

Paper Session C1: The Continuum of Heart Failure

"I Just Can't Do It Anymore": Patterns Of Physical Activity And Cardiac Rehabilitation In African Americans With Heart Failure

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Purpose: To describe patterns of physical activity (PA) and cardiac rehabilitation (CR) referral in African Americans with heart failure (HF) using a mixed methods approach.

Methods: Guided by a naturalistic decision-making framework, qualitative data were obtained using a semi-structured interview guide. Standard and reliable instruments measured quantitative data about sociodemographics, physical functioning, and depression, and supplemented the qualitative findings. Thirty adults with HF were recruited from an urban HF clinic serving low-income minorities.

Results: The mean age of the subjects was 60±15 years; 40% were women. Mean BMI was 29±6. The average duration of HF was 6.5±11 years; 66% were classified as NYHA Class III. Most (53%) reported being told to do "minimal exercise only" by their health care provider; 43% exercised less than 30 minutes in the last week. The mean Duke Activity Status Index score of 16.8 in this sample represents ability to perform only moderate exertion. Many (41%) had evidence of depression (PHQ-9 cut-off score ≥ 10). The qualitative data revealed an overarching theme of current PA as extremely limited by HF symptoms such as dyspnea, weakness and fatigue ("I get tired so fast, cannot even walk one block"). A secondary theme reflected past PA (i.e. walking, sports, dancing) that individuals were unable to sustain ("...used to go out dancing... now I can't"). Barriers to PA included poor functional status, fear ("I'm afraid if I go out, I can't make it back."), and depressive symptoms ("There are days...I don't wanna be bothered"). When asked about referral to CR, 83% (n=25) stated they were not referred.

Conclusions: Despite strong evidence that PA is both safe and beneficial for HF patients and that CR is the standard of care, this ethnic minority sample was extremely limited in PA due to HF symptoms and lacked appropriate referrals to CR. Research to develop and test interventions that promote PA in vulnerable HF patients is needed. In addition, efforts to increase clinician adherence to treatment guidelines for PA and CR referral are indicated.