The lived experience of patients with a left ventricular assist device during the COVID-19 pandemic: a qualitative study

Trenta AM.1; Belloni S.2; Ausili D.3; Caruso R.4; Arrigoni C.5; Vellone E.6; Moro M.1; Dellafiore F.4

1Cardiology Center Monzino IRCCS, Milan, Italy
2Humanitas Clinical and Research Center, Educational and Research Unit, Milan, Italy
3University of Milan-Bicocca, Department of Medicine and Surgery, Monza, Italy
4IRCCS Policlinico San Donato, Health Professions Research and Development Unit, San Donato Milanese, Italy
5University of Pavia, Department of Public Health, Pavia, Italy
6University of Rome Tor Vergata, Department of Biomedicine and Prevention, Rome, Italy

Funding Acknowledgements: Type of funding sources: None.

Background: During the COVID-19 pandemic, the healthcare delivery systems have undergone significant alterations to prioritize access to care for patients affected by the novel coronavirus, while treatments and check-ups for chronic patients have often been postponed. Among chronic patients, people with a left ventricular assist device (LVAD) have been particularly affected by the COVID-19 pandemic since they require frequent medical check-ups to detect any initial complications. So far, no studies investigating the lived experiences of LVAD patients during the COVID-19 pandemic have been conducted.

Purpose: This study explored the lived experiences of people with an LVAD during the COVID-19 pandemic.

Methods: A qualitative analysis was conducted based on the interpretative phenomenological analysis (IPA) methodology. Eight men with an LVAD (median age 72.5, range 65-82 years) participated in audio-recorded, semi-structured, in-depth interviews exploring changes in their daily lives during the pandemic and how they responded to them. Journaling and triangulation were used to enhance the rigour of the study.

Results: Two main themes were extracted from the data: psychological distress and moving forward. Initially, LVAD patients experienced distress because they feared being infected and were worried that they could not receive adequate treatment in case of emergency due to changes in the healthcare delivery system. However, they employed different coping strategies (i.e. taking control of their health, keeping a positive attitude, seeking support) that allowed them to deal with this difficult situation and to move forward.

Conclusions: This study provides the first insights into the experiences of LVAD patients during the COVID-19 pandemic. Our findings could help clinicians identify LVAD patients’ needs and develop targeted interventions.