

The “New” Normal: Social Distancing in the Workplace

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April 22, 2020

Connex Virtual Conference

The New Normal: Social Distancing in the Workplace

Recognize the grief process of changing our
relationships

The health consequences of stress, depression and
anxiety

Creating opportunities to stay connected

Finding a sense of normalcy in this unknown future

Using our demands for change as an opportunity to
create innovation and improvement in practice.

Social Distancing: our new normal



Recognize the grief process of during
this time of social distancing,
changing relationships and care-
delivery challenges.

Grief and COVID-19: Mourning our bygone lives

George Bonanno, PhD:

Grief is natural, and most people are resilient.

“Grief is really about turning inward and recalibrating and thinking: ‘This is not the way the world is anymore, and I need to adapt.’”

His research suggests that once a crisis has passed, most people are able to bounce back and move on with their lives.

By Kirsten Weir April 1, 2020.

<https://www.apa.org/news/apa/2020/04/grief-covid-19>

Grief and COVID-19: Mourning our bygone lives

George Bonanno, PhD:

People should expect to fluctuate between moments of sadness and mourning, and moments of acceptance or even happiness, he says.

“People who cope well with loss usually move in and out of those states. It’s OK to allow yourself to be distracted and entertained, and even to laugh.”

By Kirsten Weir April 1, 2020.

<https://www.apa.org/news/apa/2020/04/grief-covid-19>

Grief and COVID-19: Mourning our bygone lives

Shaking our sense of self – losing places, projects, possessions, professions and protections. This pandemic forces us to confront the frailty of such attachments.

The lack of clarity can make it hard to move forward. As the pandemic has evolved, people have had to confront a series of losses: The loss of a sense of safety, of social connections and personal freedoms, of jobs and financial security.

You can experience grief over anything that feels like a loss of identity, like losing a job can trigger a period of prolonged grief distinct from anxiety or depression.

By Kirsten Weir April 1, 2020.

<https://www.apa.org/news/apa/2020/04/grief-covid-19>

Grief and COVID-19: Mourning our bygone lives

It helps to “name and claim” what we feel we are losing in the context of this pandemic.

It is an organized way of taking action to help people cope with their losses, whether that’s their jobs, relationships, sources of self-worth, self-efficacy or other.

Name what you’re losing, individually and collectively, and write about your personal strengths and coping skills.

Most of us have never been through anything like this, but we’ve been through other challenging transitions.

By Kirsten Weir April 1, 2020.

<https://www.apa.org/news/apa/2020/04/grief-covid-19>

Grief and COVID-19: Mourning our bygone lives

Social support can be critical in helping move on from grief, rather than get stuck in it.

This poses a problem in an age of physical distancing, when people are isolated in their homes

During this time, there may be an erosion of social support and the meaningful social roles.

Psychologists encourage people to stay connected with their social support networks through phone calls, text messages, video chat and social media.

By Kirsten Weir April 1, 2020.

<https://www.apa.org/news/apa/2020/04/grief-covid-19>

Grief and COVID-19: Mourning our bygone lives

While many people will be resilient to the changes wrought by COVID-19, this global crisis will test others in major ways

As things return to normal, most of us will also return to a kind of normal, albeit changed by going through this experience

One thing about crisis is that it can galvanize creativity and commitment

We can retreat from it, or we can embrace that moment.

By Kirsten Weir April 1, 2020.

<https://www.apa.org/news/apa/2020/04/grief-covid-19>

What is grief?

The 5 Stages of Grief

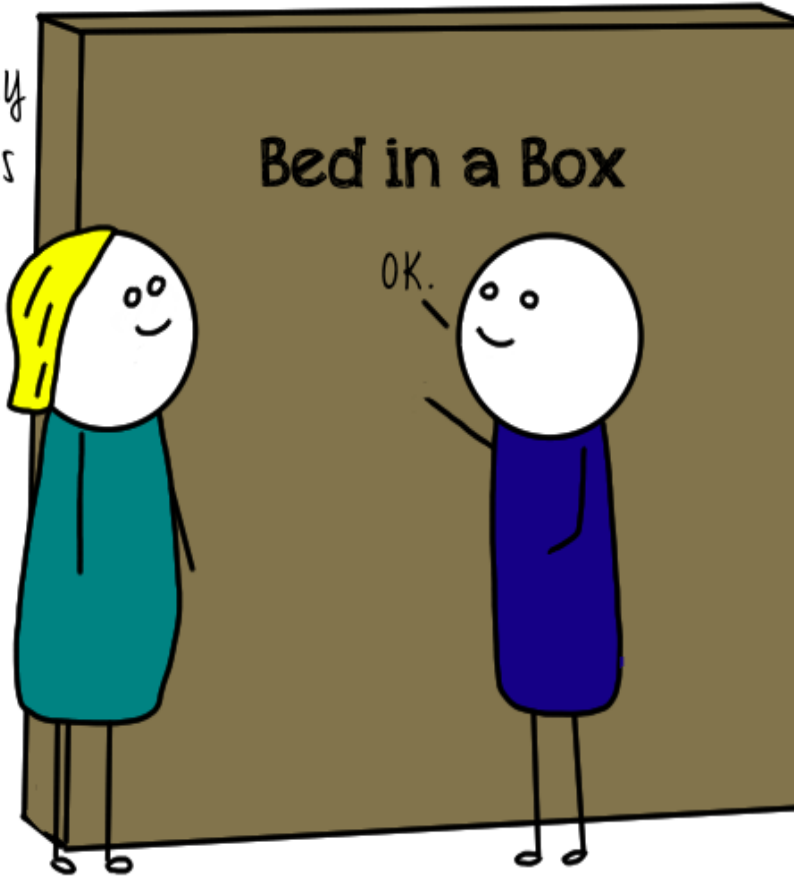
Elisabeth Kübler-Ross & David Kessler



- Denial, Anger, Bargaining, Depression and Acceptance
- Stages not meant to help place emotions into packages.
- There is not a typical response to loss as there is no typical loss.
- Our grief is as individual as our lives.

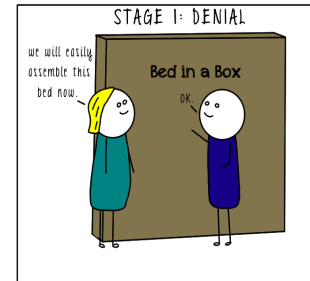
STAGE 1: DENIAL

we will easily
assemble this
bed now.



Grief: Stage 1: DENIAL

The Denial stage helps us to survive the loss.



In this stage, the world becomes meaningless and overwhelming. Life makes no sense.

We are in a state of shock and denial. We go numb. We wonder how we can go on, if we can go on, why we should go on.

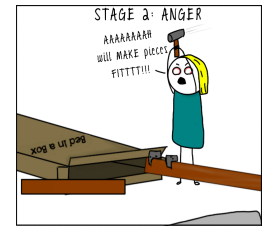
We try to find a way to simply get through each day. Denial and shock help us to cope and make survival possible. Denial helps us to pace our feelings of grief. There is a grace in denial.

