

Do Heart Failure inpatients present a suitable self-care behavior of their disease?

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NO CONFLICTS TO DECLARE

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INTRODUCTION

Heart failure is often characterized by low exercise capacity and great impairment on performance on activities of daily living^{1,2}.

Knowing the symptoms of the disease and being aware about the most important aspects related to a good self-care behavior is very important³. The correct management of the disease – physical activity included, can prevent the worsening of symptoms and promotes a better quality of life^{4,5}.

The SCHFI is an instrument divided into three sections: maintenance (10 items), management (6 items) and confidence (6 items). Scores ≥ 70 points for each subscale indicate appropriate self-care⁶.

PURPOSE

To evaluate the self-care behavior in a sample of heart failure inpatients and understand which variables are related with a better self-management.

METHODS

Multicenter quantitative correlational exploratory, non-probabilistic sample study, evaluating HF inpatients from eight different hospitals of the country, who accept to participate on the study, using Self Care Heart Failure Index (SCHFI) Portuguese v6.2.

Patients were evaluated at admission in terms of socio-demographic and clinical variables (Table 1). Gender and level of physical activity were used to compare patients (Image 1).

Variables were also used to made some correlations. Descriptive statistics was used to identify the most common strategies used by patients and to analyze the self-care items of the scale.

RESULTS

Table 1 presents the main characteristics of the patients. On Graph 1 are revealed the SCHFI results divided by gender and level of physical activity (86.2% of patients refer to never or rarely perform physical activity or exercising at least for 30 minutes and only 5.3% refer to do it “always”).

No difference was found on self-care behavior between gender; however a significant difference (95% confidence interval, $p < 0.00$) was found related to the performance of regular physical activity (Table 2).

Considering the cut-off value of ≥ 70 , patients present a mean value that range from 4.9% to 10.2% of proper self-care behavior (Graph 1).

Image 2 show the results of the association tests (ANOVA) between different variables and the individual scores of SCHFI.

LIMITATIONS

Some limitations may be addressed to this study: 1) data collection was performed for different nurses on different environments and procedures, 2) different programs available for patient education, 3) absence of data from the level of education or social support.

CONCLUSIONS

Patients present an inadequate self-care behavior, being in general lower than other populations in Europe and out of Europe. Apparently, gender and pathophysiological characteristics do not interfere on the score of SCHFI but performing physical activity with regularity does. Active patients present lower exertion in ADL (LCADL scale), are more independent (Barthel) and have a lower cardiovascular risk (less CVRF in general).

