Effect of self-management programs on the quality of life and health-related outcomes of heart failure patients: An important yet challenging & questionable issue

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https://doi.org/10.32598/JNRCP.23.8

To the Editor

The most common cause of mortality in the world is cardiovascular disease [1]. Heart failure (HF) is a chronic and complex disease that has led to a serious challenge in the world due to its high incidence and mortality rate [2]. In the United States from 2011 to 2014, 6.5 million people aged ≥20 suffer from HF. It is estimated that the prevalence of HF will increase by 46% by 2030 and the number of HF patients over the age of 18 will increase to more than 8 million [3]. Hence, maintaining and promoting physical, mental, psychological, spiritual, and social health is very important and necessary in patients with HF [4]. Patients with HF are usually treated with different medication regimens due to the many and varied diagnoses, which ultimately lead to adverse outcomes such as increased length of stay in the hospital and reduced quality of life due to the complexity of treatment and its complications [5].

One of the interventions that have recently been considered by researchers among HF patients is self-management programs, which can increase the quality of life and health-related outcomes of patients with HF [6, 7]. Self-management is a dynamic cognitive process, which is applied to the management of HF by patients. Self-management can include the diagnosis and management of symptoms, exercise, sodium restriction, fluids, and regular follow-up in patients with HF [8]. Obviously, poor self-management among HF patients can lead to poor quality of life in them. Meanwhile, the findings of studies that assessed the effect of self-management programs on quality of life and health-related outcomes among HF patients were contradictory [7, 9]. A meta-analysis study in 2016 found that self-management programs effectively reduced hospitalization and mortality in HF patients and improved their quality of life [7]. In contrast, a systematic review of randomized controlled trials in 2006 found that self-management programs reduced the readmission rate in HF patients, but did not affect mortality and quality of life of the patients [9].

In sum, although self-management programs have been proposed as an appropriate modality to promote self-care behaviors among HF patients, the impact of self-management programs on the quality of life and health-related outcomes of HF patients is a challenging and questionable issue. Therefore, it is suggested that researchers in future studies use novel patient education strategies for education of self-management to patients with HF such as the
development of tactical and situational skills, fostering coherence, and using reliable resources. Also, the use of target skill-building tactics such as role-playing in specific situations in the education of self-management to HF patients may play an essential role in the effect of self-management programs on the quality of life and health-related outcomes of HF patients.

Acknowledgements
Not applicable.

Authors’ contributions
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: SM, SMHM, NR, MT, MJG; Drafting the work or revising it critically for important intellectual content: SM, SMHM, NR, MT, MJG; Final approval of the version to be published: SM, SMHM, NR, MT, MJG; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: SM, SMHM, NR, MT, MJG.

Funding
Self-funded.

Ethics approval and consent to participate
Not applicable.

Competing interests
We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

References