STAGE 2: ANGER

AAAAAAAAAH
will MAKE pieces
FITTTT!!!



Grief: Stage 2: ANGER



Anger is a necessary stage of the healing process.

Be willing to feel your anger, even if it seems endless.

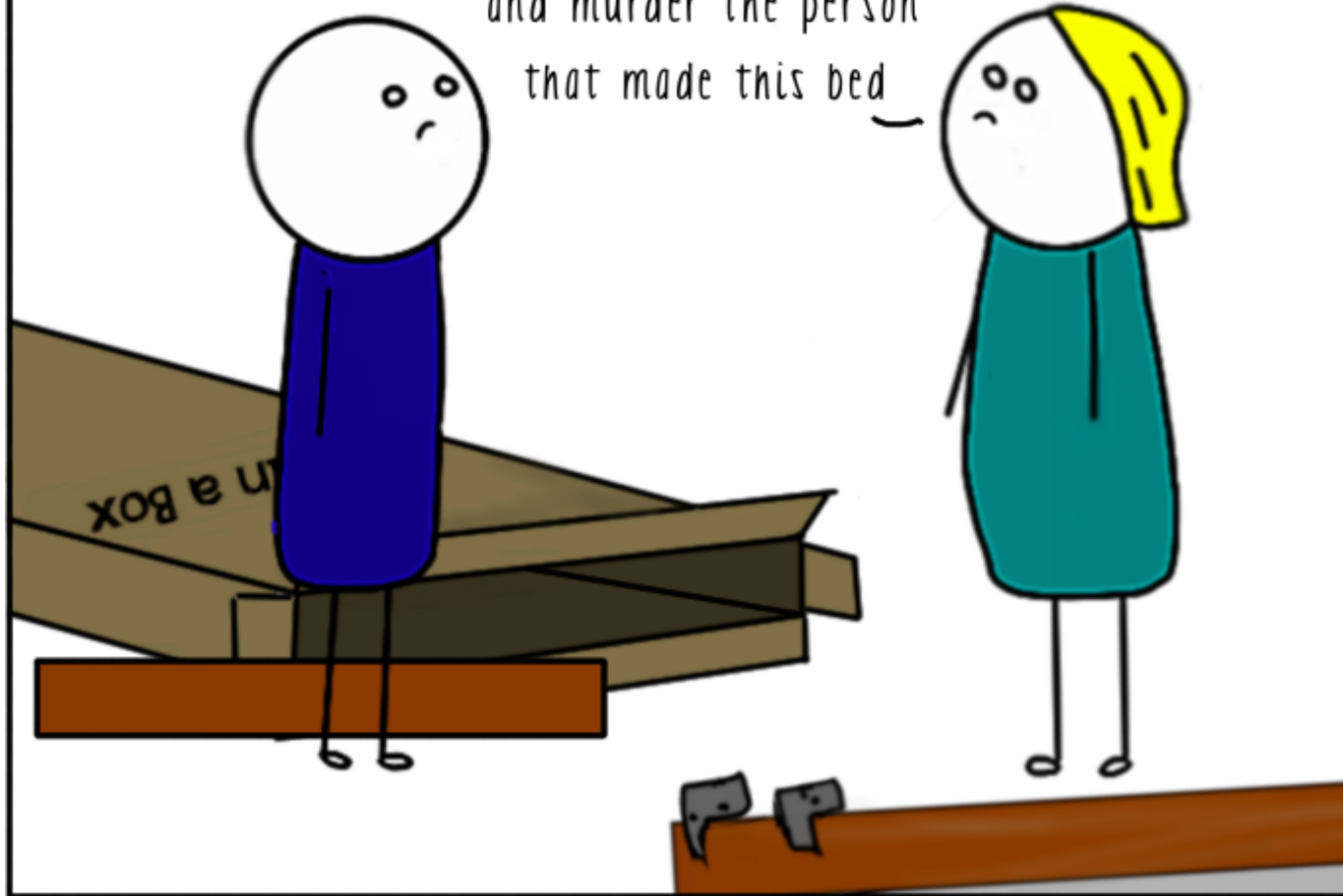
Anger is the emotion we are most used to managing.

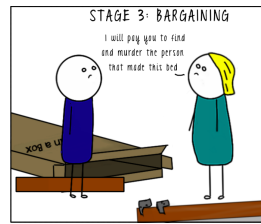
Anger is strength and it can be an anchor, giving temporary structure to the nothingness of loss.

We usually know more about suppressing anger than feeling it. The anger is just another indication of the intensity of your love.

STAGE 3: BARGAINING

I will pay you to find
and murder the person
that made this bed —





Grief: Stage 3: Bargaining

After a loss, bargaining may take the form of a temporary truce. "I'll do anything to get things back to normal"

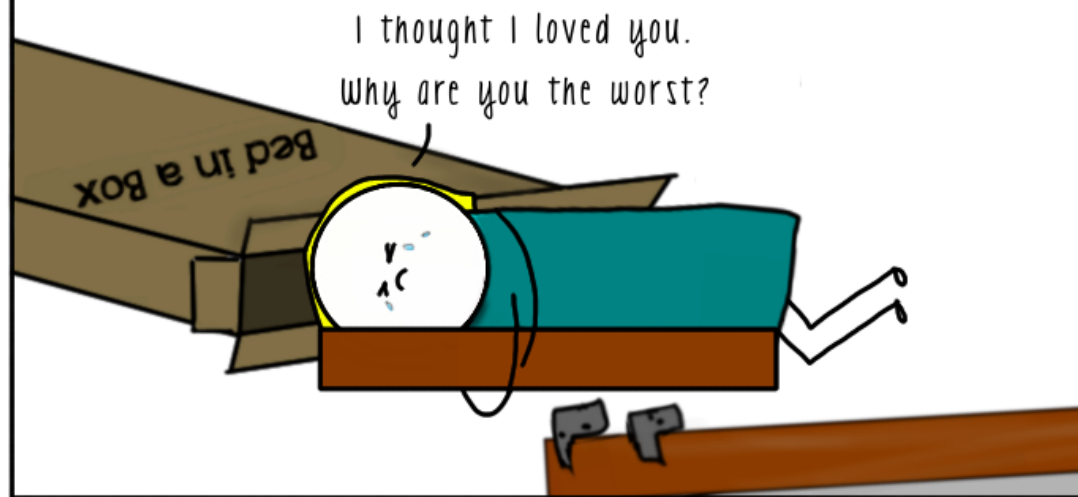
Then wake up and realize this has all been a bad dream

We want life returned to what is was

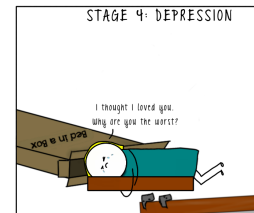
We do not enter and leave each individual stage in a linear fashion.

We may feel one, then another and back again to the first one.

STAGE 4: DEPRESSION



Grief: Stage 4: DEPRESSION



After bargaining, our attention moves into the present.

Empty feelings present themselves, and grief enters our lives on a deeper level.

It's important to understand that this depression is not a sign of mental illness. It is the appropriate response to loss.

