76 - A VIEW OF THE QUALITY OF LIFE OF PATIENTS WITH HEART FAILURE AS A PRESCRIPTION DRUG

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INTRODUCTION

Heart failure (HF) is a chronic non-communicable disease whose prevalence in the population gets to be 1-2%. At older ages, mainly between 65 and 67 years, this percentage rises to 23% (ERIKSSON et al, 1987), becoming serious problem in the elderly.

According to the World Health Organization (WHO), heart failure (HF) is, among all chronic diseases, the most troubling in the health sector in the world. Although there are great advances in medicine over the past five decades, currently, mortality reaches more than 50% of confirmed cases in five years, after the confirmation of diagnosis (ANDERSON, B.; WAAGSTEIN, F., 1993, HO et al, 1993).

Although there is no consensus on the criteria necessary to establish a diagnosis of heart failure, it is evident that this condition can represent a major health problem. It was estimated that the HF reaches nearly 4 million Americans with 400,000 new cases each year (MASSIE, B.M., PACKER, M., 1990). According to DBIC (2012), it was observed growth of the elderly population in Brazil and, therefore, potential growth of at-risk patients or patients with HF. In 2007, cardiovascular disease accounted for the third highest cause of hospitalization in public that HF is the most frequent cause of hospitalization for cardiovascular disease.

Educational, therapeutic, pharmacological and non pharmacological measures should be encouraged, since the HF is a crippling disease and decreases the quality of life for the patient undergoing modification in normal activities because of the inability to perform certain everyday tasks resulting from injuries caused by HF symptoms (chest pain or discomfort, dyspnea, orthopnea, palpitations, syncope, fatigue and edema) (HURST, J.W., 2000).

Adverse effects that digoxin, reference drug in the treatment of this disease, causes can be enhanced when combined with certain types of medications accentuating even more the grievances of the HF and decreasing quality of life and survival of patients (MOSEGUI, 1999). It is in this context that our study fits whose objective is to expose a vision of the quality of life of patients with this disease as prescription medication in a health unit (BHU) Maringá – Paraná.

METHODOLOGY

This is a retrospective cross-sectional study conducted in a BHU from Maringá, Paraná, whose data were collected from electronic medical records of patients with HF. For inclusion in the sample, the records should include the drug digoxin. Data collection was conducted in September 2012. For evaluation of adverse effects was used Micromedex 2.0 program whose focus was only the association between digoxin with other drugs. For the values of absolute and relative frequency, we used the program Excell 2007 that were categorized values for males, females and for both.

RESULTS

The sample included 65 patients with HF, 37 (56.92%) females. The mean age was 68.56 ± 13.2 (ranging from 44 to 94) years. Those selected, 33 (50.77%) were aged between 61 and 80 years whose number of females with HF was less than the amount of males that are in the range of 71 to 80 years the number of women was 11 (64.71%) compared to 6 men (35.29%) (table 1).

Table 1. Distribution of the number of patients in selected age groups.

Age Groups	Frequency	Male	Female	% Male	% Female
40-50	7	10.77%	2	5	7.14%	13.51%
51-60	11	16.92%	6	5	21.43%	13.51%
61-70	16	24.62%	8	8	28.57%	21.62%
71-80	17	26.15%	6	11	21.43%	29.73%
81-90	10	15.38%	4	6	14.29%	16.22%
91-99	4	6.15%	2	2	7.14%	5.41%

Of the 122 prescription drugs, three were considered contraindicated, two were high risk, seven moderate-risk and two low to moderate risk if they were associated with digoxin. The number of prescriptions for drugs contraindicated in females were 18, 18 at high risk of interaction, 63 with moderate risk and 9 with low to moderate risk. Already in males, the number of prescriptions drugs were contraindicated 8, 15 at high risk, moderate risk and 49 with 7 with moderate to low risk, a total of 187 prescriptions with some degree of association with digoxin that potentially increase adverse effects. (Table 2).

Table 2. List of medications with potential drug interaction risks associated with digoxin according to Micromedex 2.0

Medicamento	NPF	NPM	TNP	Risk
Amiodarona	2	1	3	CI
Hidroclorotiazida	16	6	22	CI
Verapamil	0	1	1	CI
Espironolactona	15	14	29	HR
Cálcio	3	1	4	HR
Atenolol	6	2	8	MR
Captopril	12	12	24	MR
Fluoxetina	2	2	4	MR
Urosemida	14	16	30	MR
Nifedipina	5	1	6	MR
Omeprazol	17	8	25	MR
Sinvastatina	7	8	15	RM
Diazepan	3	1	4	RML
Levotiroxina	6	6	12	RML

DISCUSSION

According to Table 1 the number of female patients was comparatively much larger than the male which notes agreement with the Framingham Study (HO et al, 1993) in which it points to a 5-year survival of 25% for men and 38% for women from the moment of diagnosis. The study also reports that males are more susceptible to the symptoms of HF worsening their quality of life. The results indicate a higher prevalence in patients aged 60 to 80 years (Table 1) whose ability to perform physical activities are already compromised by age and worsens further with the presence of disease corroborating other studies (ERIKSSON et al, 1987; ANDERSON, B.; WAAGSTEIN, F., 1993, Ho et al, 1993; MOSEGUI, 1999).

