Assessment of Perception and Quality of Life for Patients with Congestive Heart Failure

Thesis

Submitted for Partial Fulfillment of Master Degree
in Medical Surgical Nursing
(Critical Care Nursing)

By
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Head nurse at Intensive Care Unit
Alexandria University Hospital

Faculty of Nursing
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✍. *Asmaa Mohamed*

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Abstract

Background: Congestive heart failure is a complex disease and so far has been a major cause of morbidity and mortality. The illness perception aims to understand how patients evaluate threats to their health by constructing their own thoughts and perceptions. Congestive heart failure has a major impact on the quality of life of patients. **Aim:** This study aimed to assess perception and quality of life for patients with congestive heart failure. **Design**: A descriptive exploratory design was used to achieve the aim of the study. **Setting** The study was conducted in coronary care unit at Alexandria University Hospital. **Study sample:** Purpose sample of 100 patients with congestive heart failure were recruited in the study. **Tools:** Three tools were used for data collection; tool 1 patient's interviewing questionnaire consisted of the demographic characteristics of patient and the past and present history of the disease, tool 2 was patient's perception scale (Illness Perception Questionnaireand), tool 3 was the quality of life scale SF-36. **Results:** The finding of the current study revealed that 49% of the studied subjects had low perception possible causes of disease, 86% of them had moderate perception about treatment control of disease, and 78% of them had high perception about illness coherence of disease. 10% of the studied patients had high quality of life of physical functioning, 82% of them had low quality of life of energy/ fatigue, 64% of them had moderate quality of life of social function. **Conclusion**: The results of the current study revealed that the majority of studied patients had moderate perception regarding congestive heart failure and most of the studied subject had low quality of life. **Recommendations:** Continuous manner of education for studied patients should be held, because it is a fundamental part of their treatment.

Keywords: Congestive heart failure**,** Perception, Quality of life.

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List of Abbreviations

Abb.	Full term
ABG	Arterial blood gases
ACC	American College of Cardiology
ACE	Angiotensin-converting enzyme
ADLs	Activities of daily living
AHA	American Heart Association
AIDS	Acquired immune deficiency syndrome
ANP	Atrial natriuretic peptide
ARBs	Angiotensin II receptor blockers
BMI	Body mass index
BNP	B-type natriuretic peptide
BP	Blood pressure
CAD	Coronary artery disease
CCU	Coronary care unit
CHD	Coronary heart disease
CHF	Congestive heart failure
CO	Cardiac output
CO_2	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
CRT	Cardiac resynchronization therapy ICU
CVDs	Cardiovascular diseases
ECG	Electrocardiogram
HCM	Hypertrophic cardiomyopathy
HF	Heart failure

Abb.	Full term
HR	Heart rate
HRQoL	Health-related quality of life
IABP	Intra-aortic balloon pump
ICD	Implantable cardiac defibrillator
JVD	Jugular venous distention
LV	Left ventricular
LVEF	Left ventricular ejection fraction
MI	Myocardial infarction
MOS SF-36	Medical outcomes survey – short form
NYHA	New York Heart Association
PaCO$_2$	Partial pressure of arterial carbon dioxide
PaO$_2$	Partial pressure of arterial oxygen
PCI	Percutaneous Coronary Intervention
QOL	Quality of life
ROM	Range of motion
SNS	Sympathetic nervous system
SV	Stroke volume
USA	United States of America
VAD	Ventricular assist device
WHO	World Health Organization

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Introduction

Congestive heart failure (CHF) indeed is a complex disease and so far has been a major cause of morbidity and mortality in developing and developed countries. A standardized medical therapy has been successful in the early stages of CHF. Advanced stages of CHF require frequent hospitalization due to the presence of severe CHF and/or associated co-morbid conditions, which require strict implementation of an appropriately individualized multidisciplinary approach and quality measures to reduce re-admissions **(Takeda, Taylor, Taylor, Khan, Krum, et al., 2012).**

The commonest causes of CHF are coronary artery disease (CAD), hypertension, and smoking. The concomitant diseases such as atrial fibrillation, valvular heart disease, diabetes, chronic kidney disease, anemia, chronic obstructive pulmonary disease (COPD), depression, arthritis, sensory impairment, and cognitive dysfunction substantially add to the complexity of HF care. Despite advances in the care of individuals with heart failure (HF), uncertainty remains about how best to manage CHF patients with complex co-morbidities **(Azad & Lemay, 2014).**

The onset of symptoms can be gradual yet destructive, causing consistent shortness of breath, weight gain, confusion, and exhaustion over just a few days or weeks. Some patients may also have sudden distress and need care immediately. They may receive treatment such as diuresis to reduce fluid overload or medications to strengthen their heart function. If a patient progresses to a more severe state, they may require the use of a ventricular assist device (VAD), a mechanical pump that's used to support heart function and blood flow, or a heart transplant **(Sanghavi, McClellan, George, Alawa, Bencic, et al., 2014).**

Treatment often includes a number of medications and lifestyle modifications, such as reduced sodium intake and increases in daily physical activity. This occurs because heart function is highly sensitive to dietary changes such as fluid and sodium intake, blood pressure control, proper use of medications, and other lifestyle choices **(Frieden, & Berwick, 2011).**

The term illness perception refers to the organized beliefs patients construct about the characteristics of their illness. It identified five core dimensions. These were: beliefs about commonly experienced illness symptoms (identity), perceived duration of the illness (timeline), causal factors (causal attributions), expected effect sand

outcome of the illness (consequences), and curability and controllability of illness (control/cure) which help individuals to make sense of their illness and provide a foundation for their coping responses **(Tiemensma, Kaptein, Pereira, Smit, Romijn, et al., 2011).**

Congestive heart failure (CHF) has a major impact on the quality of life (QOL) of patients, in physical, psychological and social domains. But even compared with other chronically ill patients, patients with HF have similar or even more impaired physical and mental health. In recent years, patient-centred outcomes, such as QOL, have gained greater importance, particularly because life expectancies for HF patients have increased, and HF patients have to adjust to living with a chronic condition **(Hoekstra, Lesman-Leegte, van Veldhuisen, Sanderman, & Jaarsma, 2011).**

Efforts at heart failure disease management typically take the form of nursing-intensive interventions focused on ensuring the delivery of guideline-based medical therapy (therapeutic modification), enhancing patient self-efficacy through education regarding adherence and self-management (education), and regular surveillance for early signs of clinical deterioration (monitoring). It is paramount that nurses provide the necessary help and assistance required by the patient to cope with this illness and transition **(Desai, 2012)**.