

Title:

Patient Perceptions of Factors That Influence Self-Management of Heart Failure

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heart failure, self-management and symptoms

References:

Balci, K., Gülcihan, B., Mustafa, M., Akboğa, M., Kadri, S., Fatih, ... Aydoğdu, S., (2015). Perceived benefits of implantable cardioverter defibrillator implantation among heart failure patients and its relation to quality of life: A cross-sectional study. *Cardiol Ther Cardiology and Therapy*, 4(2), 155-165. Herr, J., Salyer, J., Flattery, M., Goodloe, L., Lyon, D., Kabban, C., Clement, D., (2015). Heart failure symptom clusters and functional status - a cross-sectional study. *JAN Journal of Advanced Nursing*, 71(6), 1274-1287. Ivynian, S., DiGiacomo, M., Newton, P., (2015). Care-seeking decisions for worsening symptoms in heart failure: A qualitative metasynthesis. *Heart Failure Reviews*, 20(6), 655-671.

Abstract Summary:

The aim of this pilot study was to identify which symptoms or severity of symptoms influence choices to adhere to or modify treatments in patients with moderate to severe heart failure.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to discuss patient perceptions of managing symptoms of heart failure.	Description of symptoms that study participants associated with worsening of heart failure
The learner will be able to identify behavior modification by patients with heart failure.	Description of behaviors that study participants modified in response to severity of symptoms.

Abstract Text:**Background**

Although there has been an abundance of studies conducted in recent years on heart failure, there are limited numbers of studies exploring the factors that influence patients with heart failure to seek medical care or treatment based on self-perceptions of exacerbation of symptoms. Several studies have indicated a need to identify personal perspectives on symptom management in patients with heart failure (Ivynian, DiGiacomo, Newton, 2015; Reeder, Ercole, Peek, Smith, 2015). There are a number of symptoms identified as triggers of exacerbation of heart failure. Some studies identified as many as 29 characteristics of heart failure (Souza, Zeitoun, Lopes, Oliveira, Lopes, Barros, 2015). Decisions to change behaviors in self-management of heart failure have been measured with respect to adherence to dietary restrictions of daily sodium intake to 2000-3000 mg and fluid intake to 1.5 to 2 liters of fluid daily (Parrinello, Greene, Torres, Alderman, Bonventure, DiPasquale, et al., 2015) which can be controlled by severity of thirst (Allida, Inglis, Davidson, Lal, Hayward, Newton, 2015), or may change after improvement

of heart function by mechanical devices such as implantable cardioverter defibrillators (ICDs) (Balci, Balci, Akboga, Seri, Acar, et al, 2015). This study focused on symptoms that have an observable consequence by participants such as that of leg edema with weight gain (Kataoka, 2015), performance measures of functional limitations and mobility (Herr, Saylor, Flattery, Goodloe, Lyon, Kabban, et al., 2015), and was limited to patients with New York Heart Association (NYHA) class III and IV heart failure . Behavior changes based on severity of symptoms of heart failure were explored.

Methods

Participants for this qualitative pilot study were three patients with moderate to severe heart failure (New York Heart Association class III or IV) from a cardiologist practice in the Mid-Atlantic. Semi-structured interviews were conducted of these patients by the Primary Investigator in the cardiologist's office which were recorded and transcribed . They were interviewed about how they altered their behaviors and medications in response to symptom management. Several of the main questions were related to modifications in diet, fluid intake, and medication times. Data was labeled according to symptoms and management of those symptoms and coded. Themes were supported with exemplars from the transcriptions. Categorized by management of symptoms and themes emerged from content analysis.

Conclusions

All participants reported modifying diet, fluid intake, activity, and medication times in response to severity of symptoms. None of the participants reported symptoms of peripheral edema or shortness of breath, rather the most common symptoms perceived as worsening of heart failure were fatigue and activity intolerance. All participants reported improvement of severity of symptoms after insertion of an automated implantable cardioverter-defibrillator.