

Paper Session C1: The Continuum of Heart Failure

Social, Cognitive, Emotional And Symptom Factors Predictive Of Delay In Seeking Treatment For Acute Heart Failure

Kristen A. Sethares, PhD, RN, CNE, University of Massachusetts Dartmouth, Dartmouth, MA

Self-care of heart failure (HF) requires the person with HF to recognize, interpret and treat symptoms of HF. Uncertainty about the causes of symptoms can lead to improper interpretation of symptoms and potentially increase delay in seeking treatment resulting in greater morbidity and costly hospitalizations. Few have studied the effects of other factors on delay times. Guided by the Common Sense Model, the impact of social responses (family responses), cognitive responses (uncertainty, perceived seriousness, attribution), emotional responses (fear, anxiety) and symptom severity were regressed on delay times in a sample of 132 chronic, elderly HF patients. Measurements included symptom severity (Heart Failure Somatic Perception Scale), social, cognitive, and emotional reasons for delay (Response to Symptoms Questionnaire), uncertainty (cognitive, Mishel Uncertainty in Illness Scale) and demographic variables. Delay was measured in hours and converted to days. Subjects delayed an average of 3.5 + 2.8 days prior to seeking treatment. Symptoms were initially attributed to the heart in only 38% of the sample. Levels of symptom severity (Mn = 42.3 + 15.1) and uncertainty were moderate (Mn = 71.8 + 10.9). The most common initial response to symptoms was to report them to a family member (27%). Pearson correlations demonstrated that social factors ($r = -.25, p = .004$), length of time with HF ($r = -.19, p = .02$), perceived seriousness of symptoms ($r = -.26, p = .002$) and anxiety ($r = -.17, p = .03$) were significantly correlated with delay. The hierarchical regression model explained 11% of the variance in delay times ($p = .01$). Three predictors contributed significantly to the model ($p = .03$). Length of time with HF and social factors (step 1) explained 6% of the variance ($p = .01$) and perceived seriousness (step 2) explained an additional 5% of the variance in delay ($p = .02$). Anxiety (step 3) did not explain any additional variance. Social factors and cognitive perceptions can influence delay in seeking treatment in this population. Both of these factors are amenable to educational interventions. Clinicians should consider the influence of family member responses to illness and include them in education. Despite the chronic nature of HF in this population, only 38% attributed symptoms to an acute exacerbation of HF, further supporting the need to have family involvement in the care seeking decision making process.