

Short Report

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Psychotherapy for surgery-related psychiatric symptoms

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This work aims at giving some insights into the psychological implications of surgery and at proposing psychotherapeutic approaches to mitigate perioperative stress and long-term psychiatric sequelae.

The role of anxiety, depression and catastrophic thoughts in spine surgery was examined by Dunn et al. (2018). The authors enrolled patients undergoing spine surgery who were assessed in the pre-operative period through the Verbal Rating Scale (VRS), Pain Catastrophizing Scale (PCS), Hospital Anxiety and Depression Scale (HADS), and Oswestry Disability Index (ODI). It was concluded that it is strongly advisable to preoperatively evaluate anxiety and depression by utilizing a validated tool both to identify patients at risk and to early administer psychological intervention that might reduce pain severity and improve general clinical outcome [1].

With the aim of shedding new light on postoperative neuropsychiatric complications, a work examined the contribution of cardiac surgery in inducing brain ischemia, thus potentially complicating the post-operative period. It was pointed out that neuropsychiatric consequences of cardiac surgery, including depressive disorders, post-traumatic stress disorders, cognitive decline may be related to silent brain infarcts following the surgery procedure [2].

A review by Sorel et al. (2020) investigated the effects of

perioperative interventions targeting psychological distress for patients receiving Total Knee Arthroplasty (TKA) and found that they could be beneficial for postoperative pain, function, and quality of life [3].

It has also been examined the relationship between preoperative pain-catastrophizing thoughts and clinical outcome in people undergoing spinal surgery. When comparing Cognitive Behaviour Therapy (CBT) with educational/exercise control interventions in patients with high levels of pain catastrophizing, the former proved to be effective in improving general outcome after spinal surgery [4].

Similarly, the computer-assisted cognitive behaviour therapy has been proven effective in reducing psychosomatic responses in patients undergoing functional endoscopic sinus surgery and, in turn, in improving post-operative outcomes. Yang et al. (2021) studied 50 individuals receiving cognitive behavioral therapy and 50 matched controls being administered usual care. Participants were assessed for psychiatric parameters including anxiety and insomnia and anesthesiological measurements such as heart rate and blood pressure before and after surgery. It was found that in those receiving CBT their psychosomatic responses and perioperative outcomes improved compared to people not receiving the treatment [5].

To highlight the growing interest in psychotherapy employment in the perioperative period, Kappen et al. (2021) devel-

oped a study protocol to assess the effectiveness of the music rule in improving surgery-related stress. They compared two different groups of individuals undergoing neurosurgery: the one receiving recorded music through an overheard headphone before, during and after surgery until postoperative day 3, and the second being administered traditional care. Delirium was assessed through DSM-5 criteria. The authors hypothesized that delirium incidence after neurosurgery may be mitigated by music, and this, in turn, could exert a beneficial effect on clinical outcomes [6].

Regarding pediatric surgery, perioperative stress is known to be particularly important in predicting surgery outcomes in children [7]. In this framework, a recent meta-analysis pointed out the importance of distraction techniques in reducing preoperative anxiety in children [8].

Globally, psychotherapy appears to play an important role in mitigating perioperative stress and improving clinical outcomes. According to our opinion, attention should also be paid to the preparation of the patients before arriving at the operating room, and to proper calming approaches in the minutes and hours before surgery, including psychotherapeutic and pharmacological strategies. This, from one side, could reduce stress-related surgery and, from the other side, prevent the future development of acute stress disorders.

Conflict of interests: None.

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