



FRAMES – Brief Intervention in Cardiology

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Introduction

Brief intervention is a client-cantered strategy aimed at helping individuals develop autonomy, empowering them to take initiative and responsibility for their choices. In medicine, the acronym FRAMES refers to a brief intervention strategy focused on changing patient behavior, especially regarding issues such as alcohol and substance use. However, it is also perfectly applicable to Cardiology, or more specifically, to heart disease patients, when the idea is to place them within the context of their health-disease process.

Development

Cardiovascular diseases have been the leading cause of death worldwide for decades, affecting approximately 25% of the global population. Many strategies have been implemented to try to reduce these rates, but they have proven unsuccessful. New forms of early diagnosis, more effective pharmacological treatments with fewer side effects, and increasingly robust myocardial revascularization techniques, both

minimally invasive and open hearth, have been widely implemented almost everywhere in the world for heart attacks. Despite this, cardiovascular mortality remains high, and the morbidity caused by the disease, especially when heart failure is present, remains the "Achilles' heel" in the care of heart disease patients.

To improve these numbers, there is an urgent need for better patient approaches regarding treatment and self-care. The gap between patients' understanding of their problem and the need for truly effective therapy, and the medical treatments provided by professionals to heart patients, is evident. Until cardiologists focus on the patient, demonstrating the real problem and how to help solve it, we'll be wasting time. There's little point in providing patients with the best available drugs for treating their heart disease or the best interventions for their condition if they can't understand that they're the ones who need to care for the real problem, and to do so, they need to understand and be willing to continue caring for it.

It is widely recognized by all of us that health education is the foundation of effective treatment for any pathology. Especially when it comes to chronic diseases, such as heart disease, this issue is crucial; that is, providing the patient with a complete and thorough understanding of the preventive, pathological, prognostic, and therapeutic processes is essential. Understanding the health-disease process in cardiology is crucial for the effective prevention, diagnosis, and treatment of heart disease, which is one of the leading causes of death worldwide. However, as clinical cardiologists, we often do little more than prescribe optimal treatments and recommend the best interventions based on the best available evidence. Much more is needed; after all, we are prescribing the treatment, but the "owner of the problem" is our patient in front of us, and therefore, they should be the ones most responsible for their treatment. However, they don't know this, and we need to teach them, or better yet, alert them to it.

Brief intervention, as used in Psychiatry, should guide our conduct as we guide the treatment of our heart disease patients. Using this strategy helps develop people's autonomy, empowering them to take initiative and responsibility for their choices. Focusing on changing the patient's behaviour after they become fully aware of their problem will ensure the best outcomes in our follow-up. It's of little use for the cardiologist to simply understand the severity of the case and make the best therapeutic choices if the patient is not aware of the problem and willing to seek treatment. By adopting a clear and conscious approach that places the patient at the center of the problem, it will certainly be easier to achieve our primary goals: significantly reducing the burden of heart disease, improving the population's quality of life, and reducing mortality from cardiovascular disease. The acronym FRAMES, in medicine, refers to a brief intervention strategy focused on changing patient behaviour. Six elements form the acronym "FRAMES," which means "frame" in English, framing. The goal is to "frame" procedures to facilitate thought organization and improve patient adherence to the proposed treatment.

"F" refers to feedback, meaning that heart disease patients need to understand that the disease is serious, carries serious risks of mortality and morbidity,

and that if left untreated or with suboptimal treatment, the "law of feedback" is relentless. The outcomes will be negative, which can significantly impact survival and quality of life. It is necessary to thoroughly explain the condition, its risk factors, and prognosis to the patient, making connections between the clinical picture, test results, treatment options, and expected outcomes of interventions. More than that, the patient must fully understand their problem, know the therapeutic possibilities and be aware that not adhering will have more or less predictable consequences based on the natural history of the disease.

"R" stands for "Responsibility," meaning the goal is to place the patient as the main character in this story. It's about showing them that the treatment depends more on them than on the doctor. In other words, it means telling them that they should take responsibility for following the recommended treatment, such as lifestyle changes, correct medication schedule and dosage, abandoning a sedentary lifestyle, and adhering to healthy diet and exercise practices voluntarily, rather than being forced by others to follow these lifestyle changes. There's no point in the doctor recommending the best treatment options if the patient isn't willing to follow them and take responsibility for their decisions. The disease is theirs, and treating it well is their choice, and no one can force them to change their behaviour or make decisions for them.

"A" (Advice) means that once the problem is understood and the patient accepts that they are responsible for their treatment, the cardiologist should be ready to provide the best treatment guidelines, always individualizing their approach and basing their approach on the best available evidence. The goal is to minimize future problems, increase life expectancy, improve quality of life, and reduce the risk of cardiovascular events and "hard outcomes." At this point, it's ideal to demonstrate evidence of the benefits of the proposed treatment and teach the patient to see improvements in themselves as treatment progresses. It's crucial to constantly reaffirm the approach, demonstrating and comparing results, but always striving to achieve the recommended goals by maintaining treatment or adjusting as needed.

Furthermore, it's important to identify, together with the patient, strategies for lifestyle modification and

ways to achieve the recommended goals on a case-by-case basis.

"M" stands for "Menu" or "menu of options" and means that treatments are not one size-fits-all; that is, there's a wide range of options that the patient needs to be aware of so they can jointly define the best strategy. The patient needs to help with the decision-making process, after being aware of the benefits presented by the physician for each treatment option. Here, the cardiologist plays a crucial role, as they possess the knowledge and can present therapeutic options, expressing their opinion on which is best for each case, thus facilitating the patient's decision-making process.

"E" stands for "empathy." The patient feels understood by the professional, who should behave as if they were "on the other side," being "cared for" and guided by a competent professional. At this point, the cardiologist must recognize that if they were the patient, they would certainly want to be treated in the best possible way, by the best possible professional. Confrontational or aggressive behavior is not acceptable here; assertiveness is essential, but with enough empathy to make the patient realize how important treatment is. Demonstrating a willingness to listen, understanding their problems and the challenges of change, and demonstrating that you are there to help them, greatly enhances the doctor patient relationship and strengthens trust in the professional leading the process.

Finally, "S" stands for "Self-Efficacy." The patient needs to be motivated to continue changing their lifestyle and continue to treat themselves in the best way possible. Therefore, it's important to always praise and show the patient the results of their efforts. Comparing how they were before and how they are after deciding to treat themselves appropriately with the strategies that were recommended is a very effective way to keep the patient "on track." Reinforcing the positive aspects to encourage the patient to trust their own resources and be optimistic about their ability to change their behavior is crucial.

Conclusion

Disseminating knowledge about cardiovascular health, including the health disease continuum, empowers individuals to make more informed decisions about their health, promoting self-care and treatment adherence. By adopting a clear and conscious approach that places the patient at the center of the problem, it will certainly be easier to achieve our primary goals: significantly reducing the burden of heart disease, improving the population's quality of life, and reducing mortality from cardiovascular disease. The Brief Intervention approach with the FRAMES strategy can be a very useful tool in assisting in the management of heart disease patients.