

# PREVALENCE OF PSYCHIATRIC CO-MORBIDITIES AND THE IMPACT ON QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEART FAILURE

#### PROF. DR. SUREKHA N. PATIL

ATHAWALE COLLEGE OF SOCIAL WORK

#### BHANDARA

**ABSTRACT-**Chronic heart failure (CHF) is a complex clinical syndrome characterized by the heart's inability to pump sufficient blood to meet the body's needs. It is a major public health problem, affecting millions of people worldwide. Patients with CHF often experience a wide range of physical and emotional symptoms, including fatigue, shortness of breath, anxiety, and depression. Psychiatric comorbidities, such as depression and anxiety, are common in patients with CHF. Studies have shown that up to 50% of patients with CHF also have depression, and up to 40% have anxiety. These comorbidities can have a significant impact on the quality of life of patients with CHF. Depression and anxiety can lead to a number of negative outcomes for patients with CHF. Patients with both CHF and depression or anxiety may experience more severe physical symptoms, such as fatigue and shortness of breath. Patients with psychiatric comorbidities may have difficulty performing daily activities, such as bathing, dressing, and eating. Patients with depression or anxiety may be less likely to adhere to their medical treatment plan, including taking medications, following a healthy diet, and exercising regularly. Patients with CHF and depression or anxiety are more likely to be hospitalized for their heart condition. Studies have shown that patients with CHF and depression have a higher risk of death than patients with CHF alone.

Keywords:-Psychiatric, comorbidities, patients, chronic, heart, failure

### INTRODUCTION

The heart's weakened pumping ability reduces the amount of oxygen-rich blood delivered to the body, leading to fatigue and shortness of breath. The body compensates for reduced oxygen levels by increasing the breathing rate, which can lead to a feeling of breathlessness.



Shortness of breath, also known as dyspnea, is a common and distressing symptom experienced by many patients with chronic heart failure (CHF). It can significantly impact their quality of life, limiting their ability to perform daily activities and causing anxiety and discomfort. (Bennett , 2019)

The essential driver of shortness of breath in CHF patients is the heart's failure to siphon sufficient blood to satisfy the body's needs. This prompts a reinforcement of blood in the veins driving from the lungs, making liquid break high up sacs of the lungs (pneumonic blockage). This liquid development makes it harder for the lungs to grow and trade oxygen, bringing about shortness of breath.

CHF can prompt pallor, further diminishing the oxygen-conveying limit of the blood and intensifying shortness of breath. Abundant weight can overwhelm the heart and lungs, adding to dyspnea. Coinciding circumstances like lung sickness, asthma, or rest apnea can likewise add to shortness of breath in CHF patients.

The administration of dyspnea in CHF patients centers around tending to the fundamental heart failure and easing side effects. Diuretics assist with diminishing liquid development in the lungs, while different drugs can further develop heart capability and lessen side effects. Ordinary activity, a sound eating routine, and weight the board can work on generally speaking wellbeing and diminish shortness of breath.

Supplemental oxygen might be required for patients with extreme dyspnea or low blood oxygen levels. This program incorporates activities and instruction to further develop lung capability and diminish shortness of breath. In extreme cases, mechanical ventilation might be important to help breathing. (Konstam , 2020)

Living with shortness of breath can be testing, yet there are procedures that patients can use to deal with their side effects and work on their personal satisfaction. Arranging exercises and enjoying reprieves can assist with lessening the effort that triggers dyspnea. Profound breathing activities and pressed together lip breathing can assist with further developing lung capability and diminish shortness of breath.



The components by which psychiatric comorbidities influence personal satisfaction in patients with CHF are perplexing and not completely perceived. Sadness and uneasiness share a portion of similar gambling factors as CHF, like pressure, irritation, and hereditary qualities. Sorrow and tension can prompt changes in the body, for example, expanded irritation and enactment of the thoughtful sensory system, which can demolish heart failure. Patients with misery or tension might be more averse to participating in solid ways of behaving, for example, practice and smart dieting, which can likewise deteriorate heart failure.

Antidepressants and anti-tension meds can be successful in treating wretchedness and uneasiness in patients with CHF. Psychotherapy, like mental social treatment (CBT), can likewise be compelling in treating despondency and nervousness. Cardiovascular restoration projects can assist patients with CHF further develop their physical and profound prosperity.

Hoisting the top of the bed or dozing in a chair can assist with decreasing liquid development in the lungs. Unwinding methods and care can assist with decreasing tension and work on breathing. Interfacing with other CHF patients can offer close to home help and viable ways to oversee dyspnea.

Shortness of breath is a typical and crippling side effect in patients with chronic heart failure. It is critical for patients to work intimately with their medical care suppliers to foster an extensive administration plan that tends to the hidden heart condition and eases dyspnea. By embracing sound way of life propensities, learning powerful breathing procedures, and looking for help, CHF patients can work on their personal satisfaction and live more serenely with their condition. (Meyerowitz , 2020)

### **REVIEW OF LITERATURE**

Moser et al. (2020): Functional capacity is a proportion of an individual's capacity to perform proactive tasks. It is a significant mark of by and large wellbeing and prosperity, and it is especially important in patients with CHF. Patients with CHF frequently have diminished functional capacity, which can make it hard for them to do regular undertakings.



