

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

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(University of Manchester Scholarship, Onassis Foundation
Scholarship)

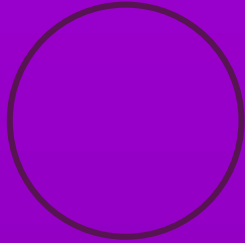
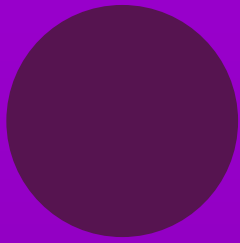
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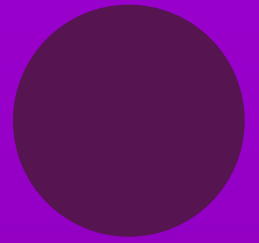
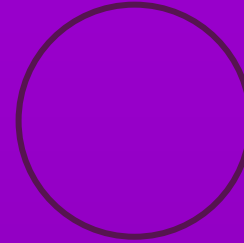


Dilated Cardiomyopathy

- 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

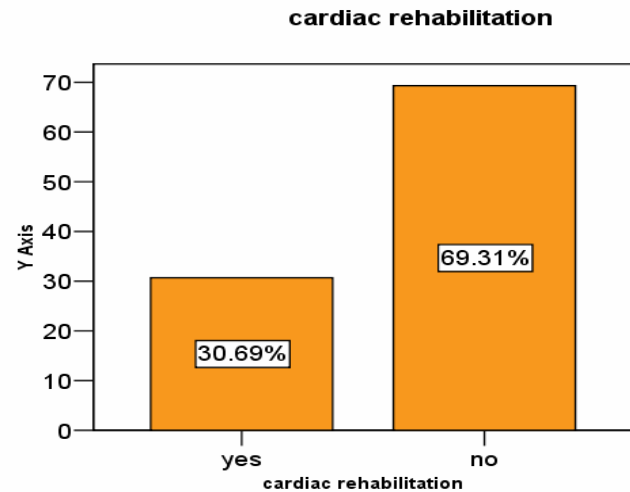
