Abstract: P1186

Determinants of non-pharmacological compliance in patients with heart failure

Authors:
N Swiatoniowska1, A Szymanska-Chabowska1, J Gajek1, B Jankowska-Polanska1, 1Wroclaw Medical University - Wroclaw - Poland,

Topic(s):
Cardiovascular Nursing - Other

Citation:
Introduction. The prognosis for patients with heart failure (HF) can be improved effectively by disorder-specific lifestyle modifications and optimized self-care. Apart from pharmaceutical treatment, sodium-restricted diet, fluid restriction, symptom monitoring by daily weighing and maintenance of physical activity are a significant part of HF patient care and management. Poor adherence to treatment recommendation is a common problem among heart failure patients.

The aim of the study was to evaluate the adherence to non-pharmacological recommendations in the treatment of chronic heart failure.

Material and methods. 475 patients (including 222 women), mean age 69.7±7.7, with HF were included. In the study was used the Revised Heart Failure Compliance Scale to assess non-pharmacological level of compliance. The socio-clinical data were obtained from medical records.

Results. The patients least often adhered to recommendations regarding physical activity (47.8% no active at all, and 19.4% very rarely). They similarly adhered to fluid intake restrictions (25.1% no restrictions at all, and 17.3% very rarely) and to salt intake restrictions in diet (12.8% at all, and 21.9% very rarely). They better adhered to drug intake and regular check-ups (57.5%). Having calculated the sum for total compliance, it was proved that only 6.9% of respondents adhere to recommendations totally. In univariate analysis the predictors negatively influencing the total compliance were: age >65 years old (rho=-0.165), loneliness (rho=-3.002), duration of the disease>4 years (rho=-0.179), higher stage of NYHA (rho=-1.612), co-morbidities (rho=-0.729), re-hospitalizations (rho=-0.729) and beta-blockers treatment (rho=-1.612). In multivariate analysis the independent predictors of total non-pharmacological compliance were: loneliness (β=-1.816), NYHA III and IV and number of co-morbidities (β=-0.676).

Conclusions. The level of adherence to non-pharmacological recommendations in treatment of heart failure (HF) is low, in particular as regards the salt and fluid intake restrictions in everyday diet. Loneliness, NYHA III and IV, number of co-morbidities are independent predictors of worse compliance.