



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3457125>Available online at: <http://www.iajps.com>

Research Article

**ANALYSIS OF THE DIFFERENT FACTORS AFFECTING ON  
ILLNESS PERCEPTION IN PATIENTS WITH HEART  
FAILURE**Dr Komal Sajjad<sup>1</sup>, Dr Raheela Rani<sup>2</sup>, Dr Saeeda Sadiq<sup>3</sup><sup>1</sup>Women Medical Officer BHU Mamdana, Mandi Bahuddin, <sup>2</sup>Women Medical Officer at Government Maternity Hospital, Dinga, <sup>3</sup>Women Medical Officer at THQ Hospital, Pindi Ghaib.**Article Received:** July 2019**Accepted:** August 2019**Published:** September 2019**Abstract:**

**Introduction:** Heart failure (HF) is a severe condition affecting many people throughout the world and is the most frequent reason for hospitalization in the aging population.

**Aims and objectives:** The main objective of the study is to analyse the different factors affecting on illness perception in patients with heart failure.

**Material and methods:** This cross sectional study was conducted in BHU Mamdana, Mandi Bahuddin during March 2019 to July 2019. This study was done with the permission of ethical committee of hospital. 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. The majority of patients (34.7%) had the disease for 6–10 years, while 55% were hospitalized once a year because of the 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. As such, patients' illness perceptions should be addressed as a primary modifiable component in the development of depressive disorders in HF.

**Corresponding author:****Komal Sajjad,**

Women Medical Officer BHU Mamdana, Mandi Bahuddin.

QR code



Please cite this article in press Komal Sajjad et al., *Analysis of the Different Factors Affecting on Illness Perception in Patients with Heart Failure.*, Indo Am. J. P. Sci, 2019; 06(09).

**INTRODUCTION:**

Heart failure (HF) is a severe condition affecting many people throughout the world and is the most frequent reason for hospitalization in the aging population. HF is a chronic disease and is particularly common in high-income countries. In Norway, more than 100,000 people suffer from HF, one-third of whom are hospitalized each year [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]. Thus, knowledge about, barriers to, and attitudes toward the treatment regimens can affect patients' perceptions of how they control HF and HF symptoms. In addition, it has been suggested that social support may affect perceived controls in adults,

African-American women, and patients with rheumatoid arthritis [6].

**Aims and objectives**

The main objective of the study is to analyse the different factors affecting on illness perception in patients with heart failure.

**MATERIAL AND METHODS:**

This cross sectional study was conducted in BHU Mamdana, Mandi Bahuddin during March 2019 to July 2019. This study was done with the permission of ethical committee of hospital. 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. Socio-demographic indices included sex, age (in years), education level (lower than high school, high school or university), and work status. Self-reported general health was assessed using the Euro-Qol measure EQ-VAS. Participants were asked to mark how good or bad their health is today on a visual analog scale (VAS) ranging from 0 to 100.

**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
<b>Job</b>		
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
<b>Medication with anxiolytics</b>		
Yes	Ref. Cat	
No	-5.93 (-9.82--2.04)	0.003
<b>Medication with antidepressants</b>		
Yes	Ref. Cat	
No	-15.58 (-22.5--8.66)	<0.001
<b>Have you ever been hospitalized for the same reason?</b>		
Yes	Ref. Cat	
No	-7.04 (-11.37--2.71)	0.002
<b>Did you retire because of your cardiac problem?</b>		
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]. Furthermore, for both depression and anxiety, illness perceptions explained more variance than both socio-demographic variables and functional status together. This may suggest that the beliefs individuals hold about their HF are potentially more important than traditional explanatory variables in accounting for anxiety and depression. However the challenge of measuring illness perceptions independently of depression and anxiety must be addressed. There is potential for the items included in the IPQ-R that measure emotional representations to be capturing the same information that is targeted by the depression items on the HADS [11].

**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. High prevalence of depression in HF and its associated increase in morbidity and mortality warrants the continued development of a relevant and critical evidence-base with regard to the role of illness perceptions in the mental well-being of HF patients.

**REFERENCES:**

1. Bjelland I, Dahl AA, Haug TT, Neckelmann D. The validity of the hospital anxiety and depression

- scale: an updated literature review. *Journal of Psychosomatic Research*. 2002;52(2):69–77.
2. Broadbent E, Ellis CJ, Thomas J, Gamble G, Petrie KJ. Further development of an illness perception intervention for myocardial infarction patients: A randomized controlled trial. *Journal of Psychosomatic Research*. 2009;67(1):17–23.
  3. Bruce B, Fries JF. The Stanford health assessment questionnaire: a review of its history, issues, progress, and documentation. *The Journal of Rheumatology*. 2003;30(1):167–178.
  4. Cherrington CC, Moser DK, Lennie TA, Kennedy CW. Illness representation after acute myocardial infarction: impact on in-hospital recovery. *American Journal of Critical Care*. 2004;13(2):136–145
  5. Chung ML, Moser DK, Lennie TA, Rayens MK. The effects of depressive symptoms and anxiety on quality of life in patients with heart failure and their spouses: testing dyadic dynamics using actor–partner interdependence model. *Journal of Psychosomatic Research*. 2009;67(1):29–35.
  6. de Ridder D, Geenen R, Kuijjer R, van Middendorp H. Psychological adjustment to chronic disease. *Lancet*. 2008;372:246–255.
  7. Dempster M, McCorry NK, Brennan E, Donnelly M, Murray LJ, Johnston BT. Do changes in illness perceptions predict changes in psychological distress among oesophageal cancer survivors? *Journal of Health Psychology*. 2011;16(3):500–509.
  8. Eastwood J, Moser DK, Riegel BJ, Albert NM, Pressler S, Chung ML, Dunbar S, Wu J, Lennie TA. Commonalities and differences in correlates of depressive symptoms in Men and women with heart failure. *European Journal of Cardiovascular Nursing*. 2012;11(3):356–365.
  9. Edgar KA, Skinner TC. Illness representations and coping as predictors of emotional well-being in adolescents with type 1 diabetes. *Journal of Pediatric Psychology*. 2003;28(7):485–493.
  10. Evers MAW, Kraaimaat FW, van Lankveld WJH, Jongen PJH, Jacobs JWG, Bijlsma JWJ. Beyond unfavorable thinking: the illness cognition questionnaire for chronic diseases. *Journal of Consulting and Clinical Psychology*. 2001;69(6):1026–1036.
  11. Goodman H, Firouzi A, Banya W, Lau-Walker M, Cowie MR. Illness perception, self-care behaviour and quality of life of heart failure patients: a longitudinal questionnaire survey. *International Journal of Nursing Studies*. 2013;50(7):945–953.