

Does it matter what patients think? Patients' beliefs about heart disease and rehabilitation

The importance of knowledge and beliefs for adherence to health behaviour advice in heart failure.

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Compliance in patients with heart failure

- * Compliance can be defined as 'the extent to which a persons' behaviour (in terms of taking medication, following diet or executing life style changes) coincides with the 'clinical prescription'.
- * Compliance is the extent to which the behaviour corresponds with agreed recommendations from a health care provider.(WHO)
- * Although other terms are used (adherence and concordance), the term compliance is widespread, despite the negative connotation of the one-way direction from the describing health care provider to the obeying patient.

Compliance in patients with heart failure

- * To assess compliance, patient interviews or self-report questionnaires are mostly used. Other instruments are pill count, Medication Event Monitoring System (MEMS), measurement of the serum medication concentration or serum ACE activity, interview of the health care provider, chart review and patient diaries.
- * Non-compliance with medication, diet or fluid restriction decreases the efficacy of the treatment prescribed and exposes the patient to clinical destabilisation, which can lead to increased HF symptoms.

Factors associated with compliance

- * Patient-related factors
- * Regimen-related factors
- * Factors related to the health care provider

Patient-related factors

- * Knowledge on HF and the HF regimen
- * Benefits and barriers (beliefs) about the HF regimen. Misconceptions
- * Clinical and demographic factors (Age, gender, marital status, educational level, severity of the disease, and depressive symptom

Self-Care Behaviors Recommended for Patients With HF

- Maintain current immunizations, especially influenza and *Streptococcus pneumoniae*
- Develop a system for taking all medications as prescribed
- Monitor for an unexpected decline in body weight and for signs/symptoms of shortness of breath, swelling, fatigue, and other indicators of worsening HF
- Restrict dietary sodium
- Restrict alcohol intake
- Avoid other recreational toxins, especially cocaine
- Cease all tobacco use and avoid exposure to second-hand smoke
- Do not ignore emotional distress, especially depression and anxiety.
- Seek treatment early
- Tell your provider about sleep disturbances
- Achieve and maintain physical fitness
- Visit your provider at regular intervals
- Talk to a pharmacist or other provider about herbal medicines
- If diabetic, achieve diabetes mellitus treatment goals

Factors That Make Self Care Difficult for Patients

- * Comorbid Conditions
- * Depression
- * Anxiety
- * Age-Related Issues
- * Impaired Cognition
- * Sleep Disturbances
- * Poor Health Literacy
- * Problems With the Healthcare System

Reasons for rehospitalization among patients with heart failure

- * Lack of compliance with medications
- * Failure to follow a salt-restricted diet
- * Delays in seeking medical attention

PRIME POINTS

- * Educating patients before discharge promotes self-care, reduces readmissions, and helps patients spot problems early
- * Patients should be active partners in the management of their health
- * Patients should learn about their conditions and medications and when to seek medical treatment

Performance Measures Related to Discharge Education for Patients With Heart Failure

- * Performance measures are criteria used by organizations to determine whether an organization is fulfilling its vision and meeting its patient-focused goals.
- * Performance measures may reflect medical management of patients, but they may also assess aspects of patient care, such as education of patients and their families at discharge.
- * The latest guidelines for management of heart failure from the Heart Failure Society of America recognize the importance of education and recommend that patients receive educational materials as part of the patients' complete discharge instructions. (*J Card Fail.* 2006;12(1):e1-e119).
- * Education of heart failure patients and their families is critical. Failure of these patients to comply with physician's and other health care providers' instruction is sometimes a cause of HF exacerbation. A significant cause of patient's failure to comply is lack of understanding (*J Am Coll Cardiol.* 2005;46(6):1144-1178).

Performance measures for patients with heart failure

- * The Joint Commission evaluates 4 performance measures for patients with heart failure that are similar to those of the ACC/AHA
- * Discharge instructions (HF-1)
- * Assessment of left ventricular function (HF-2)
- * Use of angiotensin-converting enzyme inhibitors in patients with left ventricular systolic dysfunction (HF-3),
- * Smoking cessation counseling (HF-4)

Importance of educating patients and their families in preventing rehospitalization for heart failure

- * The association of medication adherence and knowledge was tested in 61 patients age 50 years or older who had heart failure
- * Greater knowledge of, skills with, and adherence to medication were associated with fewer visits
- * Education of patients at discharge promotes self-care, reduces readmissions, and helps patients identify problems early, increasing the chances of intervention and improved outcomes

ADHERE

- * Acute Decompensated Heart Failure National Registry (ADHERE) determined rates of conformity with the 4 core performance measures from the Joint Commission.
- * 81 142 admissions of patients with heart failure, The median rate of conformity with discharge instructions was only 24% (range, 0%-99%), and the median rate of conformity with (counseling for smoking cessation) was 43.2% (range, 0%-100%).