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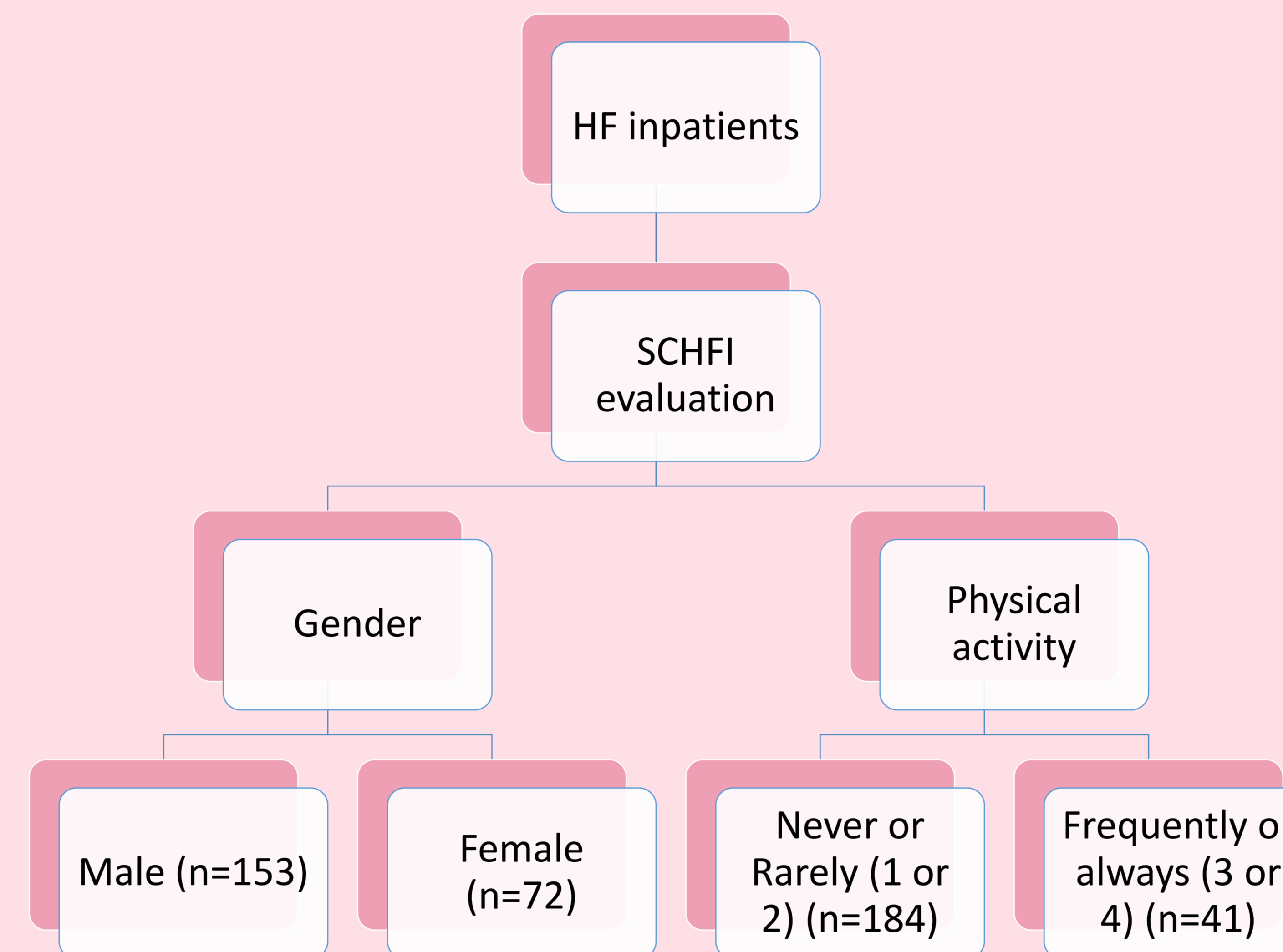
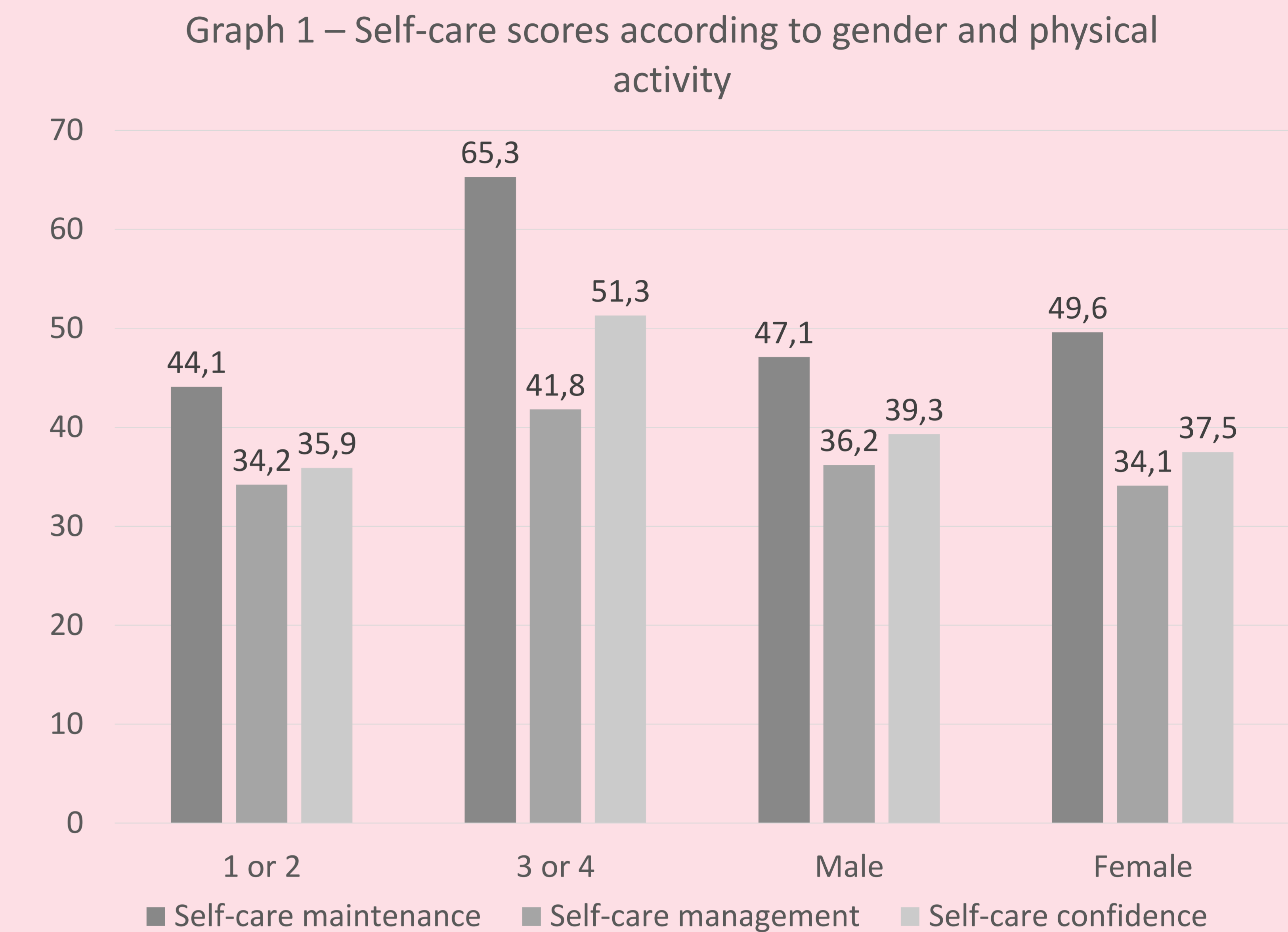


