Heart failure self-care in Aotearoa/New Zealand

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Purpose
Self-care is known to contribute to outcome in heart failure (HF) patients. International comparisons indicate that self-care behaviours could be improved worldwide. Excess in HF mortality amongst ethnic minority groups is likely to be multifactorial, including cultural and historical factors. HF self-care amongst Maori has not been studied. Our analysis describes HF self-care in Aotearoa/ New Zealand (NZ) and aims to identify potential differences between Maori and New Zealand Europeans (NZE).

Methods
We added self-care assessment to the nationwide NZ HF Registry at 3-month follow-up post admission with acute or decompensated chronic HF, using the 9-item European Heart Failure Self-care Behaviour Scale (EHFScBS-9). On a scale of 0-100, higher scores indicate better self-care. We analysed differences between Maori and NZE using bivariate analysis. We used logistic regression to assess factors predicting better than median self-care scores.

Results
Of n=235 who completed baseline and follow-up visits between December 2013-September 2014, self-care data was available for n=107 [24% Maori; mean age 73, 38% female, mean EF 28%]. We found no difference in mean self-care scores between Maori vs NZE [64±15 vs 58±17, p=0.12]. In logistic regression including age, sex, ethnicity, symptoms, medication, and education factors, only providing patients with a target dry weight range according to which they could adjust their flexible diuretic regimen, and outpatient referral were associated with better self-care [OR 5.86, 95%CI 1.15-29.91, p=0.033; OR 6.01, 95%CI 1.71-21.11, p=0.005]. Dyspnoea and ankle oedema at baseline were associated with worse self-care at follow-up [OR 0.11, 95%CI 0.02-0.80, p=0.030; OR 0.34, 95%CI 0.14-0.84, p=0.019].

Conclusions
Despite clinical differences and greater illness severity, Maori display similar self-care skills as NZE. Overall, self-care scores could be improved. Our data suggest that providing patients with the tools to self-care (eg. providing target weight range) and ensuring outpatient follow-up are imperative.