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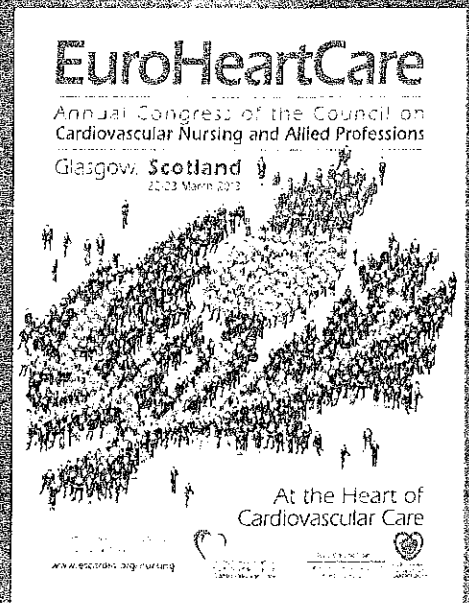
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Conclusions: The simple question of «How do you rate your health in general?» predicts mortality in our analysis of a large, well characterized sample of elderly patients with chronic stable heart failure, even after adjustment for established risk prediction covariates. Consecutive assessment of SRH has greater predictive value than a one-point measurement only. Our data confirm that including the patients' perspective by using this simple tool in clinical practice can enhance risk stratification in chronic heart failure.

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Factors associated with heart failure patients' views of participation in care

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Purpose: Participation of patients with chronic heart failure (CHF) in their care is important for improving outcomes. The aim of this study was to explore factors that were associated with patient views of the importance of involvement and participation in care.

Methods: Baseline data from 100 CHF patients enrolled to home care in Sweden were used. A linear regression analysis, using enter method, was performed with three subscales (participation, information and needs) of a questionnaire measuring patient views of involvement in care, as the dependent variable. Socio-demographic (age, education, gender, home help service, co-habiting, smoking, alcohol) and clinical characteristics (NYHA-class, co-morbidities measured by Charlson Comorbidity Index), health (Euro-QoL 5D), perceived control (Control Attitude Scale), and self-care behavior (European Self-Care Behavior Scale) were included to determine independent factors associated with participation.

Results: Sixty-two percent were men, mean age 82 years, the majority (80%) was in NYHA-class III. Patients scored a mean level of 7.6 ± 2.0 (theoretical range 1-10) for the satisfaction of their participation in heart failure care. The regression analysis showed that patients view of the importance of participation was significantly associated with co-habiting ($\beta = 0.25$, $t = 2.09$, $p = 0.04$) and self-care behavior ($\beta = -0.33$, $t = -3.44$, $p < 0.001$). These variables explained 22% of the variance of importance of participation. The degree to which patients stated that they had received information about CHF and treatment was significantly related to gender ($\beta = -0.23$, $t = -2.22$, $p = 0.03$), self-care behavior ($\beta = -0.42$, $t = -4.34$, $p < 0.001$) and knowledge ($\beta = 0.24$, $t = 2.25$, $p = 0.03$). These variables explained 21% of the variance of information subscale. Meeting patients need regarding questions and respect

was significantly associated with symptoms of depression ($\beta = -0.25$, $t = -2.29$, $p = 0.02$), self-care behavior ($\beta = -0.37$, $t = -3.95$, $p < 0.001$) and knowledge ($\beta = 0.23$, $t = 2.25$, $p = 0.03$). These variables explained 22% of the variance.

Conclusion: Patient views of involvement, receiving information, ability to ask questions and being treated with respect were strongly associated with self-care behavior. Other factors influencing satisfaction with involvement and participation were higher level of knowledge, lower degree of depressive symptom, male gender and co-habiting. Interventions that focus on participation to improve self-care seem promising and need to be studied.

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Psychometric properties of the italian version of the stroke impact scale 3.0

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Purpose: The Stroke Impact Scale 3.0 (SIS 3.0) is an instrument that assesses quality of life (QOL) in stroke survivors and consists of eight scales: strength, hand function, mobility, activities of daily living/instrumental activities of daily living, memory, communication, emotion, and social participation. Since the SIS 3.0 is sensitive to subtle changes in stroke survivors' QOL, it is often used to measure the effectiveness of rehabilitation interventions. The SIS 3.0 psychometric properties on Italian stroke population has been not previously tested. The aim of this study was to test the psychometric properties (validity, reliability and precision) of SIS 3.0 in Italian stroke survivors.