Depression after a loss is too often seen as unnatural: a state to be fixed, something to snap out of.

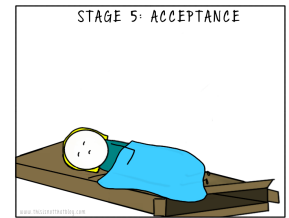
If grief is a process of healing, then depression is one of the many necessary steps along the way.

STAGE 5: ACCEPTANCE



www.thisisnotthatblog.com

Grief: Stage 5: ACCEPTANCE




Acceptance is often confused with the notion of being “all right” or “OK” with what has happened.

This stage is about accepting the new reality recognizing that this new reality is the permanent reality.

It is the new norm with which we must learn to live.

In time, through bits and pieces of acceptance, we see that we cannot maintain the past intact and we must readjust.

We must learn to reorganize roles, re-assign them to others or take them on ourselves.



The potential health consequences of COVID-19: stress, depression and anxiety

Mental health implications with social distancing

In recent pandemics, isolation and quarantine (more extreme forms of social distancing) have precipitated depression and anxiety.

We might expect to see similar effects as confined people are devoid of purpose owing to altered routine and livelihood.

Mental health implications with social distancing

This contributes to frustration, boredom, low mood, and potentially depression.

Anxiety might arise from fear of contagion and inadequate clarity around social distancing guidelines.

Those with pre-existing mental illness might suffer from limiting interpersonal interactions that are central to their management.

How prevalent is the psychological
impact of COVID-19?

Psychological intervention and COVID-19: what we know so far and what we can do

In China, a survey of 1,210 people found that:

- 53.8% assessed the psychological impact of the situation as moderate-severe
- 16.5% reported moderate to severe depressive symptoms
- 28.8% moderate to severe anxiety symptoms
 - 8.1% moderate to severe stress levels.

Inchausti, F., MacBeth, A., Hasson-Ohayon, I. et al. (2020). Psychological intervention and COVID-19: what we know so far and what we can do. Department of Mental health, Servicio Riojano deSalud, Lograono, Spain.

Psychological intervention and COVID-19: what we know so far and what we can do

A high-risk group includes individuals who, as a result of the crisis, have been exposed to potentially traumatic events such as loss of a loved one, threats to one's health and to **the ability to work and make a living**.

These people may express symptoms of post-traumatic stress disorder, depression or complicated grief disorder

This group may not emerge immediately within the pandemic, and presentations may only become apparent after several months, even after the incidence of COVID-19 has peaked.

Inchausti, F., MacBeth, A., Hasson-Ohayon, I. et al. (2020). Psychological intervention and COVID-19: what we know so far and what we can do. Department of Mental health, Servicio Riojano deSalud, Lograono, Spain.

Psychological intervention and COVID-19: what we know so far and what we can do

A significant percentage of people will experience intense emotional adjustment reactions to the COVID-19 crisis including:

- Fear of contagion
- Impact of prolonged quarantine
- The death of relatives and acquaintances
- Increased social adversity due to instability with the economic crisis.

Inchausti, F., MacBeth, A., Hasson-Ohayon, I. et al. (2020). Psychological intervention and COVID-19: what we know so far and what we can do. Department of Mental health, Servicio Riojano deSalud, Lograono, Spain.

Stress – to perceive a lack of control over your environment



Stress, the Brain and CV Risk:

Chronic stress is associated with increased CVD risk on par with other major CV risk factors.

A potential mechanism for this association may rest with the amygdala.

Tawakol, A., et., al. Relation between resting amygdalar activity and cardiovascular events: a longitudinal and cohort study. *The Lancet*. doi:[http://dx.doi.org/10.1016/S0140-6736\(16\)31714-7](http://dx.doi.org/10.1016/S0140-6736(16)31714-7)

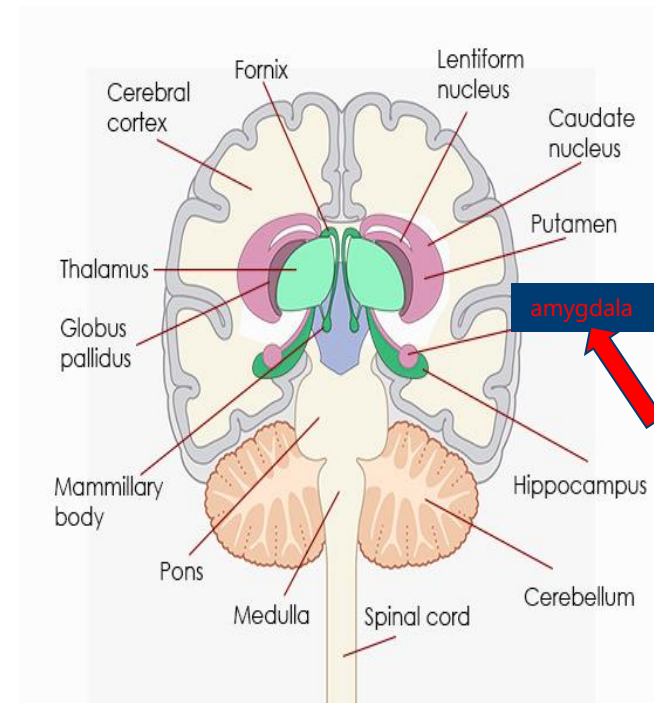
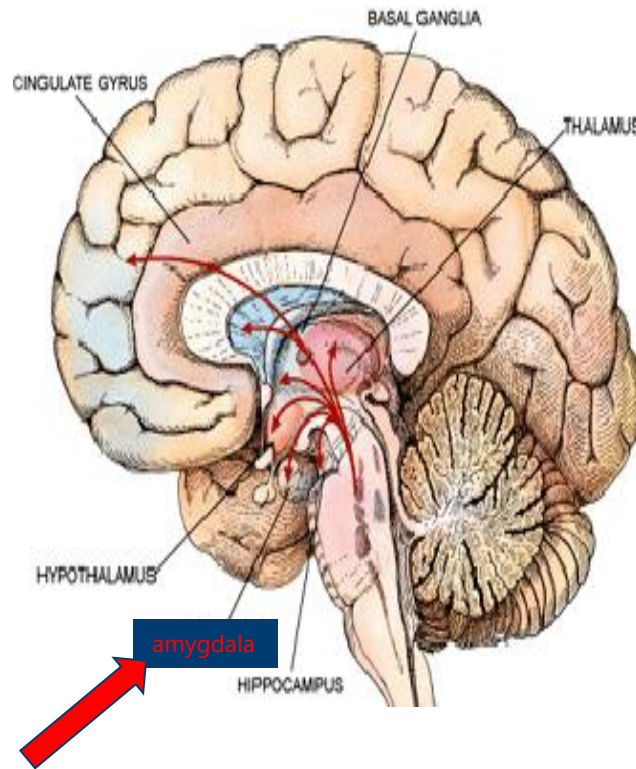
Stress, the Brain and CV Risk:

Activation of the amygdala due to fear and stress leads to hormonal, autonomic, and behavioral changes.

Amygdala activity is upregulated in stressful conditions, such as post-traumatic stress disorder, anxiety, and depression.

