Anxiety Management in Practice; Developing a Relaxation CD

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Background The impact of living with a life-limiting illness and the effects of living with physical and psychological symptoms and impact can create high levels of anxiety for both the patient and their carer. The most common issues that can exacerbate anxiety are breathlessness, pain, fatigue and the anticipation of what the future holds.

An occupational therapist, complementary therapist and hypnotherapist provide supportive interventions to patients and carers. Evaluation of these services reports a positive impact of anxiety reduction after sessions but this often reduces over time.

The therapists were eager to find ways of increasing the efficacy of these sessions and support the individuals to feel empowered to support themselves outside their sessions using the techniques gained.

Aims To produce a relaxation CD with different styles of relaxation to support and develop their ability to relax in their everyday lives.

Method A search established what relaxation CDs were available from published data specifically geared at refractory breathlessness in advanced disease. There was no appropriate relaxation CD with mixed relaxation styles available. We focused on four approaches:

- Guided imagery
- Progressive muscular relaxation
- Autogenic relaxation
- Mindfulness.

A local composer offered to record our own CD for free. From experience we knew some people prefer music and others only the spoken word. We piloted the CD with 20 people. Overall the feedback was positive with some modifications suggested.

Findings Two people didn’t like the CD but the others continued to use the CD regularly reporting a reduction in insomnia, breathlessness and anxiety.

Conclusions The CD has been very well received and has been reported to improve relaxation using a non-invasive approach.

Implications for practice The CD is now used in the breathlessness group, with our patients and carers and is available on the ward for patients and staff and for sale in our shops.

Discussion Results suggest that BBG improves shuttle walk distance and recording of ACP which appears to influence place of death. Missing data means conclusions are based on a small sample size. Improved data recording is a local priority in order to render future evaluations more meaningful.

Implications Other hospices may wish to consider pilot schemes especially as often this patient group are unable to access current NHS schemes such as Pulmonary Rehabilitation due to their poor health. A larger study with a control group of patients who did not attend will allow more accurate evaluation.