Methods: A cross-sectional design was used to study 392 stroke survivors hospitalized in 16 rehabilitation facilities located across Italy. Validity was established by confirmatory factor analysis (CFA) and correlating SIS 3.0 scores with the following instruments: the SF-36, the Barthel Index, the Mini Mental State Examination, the Hospital Anxiety and Depression Scale, the NIH Stroke Scale, the Modified Rankin Scale, and the Instrumental Activities of Daily Living. Reliability was established by Cronbach's alpha and test-retest. SIS 3.0 precision was also measured determining the floor and ceiling effect, the standard error of measurement (SEM) and the smallest real difference (SRD) as well.

Results: Participants were 71 years old on average (SD = 11) and were mostly males (55%). In this sample, 75% had an ischemic stroke; 47% involving the right hemisphere. The mean score of the NIH stroke scale was 7.2 (potential scale range 0 - 42). CFA performed on the original eight-factor model

of the SIS 3.0 did not fit the data well but a new four-factor model including a physical, cognitive, emotional and social participation domain did ($\chi^2(90) = 342.9$; $p < 0.001$; CFI = 0.96; RMSEA = 0.08 (90% CI: 0.07 - 0.09); SRMR = 0.05). Concurrent validity of the SIS 3.0 new four factor model was also established with significant correlation with the scale ($p < 0.05$). Reliability of the four factors resulted with Cronbach's alphas ranging from 0.89 to 0.98 and test-retest reliability with intraclass correlation coefficients from 0.82 to 0.93 ($p < 0.001$). Precision analysis showed very low floor (0.5% - 7.1%) and ceiling effects (0.3% - 4.3%) and low SEM (3.6 - 6.7) and SRD (5.2 - 7.2).

Conclusion: The new four-factor model of the SIS 3.0 showed better psychometric properties than the original eight-factor model in the Italian sample. Its use in clinical practice and research is recommended.

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The information system for nursing practice and the importance in education of patients with acute myocardial infarction

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Purpose: The "Information System for Nursing Practice" - SAPE® is an application of software that uses a reference language - the International Classification for Nursing Practice of the International Council of Nurses (ICNP), which allows the planning of interventions and recording of activity resulting from the provision of nursing care in health institutions. The data on the clinical situation of the patient processed in nursing documentation supports the daily activity of nursing and normalizes the nursing records system.

The purpose of this study was to analyze which was the type of information recorded in the information system by nurses and, what is the rate of education done during the hospitalization.

Methods: Study cross-sectional made by informatics research of the "Information System for Nursing Practice". In a sample of 106 patients with the first episode of Acute Myocardial Infarction (AMI), containing two or more cardiovascular risk factors, all nursing records were explored. A manual analysis (one by one) was made for research the interventions associated directly with education of preventive behaviors and lifestyles.

Results: The SAPE® is oriented to the daily activity of nurses and aims the organization and processing of information. Data resulting from the provision of nursing care in institutions where the system is installed can give a comprehensive view of care provided.

Educations for preventing and manage cardiovascular risk factors were made in only 23.58% of the 106 patients. Of

the education done to patients, 16.98% were about alimentary habits, 14.15% were about exercise and 6.6% were about tobacco. The education for caregivers was also contemplated in 0.94% for education about capillary glycemia in diabetic patients.

Conclusion: After an AMI, the patient education needs to start at the first time of hospitalization for improving lifestyles but, it was verified that nursing interventions are predominantly associated with the acute disease and the education of cardiovascular risk factors is made in a low percentage.

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Risk factors among people surviving out-of-hospital cardiac arrest and their thoughts about lifestyle

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Aims: To describe risk factors among people surviving out-of-hospital cardiac arrest and their thoughts about lifestyle.

Design: An explanatory mixed methods design was used.

Methods: All people registered in the northern Sweden Monica myocardial registry between the year 1989 to 2007 who survived out-of-hospital cardiac arrest with validated myocardial infarction aetiology and were alive at the 28th day after the onset of symptoms ($n = 71$) were included in the quantitative analysis. Thirteen of them participated in interviews conducted in 2011 and analysed via a qualitative manifest content analysis.

Results: The quantitative results showed that about 60% of the people had no history of ischemic heart disease or hypertension before the out-of-hospital cardiac arrest whereas 25% and 17% had been diagnosed with myocardial infarction and diabetes mellitus, respectively. Eighty percent of the people had total cholesterol levels greater than 5.0 mmol/l and/or were taking lipid lowering medications. Almost half were smokers and overweight. The qualitative results are presented in three categories 'descriptions of lifestyle after surviving', 'modifying the lifestyle to the new life situation' and 'a changed view on life'. The participants described that their lifestyle focused on the importance of being needed and meaning something to others, feeling well and doing things of their choice. They tried to find a reason why the cardiac arrest happened and make appropriate lifestyle changes although they made their own assessment of risk behaviours. The participants expressed being grateful for a second chance at life and tried to have a positive outlook on life.