

THE INFLUENCE OF HEALTH LITERACY ON SELF-CARE IN HEART FAILURE PATIENT AND CAREGIVER DYADS

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BACKGROUND

HEART FAILURE (HF) is a common cardiovascular disease, with an estimated prevalence of 1-2% in adult population, and 10% in adults aged 70 or over in developed countries. HF self-care is a complex and fundamental process in the day-to-day management of HF, which requires patients to adhere to health recommendations, and be able to identify changes in their condition, act accordingly and evaluate their own response to treatment.

HEALTH LITERACY (HL) comprises a variety of aspects, namely knowledge, motivation and the capacity to understand, assess and apply healthcare information to the process of decision making in the self-management of HF. Several authors affirm that patients with a higher HL have better knowledge of HF, are less likely to be hospitalized and have a better quality of life.

RESULTS

Patients' mean age was 82.7 years. Most patients were males (53.7%) and in New York Heart Association functional class III (48.6%). The most frequent etiology of HF was not ischemic (70% of the patients). The 88,9 % of the patients had only primary school as education level.

Caregivers' mean age was 59.2 years. Most caregivers were females (78.7%) married (78.1%) and patients' children (54.2%). The 34.6% of the caregivers had a primary school of education level and only the 7.5% of caregivers had University Education Level.

Table 1 report the APIM results. The only significant effect that we found was a partner effect of HL on caregiver self-care maintenance, meaning that HF patients with better HL (lower score at the LF Screener) predicted better caregiver self-care maintenance.

Table 1. The actor and partner effects

		Self-care Maintenance (n=102 dyads)			Self-care Management (n=56 dyads)			Self-Care Confidence (n=91 dyads)		
		Estimate	β	p-value	Estimate	β	p-value	Estimate	β	p-value
Health Literacy	Actor: patient	-.364	-.030	.712	1.464	.095	.500	-2.360	-.132	.138
	Partner: patient	-.099	-.008	.935	.021	.001	.992	-1.998	-.112	.309
	Actor: caregiver	-2.122	-.175	.152	-4.313	-.279	.079	-2.857	-.160	.202
	Partner: caregiver	-2.460	-.202	.040	-2.509	-.162	.200	-.411	-.023	.820

PURPOSE

To analyze the effect of HF patient and caregiver HL on HF patient and caregiver self-care.

METHODS

We used a cross sectional design to study a sample of HF patient and caregiver dyads enrolled in Zaragoza (Spain). Data were collected with the Self Care of Heart Failure Index (SCHFI; higher scores mean better self-care) and the Caregivers Contribution Self Care Heart Failure Index (CC-SCHFI); higher scores mean better caregiver contribution to HF self-care). Both the SCHFI and the CC-SCHFI include the self-care maintenance scale which measures symptom monitoring and treatment adherence; the self-care management scale, which measures the response to HF signs and symptoms; and the self-care confidence scale, which measures the self-efficacy in self-care. Also, we used the Health Literacy Screener (higher scores mean worse HL). The Actor Partner Interdependence Model was used to analyse the effect of HF patient and caregiver HL on HF patient and caregiver self-care.

CONCLUSION

Our data show that HL has no influence on HF patient self-care maintenance, management and confidence, but patient HL has an influence on caregiver contribution to HF self-care maintenance. Further studies with larger sample size are needed to understand better the relationship between HF and self-care in HF patient and caregiver dyads.