Does Compliance With Performance Measures Improve Clinical Outcomes?

- * In the analysis of data from OPTIMIZE-HF, the discharge instruction performance measure did not have an effect on mortality or rehospitalization at 60- to 90-day followup. Only use of an angiotensin-converting enzyme inhibitor or an angiotensin-receptor blocker at discharge was associated with a reduction in mortality or rehospitalization after discharge.
- * Trials comparing conventional management of heart failure with management programs that included counseling of patients about diet, exercise, medications, and monitoring have shown that disease management programs can reduce hospital stays and improve functional status.
- * Delivery of the full set of discharge instructions was significantly more likely in the 46% of patients who received process improvement tools.

Lifestyle changes required in the self-management of heart failure

- Adopt a low-sodium diet (<3000 mg for NYHA functional class I and II; <2000 mg for NYHA functional class III and IV).
- Restrict fluid intake to 2 L (approximately 8 cups) per day if indicated.
- Stop smoking.
- Increase activity/exercise at a low to moderate intensity.
- Monitor weight daily.
- Notify health care provider of signs and symptoms of worsening heart failure, such as weight gain of more than 3 lb (1.3 kg) in a week or 2 lb (0.9 kg) overnight.
- Eliminate alcohol consumption.
- Reduce fat and cholesterol in diet if coronary artery disease is present.
- Learn all signs and symptoms to report to health care provider: pain in jaw, neck, or chest; increased shortness of breath or fatigue; dizziness or syncope; swelling in feet, ankles, legs, or abdomen; palpitations; and racing heart (>120 beats per minute)

Conclusions

- * Providing comprehensive discharge education to patients with heart failure is essential to improving outcomes.
- * Patients with heart failure should understand their condition, their medications, and when to seek medical treatment.
- * As more is learned about the important effects of education and self-care on patients' outcomes, the need to move away from the traditional view of patients as passive recipients of information is clear. Patients should be viewed as active partners in the management of their health.
- * Non-compliance with medication and other lifestyle recommendations is a major problem in patients with HF.

Adherence to health behaviour advice

Patients' beliefs about heart failure

Mecanismos de las creencias de los pacientes con ic y la compliance

- * Asociación entre las variables demográficas y los síntomas depresivos con las creencias.
- * Compliance con la dieta y el peso diario.
- * Asociación de compliance con las creencias de los pacientes

Barreras para el regimen de ic

- * Diuresis durante la noche.
- * El sabor de los alimentos.
- * la limitación para salir.
- * Olvido del peso diario
- * pacientes con síntomas depresión y bajos conocimientos en hf experimentas mayores barreras

cambios en el comportamiento

- * Evitar la ingesta de Na
- * Exceso de líquidos
- * Alcohol
- * Tabaco
- * Ejercicio regular
- * Perdida de peso

- Maintain current immunizations, especially influenza and *Streptococcus pneumoniae*

Self-Care Behaviors Recommended for Patients With HF

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- Do not ignore emotional distress, especially depression and anxiety. Seek treatment early
- Tell your provider about sleep disturbances
- **Achieve and maintain physical fitness**

- * Deficiencies in mandated self-care education for persons with only HF

Problems With the Healthcare System

- Professional society performance standards
- Clinical practice guidelines
- Hospital discharge plans
- For patients with HF and multiple comorbidities
- No quality measures, performance standards, or guidelines exist
- Policy considerations in fee-for-service payer systems
- Little or no reimbursement for patient education, counseling, and coordination
- of care
- Reimbursement tied to individual diseases rather than complexity
- Medical care systems
- No common medical record

Gaps and conflicts in current knowledge
 Healthcare providers
 Inadequate knowledge base for HF
 Inadequate instruction in self-care and its teaching
 Inadequate provider communication skills
 Inadequate or incorrect information from providers
 Poor communication between providers
 Inadequate training for treatment of chronic conditions
 Inadequate treatment of depression and anxiety
 Lack of time or remuneration for self-care education
 Inadequate skill in behavioral counseling