

社區心臟衰竭老人生活品質

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摘要

心臟衰竭多發生於老年人，對病患造成身體、心理極大衝擊。台灣多層面探討影響心臟衰竭老人生活品質研究較有限。本研究為橫斷式研究，於台灣兩所教學醫院立意取樣 60 歲以上心臟衰竭門診 175 位社區居住患者，採四份問卷於居家訪視收集資料。研究目的在探討人口學特性、臨床狀況及憂鬱程度對社區心臟衰竭老人生活品質之預測因子。統計分析以多元迴歸(Multiple Regression)之逐步選取法(Stepwise Procedure)進行分析，研究結果發現社區心臟衰竭老人生活品質受影響，生活品質預測因子為一年內再住院天數、NYHA 心臟功能分級、疾病症狀困擾及憂鬱程度。建議出院計畫應包含加強出院後醫囑遵從度、心臟衰竭症狀困擾之自我管理衛教，以及追蹤與評估出院後心臟衰竭併發憂鬱狀況。

關鍵字：心臟衰竭老人、症狀困擾、憂鬱、生活品質

Quality of life in Community-Dwelling Elderly Patients with Heart Failure

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Abstract

Aims.

To explore correlations between quality of life in community-dwelling older adults with heart failure and their demographic and clinical characteristics as well as depression levels, and to determine predictors of quality of life among these variables.

Background.

Heart failure negatively affects older adults physically, psychologically, and socially. However, no studies have explored predictors of quality of life in older adults with heart failure in Taiwan from multiple dimensions.

Design.

Cross-sectional.

Methods.

Data were collected from January 2013 to June 2014 from 175 older adults with heart failure purposively sampled from two teaching hospitals in northern Taiwan. Participant data were collected from medical records and researcher-administered structured questionnaires in face-to-face interviews.

Results.

Quality of life was higher in participants who were employed, exercised, were in New York Heart Association Class I or II, and were not hospitalised than in those who were unemployed or retired, exercised, were in New York Heart Association Class III or IV, and were readmitted to a hospital for >10 days, respectively. Moreover, participant quality of life decreased as heart failure-related symptom distress and depression levels increased. Quality of life was associated with readmission length of stay, New York Heart Association functional classification, symptom distress, and depression levels.

Conclusions.

Discharge planning for patients with heart failure should include education on self-managing symptoms that is continued during home and follow-up care, with assessments of depressive status and appropriate referrals to psychological counselling. These interventions may improve medication adherence and reduce rates of costly hospital readmissions.

Key words: older adults, heart failure, heart failure-related symptom distress, depression, quality of life