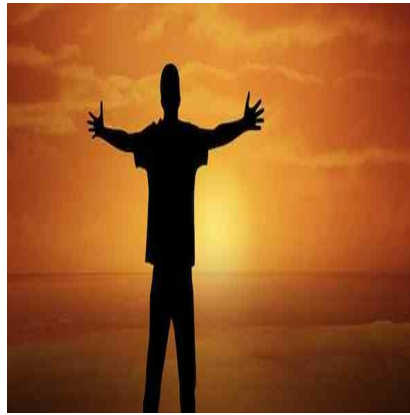




Patient's Attitude to CHF Impacts Quality Of Life



It's a self-fulfilling prophecy: failing to accept illness is associated with poorer quality of life in patients with chronic heart failure.

According to a research study in the *European Journal of Cardiovascular Nursing*, patients with lower illness acceptance also suffered low energy levels, limited mobility, negative and draining emotional feelings, more severe pain, sleep neurosis and social isolation. Lead author and nurse Monika Obieglo, with the Department of Clinical Nursing at Wroclaw Medical University in Poland, said patients with heart failure feel powerless and hopeless.

"Many patients have a low quality of life and improving daily functioning is an important part of therapy," Obieglo said. "Patients who accept their illness are more likely to comply with treatment and therefore should have a higher quality of life." This was the first study to examine the association between accepting illness and patient quality of life, Obieglo said.

The study included 100 patients who had heart failure for at least six months. Quality of life was assessed using a questionnaire, which measures the effect of health status on six aspects of everyday functioning. "Identifying patients with chronic heart failure who do not accept their illness is vital to the effectiveness of treatment," Obieglo said. "Education programmes are needed for patients and families to help them understand the nature of the illness, symptoms, treatment methods, and how to take control of their health."

Successful treatment depended on illness acceptance, Obieglo said. Because each patient reacts differently to chronic illness, the ability to accept a disease is directly related to the patient's personality traits. Mental state, socio-economic status, illness severity, the specific treatment used, and whether the patient has support from family and friends all play a role in the patient's recovery. Patients who accept that they are sick, are more determined to participate in treatment.

Agnieszka Siennicka, psychologist and researcher at Wroclaw Medical University, agreed with the study's findings. "Some patients find it difficult to accept their illness while others don't because people have different personalities and varied life experiences," Siennicka said.

Siennicka pointed out that as people have individual and diverse reactions towards stress, the need to study the psychological symptoms of disease are becoming increasingly important.

"After receiving a diagnosis, patients who may have been healthy all this time, must redefine themselves as someone who is chronically ill. Without accepting this, they will not think any of the medical recommendations

are needed. When patients take their medications and follow lifestyle advice they should have relief from symptoms and an improved quality of life."

Both researchers agreed that education programmes are needed for patients and families to help them understand the nature of the illness, symptoms, treatment methods, and how to take control of their health.

According to the survey, patients were scored on six aspects of quality of life: pain, energy, emotional reactions, sleep, social isolation and mobility. The survey also covered other variables on quality of life, including the cause and severity of heart failure, age, education, occupational status, weight, gender and marital status. Patients that accepted their illness, the survey found, had an overall increase of quality of life in all six areas.

Source: [European Society of Cardiology](#)

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