Abstract: P2259

Cognitive function and adherence to treatment in patients with chronic heart failure and reduced left ventricular ejection fraction: relation and prognostic meaning

Authors:
AS Solonovych¹, LG Voronkov¹, ¹NSC Institute of Cardiology M.D. Strazhesko, Heart Failure Department - Kiev - Ukraine,

Topic(s):
Chronic Heart Failure: Comorbidities

Citation:
Background. Poor adherence to treatment increases risk of hospitalization and has negative impact on quality of life and clinical prognosis in chronic heart failure (CHF). Cognitive impairment (CI) is observed in more than half of patients (pts) with CHF and may affect their adherence to treatment. Nevertheless, association between cognitive function (CF) and adherence to treatment in CHF pts is studied insufficiently.

Purpose: to establish relationship between the state of CF and adherence to treatment in pts with CHF and reduced left ventricular ejection fraction (rLVEF).

Methods: 124 pts with stable CHF and rLVEF (<40%) NYHA II-III non older than 75 years old were examined. Besides routine clinical examination, standard neuropsychological tests (MMSE, Schulte test, the HADS scale) were used. To assess adherence to treatment, Morisky-Green questionnaire (MGQ) was used. CI was defined as MMSE= 26 points. Statistic methods included descriptive statistics, Mann-Whitney U-test, Spearman's rank correlation, Kaplan-Meier method. The difference was considered statistically significant at p <0.05.

Results. CI was observed in 85 (68.5 %) of pts. The presence of CI was associated with significantly lower survival rate (fig. 1). According MGQ poor adherence to treatment was observed in 37 (43.5%), moderate – in 30 (35.3%), good adherence – in 18 (21.2 %) of pts. After distribution of pts to three groups depending on their adherence to treatment (0-2 poor, 3-moderate, 4-good adherence), it was found that they significantly differed in MMSE and Shulte test results (p=0.006 and p=0.038 respectively). At the same time, groups were comparable by HADS anxiety and depression scores. The number of MGQ points directly correlated with MMSE (p = r=0.186, p=0.038).

Conclusion. Insufficient adherence to treatment assessed by MGQ is observed in majority of CI pts with CHF and rLVEF. Adherence to treatment is reliably associated with cognitive status of pts, which, in turn, related to poor clinical outcome.
Abstract: P2259
Cognitive function and adherence to treatment in patients with chronic heart failure and reduced left ventricular ejection fraction: relation and prognostic meaning

Authors: AS Solonovych, LG Voronkov
NSC Institute of Cardiology M.D. Strazhesko, Heart Failure Department - Kiev - Ukraine,

Background. Poor adherence to treatment increases risk of hospitalization and has negative impact on quality of life and clinical prognosis in chronic heart failure (CHF). Cognitive impairment (CI) is observed in more than half of patients (pts) with CHF and may affect their adherence to treatment. Nevertheless, association between cognitive function (CF) and adherence to treatment in CHF pts is studied insufficiently.

Purpose: to establish relationship between the state of CF and adherence to treatment in pts with CHF and reduced left ventricular ejection fraction (rLVEF).

Methods: 124 pts with stable CHF and rLVEF (<40%) NYHA II–III non older than 75 years old were examined. Besides routine clinical examination, standard neuropsychological tests (MMSE, Schulte test, the HADS scale) were used. To assess adherence to treatment, Morisky-Green questionnaire (MGQ) was used. CI was defined as MMSE = 26 points. Statistic methods included descriptive statistics, Mann-Whitney U-test, Spearman’s rank correlation, Kaplan-Meier method. The difference was considered statistically significant at p < 0.05.

Results. CI was observed in 85 (68.5%) of pts. The presence of CI was associated with significantly lower survival rate (fig. 1). According MGQ poor adherence to treatment was observed in 37 (43.5%), moderate – in 30 (35.3%), good adherence – in 18 (21.2%) of pts. After distribution of pts to three groups depending on their adherence to treatment (0–2 poor, 3–moderate, 4–good adherence), it was found that they significantly differed in MMSE and Shulte test results (p=0.006 and p=0.038 respectively). At the same time, groups were comparable by HADS anxiety and depression scores. The number of MGQ points directly correlated with MMSE (p = r=0.186, p=0.038).

Conclusion. Insufficient adherence to treatment accessed by MGQ is observed in majority of CI pts with CHF and rLVEF. Adherence to treatment is reliably associated with cognitive status of pts, which, in turn, related to poor clinical outcome.