

Health & Research Journal

Vol 6, No 3 (2020)

Volume 6 Issue 3 July - September 2020



Volume 6 issue 3 July - September 2020

EDITORIAL

The expanding role of extracorporeal membrane oxygenation (ecmo) in the covid-19 pandemic

BRIEF REPORT

Body image and traumatic amputation

Quality of Life in heart failure

REVIEWS

Animal assisted therapy and occupational therapy

RESEARCH ARTICLES

The attitudes and behaviors of intensive care unit nurses towards end-of-life care



Quality of Life in heart failure

Jona Sakiqi

doi: [10.12681/healthresj.24745](https://doi.org/10.12681/healthresj.24745)

To cite this article:

Sakiqi, J. (2020). Quality of Life in heart failure. *Health & Research Journal*, 6(3), 82–84.
<https://doi.org/10.12681/healthresj.24745>

BRIEF REPORT

QUALITY OF LIFE IN HEART FAILURE

Sakiqi Jona

Msc in Applied Clinical Nursing, University of West Attica, Department of Nursing, Athens, Greece

*Cite as: Sakiqi, J. (2020). Quality of life in heart failure. Health and Research Journal, 6(3), 82-84. <https://ejournals.epublishing.ekt.gr/index.php/HealthResJ>***Corresponding Author:** Sakiqi Jona, e-mail: jksakiqi@gmail.com

Heart failure (HF) is expanding at an alarming rate with an estimated global prevalence of more than 37.7 million individuals.¹ Global incidence of HF ranges from 100 to 900 cases per 100,000 person, mainly depending on the diagnostic criteria used.²

Incidence and prevalence rates may present geographical variations according to the source of data and the methodology used, however they increase with advancing age, worldwide.³ In terms of risk factors, high blood pressure and body mass index at all ages may lead to higher lifetime risks.⁴ HF diagnosis relies on medical history, clinical examination and symptoms (shortness of breath, fatigue and swelling in the ankles and legs). Survival estimates are 50% and 10% at 5 and 10 years, respectively, after diagnosis.²

During recent decades, quality of life (QoL) has come to the forefront of clinical practice largely due to better understanding of HF pathophysiology and treatment. QoL reflects patients' perceptions about the multidimensional impact of this clinical syndrome on their lives. Measurement of QoL including physical, mental or social functioning is a significant tool in daily practice for assessment of HF treatment or effectiveness of interventions. Furthermore, systematic administration of standardized QoL instruments may provide valuable information to improve HF management.^{5,6}

Interestingly, efficacy of treatment is evaluated by several indices such as laboratory findings which ignore patients' needs which adversely affect QoL. It is not rare that physicians' prediction about patients' health perception and patients own health perception, frequently differ.⁷ According to patients' view, the main determinants of QoL include current health state, social integration, spirituality, perceived support, self care behaviors, sleep disorders and emotional burden.⁸

Notably, poor QoL in HF is associated with frequent hospitalizations and increased mortality rates.⁷ Specifically more, over 80% of HF patients have enormous burden of symptoms such as dyspnea, fatigue, edema, sleeping difficulties, and chest pain which adversely affects QoL.⁷

Contrariwise, medication adherence has a positive relationship with QoL among HF patients.⁹ In terms of Greek hospitalized patients, the more adherent a patient was the better QoL had.⁸ Relevant studies in Greece among HF outpatients, showed that when fatigue¹⁰ or anxiety¹¹ increases also deteriorates QoL while depression negatively influences QoL.¹²

Moreover, among 300 hospitalized HF patients (167 men and 133 women) worse QoL had patients taking antidepressants and anxiolytics, those suffering from 6 to 10 years, those with prior hospitalization and those who had not retired or were not absent from work because of their heart problem.¹³

The same study also showed that worse QoL in physical state had patients suffering from other diseases whereas worse mental state had those reporting poor relations with the medical and nursing staff. Low communication between health professionals and patients or misunderstandings about treatment may be an obstacle to patients' effective self-care, thus minimizing QoL. Indeed, patients need careful listening and provision of accurate information while clinicians are often reluctant to disclose the poor prognosis.¹³

Erceg et al.,¹⁴ who also explored hospitalized HF patients showed depression, high NYHA class, low income, and long duration of the disease as independent predictors of poor QoL. It is noteworthy, that depression is five times more prevalent in HF patients when compared to general population while major depression in chronic HF accounts for 20–40% of cases.¹⁵

Regarding symptoms, mainly fatigue and edema adversely

affects quality of life.¹⁶ Last but not least, HF patients experience several financial difficulties such as loss of their jobs or increase in medical expenses, which negatively affect their QoL.⁷

Measuring QoL in HF patients is important for both clinical practice and research. In general, QoL is a challenge for nurses involved in HF care as each patient has a unique way to confront with this clinical syndrome.