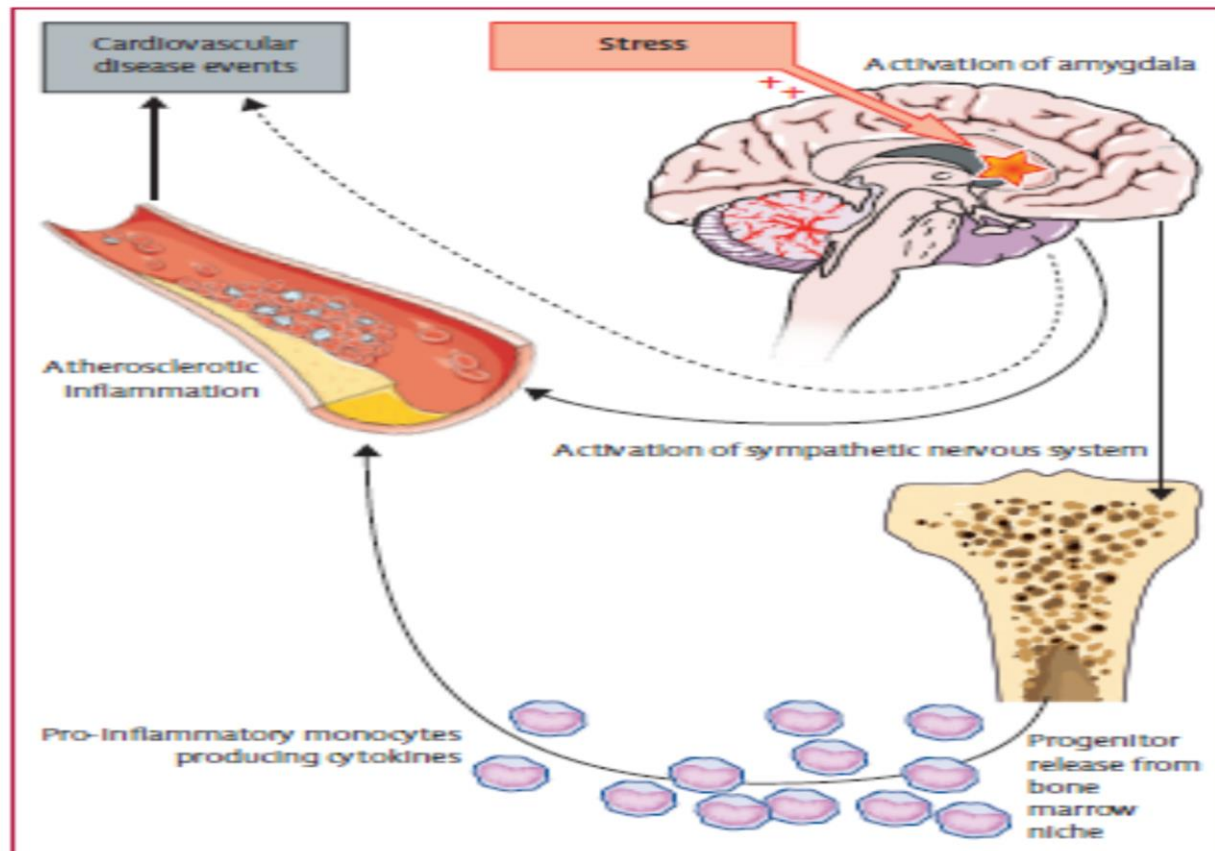
Tawakol, A., et., al. *The Lancet*.
doi:[http://dx.doi.org/10.1016/S0140-6736\(16\)31714-7](http://dx.doi.org/10.1016/S0140-6736(16)31714-7)

Stress, the Brain and CV Risk



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doi:[http://dx.doi.org/10.1016/S0140-6736\(16\)31714-7](http://dx.doi.org/10.1016/S0140-6736(16)31714-7)

What are the potential cardiovascular risks with anxiety, depression and PTSD?

Anxiety is predictive of CHD

Meta-analysis on the association of anxiety with the incidence of CHD in initially healthy people, using data from the US, Europe, and Asia.

After multivariate adjustment, anxious people had:
25% greater risk of CHD and
50% higher risk of cardiac death

Over a mean follow-up period of 11.2 years.

PTSD increases MI risk in women

Examined trauma exposure and PTSD symptoms in relation to incident CVD over a 20-year period in 49,978 women in the Nurses Health Study II.

Compared to no trauma, 4 or more PTSD symptoms was associated with increased CVD risk after adjusting for age, family history and childhood factors.

HR 1.60 [95% CI. 1.20-2.13].

Sumner, J., Kubzansky L, Elkind, M. et al. PTSD and cardiovascular events in women. June 19, 2015. Circulation, AHA..

Depression Significant CV Risk in younger women & older men

3,237 coronary angiogram pts; CAD either: yes/no
Baseline with Patient Health Questionnaire (PHQ)-9
Followed 3-years for CV events and death;

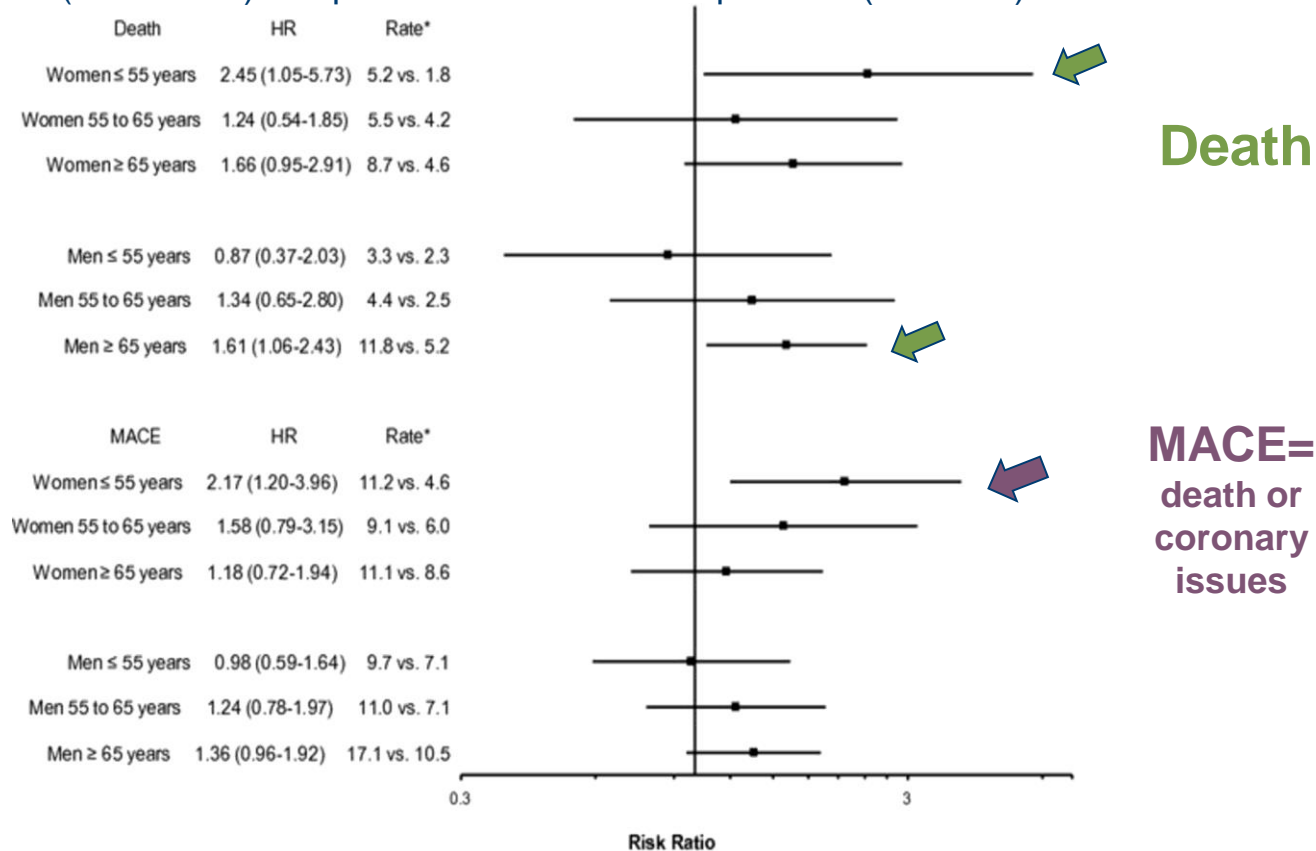
Segregated for age and gender.