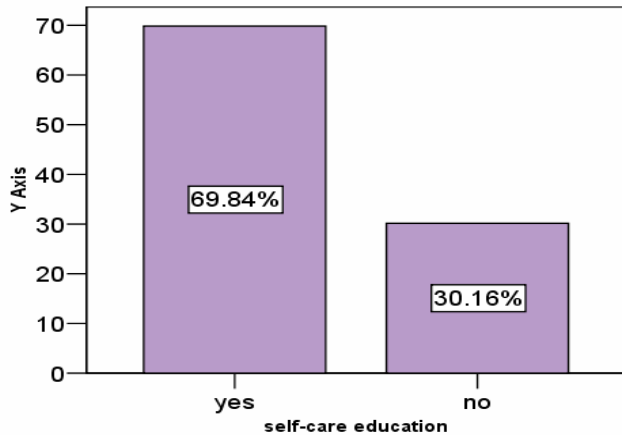
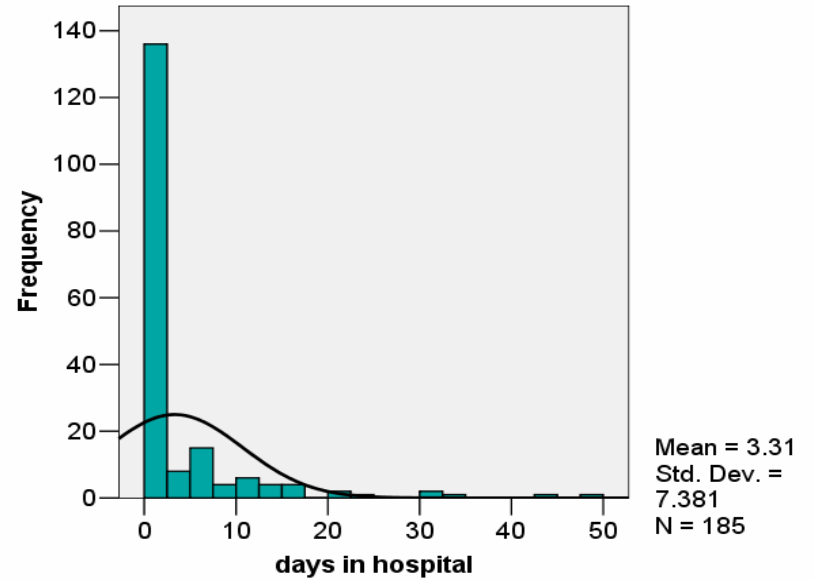
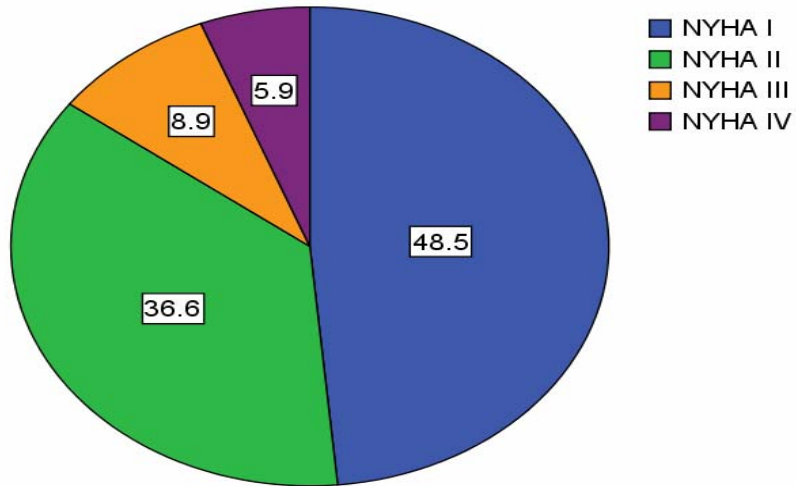
- Cross-sectional postal questionnaire survey
- Patients were recruited from 2 University hospitals in UK
- A sample of 186 patients was required
- Health-related quality of life: Minnesota Living with Heart Failure Questionnaire (MLHFQ)
- Self-care: Self-Care in Heart Failure Index (SCHFI)
- Psychological 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

