

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.

AIMS

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

METHOD

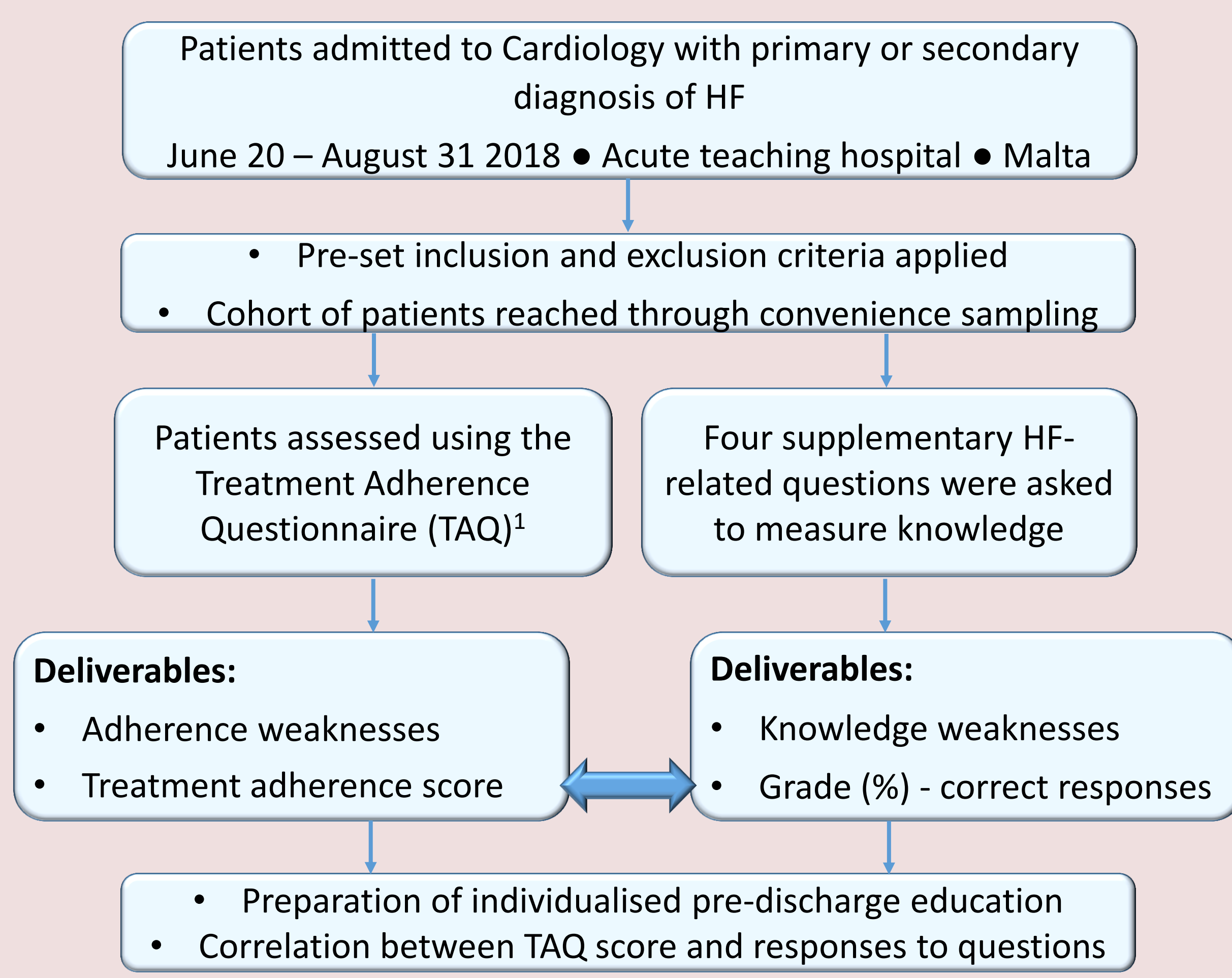


Table 1. HF-related questions – guide to assess responses

Question	Satisfactory response
What is the name of your water tablet?	The patient is able to state the generic name of the diuretic. Problems with pronunciation considered acceptable. Visual recognition of package not considered acceptable.
Do you weigh yourself every day and if yes what is the significance of a 2kg increase in two days?	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.
Do you add salt to your prepared food or seasoning cubes while preparing food?	The patient is at least able to show that he/she should be on a salt-restricted diet. Deliberate non-adherence considered unsatisfactory.
Which symptoms (related to heart failure) should you report to your doctor?	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.

