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Editorial

Why Should we Pay Attention to Frailty in Heart Failure Patients?

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Background

Heart failure (HF) is a significant health problem worldwide that poses a burden to healthcare systems. Self-care deficits have been found to be significantly associated with negative healthcare outcomes among HF patients [1-4]. Previous studies have proved that a structured multidisciplinary approach to HF treatment which adheres to evidence based guidelines improves outcomes [5]. Numerous treatment options are available for HF management that include: medications, implantable cardioverter defibrillators, cardiac resynchronization therapy, internal cardiac monitoring devices, left ventricular assist devices, cardiac transplantation and self-care [6]. It has been noticed that patients with HF who demonstrate low level of self-care abilities in activities such as medication compliance, following a low sodium-diet, maintaining fluid restrictions, weighing themselves daily, and in identifying the symptoms of decompensation HF have frequent hospitalizations and worse quality of life results [1]. Jaarmsa et al.[7] have reported that properly educated HF patients should demonstrate increased self-care abilities and improved self-care behaviors. Self-care is recognized as a key component for patients to enjoy the benefits of treatment [7].

Considering the increasing age of HF patients, a special approach to their treatment is required, with more attention paid to geriatric conditions, such as poor mobility, multiple disabilities and cognitive impairment that may influence self-care abilities. For instance, frailty syndrome (FS) is a distinct, biological syndrome reflecting decreased physiologic reserve and resistance to stressors [8]. It was shown to occur frequently in patients with heart failure, with the prevalence ranging from 15% to 74%, depending on the studied population and the method of assessment [9,10].

In the concept of frailty syndrome (FS), the term “frailty” has developed from the synonym of advanced age, disability and comorbidities to stand for a distinct biological syndrome reflecting decreased physiologic reserve and resistance to stressors [11-13]

FS occurs more frequently among patients with HF than among general population, and serves as an independent predictor of visits in emergency department, hospitalizations, and mortality [14,15]

This might be explained by the fact that frailty is associated with decreased mobility, tendency to fall, polypharmacy, comorbidities, and cognitive and nutritional impairment [16]. Therefore, identification of patients with HF and frailty may serve as a prognostic factor of self-care deficits.

Gobbens et al. assessed frailty based on the definition of frailty as a dynamic state affecting an individual who experiences losses in one or more domains of human functioning (physical, psychological, social), which are caused by the influence of a range of variables and which increase the risk of adverse effects [17]. HF self-care abilities has been examined by many researchers [18]. The low level of patients understanding of self-care continues. The problem with compliance among patients is common, and still there is no explanation why it happens.

Self-care is considered essential to HF management and patient knowledge is thought to improve self-care behaviours [18]. Thus, the cognitive impairment caused by frailty may interfere with patient ability to learn about the disease. Knowledge is a necessary basis for self-care that facilitates the performance of self-care [18].

Chronic disease is acknowledge to affect especially the physical domain of quality of life of older patient negatively [17]. It may beconcluded that physical components of frailty impact self-care behaviours negatively, especially physical tiredness and physical unhealthy.

Riegel et al. [3] have found that functional impairment, cognition, excessive day time sleepiness , and social support have an impact on self-care [3].

Patients with HF depend on healthcare professions to seek new and innovative approaches to educational programs. The challenge lies in applying reaserch in order to offer the most effective interventions to expand knowledge, promote self-care, and improve outcomes of HF patients [19]. Maybe, the new approach where the healthcare providers, including cardiac nurse,take into consideration frailty in this group of patients which will help to improve the management of educational programs for HF patients. The literature revealed that the key to HF manangement is possible through knowlegable and effectice patient self-care.

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