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Health education in patients with congestive heart failure followed in primary care

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Background & Aim: to evaluate the effectiveness of health education of in patients with congestive heart failure in primary care.

Workplace: urban health center.

Design and Methods:

Design: longitudinal descriptive study

Subjects: patients with congestive heart failure followed in primary care (n=158)

Intervention: to evaluate 158 patients after two 6-monthly visits in primary care. Patients data obtained at the first visit were compared with those at the second visit. All patients completed on both visits the MLWHFQ (Minnesota Living With Heart Failure Questionnaire)

Variables: age, sex, risk factors, ejection fraction, functional classification, etiology of CHF, therapeutic regimen, BMI.

Analysis: descriptive using proportions, means and IC95% ($p \leq 0,05$).

Results: 158 patients. Mean age: $61.3 \pm 11,6$. Males: 68.8%. Associated risk factors: hypertension 64.9%, dyslipidemia 53.2%, diabetes 32.5%, active smoking 20.8%, ex-smoking 40.3%. Mean ejection fraction (%): 31.8 ± 9 . Functional classification: NYHA class I 28.6%, II 49.4% and III 22.1%. The etiology of CHF: ischemic 37.7%; hypertensive 24.3%; dilated cardiomyopathy 22.1%; valvular 5.2%; others 10.7%. Therapeutic regimen applied: RAS blockers 97.4%; betablockers 85.7%; loop diuretic 86.5%; spironolactone 51.9%; antiplatelet agents 53.2%, nitrates 27.6%, digoxin 35.1% In the first visit our patients had a mean BMI: 31.7 ± 5.7 Kg/m², without statistical significance differences at the 6 months follow-up: 31.3 ± 5.9 Kg/m².

Regarding to the MLKHF questionnaire, at the second visit, we observed significant improvements in the global results: $41,4 \pm 22.4$ vs. 36.81 ± 21.2 ($p < 0,001$).

Conclusions: after health education is seen a significant improvement in the quality of life of patients with congestive heart failure.