Image 1 – schematization of the study methodology

Variables	Mean \pm SD (n= 225)
Age	68 \pm 10.6
CVRF	3 \pm 1.4
LCADL	29.4 \pm 9.2
Barthel Index	76 \pm 19.9
	N (%)
NYHA class	
II	14 (6.2)
III	176 (78.2)
IV	35 (15.6)
LVSF	
HFpEF	27 (12)
HFmEF	14 (6.2)
HFrEF	184 (81.8)
Ethiology	
Valvular	74 (32.9)
Ischemic	73 (32.4)
Other	78 (34.7)

Table 1 – Characteristics of patients at admission



Group	p value		
	SC Maintenance	SC Management	SC Confidence
1 or 2 VS 3 or 4	<0,00	<0,006	<0,00
Male VS female	0,30	0,52	0,62

Table 2 – Comparison between groups

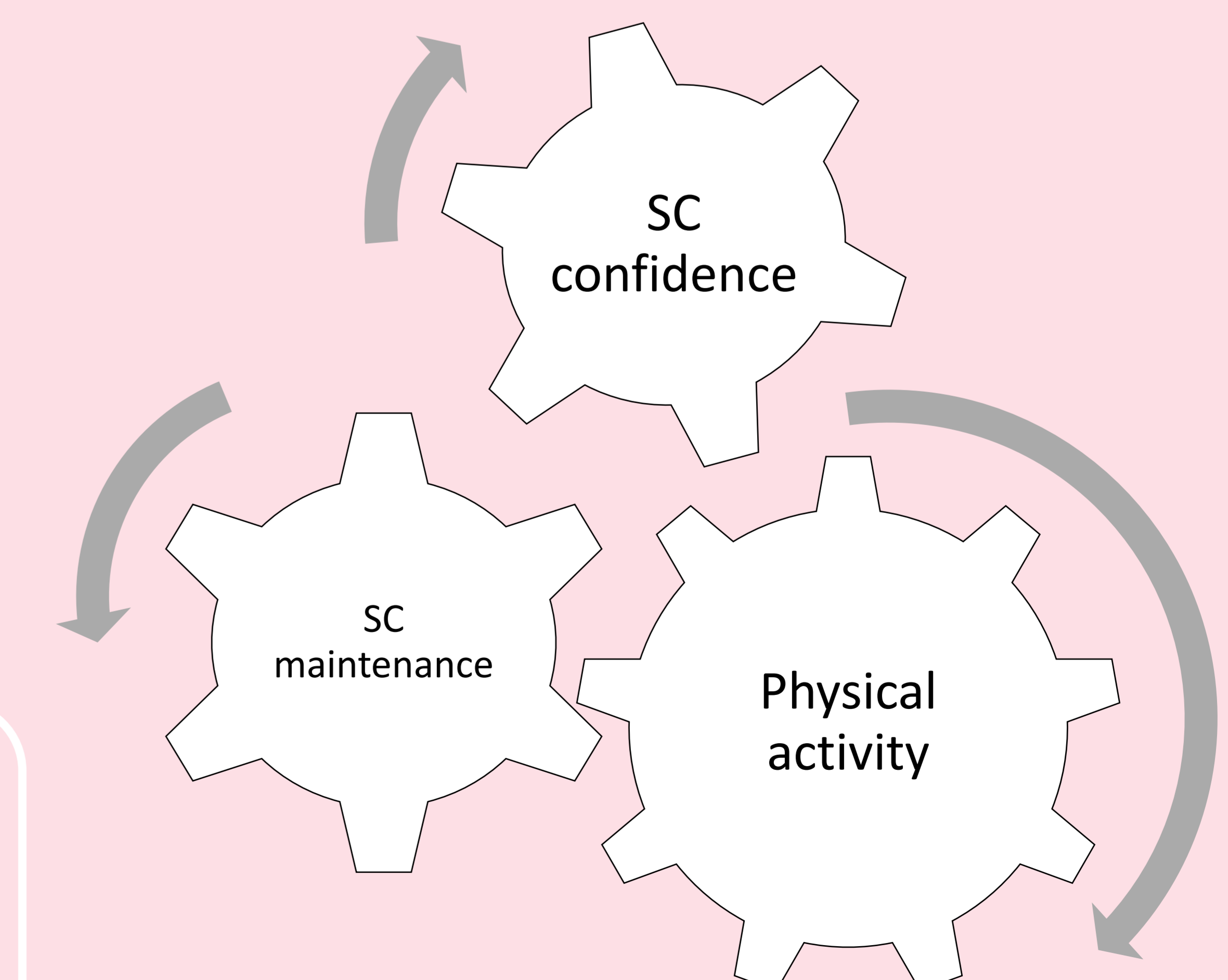


Image 2 – ANOVA associations

HOT TOPICS

- This study characterizes the level of self-care of Portuguese heart failure patients, as other countries had performed,
- Level of physical activity is determinant for a better self-care behavior, with a positive correlation between all the domains of self-care itself.