

## **A Collaborative Approach to Supporting People with Coronary Heart Disease and Depression**

Sheila (72 years old) has been married to Hugh (73 years old), a retired Professor of Arts, for over 40 years. They have three children and a couple of grandchildren. Sheila is a devoted wife and mother, catering to her husband's (a man of strong opinions) many whims and fancies and doting on her children and grandchildren. They live in a major Australian city and have both been seeing the same GP for over 30 years.

In 1994, at age 56, Sheila visits her GP complaining, yet not overly concerned, about chest pains. In all the time the GP has known Sheila she has rarely complained. In fact she has worn her long history of good health as a badge of honour. Citing mild angina, the GP refers Sheila to the cardiologist.

The cardiologist supervises a stress test which was positive for ischemia at low work load. The ensuing angiogram reveals a very tight block in one of the major arteries. Sheila goes on to have angioplasty for symptom relief.

Sheila, along with her cardiologist and GP, is hopeful of a good outcome as the intervention was successful. Hugh on the other hand is worried and confides in the GP (with whom he has a good relationship) that he doesn't know what he would do if anything ever happened to Sheila.

By all accounts Sheila seems to be doing well - she regularly visits her GP for routine checkups and doesn't disclose any health or psychological issues. Hugh, on the other hand, occasionally mentions to the GP that he doesn't think Sheila has been the same since her angioplasty "*... she seems to have lost her joie de vivre...*"

In 2009 Hugh retires and starts to plan an extended trip to Europe with Sheila. He has been looking forward to this trip for some time and tells the GP he thinks it will do Sheila the "*world of good*".

In 2010 Sheila makes an appointment to visit her GP complaining of shortness of breath. The GP tells Sheila that he will refer her back to the cardiologist, but Sheila is resistant "*... I'm not having any chest pains, I don't think you need to go to such extremes...*" she says. The GP convinces her and routine tests at the cardiologist indicate severe mitral regurgitation (leakage in the heart valve). She undergoes mitral valve repair with good results albeit complicated somewhat by a wound infection.

## MHPN WEBINAR CASE STUDY

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Disease and  
Depression/Anxiety

Over the next couple of years Sheila's recovery is slow. She regularly visits the GP complaining of fatigue, light-headedness, trouble sleeping and occasional shortness of breath. Visits to the cardiologist indicate the development of moderate mitral regurgitation again.

Hugh reluctantly defers their travel plans.

In 2013 Shelia attends the cardiologist for a review. She confides in him that for the past couple of years she has been struggling with "...*this health setback.*" For most of her adult life she had thought she was "...*strong ... like an ox...*", and now she keeps thinking about how the results of her 1994 angiogram were way more significant than anticipated. She worries if the cardiologist looks too closely he might find something serious and if this happens she just might 'tip over'.

She further goes on to share that over the last couple of years she has felt either worn down and tired or anxious and panicky. She struggles to get herself to sleep most nights despite being exhausted. She wonders how she ever coped.

The cardiologist asks Shelia to respond to a depression screening support tool, the Patient Health Questionnaire: PHQ2. Sheila is asked to respond to two questions: (1) during the past month have you often been bothered by feeling down, depressed or hopeless (2) during the past month have you often been bothered by little interest or pleasure in doing things?

She answers YES to both.

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This is a de-identified vignette.

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