Sociodemographic data	Sample: 190 patients	
Age	Mean: 51.5 years	SD: 10.5 years
Sex	71.6% men	28.4% women
Form of care	40.4% Heart Failure Clinic	59.6% Cardiology
Live alone / Live with someone	83.6% lived with someone	16.4% lived alone
Education	65.1% secondary education	18.8% University education

Results

New York Heart Association (NYHA) functional status

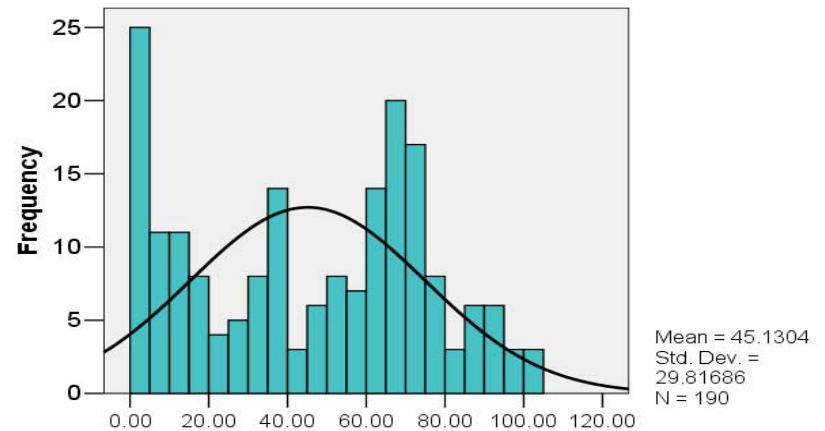


Results: Health-related Quality of Life

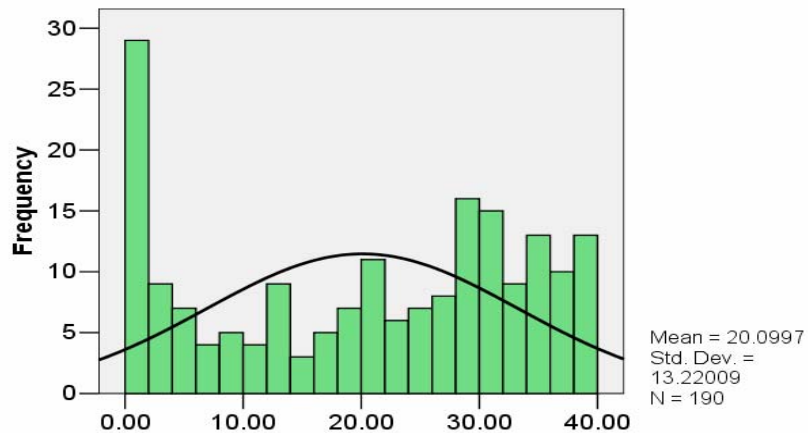
Statistics

		corrected MLHF total score	corrected MLHF physical score	corrected MLHF emotional score
N	Valid	190	190	190
	Missing	0	0	0
Mean		45.1304	20.0997	10.9118
Std. Deviation		29.81686	13.22009	8.47057
Range		105.00	40.00	25.00
Minimum		.00	.00	.00
Maximum		105.00	40.00	25.00

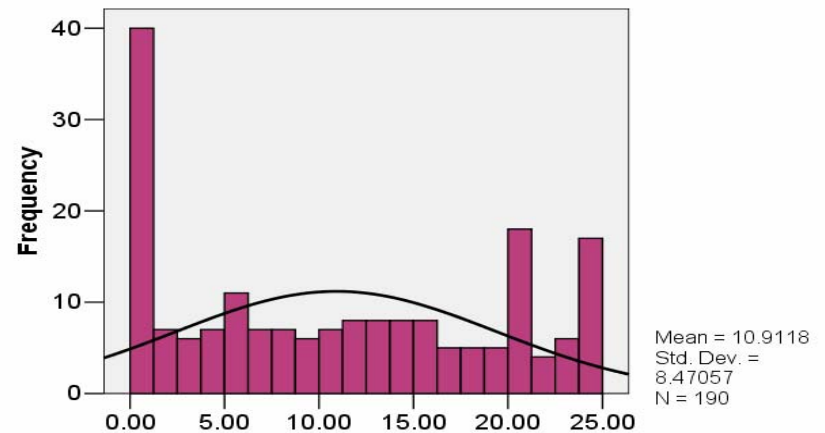
Minnesota Living with Heart Failure Questionnaire (MLHFQ) total score



