

Symptom Prevalence, Severity, and Distress in Patients with Heart Failure

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Introduction: Improving end of life for patients with heart failure (HF) is a national and moral imperative. In order to improve care for HF patients, nurses need an improved understanding of the full range of the symptom experience including not only symptom prevalence, but symptom frequency, severity, and distress as well. The Memorial Symptom Assessment Scale-Heart Failure (MSAS-HF) is a new tool developed specifically to address multiple dimensions of the symptom experience. It was based on the Memorial Symptom Assessment Scale (MSAS) commonly used in cancer nursing research.

Purpose: The purpose of this study was to examine symptom prevalence, frequency, severity, and distress in a small group of adults with HF, those with chronic stable HF and those with advanced HF admitted to acute care.

Method: Two groups of patients with HF were compared to determine symptom prevalence, frequency, severity, and distress. Group 1 included adults with chronic stable HF (n=27) and Group 2 included advanced HF patients admitted to acute care (n=9). The MSAS-HF consists of 36 symptoms and 3 subscales: Heart Failure Symptoms (HFS), Physical Symptoms (PHYS), and Psychological Symptoms (PSYCH).

Findings: Those advanced HF patients admitted to acute care were older than those in an outpatient setting (mean age 77 ? 5.3 vs. 57.3 ? 13.5, $p < 0.001$). There were no significant differences between groups in gender or ethnicity (47.2% female; 19.4% African American). NYHA Functional Class differed between Group 1 and Group 2 (2.7 ? 0.6, 3.67 ? 0.5) but this did not reach the level of significance. While the advanced HF patients in the acute care had significantly greater prevalence of emotional symptoms ($p=0.02$), they did not have greater prevalence of physical and HF symptoms on the MSAS-HF subscales. Nevertheless, advanced HF patients in acute care experienced more frequent palpitations ($p=0.039$), dry mouth ($p=0.043$), lack of energy ($p=0.029$) and difficulty sleeping ($p=0.01$). They experienced more severe chest pain ($p<0.001$), more symptom distress waking up breathless at night ($p=0.033$) and greater difficulty sleeping ($p=0.001$). Surprisingly, while the patients in Group 2 had more prevalent emotional symptoms on the PSYCH subscale, the only symptom showing significant differences between the two groups in frequency and distress was difficulty sleeping. There were no differences in worry, feeling sad, feeling irritable, feeling nervous or difficulty concentrating.

Discussion: The MSAS-HF is a potentially useful tool to examine symptom prevalence, frequency, frequency, and distress in patients with HF. A better understanding of the full range of the symptom experience can assist nurses in developing interventions to improve symptoms and ultimately improve quality of life.