Abstract:

Associations between fatigue, depression, quality of life and decreased appetite in patients with heart failure. A longitudinal study

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Background Decreased appetite and poor food intake in heart failure patients are often explained by acute deterioration of HF with fluid retention, breathlessness and abdominal swelling. However, there is little knowledge about the trajectory of appetite over time in chronic HF patients nor of associated factors with decreased appetite after discharge from hospital.

Purpose The purpose of the study was to investigate changes of appetite over time and explore how fatigue, depression and quality of life is associated with decreased appetite.

Methods The study was based on secondary data from the multicenter and randomized Coordinating Study Evaluating Outcomes of Advising and Counselling in Heart failure (COACH). Appetite was measured at baseline (discharge from hospital), 1, 6, 12 and 18 month by patient’s interviews. Baseline data on fatigue was measured by patient’s interviews. Depression (depressive symptoms =16 points) and quality of life with (Center for Epidemiologic Studies Depression Scale and Minnesota Living with Heart Failure Questionnaire) respectively. Logistic regression and generalized mixed logistic regression was used to describe changes of appetite over time and to explore the relationship between fatigue, depression, quality of life and decreased appetite over time adjusted for covariates of decreased appetite include age, gender, New York Heart Association Classification (NYHA), weight, BMI and six minute walking test.

Results A total of 1023 patients (mean age 71±11, 38% women) with symptomatic HF NYHA class II-IV were included. At baseline, 49% of patient reported a decreased appetite and this decreased to 14% at 18 month. In logistic regression, the number of patients with decreased appetite were significantly fewer p=<0.001 at 1, 6 and 18 month compared to baseline, odds ratio 0.50, 0.35 and 0.28 respectively. In mixed logistic regression, fatigue (OR 2.5, CI 1.9-3.4), depression (OR 2.02, CI 1.7-2.4) and quality of life (OR 0.98, CI 0.97-0.98) were independently associated with decreased appetite across all measurements points.

Conclusion Decreased appetite in HF was most prevalent during hospital admission and improved over time. HF patients with more problems with fatigue, higher depression and lower quality of life at baseline had more problems with decreased appetite over time compared to those not affected. Health care professionals should pay attention to decreased appetite not only in acute deterioration of HF, but also during follow-up visits. Special attention should be paid to patients experiencing fatigue, depression and low quality of life.