MLHFQ physical score

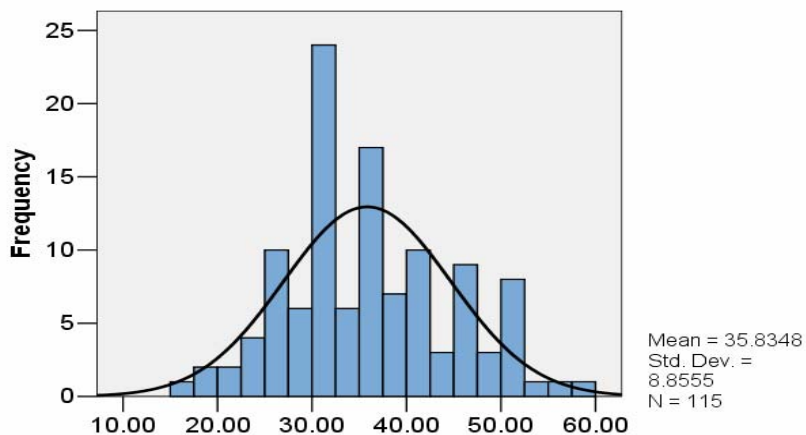


MLHFQ emotional score

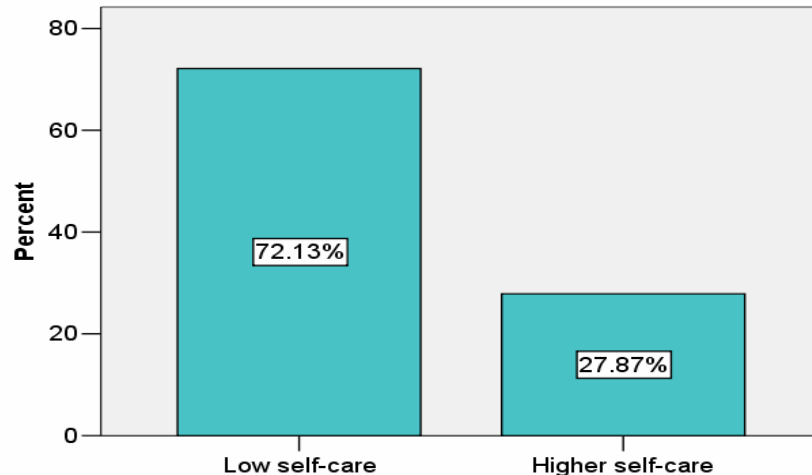


Results: Self-care and Symptoms

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



self-care

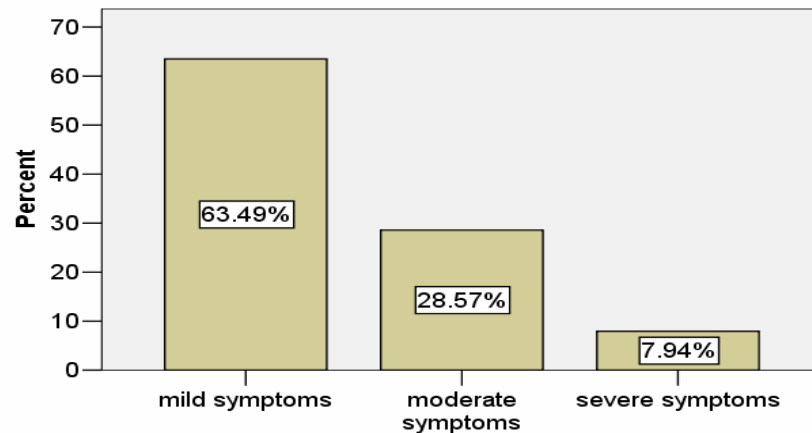


Statistics

rPSIDS corrected total scores

N	Valid	189
	Missing	1
Mean		18.3021
Std. Deviation		14.16812
Range		63.00
Minimum		.00
Maximum		63.00