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).

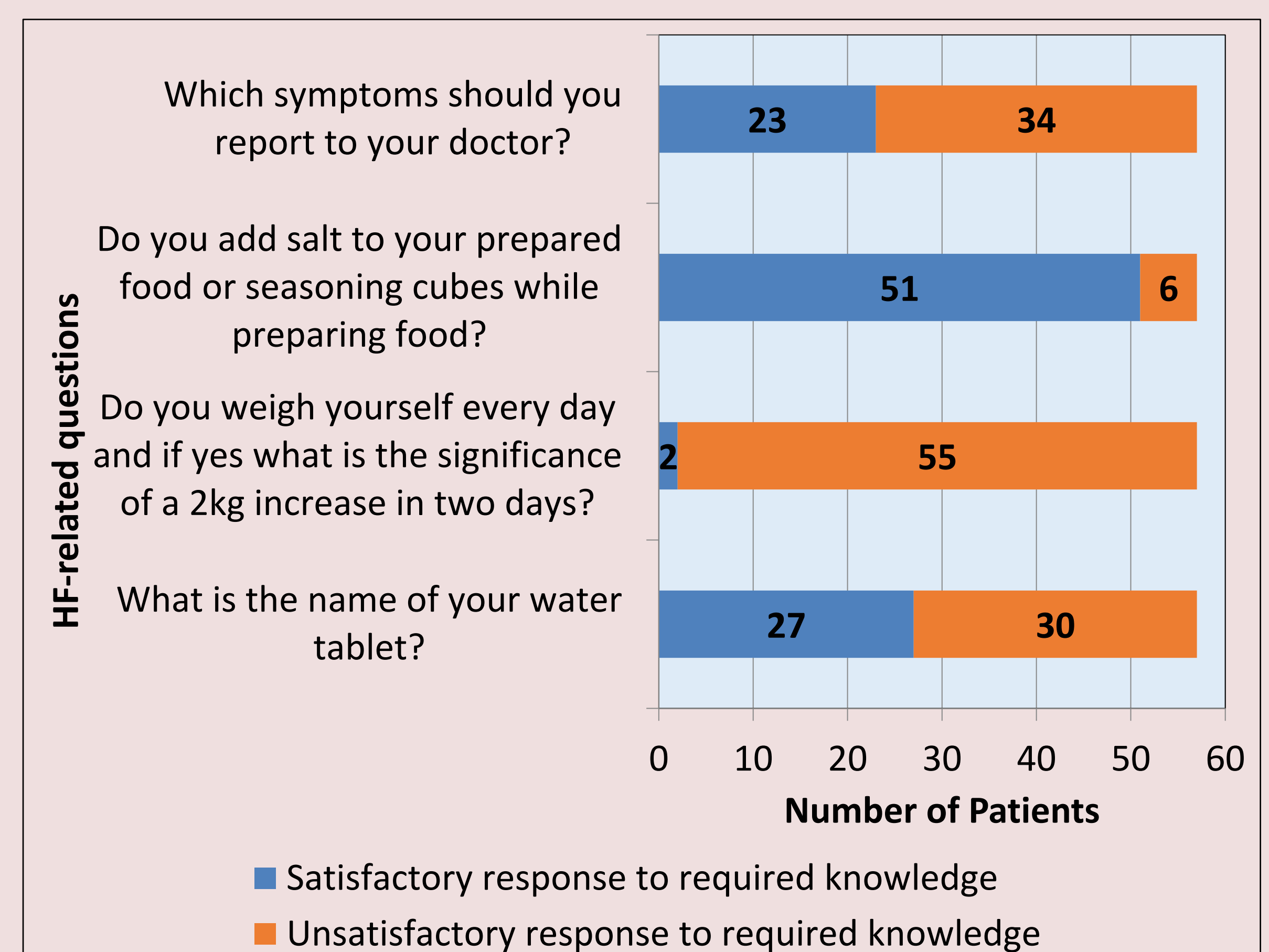


Figure 1. Number of patients (N=57) that gave a satisfactory or an unsatisfactory response to four basic questions in relation to required knowledge on heart failure.

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

¹Anastasi A, Grech L, Serracino Inglott A, Azzopardi LM. CP-185 An innovative treatment adherence tool. *EJHP*. 2017; 24.