The adverse effects caused by digoxin, a medication commonly used to treat HF are many, but some are more common as cardiac arrhythmias, nausea, vomiting and visual disturbances (BAYER, J.M., 1991). However, the most worrying would be cardiac arrhythmia because the patient, for being patient with a chronic disabling, would have an even greater commitment to their survival and quality of life, reducing basic daily activities, tending to inactivity. Thus, further aggravating the context of their disease and indirectly reducing a greater chance of survival (GHEORGHIADE, 2004). This adverse effect is exacerbated with use of drugs as listed in table 2, according to the Micromedex 2.0 are classified according to the degree of risk of concomitant use of the drug digoxin. The contraindicated drugs could not be used in any way since the association can bring major health problems and lead to death. The considered as high risk, the association can be fatal and requires medical intervention to minimize adverse effects. The moderate risk, the association may result in worsening of the patient's health and requires change in drug therapy. The risk of moderate to low are equivalent to moderate risk, but still not enough data to prove categorically that there is some commitment to health.

An important question, also, is the presence of patients with osteoporosis, a disease that compromises bone resistance by decreasing calcium from the bones whose prevalence is high after 45 years, especially in women during menopause when hormone replacement do not make a adequate (Kenny et al, 2000). The intake of calcium is one of the measures to prevent the onset of osteoporosis in elderly patients or future health problems related disease (LANZILLOTTI, HAYDEE SERRÃO et al, 2003), however, the concomitant use of drugs such as digoxin as we can see in Table 2 further aggravate the health and compromise the quality of life of patients (Moreno et al, 2007), just simply carrying out routine activities of daily life diminish considerably due to the adverse effects caused by the combination of these drugs.

Table 2 shows the potential association of drugs with regarding to digoxin, demonstrating some type of impairment on health and quality of life of patients. There were 187 prescriptions with a certain degree of risk, among them 26 were reported as contraindicated and 33 as high risk for the patient which indirectly further hindered clinical improvement and also further aggravated performing everyday physical activities like walking, take bathing, eating, walking and up stairs (HURST, J.W., 2000). Another important observation was that some patients were using antidepressant, fluoxetine, and anxiolytic, diazepan, which are used in the treatment of depression and anxiety respectively suggesting a greater impairment in the quality of life of patients (OLIVEIRA et al, 2006).

There are clinical studies demonstrating the development of programs promoting health significantly improved quality of life for patients with chronic diseases, (OBRELI NETO and CUMAN, 2010). Also, non pharmacological treatment, which involves the improvement of diet and practice of physical exercises adequate, which has been effective in the anti-inflammatory action in preventive popular medicine (SPROD et al., 2011), the lowest occurrence aggravations health (FERNANDES et al., 2011). Currently, the search for physical exercise programs for health promotion has been growing, but the adhesion/permanence of the elderly in this practice is still insufficient for occasional or situational factors (CARDOSO et al, 2008).

CONCLUSION

Heart failure, a chronic highly disabling, can be aggravated by the use of drug combinations that potentiate adverse effects. Therefore, the quality of life of patients with HF, can be reduced by the medication used, and especially prevented by physical exercise programs well oriented and continuous, adequate food and balanced.

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A VIEW OF THE QUALITY OF LIFE OF PATIENTS WITH HEART FAILURE AS A PRESCRIPTION DRUG.

ABSTRACT

Heart failure (HF) is, among all not transmissible chronic disease, the most troubling in healthcare around the world. Although there are great advances in medicine over the past five decades, nowadays, mortality reaches more than 50% of confirmed cases in five years, after the confirmation of the diagnosis. Educational measures, therapeutic, pharmacological and nonpharmacological should be encouraged, since the IC is a crippling disease and decreases the quality of life of the patient. The aim of this study was to present a vision of the quality of life of patients with IC as the prescription drug in a health facility. This was a retrospective cross-sectional study conducted in a basic health unit (BHU) of Maringá, Paraná, whose data were collected from medical records of patients with heart failure. For inclusion in the sample, the medical records should include the drug digoxin. As a result it was observed a higher prevalence in women (56.92%) compared to men whose mean age was 68.95 ± 13.2, the highest concentration of age group of patients was between 71 to 80 years and it was found that 187 drug prescriptions make possible the harm adverse effects to patients with HF. This study concluded that the quality of life of HF pacients can be reduced by the medication used.

KEYWORDS: Heart Failure, Quality of Life, Basic Health Unit

UNE VUE DE LA QUALITÉ DE VIE DES PATIENTS SOUFFRANT D'INSUFFISANCE CARDIAQUE COMME UN MÉDICAMENT D'ORDONNANCE.

