

**Opinion**

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# Fear in Patients with Pulmonary Embolism



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## Abstract

Patients with pulmonary embolism are most likely to report persistent and severe anxiety. The article provides the most important information about anxiety in patients with pulmonary embolism.

**Keywords:** Fear; Pulmonary Embolism

## Opinion

Pulmonary embolism is a disease in which the pulmonary artery or parts of it are blocked or narrowed by blood clots, i. e. clots of red blood cells. Pulmonary embolism is often caused by the movement of thrombi in the deep veins of the lower extremities or the small pelvis into the pulmonary circulation, but it can also have other causes. From a psychological point of view, it seems important to say that pulmonary embolism is a somatic and not a psychosomatic disease, which means that the causes of the disease are in the somatic mechanisms. It turns out, however, that this disease causes great emotions, especially among young and working people. From literature and experience, we know that the strongest feeling is generalized fear. It increases naturally with shortness of breath, which accompanies almost all patients experiencing a pulmonary embolism. One can even speak of anxiety physiology to recognize the somatic background of anxiety. The only person who can relieve this anxiety is a doctor who has medical knowledge and who can rule out the timing of another embolism. Doctors often see that they also have to work with the patient's emotions. Unfortunately, no one else can alleviate this anxiety, only a doctor who orders examinations if necessary. The key time is six months after pulmonary embolism, when somatic adjustment takes place. Only then can a psychologist with a psychological assessment intervene to qualify for a psychotherapeutic treatment. There are no data in the literature on the psychotherapeutic treatment process for patients with pulmonary embolism. They probably organise psychological support for themselves and hope for an improvement in their mental state. We know that cognitive behavioral therapy is recommended [1]. The patient's family remains the primary

support, with the patient's personal resources playing an important role.

### The most common fear is:

- a. Effects of anticoagulants
- b. Loss of treatment options at the first contact physician
- c. before rejection by peers
- d. Ignorance of what is causing the congestion
- e. from re-embolism, shortness of breath and bleeding

The stress is increased when a false diagnosis has been made. Waiting for the correct diagnosis, worrying about lack of knowledge and triggering pessimistic thinking weakens the patient psychologically and negatively affects the recovery [2,3]. Very often patients have the worst memory of the time associated with waiting for the diagnosis. In addition to the experience of fear, there are also other emotions, such as fear, loss of a sense of security, stress, insecurity [4]. Sometimes the experience of stress and anxiety is considered trauma by some researchers. Undoubtedly, embolism patients have very high levels of anxiety, although this clearly cannot be called trauma – a dilemma associated with the definition and classification of trauma [3]. The experience of pulmonary embolism is also related to the fear for one's own future, for a change in one's family and professional role. Young people are particularly afraid of being rejected by their peers and not being able to pursue their own ambitions. In addition, there is severe physical weakness, persistent shortness of breath and anxiety, a mental crisis and a breakdown. Therefore,

it is important to constantly monitor the mental state and mood in order to ask a psychiatrist or psychologist for help if necessary. Pulmonary embolism may result in a condition described as post-PE, a combination of physical and mental symptoms such as deterioration in physical performance, reduced quality of life and pulmonary hypertension CTEPH [5]. According to the researchers, there are no methods to prevent post-PE syndrome [5,6]. The result is also limited psychological support, which ultimately aims at acceptance of the disease [7]. Numerous studies are carried out on the quality of life of people with embolism. A scale has been developed to evaluate the quality of life of people with PE-mb-QoL pulmonary embolism, focusing on the evaluation of all parameters related to physical performance and the presence of symptoms such as shortness of breath [8,9]. One question concerns the social sphere. In another scale that assesses the functional status of people with venous thromboembolism (i. e. not only after pulmonary embolism), the Post-VTE Functional Status Scale takes into account the patient's anxiety and anxiety as well as the ability to return to work and perform everyday tasks. The onset and persistent anxiety affect the quality of life of patients and determine their lives [8,9]. However, our own observations show that these are mainly young and middle-aged patients. Geriatric patients do not show as much fear as young people. Research in this field has developed dynamically in recent years, but there are still few or qualitative rather than quantitative studies. There is therefore an enormous need for new research in this area.

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