuss the methodological process, development and implementation of the Italian Guidelines for psychology activities in Cardiac Rehabilitation and Prevention (Task Force, 2003), published in 2003 by the Working Group (WG) of Psychology of the Italian Society of Cardiac Rehabilitation (GICR) and updated in 2005 national Cardiac Rehabilitation guidelines (issued by the Italian Programme for Guidelines, www.pnlg.it/LG/016; Griffo et al, 2008).

BACKGROUND

Heart disease is the leading cause of death in the world. In the recent published European Guidelines (Fourth Joint Task Force of the European Society of Cardiology and other societies on cardiovascular disease prevention in clinical practice, 2007), the Task Force shows that cardiovascular diseases were the direct cause of 4 million deaths in Europe around the year 2000 (1.9 million in the EU), accounting for 43% of all deaths of all ages in men and for 55% in women (Petersen et al, 2005). Cardiovascular diseases were also the major cause of hospital discharges, with an average rate of 2557 per 100 000 population around the year 2002. Of these, 695 per 100 000 were caused by coronary heart disease and 375 per 100 000 by stroke, but more than half were due to other forms of chronic heart disease. The estimated total cost of cardiovascular diseases in the EU countries was €168 757 million in 2003 (Leal, Luengo-Fernàndez, Gray, Petersen, Rayner, 2006).

There are many definitions of cardiac rehabilitation; the definition that contains the key elements of cardiac rehabilitation, as suggested by Scottish SIGN Guidelines published in 2002, is the following: "Cardiac rehabilitation is the process by which patients with cardiac disease, in partnership with a multidisciplinary team of health professionals, are encouraged and supported to achieve and maintain optimal physical and psychosocial health". This definition emphasises: a) the importance of comprehensive management of the cardiac patient, including their psychological