

## SYMPTOM PREVALENCE, SEVERITY, AND DISTRESS IN PATIENTS WITH HEART FAILURE

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**Introduction:** Heart failure is characterized by a wide variety of physical and psychological symptoms including, but not limited to, fatigue, dyspnea, edema, depression, orthopnea, and chest pain that may diminish quality of life. Despite the fact that nurse researchers have made significant progress in understanding challenges faced by patients with heart failure, we still need to improve our understanding of the full range of symptom experiences as they relate to overall quality of life.

**Purpose:** The purposes of this study were to: 1) examine symptom prevalence, severity, and distress in a small sample of patients with heart failure and 2) to determine the impact of symptom prevalence, severity and distress on quality of life.

**Method:** This descriptive, cross-sectional study was conducted using a convenience sample of patients (n=53, mean age =55.5 ? 9.6) at a specialty heart failure clinic in an urban setting. Data were collected in the clinic by an advanced practice nurse. Instruments included a demographic questionnaire, the Brief Symptom Inventory, the Revised Piper Fatigue Scale, Palliative Performance Scale and the Minnesota Living with Heart Failure Questionnaire. Symptom prevalence, severity and distress were assessed using the Memorial Symptom Assessment Scale – Heart Failure.

**Findings:** Data analysis is ongoing. Preliminary findings indicate that participants were primarily male (66.0 %) Caucasian (88.7), married (64.2) and had a mean NYHA Classification of 3.0 ? 0.7). Mean symptom prevalence for all patients was 16.0 ? 9.1. Seventeen of the 37 examined symptoms had  $\geq 50\%$  prevalence. The most prevalent symptoms were “lack of energy” (84.3%), “shortness of breath” (78.8%), and “difficulty sleeping” (68.6%). Of the 17 most prevalent symptoms, those symptoms that were reported as most severe were “pain other than chest pain” (93.3%); “sweats” (92.3%); and “difficulty sleeping” (90.6%). The most distressing symptoms were “shortness of breath” (83.8%), “pain other than chest pain” (82.8%) and “difficulty sleeping” (79.4%). Regression analysis suggests that 32% of the variance in quality of life of patients with heart failure is explained by increased prevalence of physical symptoms.

**Discussion:** This study will provide a better understanding of symptoms as reported by patients with heart failure. Nurses can use this information to enhance symptom management and ultimately improve quality of life.