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Survival after heart transplantation: the role of psychosocial variables and patients' expectations toward themselves and others

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Introduction. Among various forms of heart failure treatment, heart transplantation (HTx) gives a chance to return to full well-being. Proper adaptation to life with the new organ allows reducing the risk of treatment failure and graft rejection. Previous studies suggest a significant impact of individual personality traits on both general health and lifestyle, as well as adaptation to the patient's role, such as adherence to medical recommendations. They can also influence outcomes of the treatment.

Purpose. The major aim of the study was to estimate the relationship between health behaviours and psychosocial characteristics of HTx patients and the survival in a 3-year follow-up. The additional aim was to describe experiences of people with particularly long survival time after HTx (more than 15 years) in relation to their collaboration with medical staff and medical recommendations.

Methods. The study group consisted of 107 patients after HTx (19 to 75 y.o., M = 53.11, SD = 14.39), 11 women and 96 men (10.3% vs 89.7% of the group). The time from transplantation was 1 to 24 years (M = 6.75, SD = 4.76). In the study, an ex post facto model was used in the exploratory version using sequential mixed-method design (QUAN ? qual). The collection and analysis of qualitative data were carried out using the autobiographical method. The study used self-assessment questionnaires related to individual psychological characteristics and general health status, and a survey on demographic variables. The semi-structured interviews have also been conducted with selected patients regarding their experiences of heart transplantation, adaptation to the treatment and expectations towards themselves and the medical team.

Results. The results of Cox proportional hazard regression analysis indicated 2 predictors of life expectancy in the 3-year follow-up: the level of somatic symptoms GHQ A(Exp(B) = 1.379) and the level of passive acceptance of illness AIS (Exp(B) = 1.240) (2LL = 43.683; Chi2= 13.385; p<0.001). Patients have diverse experience with HTx, but they manifest consistent expectations toward themselves, which are present in 2 major domains: adaptation to everyday life (having a regular occupation, usefulness to others, avoiding thinking about the disease) and adaptation to treatment (taking care of health, building a constructive relationship and sharing knowledge with the treatment team and with other people after HTx).

Conclusions. There were two psychosocial factors that are significant for the prediction of life expectancy after HTx: the sense of disease burden and acceptance of their health situation. Patients with long survival after HTx express certain expectations regarding adaptation to everyday life and the role of the transplant patient. Taking into account the above conclusions it seems reasonable to include estimation of subjective characteristics and patients' expectations, as important resources, in the process of care after HTx.
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