

BRIEF REPORT

NEEDS OF PATIENTS WITH HEART FAILURE (HF)

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DOI: 10.5281/zenodo.4587706

*Cite as: Mpompota, Konstantina. (2020). Needs of patients with heart failure (HF). Perioperative Nursing (GORNA), E-ISSN:2241-3634, 9(4), 319–321. <http://doi.org/10.5281/zenodo.4587706>***Corresponding author :** *Mpompota Konstantina, E-mail: nantia_bo@hotmail.com*

Patient-centered care in heart failure (HF) has received a great deal of attention, globally.¹ This approach demands elaborate evaluation of patients' needs as well as their active participation in the therapeutic regimen. Needs orientated approach is thought to have many benefits such effective collaboration with health care professionals, stress alleviation, satisfaction of provided care, better treatment adherence, improved clinical outcomes and reduced health care costs.^{2,3}

The main needs of hospitalized patients are: communication with health care professionals and relatives, information, education, self-care, and support.⁴

HF is a costly clinical syndrome with frequent hospitalizations and high readmission rates which involves various challenges regarding patients' needs with important heterogeneity.¹ However, nurses have the tendency to underestimate patients' needs while several differences are noticed between patients' and nurses' assessments of needs. Interestingly, health professionals focus on the treatment of biological dimension of the disease whereas patients put more emphasis on practical issues.^{4,5}

Failure to assess needs of HF hospitalized patients exerts a negative influence on the outcome of the disease,⁴ and is also associated with longer hospital

stay, increased cost of hospitalization and expenditures.⁵

Needs in HF vary according to disease severity. For instance, in earlier stages of the disease patients are in need of detailed information in order to accomplish behavior changes. A recent study in Greece among hospitalized HF patients illustrated the need of information, thus emphasizing the importance of providing accurate information to address patients' specific concerns and support informed decision making.⁵

With the disease progression including waiting in a list for organ donation health professionals may feel unable to offer any further medical help. As a consequence, patients experience abandonment during a period that their needs are high. Hence, the need of support is coming to the forefront of clinical practice.^{5,6}

HF patients living alone or being deprived of family support usually turn to health professionals to fulfill their needs. Additionally, they may experience difficulties to handle alone with practical issues and express their emotions.^{4,5,6}

Therefore, the main need in treating HF is developing patients' ability to take care of themselves, to monitor and manage symptoms of decompensation (sudden weight gain, manifestation of edema, etc.), to adhere with the complex treatment (medication, diet

and exercise) and to modify current behaviors.^{7,8} Inevitably, patients need to learn new behaviours such as the need to abstain (e.g. cease smoking), to adapt (e.g. restrict their sodium, cholesterol and fluid intake) and to maintain (e.g. exercise regularly) other behaviours.⁸ Notably, an effective treatment should not only include evaluation of laboratory findings or other quantifiable outcomes but also to assess patients' needs or difficulties in daily life that adversely affect quality of life.^{9,10}

An equal important need of HF patients which is mainly acknowledged by clinicians is mental disturbance (anxiety and depression). A study in Greece among 190 HF hospitalized patients showed moderate or high anxiety in 24.7% and 32.6% participants, respectively and minor and major depression in 17.4% and 24.2% respectively.¹¹ Although, depression is the

most widely explored determinant in HF, however, anxiety not only precedes or coexists with depression but also overlaps in symptoms of physiological nature. A relevant study showed that an increase in anxiety score by one unit was accounting for a deterioration in quality of life by 1.22 points.¹²

Enhancing awareness among health professionals in regard to HF patients' needs may benefit this vulnerable and constantly increasing population, across the world. An in depth understanding of HF patients' needs is a key-element when designing patient-engagement in the therapeutic regimen.^{1,2,3,13} Last but not least, Min et al.,¹⁴ underlines the importance of understanding the needs of HF patients so as to provide adequate patient education.

References

1. Ahmad FS, French B, Bowles KH, Sevilla-Cazes J, Jaskowiak-Barr A, Gallagher TR, et al. Incorporating patient-centered factors into heart failure readmission risk prediction: A mixed-methods study. *Am Heart J*. 2018;200:75-82. doi: 10.1016/j.ahj.2018.03.002.
2. Swigris JJ. A Patient-Centered Approach to Care and Research in Chronic Disease. *Am J Med Sci*. 2019;357(2):85-86.
3. Stollenwerk D, Kennedy LB, Hughes LS, O'Connor M. A Systematic Approach to Understanding and Implementing Patient-Centered Care. *Fam Med*. 2019;51(2):173-178.
4. Polikandrioti M, Ntokou M. Needs of hospitalized patients. *Health science journal*. 2011;5(1):15-22.
5. Polikandrioti M, Goudevenos J, Michalis LK, Kouteloukos IG, Georgiadi E, Karakostas C, et al. Association Between Characteristics of Hospitalized Heart Failure Patients With Their Needs. *Glob J Health Sci*. 2015;8(6):95-108.
6. Polikandrioti M, Goudevenos I, Michalis L, Nikolaou V, Dilanas C, Olympios Ch, et al. Validation and reliability analysis of the questionnaire "Needs of hospitalized patients with coronary artery disease" *Health science Journal* 2011;5(2): 137-148.
7. Polikandrioti M. The need of self care in patients with heart failure. *Rostrum of Asclepius* **2015; 14(1):2-3**.
8. Toukhsati SR, Driscoll A, Hare DL. Patient Self-management in Chronic Heart Failure - Establishing Concordance Between Guidelines and Practice. *Card Fail Rev*. 2015;1(2):128-131.
9. Lainscak M, Blue L, Clark AL, Dahlström U, Dickstein K, Ekman I, et al. Self-care management of heart failure: practical recommendations from the Patient Care Committee of the Heart Failure Association of the ESC. *Eur J Heart Fail*. 2011;13(2):115-126.

10. Polikandrioti M, Koutelekos I, Panoutsopoulos G, Gerogianni G, Zartaloudi A, Dousis E, et al. Hospitalized patients with heart failure: the impact of anxiety, fatigue, and therapy adherence on quality of life. *Arch Med Sci Atheroscler Dis.* 2019;4:e268-e279. doi: 10.5114/amsad.2019.90257.
11. Polikandrioti M, Goudevenos J, Michalis LK, Koutelkos J, Kyristi H, Tzialas D, et al. Factors associated with depression and anxiety of hospitalized patients with heart failure. *Hellenic J Cardiol.* 2015;56(1):26-35.
12. Polikandrioti M, Panoutsopoulos G, Tsami A, Gerogianni G, Saroglou S, Thomai E, et al. Assessment of quality of life and anxiety in heart failure outpatients. *Arch Med Sci Atheroscler Dis.* 2019;4:e38-e46. doi: 10.5114/amsad.2019.84444.
13. Polikandrioti M, Koutelekos I. Patients' needs. *Perioperative Nursing.* 2013; 2(2):73-83.
14. Min D, Park JS, Choi EY, Ahn JA. Comparison of learning needs priorities between healthcare providers and patients with heart failure. *PLoS One.* 2020;15(9):e0239656