34% of pts were women; mean age 62.5 ± 11.8 yrs

Shah, A. J., et. al. (2014). Sex and Age Differences in the Association of Depression With Obstructive Coronary Artery Disease and Adverse Cardiovascular Events. *J Am Heart Assoc*, 3(3). doi: 10.1161/jaha.113.000741

Depression Significant CV Risk in Younger Women

Adjusted HR of death or MACE for moderate/severe depression (PHQ-9 \geq 10) compared with no or mild depression (PHQ-9<10).



Psychological Stress and Covid-19: Gut Microbiome and Circadian Rhythm

The covid-19 pandemic has provided many sources of stress, including anxiety, isolation stress, relationship friction, financial and long-term economic stress.

Anderson, G. (2020). Psychological stress and covid-19: interactions with gut microbiome and circadian rhythm in driving symptom severity. Head of Research, CRC Scotland & London, UK

Psychological Stress and Covid-19: Gut Microbiome and Circadian Rhythm

Psychological stress modulates susceptibility, severity and recurrence of viral infection.

Recent work shows psychological stress to increase the production of hypothalamic and amgydala corticotropinreleasing hormone (CRH)

Anderson, G. (2020). Psychological stress and covid-19: interactions with gut microbiome and circadian rhythm in driving symptom severity. Head of Research, CRC Scotland & London, UK

Psychological Stress and Covid-19: Gut Microbiome and Circadian Rhythm

CRH has been studied as a precursor for the hypothalamic-pituitary-adrenal (HPA) axis, leading to the production of the adrenal hormone, cortisol.

CRH can also act on mucosal mast cells to increase the production of the pro-inflammatory cytokine, tumor necrosis factor (TNF)- α , which acts on the gut epithelial cells to increase gut permeability.

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Psychological Stress and Covid-19: Gut Microbiome and Circadian Rhythm

By inducing an increase in pro-inflammatory cytokines, in part via gut permeability/dysbiosis, stress also lowers the levels of serotonin and melatonin.

Decreased serotonin is classically associated with depression.

Serotonin is the precursor of producing melatonin.

Lower levels of melatonin production are associated with stress associated conditions, including psychiatric and general medical conditions.

Anderson, G. (2020). Psychological stress and covid-19: interactions with gut microbiome and circadian rhythm in driving symptom severity. Head of Research, CRC Scotland & London, UK

Psychological Stress and Covid-19: Gut Microbiome and Circadian Rhythm

Melatonin is the major driver of the night-time immune cell dampening that occurs as an aspect of the circadian rhythm.

Melatonin suppresses immune cells via alterations in immune cell mitochondria function, including upregulating local mitochondrial melatonin.

This would suggest that stress, including the emerging chronic stress arising from self-isolation due to covid-19, could make people more susceptible to severe viral infection.

Anderson, G. (2020). Psychological stress and covid-19: interactions with gut microbiome and circadian rhythm in driving symptom severity. Head of Research, CRC Scotland & London, UK

Cardiovascular risks related to sleep disturbances



Risk of stroke based on hours per night of sleep

NHAINS Interview Study: 200,000 HTN pts risk of stroke based on hours of sleep per night on average

Comparison group 7-8 hours/night

<5 hours per night: OR of 1.83 (95% CI 1.56-2.14)

>8 hours per night: OR 1.74 (95% CI 1.68-1.80)

Akinseye, O. Ojike N., Williams SK, et al. Increased risk of stroke among hypertensive patients with abnormally short sleep duration: Analysis of the National Health Interview Survey. J Am Soc Hypertension June 2015.

Association of Sleep Duration and Quality With Subclinical Atherosclerosis

< 6 hours sleep was independently associated with a higher atherosclerotic burden with 3-d VUS compared to the reference

(OR: 1.27; 95% CI 1.06 to 1.52; $p < 0.008$)

Highest quintile of sleep fragmentation presented a higher prevalence of multiple affected noncoronary territories

(OR: 1.34; 95% CI: 1.09 to 1.64; $p < 0.006$)

Lower sleeping times and fragmented sleep are independently associated with an increased risk of subclinical multi territory atherosclerosis.

Dominguez, R., Fuster, V., Fernandez-Alvira, J. et al. (2019). Association of sleep duration and quality with subclinical atherosclerosis. JACC. Vol.73 (2). 135-144.



Creating opportunities to stay
connected

Finding a sense of normalcy in this
unknown future

Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine

On January 30, 2020, the World Health Organization (WHO) announced that this outbreak had constituted a public health emergency of international concern.

As of February 26, COVID-19 has been recognized in 34 countries, with a total of 80,239 laboratory-confirmed cases and 2,700 deaths (WHO 2020)

Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine

Due to the characteristics of dental settings, the risk of cross infection may be high between dental practitioners and patients.

For dental practices and hospitals in countries/regions that are (potentially) affected with COVID-19, strict and effective infection control protocols are urgently needed.

Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine

Infection Control in Dental Settings

Due to the unique characteristics of dental procedures where a droplets and aerosols could be generated the standard protective measures in daily clinical work are not effective enough to prevent the spread of COVID-19.

This is especially concerning when patients are in the incubation period, unaware they are infected, or choose to conceal their infection.

L. Meng, F. Hua , and Z. Bian. 2020. Coronavirus disease 2019 (COVID-19): Emerging and future challenges for dental and oral medicine. Journal of Dental Research 1–7

Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine

Up to now, there has been no consensus on the provision of dental services during the epidemic of COVID-19.

L. Meng, F. Hua , and Z. Bian. 2020. Coronavirus disease 2019 (COVID-19): Emerging and future challenges for dental and oral medicine. Journal of Dental Research 1–7

What is?