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

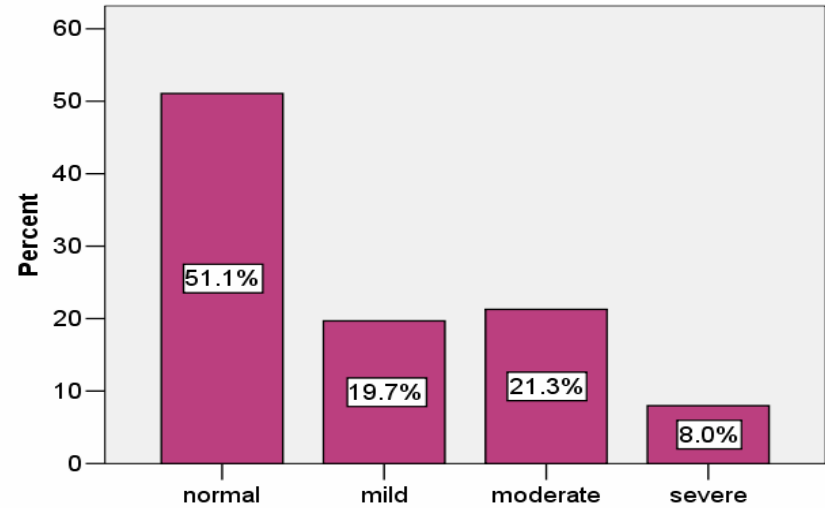


Results: Anxiety and Depression

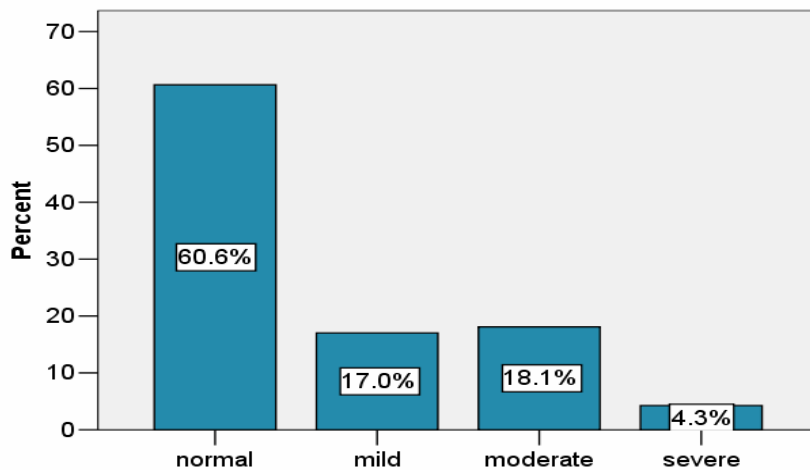
Statistics

		corrected HADS_A scores	corrected HADS_D scores	corrected HADS total score
N	Valid	188	188	188
	Missing	2	2	2
Mean		7.7722	6.4743	14.2465
Std. Deviation		4.86337	4.62231	8.80964
Range		20.00	18.00	38.00
Minimum		.00	.00	.00
Maximum		20.00	18.00	38.00

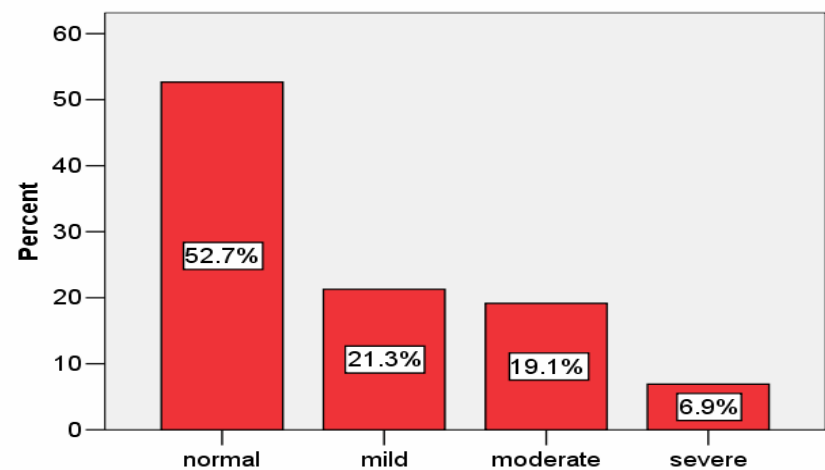
HADS Anxiety



HADS Depression



HADS total





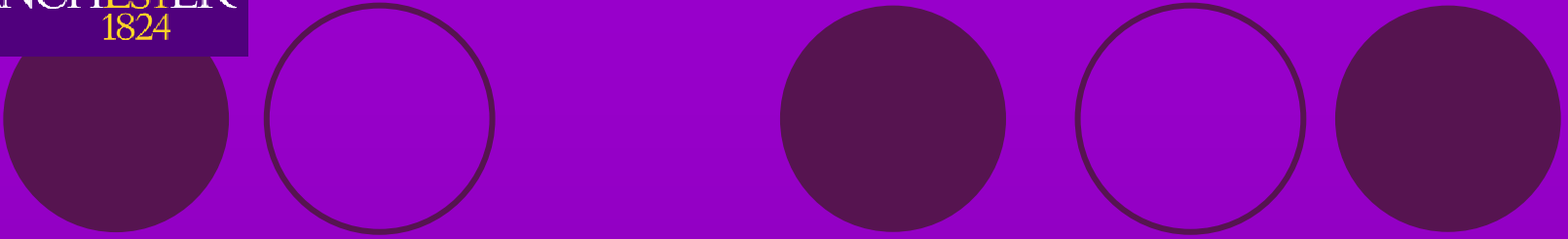
Conclusions

- 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!