Self-care and health-related quality of life in adult patients with dilated cardiomyopathy

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Dilated Cardiomyopathy

-Disease of the heart muscle causing impaired myocardial contractility
-Poor prognosis; patients are often referred for a heart transplant
-Half of non-ischaemic heart failure patients have been diagnosed with the disease
-Very few studies have been conducted in DCM patients
-Poor quality of life has been reported for these patients
-There are no self-care studies in this population
Objective

To assess health-related quality of life and self-care in adult patients with non-ischaemic dilated cardiomyopathy.
Methods

-Cross-sectional postal questionnaire survey
-Patients were recruited from 2 University hospitals in UK
-A sample of 186 patients was required
-Health-related quality of life: Minnesota Living with Heart Failure Questionnaire (MLHFQ)
-Self-care: Self-Care in Heart Failure Index (SCHFI)
-Psychological status: Hospital Anxiety and Depression Scale (HADS)
-Symptoms: revised Physical Symptom Incidence and Distress Scale (rPSIDS)
-Sociodemographic questionnaire
-Results for 190 patients are reported here
## Results

<table>
<thead>
<tr>
<th>Sociodemographic data</th>
<th>Sample: 190 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean: 51.5 years</td>
</tr>
<tr>
<td>Sex</td>
<td>71.6% men</td>
</tr>
<tr>
<td>Form of care</td>
<td>40.4% Heart Failure Clinic</td>
</tr>
<tr>
<td>Live alone / Live with someone</td>
<td>83.6% lived with someone</td>
</tr>
<tr>
<td>Education</td>
<td>65.1% secondary education</td>
</tr>
</tbody>
</table>
Results

New York Heart Association (NYHA) functional status

- NYHA I: 48.5%
- NYHA II: 36.6%
- NYHA III: 5.9%
- NYHA IV: 8.9%

Frequency of days in hospital

Mean = 3.31
Std. Dev. = 7.361
N = 185

Cardiac rehabilitation

- Yes: 69.31%
- No: 30.69%
## Results: Health-related Quality of Life

### Statistics

<table>
<thead>
<tr>
<th></th>
<th>corrected MLHF total score</th>
<th>corrected MLHF physical score</th>
<th>corrected MLHF emotional score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid N</td>
<td>190</td>
<td>190</td>
<td>190</td>
</tr>
<tr>
<td>Missing N</td>
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<tr>
<td>Mean</td>
<td>45.1304</td>
<td>20.0997</td>
<td>10.9118</td>
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<tr>
<td>Std. Deviation</td>
<td>29.81686</td>
<td>13.22009</td>
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<tr>
<td>Range</td>
<td>105.00</td>
<td>40.00</td>
<td>25.00</td>
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<tr>
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<tr>
<td>Maximum</td>
<td>105.00</td>
<td>40.00</td>
<td>25.00</td>
</tr>
</tbody>
</table>

### Minnesota Living with Heart Failure Questionnaire (MLHFQ) total score

- **Mean**: 45.1304
- **Std. Dev.**: 29.81686
- **N**: 190

### MLHFQ physical score

- **Mean**: 20.0997
- **Std. Dev.**: 13.22009
- **N**: 190

### MLHFQ emotional score

- **Mean**: 10.9118
- **Std. Dev.**: 8.47057
- **N**: 190
Results: Self-care and Symptoms

**Self-Care in Heart Failure Index (SCHFI) raw total score**

- Mean = 18.302
- Std. Dev. = 14.168
- N = 115

**Statistics**

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<tr>
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</table>

**Revised Physical Symptom Incidence and Distress Scale (rPSIDS): categories**

- Mild symptoms: 63.49%
- Moderate symptoms: 28.57%
- Severe symptoms: 7.94%
### Results: Anxiety and Depression

#### Statistics

<table>
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<th>corrected HADS_A scores</th>
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<tr>
<td>Maximum</td>
<td>20.00</td>
<td>18.00</td>
<td>38.00</td>
</tr>
</tbody>
</table>

#### HADS Anxiety

- Normal: 51.1%
- Mild: 19.7%
- Moderate: 21.3%
- Severe: 8.0%

#### HADS Depression

- Normal: 60.6%
- Mild: 17.0%
- Moderate: 18.1%
- Severe: 4.3%

#### HADS Total

- Normal: 52.7%
- Mild: 21.3%
- Moderate: 19.1%
- Severe: 8.9%
Conclusions

-Nurse-led Heart Failure Clinics are widely accepted as form of care for cardiac patients in the UK
-Results confirm that quality of life is low in patients with Dilated Cardiomyopathy
-Patients had low self-care scores, despite receiving information on how to practice self-care
-Few patients participated in cardiac rehabilitation
-Patients generally reported low physical quality of life and moderate or severe symptoms
-A significant number of patients reported feeling anxious or depressed
Implications / Further research

- Further studies are needed in order to make self-care education more efficient for these patients.
- Cardiac nurses should make sure patients understand self-care and are capable of performing it.
- Cardiac rehabilitation programmes should be implemented on a larger scale for non-ischaemic cardiac patients.
- Patients with anxiety and/or depression need to be identified, referred to the appropriate mental health services, and offered suitable interventions or other forms of support.
Gracias!

Thank you!