Coronavirus COVID-19 impacts to dentistry and potential salivary diagnosis

Given the novelty of COVID-19, some characteristics of the virus remain yet unknown.

Considering that COVID-19 was recently identified in saliva of infected patients, the COVID-19 outbreak is a reminder that dental/oral and other health professionals must always be diligent in protecting against the spread of infectious disease.

Sabino-Silva, R., Carolina, A., Jardim, G. et al. (2020). Coronavirus COVID-19 impacts to dentistry and potential salivary diagnosis. Clinical Oral Investigations (2020) 24:1619–1621

Coronavirus COVID-19 impacts to dentistry and potential salivary diagnosis

Inhalation of airborne particles and aerosols produced during dental procedures on patients with COVID-19 can be a high-risk procedure in which dentists are directly and closely exposed to this virus.

Therefore, it is crucial for dentists to refine preventive strategies to avoid the COVID-19 infection by focusing on patient placement, hand hygiene, all personal protective equipment (PPE), and caution in performing aerosol-generating procedures.

The Interim Guidance for Healthcare Professionals from CDC has been updated, and it is subject to change as additional information on COVID-19 infection and transmission becomes available.

Sabino-Silva, R., Carolina, A., Jardim, G. et al. (2020). Coronavirus COVID-19 impacts to dentistry and potential salivary diagnosis. Clinical Oral Investigations (2020) 24:1619–1621

What will clinical care look like? How will we stay safe?



Coronavirus: Implications for clinical dental care

Given the widespread transmission of SARS-CoV-2 dental professionals are at high risk for nosocomial infection and can become potential carriers of the disease.

These risks can be attributed to the unique nature of dental interventions, which include aerosol generation, handling of sharps, and proximity of the provider to the patient's oropharyngeal region.

If adequate precautions are not taken, the dental office can potentially expose patients to cross contamination.

Ather, A., Patel, B., Ruparel, N. et al. (2020). Coronavirus: Implications for clinical dental care. J Endod 2020:1–12.

Coronavirus: Implications for clinical dental care

Telescreening and Triaging Initial screening via telephone to identify patients with suspected COVID19 infection

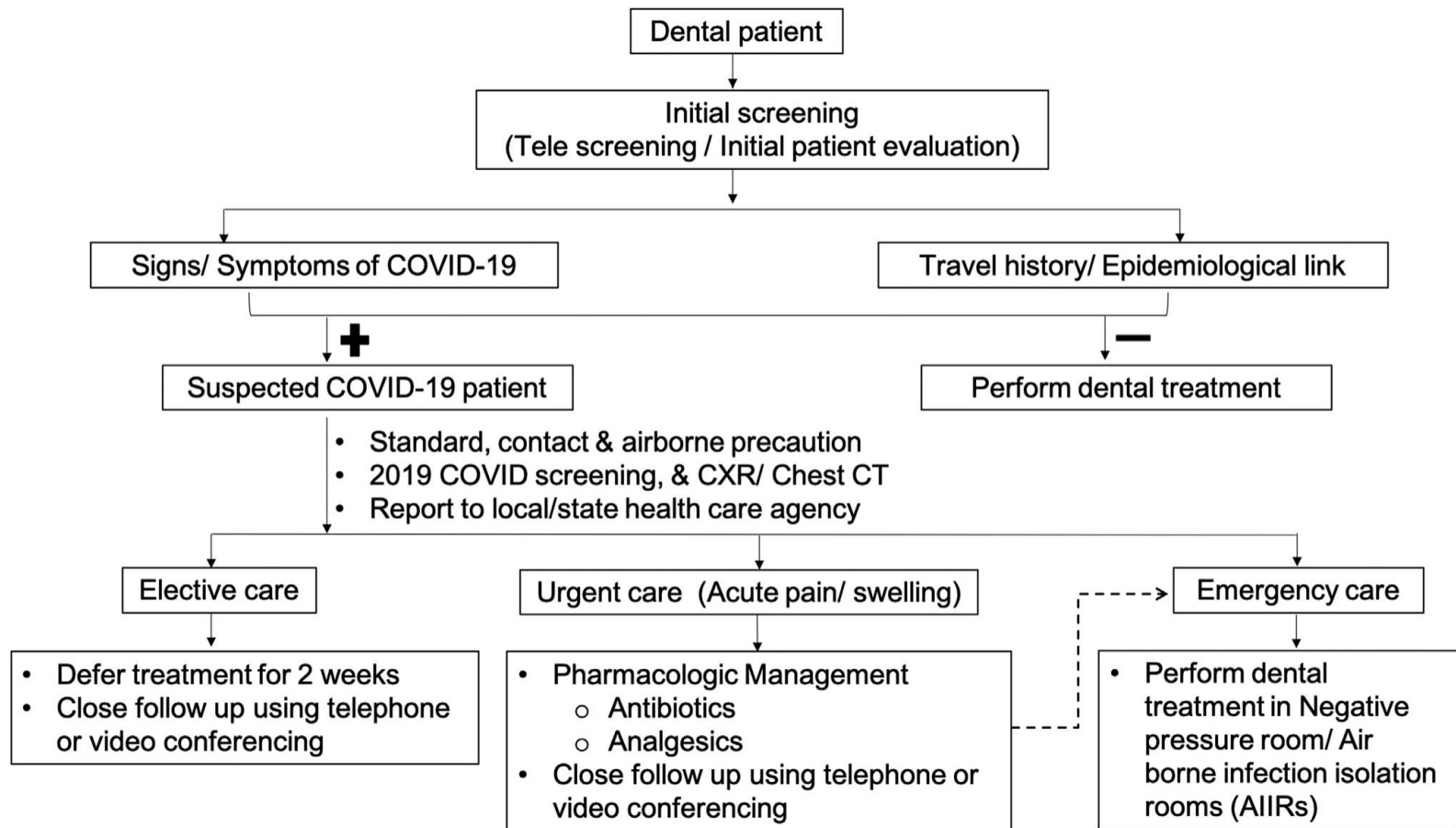
The 3 most pertinent questions for initial screening:

1. Any exposure to someone suspected with COVID19
2. Any recent travel to an area with high incidence?
3. Presence of any symptoms of febrile respiratory illness – specifically fever or cough.

A positive response to either of the 3 questions should raise initial concern, and elective dental care should be deferred for at least 2 weeks

Ather, A., Patel, B., Ruparel, N. et al. (2020). Coronavirus: Implications for clinical dental care. J Endod 2020:1–12.

Coronavirus: Implications for clinical dental care



--- Worsening of existing condition

Ather, A., Patel, B., Ruparel, N. et al. (2020). Coronavirus: Implications for clinical dental care. J Endod 2020:1–12.

Coronavirus: Implications for clinical dental care

Assessment of a True Emergency
(Circle Patient's Response wherever appropriate)

1) Are you in pain?
Yes or No

2) What is your level of pain on a scale of 0-10?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------|-----|------|---|----------|---|--------|---|-------------|----|---------------------|
| No Pain | | Mild | | Moderate | | Severe | | Very Severe | | Worst Pain Possible |
| | | | | | | | | | | |
| 0 | 1-3 | | | 4-6 | | 7-9 | | | 10 | |

3) When did the pain begin?
.....

