

# Empowering Family Members for Supporting a Person with Heart Failure

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## Abstract

Family involvement in chronic care regimen has been explored in multiple studies. Chronic illness and full time caregiving place a new stress on the family but this partnership shows positive outcomes.

Family members of 60 elderly patients with chronic heart failure filled out the questionnaire prepared in accordance with the educational modules on heart failure of the Heart Failure Society of America in the Cardiology Unit of the Kaunas 2<sup>nd</sup> Clinical Hospital. Family members were given the recommendations of Heart Failure Society and were asked to follow them. The mean length of stay in hospital was compared in these patients before and after training of their family members. After one month these patients were asked by phone about their ability to live with chronic heart failure.

After a month, 66.7% of patients indicated improvement in their ability to live with chronic heart failure; mostly by relatives helping with their daily activities (more relatives discussed patient related topics such as living arrangements and providing assistance as necessary – 65.0 % vs. 41.6 %,  $p=0.0065$ ), taking walks had increased (68.3% vs. 50.0%,  $p=0.02$ ), more relatives encouraged patients to establish social networks (50.0% vs. 33.3%,  $p=0.03$ ). The length of stay in the hospital had also decreased ( $13.3\pm 1.8$  days to  $10.9\pm 1.7$  days,  $p=0.0001$ ).

**Conclusion:** The education of patients relatives in the Cardiology Unit had improved patients ability to live with chronic heart failure and contributed to reduction in the length of stay in the hospital.

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## Introduction

Heart failure (HF) is a complex clinical syndrome that is defined as a chronic inadequate contraction of the heart muscle, which results in insufficient cardiac output to meet body needs. In the elderly, the most common cause of HF is coronary heart disease.

The symptoms of HF in the elderly include wheezing, cough, dyspnoea, and orthopnea which may lead to insomnia and nocturnal discomfort. In some patients the predominant symptoms may be anorexia,

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nausea and weakness. Weight gain is also important as fluid accumulates in the lungs or extremities. Chronic HF can also present atypically with somnolence, confusion, disorientation, weakness, fatigue and worsening of pre existing dementia.

Heart failure is the most common reason for hospitalization in patients older than 65 years.<sup>1</sup> The management of chronic heart failure in this group of patients is often complicated by the presence of multiple comorbid conditions, polypharmacy, psychosocial and financial concerns and difficulties with adherence to complex medication and dietary regimens.

Because of the intensive rotation in hospital, patients with a HF exacerbation are released as early as possible from the hospital, often without any guidelines needed to understand emergent signs and symptoms of HF exacerbation or which dietary regimens to follow.<sup>2</sup>

The aim of this study was to teach patient's relatives to actively co-operate during hospital stay, later at home and to investigate whether it improves patients ability to live with chronic heart failure and whether it can contribute to reduce their length of stay in the hospital.

**Material and Methods**

The family members of 60 older patients (age 60 years and above) with chronic HF completed the questionnaire prepared in accordance with the educational modules on heart failure of the Heart Failure Society of America in the Cardiology Unit of the Kaunas 2<sup>nd</sup> Clinical Hospital, member of the International Network of Health Promoting Hospitals. The family members were given the recommendations of Heart Failure Society and were asked to follow them. The mean length of stay in the hospital was compared in these patients after training of their relatives and on the last stay before training. After one month these patients were asked by phone whether their ability to live with chronic heart failure has improved.

**Results and Discussion**

The mean length of stay in the hospital of older patients with HF after training of their family members had decreased from 13.3±1.8 days before training to 10.9±1.7 days after training (p=0.0001).

After one month, 66.7% patients indicated improvement in their ability to live with chronic heart failure; mostly due to relatives helping them with their daily activities (more family members had discussed patients related topics such as living arrangements and providing assistance as necessary – 65.0 % vs. 41.6 %, p=0.0065), taking walks had increased (68.3% vs. 50.0%, p=0.02), more family members encouraged patients to establish social networks (50.0% vs. 33.3%, p=0.03) (Table 1).