Recognizing factors associated with QoL in HF, on the one hand will significantly help health professionals to provide holistic care while on the other hand may prompt HF patients to continue their biological and psychological struggle.

REFERENCES

1. Ziaeian B, Fonarow GC. Epidemiology and aetiology of heart failure. *Nat Rev Cardiol*. 2016;13(6):368-378. doi:10.1038/nrcardio.2016.25
2. Roger VL. Epidemiology of heart failure. *Circ Res*. 2013;113:646-659.
3. Orso F, Fabbri G, Maggioni AP. Epidemiology of Heart Failure. *Handb Exp Pharmacol*. 2017;243:15-33. doi:10.1007/164_2016_74
4. Huffman MD, Berry JD, Ning H, Dyer AR, Garside DB, Cai X, et al. Lifetime risk for heart failure among white and black Americans: Cardiovascular lifetime risk pooling project. *J Am Col Cardiol*. 2013;61:1510-1517.
5. van Kessel P, de Boer D, Hendriks M, Plass AM. Measuring patient outcomes in chronic heart failure: psychometric properties of the Care-Related Quality of Life survey for Chronic Heart Failure (CaReQoL CHF). *BMC Health Serv Res*. 2017;17(1):536. doi:10.1186/s12913-017-2452-4
6. Mazurek JA, Jessup M. Understanding Heart Failure. *Heart Fail Clin*. 2017;13(1):1-19. doi:10.1016/j.hfc.2016.07.001
7. Heo S, Lennie TA, Okoli C, Moser DK. Quality of life in patients with heart failure: ask the patients. *Heart Lung*. 2009;38(2):100-108. doi:10.1016/j.hrtlng.2008.04.002
8. Polikandrioti M, Koutelekos I, Panoutsopoulos G, Gerogianni G, Zartaloudi A, Dousis E, et al. Hospitalized patients with heart failure: the impact of anxiety, fatigue, and therapy adherence on quality of life. *Arch Med Sci Atheroscler Dis*. 2019;4:e268-e279. doi:10.5114/amsad.2019.90257
9. Silavanich V, Nathisuwan S, Phrommintikul A, Permsuwan U. Relationship of medication adherence and quality of life among heart failure patients. *Heart Lung*. 2019;48(2):105-110. doi:10.1016/j.hrtlng.2018.09.009
10. Polikandrioti M, Kalafatakis F, Koutelekos I, Kokoularis D. Fatigue in heart failure outpatients: levels, associated factors, and the impact on quality of life. *Arch Med Sci Atheroscler Dis*. 2019;4:e103-e112.. doi:10.5114/amsad.2019.85406
11. Polikandrioti M, Panoutsopoulos G, Tsami A, Gerogianni G, Saroglou S, Thomai E, et al. Assessment of quality of life and anxiety in heart failure outpatients. *Arch Med Sci Atheroscler Dis*. 2019;4:e38-e46. doi:10.5114/amsad.2019.84444
12. Leftheriotis C, Stefanadis C, Tousoulis D, Pitsavos C, Kyritsi H. The impact of anxiety and depression on the quality of life of patients with heart failure. *Archives of Hellenic Medicine* 2015;32(3):308-317. (In Geek)
13. Audi G, Korologou A, Koutelekos I, Vasilopoulos G, Karakostas K, Makrygiannaki K, et al. Factors affecting Health Related Quality of life in hospitalized patients with heart failure. *Cardiology Research and Practise*. 2017;2017:4690458. doi:10.1155/2017/4690458
14. Erceg P, Despotovic N, Milosevic DP, Soldatovic I, Zdravkovic S, Tomic S, et al. Health-related quality of life in elderly patients hospitalized with chronic heart failure. *Clinical Interventions in Aging*. 2013;8: 1539-1546.
15. Kim SH, Oh EG, Lee WH. Symptom experience, psychological distress, and quality of life in Korean patients with liver cirrhosis: A cross-sectional survey. *Int J Nurs Stud* 2006; 43:1047-1056

-
16. Iordani M. Depression in heart failure. Health & Research Journal.2020;6(2): 53-55.
doi:<https://doi.org/10.12681/healthresj.23315>