4) Do you have a dental abscess (Are your gums and/or face swollen?)
Yes or No

- If **Yes**, when did you first notice the swelling?
.....

5) Do you have a fever?
Yes or No

6) Are you having any trouble swallowing?
Yes or No

7) Are you having any trouble opening your mouth?
Yes or No

8) Did you experience any trauma?
Yes or No

- Please describe the trauma
.....

Ather, A., Patel, B., Ruparel, N. et al. (2020). Coronavirus: Implications for clinical dental care. J Endod 2020:1–12.

Creating the New Normal: The Clinician Response to Covid-19

How Covid-19 has changed health care, and why some aspects of care delivery should not go back to the way they were.

By Thomas H. Lee, MD, MSc

March 17, 2020

The Editor-in-Chief of *NEJM Catalyst Innovations in Care Delivery*

Creating the New Normal: The Clinician Response to Covid-19

Two interesting questions being raised by my colleagues as we undertake new types of triage:

1. Will things ever go back to the way they were?
2. Are there things we are doing now that will become part of the “new normal”?

Thomas H. Lee, MD, MSc March 17, 2020
The Editor-in-Chief of *NEJM Catalyst*
Innovations in Care Delivery

Creating the New Normal: The Clinician Response to Covid-19

The answer to the first question is almost surely no. The Covid-19 pandemic is going to be one of those dichotomous events that divides life into before and after.

We live through them, learn from them, and adjust. Think about how casual airport security was before 9/11 . . . or how simple it was to draw blood or start an intravenous line before HIV.

Thomas H. Lee, MD, MSc March 17, 2020

The Editor-in-Chief of *NEJM Catalyst*

Innovations in Care Delivery

Creating the New Normal: The Clinician Response to Covid-19

The answer to the second question, for good reasons, is almost surely yes — and not just certain high-reliability practices for behaviors like hand hygiene.

We are actively redesigning the way we deliver care to do what is best for our patients during this time of crisis.

Some aspects of that redesign will likely persist after the crisis has passed.

Thomas H. Lee, MD, MSc March 17, 2020
The Editor-in-Chief of *NEJM Catalyst*
Innovations in Care Delivery

Creating the New Normal: The Clinician Response to Covid-19

Some medical providers are finding ways to triage which patients actually needed to come and which patients can be handled remotely –

One medical doctor reported - “Isn’t this the way it always ought to be?” In other words, shouldn’t we be trying to figure out how to take care of patients without making them come into the office if we could?

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Creating the New Normal: The Clinician Response to Covid-19

We are learning new skills during this crisis as we care for patients without seeing them in the office.

Those skills will make care better, more convenient, and more affordable after the pandemic ends.

Clinicians should cultivate those skills, while their administrative colleagues work on business models that reward them.

Thomas H. Lee, MD, MSc March 17, 2020

The Editor-in-Chief of *NEJM Catalyst*

Innovations in Care Delivery



Using our demands for change as an
opportunity to create innovation and
improvement in practice

Navigating the Unprecedented: Leading Remotely Unexpectedly

When a pandemic or disaster happens, it often requires those involved to change the way they perceive the world around them.

Leading your team during rapid change and increased complexity is no different.

During times of unknown or unprecedented change, leaders must take a step back and reexamine the way they are leading, even if they are feeling high levels of ambiguity and stress.

Sowcik, M. and Stein, M. (2020). Navigating the unprecedented: leading remotely unexpectedly. <https://edis.ifas.ufl.edu>

Navigating the Unprecedented: Leading Remotely Unexpectedly

As the world moves quickly to social distancing and remote work, leaders are relying on their assumptions to navigate this new landscape.

In times of rapid change, relying on set assumptions can provide some comfort in moving forward.

Nevertheless, to lead more effectively, especially in a remote-work setting, it is critical that leaders use different frames of reference to address the changing landscape.

Sowcik, M. and Stein, M. (2020). Navigating the unprecedented: leading remotely unexpectedly. <https://edis.ifas.ufl.edu>

Navigating the Unprecedented: Leading Remotely Unexpectedly

Establish clear goals: Now more than ever, clear goals are crucial to proactively address both an employee's and patient's anxiety associated with the change in protocol.

Sowcik, M. and Stein, M. (2020). Navigating the unprecedented: leading remotely unexpectedly. <https://edis.ifas.ufl.edu>

Navigating the Unprecedented: Leading Remotely Unexpectedly

Communicate effectively:

A communication plan should include:

- (1) how to share information
- (2) how much information is shared
- (3) when to communicate with others

Sowcik, M. and Stein, M. (2020). Navigating the unprecedented:
leading remotely unexpectedly. <https://edis.ifas.ufl.edu>

Navigating the Unprecedented: Leading Remotely Unexpectedly

Address technology:

Technology is critical for effective leadership during this time of social distancing; however, remember that different technology tools and platforms are overwhelming to many

Sowcik, M. and Stein, M. (2020). Navigating the unprecedented: leading remotely unexpectedly. <https://edis.ifas.ufl.edu>

