

Therapeutic Adherence and Functional Capacity in Heart Failure

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Dear Editor,

Heart failure (HF) has become a major public health problem, as it is the final pathway of most heart diseases¹. One of the main factors that lead to decompensation in HF is poor patient adherence to treatment².

Educational intervention programs for the management of chronic disease and clinical monitoring of HF are associated with better adherence to treatment^{3,4}. It was observed, in a non-controlled clinical trial with 25 patients in a HF outpatient clinic, that the educational intervention improved the following indicators: renal function assessment with improved estimated glomerular filtration rate (eGFR; median: V0 = 61 vs. V1 = 68) and B-type natriuretic peptide (BNP), treatment adherence score and functional

capacity at the six-minute walk test (6MWT). The treatment adherence questionnaire assessed the following: correct use of medications, daily weight, salt and fluid restriction, alcohol intake and attendance at appointments and tests. The adherence score can range from zero to 10 points⁴. At the adherence assessment, an improvement was observed comparing the pre (V0) and post (V1) intervention periods, with a median of V0 = 5.0 vs. V1 = 6.1 ($p = 0.006$). It was demonstrated that in V0, the patients considered non-adherent sought the emergency service in the last 30 days more often than those considered adherent ($p = 0.013$) and in V1, 100% of patients reported not having sought the emergency service during the period. After the educational intervention, patients with systolic HF with low left ventricular ejection fraction (LVEF $\leq 40\%$) showed improved adherence score ($p = 0.006$) and clinical improvement with a decrease in functional class (FC) and weight ($p = 0.022$). As for the 6MWT, the patients that showed better performance in the test were those considered adherent to treatment, with FC III, time of HF = 12-16 years, LVEF of 24 to 29%, and hypertensive etiology. Clinical and renal function improvement was observed in outpatients with heart failure submitted to educational intervention that showed greater adherence to optimized therapy.

Keywords

Heart Failure; Medication Adherence; Patient Care.

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