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Letter to editor

Pre-operative anxiety management: What needs to be implemented?

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Dear Editor,

We read with great interest the letter to the Editor by Buonanno et al. (1) regarding the use of the Amsterdam Preoperative Anxiety and Information Scale (APAIS). We agree on the fact that pre-operative anxiety is rarely assessed during standard anaesthesiologic care and is not considered as an intervention target. Given the multiplicity of dimensions that could moderate and/or mediate (2) its expression (e.g. personal life experience, sex, age, previous surgery, type of surgery, medication, organic comorbidity and psychopathology comorbidity), we highlight the need for a multidisciplinary approach in pre-operative anxiety management. The Supportive Care approach has been adopted in different studies aiming to reduce pre-operative anxiety in different groups of patients (3). In 2019, we presented the first randomized case-control study (4) aiming to develop and evaluate a Supportive Care approach to reduce pre-operative anxiety in women undergoing breast biopsy (*SVEVA: Studio di Valutazione dell'Efficacia e Validità dell'Accoglienza/ Evaluation of efficacy and validity of Supportive Care*). The intervention took place at the Breast Unit in Careggi Hospital (Florence, Italy) and involved specifically trained volunteers. Volunteers were supervised by psychologists to provide a 30-minutes supportive colloquium for the patients undergoing breast biopsy. During the colloquium, conversation is oriented to the needs expressed by the patient, who should fell free to express her feelings and fears to an empathic listener. We found that the intervention is able to significantly reduce Pre-Operative Anxiety in the Supportive Care Group when compared to the Standard Care Group, even when the confounding effect of Trait Anxiety, Age, and Depression were included in the models.

Here we would like to stress some relevant elements, that, in our experience, must be addressed to design effective interventions aiming to reduce Pre-Operative Anxiety. First of all, the health care professionals involved in the patient's care should share a similar view about the psychological need of the patients; sensibilization and consensus can be reached only if the staff members can experience the advantages provided by a valuable psychological support in a cultural climate which enhances respect and empathic concern towards patients and collegues. The rationale of the intervention and the selected model should be clear to all staff members, avoiding delegation and ensuring a coherent relational and emotional *milieu* in the healh care setting. A clinical method should be preferred in designing and in performing the interventions, to detect and address the peculiarities of the individual needs, far and above the application of a standard protocol. Nevertheless, there is the need for specific psychological methodological competences to adapt the model of intervention to the unique reality of every ward, while granting the maximum level of control on the validity of the procedures.

We believe that interventions should also be tailored on specific targets, as we are now able to detect different sources of preoperative psychological

distress (5), different mediating variables (6), and the peculiar needs of specific populations; therefore, a correct psychological approach (based on assessment, intervention and validation), is needed in order to obtain the hoped effect as suggested by Buonanno et al. (1).

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