



## Heart Valve Repair Improves Patient's Emotional Wellbeing



An article published in *The Annals of Thoracic Surgery* reveals that patients with severe mitral regurgitation (MR) often suffer from psycho-emotional symptoms such as depression and anxiety but these symptoms improve markedly after undergoing mitral valve repair surgery.

Research indicates that approximately one in four patients with severe MR suffer from poor psycho-emotional status (PES), elevated anxiety and traumatic stress levels. Other symptoms such as dyspnoea and fatigue have also been found in these patients.

This study was led by Maurice Enriquez-Sarano, MD, from the Mayo Clinic in Rochester, Minn., and Tali Bayer-Topilsky, PhD, from JDC-Myers-Brookdale Institution in Jerusalem, Israel. They conducted a questionnaire-based analysis to assess PES and health-related quality of life in 131 patients before and six months after surgery for MR. The authors then compared the results to 62 patients with MR who did not undergo surgery and to 36 control patients. For the purpose of this study, PES is defined by the levels of a patient's emotional distress and by traumatic-stress-related symptoms.

The results of the study show that PES was poorer among patients who ultimately underwent valve repair surgery as compared to the other two groups. At 6 month follow-up, the psycho-emotional symptoms and quality of life measurements in patients who underwent mitral valve correction improved and reached normal levels. No improvement was observed in symptoms of MR patients who were not referred to surgery.

The study also found that asymptomatic MR patients did not experience any physical symptoms such as shortness of breath or fatigue before surgery. However, their psycho-emotional symptoms were fairly elevated. The same patients improved after surgical correction and exhibited a much better and normalised psycho-emotional status. Results also show that the type of MR repair surgery did not make a difference in PES improvement.

“Early surgery in patients without symptoms or left ventricular dysfunction has been previously considered as providing no direct patient benefit, but our study results show how wrong this concept is,” said Dr. Enriquez-Sarano. “Patients with a serious valve disease often suffer from the psychological consequences of leaving that disease untreated. Eliminating the valve disease reduces this suffering, further supporting the concept of early MR repair.”

In another commentary published in *The Annals*, Daniel J. Ulliot, MD, from the University of California in San Francisco also highlighted the inherent conflict of early surgical intervention in asymptomatic patients and the philosophy of "do no harm" that restrains healthcare providers from providing these patients long-term clinical benefit. He also suggests an investigation of improved mental health beyond six months of surgery.

Source: Society of Thoracic Surgeons

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