



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3604146>Available online at: <http://www.iajps.com>

Research Article

**ANALYSIS OF THE FACTORS AFFECTING ILLNESS  
PERCEPTION WITH HEART FAILURE IN LOCAL  
POPULATION OF PUNJAB**

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**Article Received:** November 2019 **Accepted:** December 2019 **Published:** January 2020**Abstract:**

**Introduction:** Heart Failure (HF) is widespread in aging populations across the world. In addition, prevalence rates of depressive disorders in various cardiological conditions are significantly higher than in healthy general population. **Objectives:** The basic aim of the study was to assess the factors affecting illness perception with heart failure in local population of Punjab. **Material and methods:** This cross sectional study was conducted in health department Punjab during 2019. The data was collected from 100 patients of heart failure. Patients were excluded if their HF originated from valvular heart disease or pregnancy, or if they had had a myocardial infarction or stroke within the previous 3 months, because these might affect HF progress and patient outcomes, including HRQOL and hospitalizations. **Results:** The data was collected from 100 patients of both genders. The mean age was 67 years (69.8 years for women and 66.6 years for men) and ranged from 34 to 70 years. In 42.7%, other diseases coexisted. Only one person had not been informed at all about the health problem. **Conclusion:** It is concluded that illness perceptions hold a principal role in elucidating depressive symptomatology and anxiety in HF, relative to other known covariates.

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Please cite this article in press Maria Noor et al., *Analysis Of The Factors Affecting Illness Perception With Heart Failure In Local Population Of Punjab..*, Indo Am. J. P. Sci, 2020; 07(01).

**INTRODUCTION:**

Heart Failure (HF) is widespread in aging populations across the world. In addition, prevalence rates of depressive disorders in various cardiological conditions are significantly higher than in healthy general population. Health-related quality of life (HRQOL) is poor in patients with heart failure (HF), and poor HRQOL is an important issue for these patients. Many patients have physical symptoms, depressive symptoms and impaired functional status, 4, 7 which are closely related to poor HRQOL. Thus, it is important to improve physical and depressive symptoms and functional status to improve HRQOL. Perceived control can affect all of these variables, and patients with HF commonly perceive a loss of control [1]. Moreover, the prevalence of HF is expected to increase as the population continues to age.

The American Heart Association estimates that 5.8 million people had heart failure in 2011 and there will be a 46% increase in HF between 2012 and 2030, leading to more than 8 million individuals with HF in the 18-years and over age group in the US. It is expected that prevention of heart failure-induced mortality and burden of disease will become a global health priority [2]. When a person receives a diagnosis of a chronic illness such as heart failure, a cognitive and emotional assessment begins. And, this leads to the illness perception. The illness perception is a concept that has a direct impact on the individuals' experiences in the course of their illness, the disease process, beliefs, values, coping mechanisms and psychopathology [3].

Further, HF patients with higher levels of perceived control have been shown to walk longer distances than those with lower levels of perceived control. Finally, higher levels of perceived control have been associated with better HRQOL in patients with HF and in patients with asthma. These findings demonstrate the importance of perceived control for physical and depressive symptoms, physical function, and HRQOL [4].

To improve perceived control in patients with HF, the first step is to identify modifiable factors associated with perceived control. In order to control HF and HF symptoms, patients with HF need to follow treatment regimens that include adhering to a low sodium diet, managing body weight, and recognizing and managing symptoms [5].

**Objectives**

The basic aim of the study was to assess the factors affecting illness perception with heart failure in local population of Punjab.

**MATERIAL AND METHODS:**

This cross sectional study was conducted in health department Punjab during 2019. The data was collected from 100 patients of heart failure. Patients were excluded if their HF originated from valvular heart disease or pregnancy, or if they had had a myocardial infarction or stroke within the previous 3 months, because these might affect HF progress and patient outcomes, including HRQOL and hospitalizations. Patients were also excluded if they had severe cognitive or psychiatric problems because it might be difficult for such patients to collaborate in data collection.

**Statistical analysis**

The data were collected and analysed using SPSS version 19.0. All the values were expressed in mean and standard deviation.

**RESULTS:**

The data was collected from 100 patients of both genders. The mean age was 67 years (69.8 years for women and 66.6 years for men) and ranged from 34 to 70 years. In 42.7%, other diseases coexisted. Only one person had not been informed at all about the health problem. The majority of patients (34.7%) had the disease for 6–10 years, while 55% were hospitalized once a year because of the problem. 66.7% of the participants characterized themselves as anxious and the vast majority of the patients reported that they had good or very good relations with both the medical and nursing staff.

**Table 01:** Assessment of the effect of the factors on quality of life.

	Total B coef. (95% CI)	p-value
Job		
Civil/private employee	Ref. Cat	
Householder	-17.6 (-23.15--12.04)	<0.001
Pensioner	-4.63 (-10.75-1.5)	0.138
Other	-17.37 (-25.66--9.08)	<0.001
Medication with anxiolytics		
Yes	Ref. Cat	
No	-5.93 (-9.82--2.04)	0.003
Medication with antidepressants		
Yes	Ref. Cat	
No	-15.58 (-22.5--8.66)	<0.001
Have you ever been hospitalized for the same reason?		
Yes	Ref. Cat	
No	-7.04 (-11.37--2.71)	0.002
Did you retire because of your cardiac problem?		
Yes	Ref. Cat	
No	7.02 (0.53-13.51)	0.034

**DISCUSSION:**

The findings of the current study also provide valuable information on factors affecting perceived control. More positive attitudes toward following a low sodium diet, fewer barriers to following a low sodium diet, and more social support were significantly associated with higher levels of perceived control [7]. However, knowledge about how to manage HF and HF symptoms was not related to perceived control. Similarly, in a HF study by Hwang et al., knowledge was not associated with perceived control in bivariate analysis. These findings of the current and prior studies suggest that patients' perceptions of the positive outcomes of a behavior and the barriers to performing the behavior are more important than simple information to improve perceived control [8]. Even though knowledge, but not attitudes or barriers, was more frequently assessed and was the focus of many HF intervention studies, one HF intervention study has shown promising results for improvements in attitudes and barriers. In this study, Sethares et al. provided a tailored message intervention based on the Health Belief Model and focused on benefits of and barriers to self-care [9].

It is concerning, however, that the perceived personal consequences of HF and the extent of negative emotional responses HF generated for participants were considerable. These negative illness perception responses are noteworthy as they have been shown to negatively influence emotional adjustment and health-related outcomes across other severe and chronic illness populations [10].

**CONCLUSION:**

It is concluded that illness perceptions hold a principal role in elucidating depressive

symptomatology and anxiety in HF, relative to other known covariates. As such, patients' illness perceptions should be addressed as a primary modifiable component in the development of depressive disorders in HF.

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