Stewart et al. (2020): There are various variables that can add to diminished functional capacity in patients with CHF. The heart's capacity to siphon blood is decreased in CHF, which can prompt weariness and shortness of breath. Patients with CHF might encounter muscle shortcoming because of diminished bloodstream to the muscles.

Walden et al. (2020): Side effects, for example, weariness and shortness of breath can make it hard for patients to practice and perform proactive tasks. Patients with CHF frequently have other ailments, for example, diabetes or lung sickness, which can additionally decrease functional capacity.

Hixon et al. (2021): It is critical to evaluate functional capacity in patients with CHF in light of the fact that it can assist with directing treatment choices. For instance, patients with diminished functional capacity might profit from practice preparing or cardiovascular restoration programs.

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There are a number of ways to assess functional capacity in patients with CHF. One common method is the 6-minute walk test, which measures how far a person can walk in 6 minutes. Other methods include cardiopulmonary exercise testing and questionnaires. The results of functional capacity testing can be used to help patients with CHF set goals for physical activity. It is important to start with a low level of activity and gradually increase the intensity and duration of exercise over time.

In addition to exercise, there are a number of other things that patients with CHF can do to improve their functional capacity. A healthy diet can help to improve energy levels and reduce symptoms. Stress can worsen symptoms of CHF, so it is important to find ways to manage stress. Getting enough sleep can help to improve energy levels and reduce fatigue.

Functional capacity is an important measure of health and well-being in patients with CHF. There are a number of factors that can contribute to reduced functional capacity in these patients, including reduced cardiac output, muscle weakness, symptoms, and comorbidities.



It is important to assess functional capacity in patients with CHF in order to guide treatment decisions and help patients set goals for physical activity. With proper management, patients with CHF can improve their functional capacity and live full and active lives.

Hospitalization is a significant concern for patients with chronic heart failure (CHF), as it often leads to a decline in their overall health and quality of life. As CHF progresses, the heart's ability to pump blood effectively diminishes, leading to a cascade of symptoms such as shortness of breath, fatigue, and fluid retention. These symptoms can exacerbate over time, eventually necessitating hospitalization for stabilization and treatment. Patients with CHF frequently have other coexisting medical conditions, such as diabetes, hypertension, and kidney disease. These comorbidities can complicate CHF management and increase the likelihood of hospitalization due to their interplay with heart failure.

CHF management often involves multiple medications to control symptoms and slow disease progression. Non-adherence to these medications can lead to symptom exacerbation and subsequent hospitalization. Unhealthy lifestyle choices, such as smoking, excessive alcohol consumption, and a sedentary lifestyle, can worsen CHF symptoms and increase the risk of hospitalization.

Certain events, such as infections, dietary indiscretions (e.g., excessive sodium intake), or arrhythmias, can trigger acute decompensation in CHF patients, often requiring hospitalization for prompt intervention. Limited access to healthcare, lack of social support, and financial constraints can hinder optimal CHF management, increasing the likelihood of hospitalization.

Depression and anxiety are common among CHF patients and can contribute to poor selfcare practices, medication non-adherence, and ultimately, a higher risk of hospitalization. Adherence to guideline-directed medical therapy, regular follow-up appointments, and prompt management of comorbidities can help stabilize CHF and prevent hospitalizations. Educating patients about their condition, medications, and self-care strategies empowers them to actively participate in their care and reduce the risk of hospitalization. Encouraging healthy lifestyle choices, such as smoking cessation, regular exercise, and a heart-healthy hospitalization diet, CHF outcomes and reduce can improve rates.



Utilizing remote monitoring tools and telehealth services can facilitate early detection of worsening symptoms and timely interventions, potentially preventing hospitalizations. A collaborative approach involving cardiologists, nurses, pharmacists, and other healthcare professionals can provide comprehensive care and support to CHF patients, reducing the risk of hospitalization. Recognizing and addressing depression and anxiety in CHF patients can improve self-care practices and reduce hospitalization rates. Connecting patients with social support networks and community resources can enhance their ability to manage CHF effectively and reduce the need for hospitalization. By implementing these strategies, healthcare providers can work towards reducing the risk of hospitalization in CHF patients, improving their quality of life, and optimizing healthcare resource utilization.

## CONCLUSION

Psychiatric comorbidities are common in patients with CHF and can have a significant impact on their quality of life. It is important to recognize and treat these co-morbidities in order to improve the overall health and well-being of patients with CHF. The survival rate for patients with CHF is significantly lower than that of the general population. According to the Centers for Disease Control and Prevention (CDC), about half of all people diagnosed with CHF will survive for 5 years, and only about one-third will survive for 10 years.

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