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Acceptance of illness and frailty syndrome among patients with atrial fibrillation.**Katarzyna Lomper***Medical University, Wrocław, Poland*

Statement of the Problem: Aging is a major risk factor for atrial fibrillation (AF). Patients with AF may experience symptoms that are disruptive to daily functioning. Older age is also one of the predictors of frailty syndrome (FS). The overlap of bothersome AF symptoms and the presence of FS can significantly affect illness acceptance. However, the impact of FS on illness acceptance in AF patients has not been well documented. High illness acceptance promotes the patient's involvement in the therapeutic process, thus positively influencing treatment outcomes.

Methodology & Theoretical Orientation: The study included 116 patients with diagnosis of atrial fibrillation (64 women, 52 men) fulfilling the inclusion criteria. A self-administered questionnaire was used to collect sociodemographic data, the Acceptance of Illness Scale (AIS) and the Tilburg Frailty Indicator (TFI) were used in the study. Clinical data were obtained through analysis of medical records.

Findings: The mean AIS score was 29.76 points. FS was diagnosed in 78 subjects. Univariate analysis showed significantly higher AIS scores in: men ($p=0.008$), those who were economically active ($p=0.017$), those who were in a relationship ($p=0.004$), those who had been ill for less than 5 years ($p=0.04$), those with EHRA I and EHRA II disease severity ($p<0.001$), and those without coexisting heart failure ($p=0.007$). We also noted the effect of age on AIS level - the older the age, the lower acceptance of illness ($p=0.006$). In multivariate analysis, significant negative predictors of AIS were: disease duration of 6-10 years ($r=-4.486$) and EHRA III disease severity ($r=-4.942$). A significant positive predictor of AIS was permanent AF ($r=3.157$). Analysis showed a significant negative correlation between AIS and TFI - the higher severity of FS the lower acceptance of illness ($p<0.001$).

Conclusion & Significance: Patients with AF have moderate level of acceptance of illness, although the coexisting of FS decreases acceptance of illness. Interventions should be taken to increase acceptance of the disease. It is also advisable to take the action to prevent the occurrence and development of frailty syndrome in elderly AF patients. In the frailty patients, family members may play an important role in improving daily functioning and, consequently, improving illness acceptance.

Biography

In my scientific work I mainly focus on cardiovascular diseases, in particular atrial fibrillation and disorders associated with geriatric conditions.