Mindfulness



Mindfulness Therapy for Anxiety and Depression Post PCI

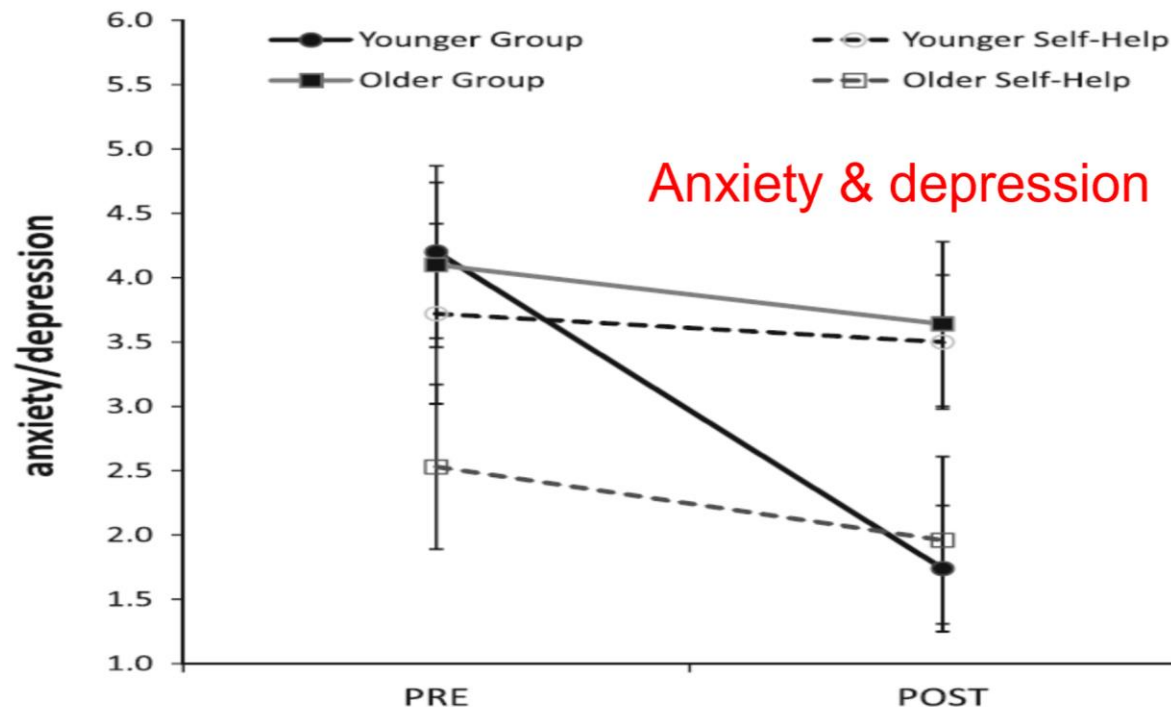


Fig. 3 Change in symptoms of anxiety and depression from pre- to post-intervention for the mindfulness group condition versus mindfulness self-help control condition stratified by age (younger = younger than 60 years; older = 60 years and older): means and standard errors of the original complete cases data

Nyklíček, I., (2014). *Journal of Behavioral Medicine*, 37(1), 135-144.

Meditation May Reduce CVD Risk



Meditation is practiced for ≥ 20 mins. once or twice a day with the following goals:

- (1) Increase concentration, insight, or awareness of the present moment
- (2) promote relaxation
- (3) reduce stress
- (4) settle the mind
- (5) achieve a state of increased consciousness
- (6) reduce perceived suffering and increase happiness.

Levine, G. N., et. al. (2017). Meditation and Cardiovascular Risk Reduction. *A Scientific Statement From the American Heart Association, JAHA*. 6(10). doi:10.1161/jaha.117.002218

Meditation May Reduce CVD Risk

Studies of meditation suggest a possible benefit on CV risk reduction.

Meditation may be considered an adjunct therapy to reduce CV risk with the understanding the benefits remain to be better established.

Levine, G. N., et. al. (2017). Meditation and Cardiovascular Risk Reduction. *A Scientific Statement From the American Heart Association, JAHA*. 6(10). doi:10.1161/jaha.117.002218



Optimism Lowers CV Risk

CV event risk was significantly lower in optimists by 35%.

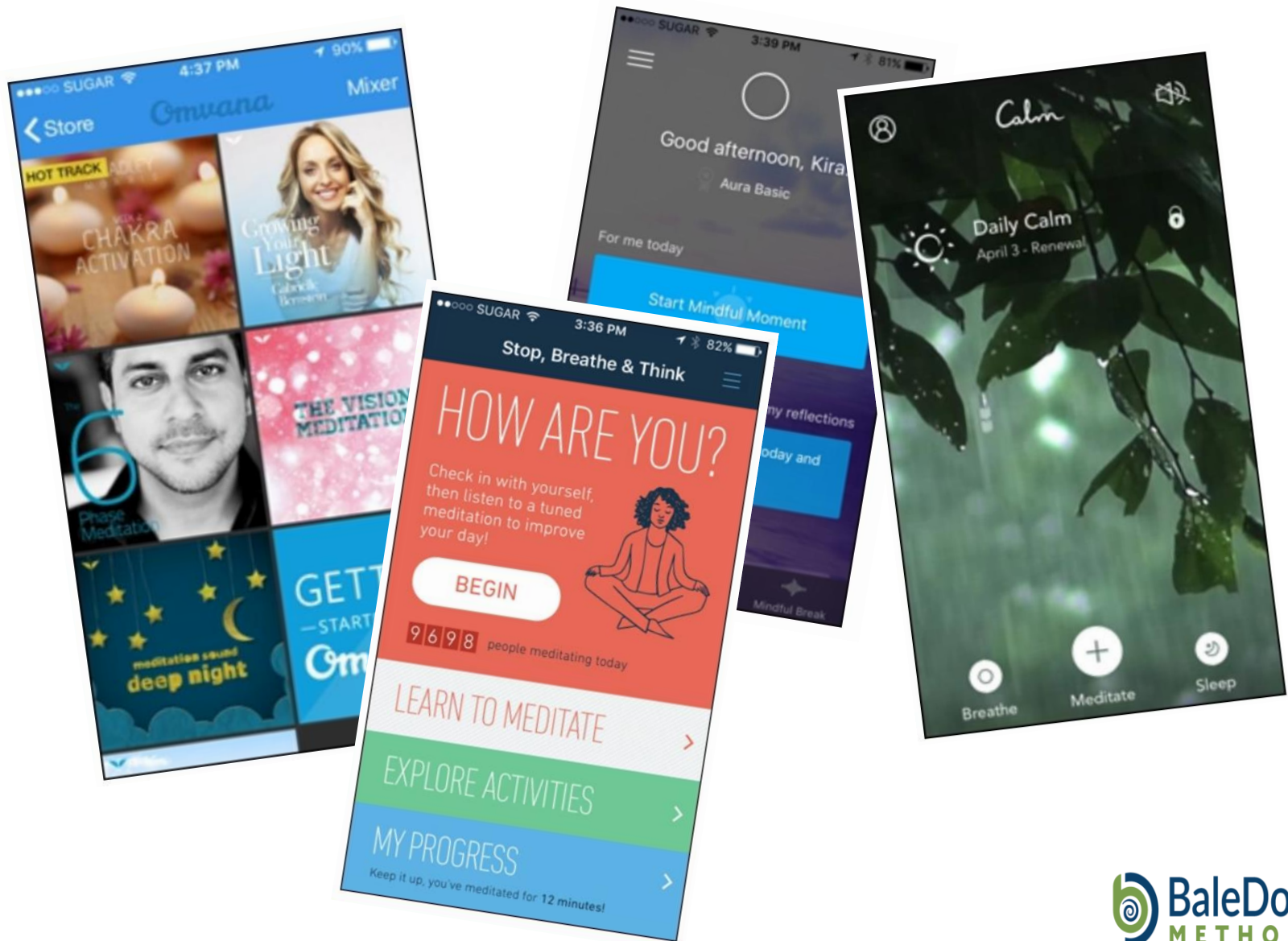
RR-0.65 (95% CI, 0.51-0.78) $p < 0.001$

All-cause mortality was sign. lower in optimists by 14%.

RR-0.86 (95% CI, 0.80-0.92) $p < 0.001$

Rozanski, A., et al. (2019). Association of Optimism With Cardiovascular Events and All-Cause Mortality: A Systematic Review and Meta-analysis. JAMA Network Open 2(9): e1912200-e1912200.

Free Apps for phone



Practice mindfulness



Give yourself some credit

You are your own worst critic, so allowing time for gratitude can be difficult amid a jam-packed schedule but it should be a priority.

Make a list of your accomplishments that day—including little things like not hitting the snooze button for once—and your mind-set will instantly shift back into a positive place.

<https://www.fastcompany.com/3050243/5-quick-and-easy-mindfulness-exercises-you-can-do-in-the-office>

This day will come. In the
meantime, be kind to yourself