RÉSUMÉ

L'insuffisance cardiaque (IC) est, parmi toutes les maladies chroniques, les plus troublants dans le secteur de la santé à travers le monde. Bien qu'il existe de grandes avancées dans la médecine au cours des cinq dernières décennies, de nos jours, la mortalité atteint plus de 50% des cas confirmés dans cinq ans, après la confirmation du diagnostic. Les mesures éducatives, thérapeutiques, pharmacologiques et non pharmacologiques devraient être encouragés, car l'IC est une maladie invalidante et diminue la qualité de vie du patient. Le but de cette étude était de présenter une vue d'ensemble de la qualité de vie des patients atteints d'IC que le médicament d'ordonnance dans un établissement de santé. Ce fut une rétrospective étude transversale menée dans une unité de santé de base (BHU) de Maringá, Paraná, dont les données ont été recueillies à partir des dossiers médicaux des patients souffrant d'insuffisance cardiaque. Pour être inclus dans l'échantillon, les dossiers doivent comprendre la digoxine drogue. En conséquence, il a été observé une prévalence plus élevée chez les femmes (56,92%) par rapport aux hommes dont l'âge moyen était de 68,95 ± 13,2, la plus forte concentration de l'âge des patients était de 71 à 80 ans et il a été constaté que 187 ordonnances de médicaments permettrait au projet de loi d'effets indésirables pour les patients atteints d'insuffisance cardiaque. Cette étude a conclu que la qualité de vie des patients souffrant d'insuffisance cardiaque peut être réduite par les médicaments utilisés.

MOTS-CLÉS: Insuffisance Cardiaque, Qualité de la vie, Service de santé publique

UNA VISTA DE LA CALIDAD DE VIDA DE LOS PACIENTES CON INSUFICIENCIA CARDIACA CON MEDICAMENTOS RECETADOS.

RESUMEN

La insuficiencia cardiaca (IC) es, entre todas las enfermedades crónicas no transmisibles, las más preocupantes en la industria de la salud en todo el mundo. Aunque existen grandes avances en la medicina en los últimos cincuenta años, hoy en día, la mortalidad llega a más del 50% de los casos confirmados en cinco años, después de la confirmación del diagnóstico. Las medidas educativas, terapéuticas, farmacológicas y no farmacológicas deben ser atentadas, ya que la IC es una enfermedad incapacitante y disminuye la cualidad de vida del paciente. El objetivo de este trabajo es presentar una visión general de la cualidad de vida de los pacientes con IC sobre prescripción de medicamentos en un centro de salud. Este fue un estudio retrospectivo de corte transversal realizado en una Unidad Básica de Salud (UBS) de Maringá, Paraná, cuyos datos se obtuvieron de los registros médicos de los pacientes con IC. Para inclusión de la muestra, los registros deben incluir la droga digoxina. Como resultado, se observó una mayor prevalencia en las mujeres (56,92%) en comparación con los hombres cuya edad media fue 68,95 ± 13,2, la más alta concentración de la edad de los pacientes fue entre 71 y 80 años y se encontró que 187 recetas de medicamentos permitirían la factura de efectos adversos para los pacientes con IC. Este estudio concluyó que la cualidad de vida de los pacientes con IC se puede reducir por la medicación utilizada.

PALABRAS-CLAVE: Insuficiencia Cardiaca, Cualidad de Vida, Unidad Básica de Salud

UMA VISÃO DA QUALIDADE DE VIDA DE PACIENTES PORTADORES DE INSUFICIÊNCIA CARDÍACA QUANTO A PRESCRIÇÃO MEDICAMENTOSA.

RESUMO

A insuficiência cardíaca (IC) é, dentre todas as doenças crônicas não transmissíveis, a mais preocupante no setor de saúde no mundo inteiro. Embora haja grandes avanços na medicina nas últimas cinco décadas, nos dias atuais, a mortalidade chega a mais de 50% dos casos confirmados em até cinco anos, a partir da confirmação do diagnóstico. Medidas educativas, terapêuticas, farmacológicas e não farmacológicas devem ser incentivadas, já que a IC é uma doença incapacitante e diminui a qualidade de vida do paciente. O objetivo deste estudo foi expor uma visão da qualidade de vida de pacientes portadores de IC quanto à prescrição medicamentosa em uma unidade de saúde. Este foi um estudo transversal retrospectivo realizado em uma unidade básica de saúde (UBS) do município de Maringá, Paraná, cujos dados foram coletados a partir de prontuários de

pacientes portadores de insuficiência cardíaca. Para inclusão na amostra, o prontuário deveria constar o medicamento digoxina. Como resultado foi observado uma maior prevalência de mulheres (56.92%) em relação aos homens cuja média de idade foi de 68,95±13.2, a faixa etária de maior concentração de pacientes foi entre 71 a 80 anos e foi constatado 187 prescrições medicamentosas que possibilitariam o agravo de efeitos adversos aos pacientes portadores de IC. Este estudo permitiu concluir que a qualidade de vida de pacientes portadores de IC pode ser diminuída pela própria medicação utilizada

PALAVRAS-CHAVE: Insuficiência Cardíaca, Qualidade de vida, Unidade Básica de Saúde