Assessing medication adherence and condition-related knowledge of heart failure patients

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INTRODUCTION

- Non-adherence to treatment and diet and failure to seek care are contributors to readmissions in heart failure (HF).
- Specific questions related to treatment adherence and living with HF support pre-discharge medication and self-care education.

METHOD

Patients admitted to Cardiology with primary or secondary diagnosis of HF
June 20 – August 31 2018  ●  Acute teaching hospital  ●  Malta

- Pre-set inclusion and exclusion criteria applied
- Cohort of patients reached through convenience sampling

Patients assessed using the Treatment Adherence Questionnaire (TAQ)

Four supplementary HF-related questions were asked to measure knowledge

Deliverables:
- Adherence weaknesses
- Treatment adherence score

Deliverables:
- Knowledge weaknesses
- Grade (%) - correct responses
- Preparation of individualised pre-discharge education
- Correlation between TAQ score and responses to questions

AIMS

- To undertake an adherence to treatment assessment and correlate with an assessment of potential of patients to engage into self-management.

RESULTS

- The patients (N=57) had an average TAQ score of 70 (range: 31-95) on a scale of 0-100 indicating a medium-high adherence.
- The mean grade for the four questions was 43% (range: 0%-75%).
- 25 patients gave an unsatisfactory answer to at least 3 questions.
- 30 patients were unable to name their diuretic.
- 51 patients were categorical about not taking salt. 6 patients added salt-containing seasoning deliberately while cooking.
- 55 patients gave an unsatisfactory answer to weight monitoring to check fluid overload and only associated weight with body fat.
- 34 patients were unable to mention at least 1 basic symptom apart from shortness of breath.
- 15 of the patients exhibited a mismatch between the TAQ score and the percentage grade to the knowledge questions (medium-high TAQ score versus low grade 0-25% to the questions).

Table 1. HF-related questions – guide to assess responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Satisfactory response</th>
</tr>
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<tbody>
<tr>
<td>What is the name of your water tablet?</td>
<td>The patient is able to state the generic name of the diuretic. Problems with pronunciation considered acceptable. Visual recognition of package not considered acceptable.</td>
</tr>
<tr>
<td>Do you weigh yourself every day and if yes what is the significance of a 2kg increase in two days?</td>
<td>The patient is at least able to associate a rapid increase in body weight with fluid overload or the need of weight monitoring to check fluid overload or efficacy of diuretic dose.</td>
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<tr>
<td>Do you add salt to your prepared food or seasoning cubes while preparing food?</td>
<td>The patient is at least able to show that he/she should be on a salt-restricted diet. Deliberate non-adherence considered unsatisfactory.</td>
</tr>
<tr>
<td>Which symptoms (related to heart failure) should you report to your doctor?</td>
<td>The patient is at least able to mention two of the following: sudden weight gain; swelling of the feet, ankles or abdomen; shortness of breath and/or increasing cough episodes and unusual fatigue.</td>
</tr>
</tbody>
</table>

CONCLUSION

- The patients demonstrated the need for support to improve self-management related to lifestyle and medication-use.
- Pre-discharge education warrants emphasis on symptom recognition and weight monitoring to detect fluid overload.
- The lack of engagement in self-management did not reflect a low adherence to treatment.

REFERENCES