Main reasons for re-hospitalization in elderly HF patients were non adherence to prescribed diet and medications, underscoring early symptoms.<sup>1,2</sup>

Although low sodium dietary recommendations are included in the guidelines for care of patients with HF, there are many barriers to adherence, including lack of awareness of the benefits, poor understanding of low sodium dietary guidelines, little knowledge of the sodium content of foods, food preparation habits, tastelessness of low sodium foods, poor label reading, use of different fast foods and convenience products.<sup>3</sup>

Daily weight recording, and reporting the change in weight to one's doctor is part of a life style change.<sup>4</sup> The desirable result is to loose weight and to maintain it. It's important to inquire if the HF patient has a weighing scale at home, if he/she is able to evaluate the change, if HF patient is able to see the data on a scale and if he/she is able to register the weight daily (poor sight, parkinsonism, etc.).

Staying physically active as far as possible, cessation of smoking and avoiding alcohol consumption is a complete lifestyle change. This can help a HF patient to decrease the symptoms and improve heart function.

Long term drug therapy is essential and medications should be taken regularly. Patients must avoid staying without prescribed medications. It is important to plan regular visits to a doctor.

In Kaunas 2<sup>nd</sup> Clinical Hospitals an empowerment was used to enhance the quality of the core services: enabling patients and their relatives to actively co-operate in diagnostics, therapy and care, as well as to take responsibility for their basic physical, mental and social health needs during hospital stay and later to contribute to reduce complications, improve drug compliance and decrease their length of stay in the hospital.

Family involvement in chronic care regimens has been explored in multiple studies. Chronic illness and full time caregiving imposes a new stress on the family but this partnership shows positive outcomes, reducing length of stay in the hospital and number of hospitalizations.<sup>1</sup>

**Table1: Family involvement in care of older chronic heart failure patients before and after training**

Family involvement	Before training		After training		p-value
	%	SE	%	SE	
Assistance in living arrangements	41.6	6.4	65.0	6.2	= 0.0065
Encouraging walks	50.0	6.4	68.3	6.0	= 0.02
Encouraging to establish social network	33.3	6.1	50.0	6.4	= 0.03

Motivating patients to adhere to recommended lifestyle changes is one of the most challenging aspects.<sup>2</sup> Chronic HF has a huge impact not only on the patient but on the family as well. HF patients and their family members need to work together to manage this chronic illness. The family influences the course of illness through adaptation, social support, coping mechanisms and adherence. Family has to encourage an autonomous behavior and avoid perceived criticism.<sup>3</sup> This means that HF patients should be self-determinant to reach a long-lasting behavior change, while criticism can lead to lower performance of healthy cardiovascular behavior (depression, increased smoking and fat intake, decreased exercise).<sup>2</sup> Proper attention to daily needs, providing alternatives, minimizing pressure and criticism, encouraging self-initiation and acknowledgement of feelings will help HF patients to remain independent with increased motivation and promotion of effective behavioral change.<sup>2</sup>

Self-management of dietary sodium, use of medications, physical activity usually occurs within the home setting and within a family context.<sup>3</sup> Family members should be involved in activities that help HF patient to manage his/her illness: shop for groceries, assist in reading labels for sodium content, prepare low sodium meals, administer medications. Care also includes monitoring and recognizing signs and symptoms, following strict low sodium diet, ensuring regular physical activity, helping HF patient to stay independent and safe. Family members usually are the first to notice the signs of HF exacerbation- fluid overload, decreased cognitive function, etc.<sup>2</sup>

There are several barriers that family members have to overcome. These include lack of nursing knowledge (dietary sodium issues, weight monitoring,

how to develop a supportive environment), time constraints that limit family involvement in teaching and concealing family caregivers' own needs. Sometimes, family caregivers are elderly, who have their own chronic illnesses and they experience increased burden from HF patient. Also a lot of elderly HF patients live alone.<sup>2</sup> In these cases social workers should be involved because it is important to assure the continuum of care extending from hospital into the patient's home.<sup>1</sup>

Family members play a substantial role in helping the patients with chronic illnesses to manage their daily activities and to extend care, support and communication, which are important for long-term self-management. A family-based approach improves self-management and adherence in HF.

## Conclusion

The education of patients' relatives in the Cardiology Unit had improved their ability to live with chronic heart failure and contributed to their reduced length of stay in the hospital.

## References

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