

#15: Somatic Awareness and Self-Symptom Recognition in Advanced Heart Failure Patients Michael Evans

Purpose: This study examined somatic awareness and self-symptom recognition in Stage D heart failure (HF) patients, comparing those patients who were newly diagnosed with HF to those patients with chronic HF.

Background: Heart failure is a chronic, debilitating disease that affects almost six million Americans. However, there is little known about how patients recognize and interpret symptoms of the disease. Two such phenomena lacking adequate attention are somatic awareness and self-symptom recognition. In addition, these concepts have not been studied in relation to the duration of time a patient has been diagnosed with HF.

Methods: The mixed methods design that guided this study was the concurrent triangulation design. Using this design, a prospective cross-sectional survey design was conducted to understand if a difference exists in somatic awareness between newly-diagnosed and chronic stage D HF patients. The newly-diagnosed group included patients with Stage D HF who had been diagnosed with HF for two years or less. The chronic HF group included patients diagnosed with HF for longer than two years. Somatic awareness was measured using the HF Somatic Perception Scale, v. 3, an 18- item Likert scale. In addition, explorative qualitative descriptive interviews were conducted to better understand self-symptom recognition in this sample. All qualitative data were coded using the items from the HF Somatic Perception Scale. Each yes answer to the items on the HF Somatic Perception Scale was analyzed to determine whether the participant perceived the symptom to be related to HF.

Results: The sample included newly-diagnosed Stage D HF patients (n=9) and chronic HF patients (n=11). Analysis indicated a difference between the newly-diagnosed and chronic groups, $t(18) = -2.45, p = 0.03$. The chronic group had a higher mean somatic awareness score, 28.82, compared to the newly-diagnosed group, 12.33. In addition, length of time from diagnosis was significantly correlated with the HF Somatic Perception total score ($r_s = 0.53, p = 0.02$). Qualitative analysis found that none of the participants recognized their HF symptoms as being a result of HF.

Conclusions: While results showed higher somatic awareness scores for the chronic group than for the newly-diagnosed group, it is unclear whether the difference is related to length-of-time of living with HF or to other variables, including co-morbidities with symptoms similar to HF. However, while participants did not attribute their symptoms to HF, it is not possible to conclude that they had poor self-symptom recognition; instead, they may have been accurate in relating their symptoms to another co-morbid condition. Implications from this research nevertheless include that Stage D HF patients may not recognize symptoms of HF, which is a concern because of the potential resulting delay in appropriate treatment. It follows that more effective education for advanced HF patients is needed to help them understand HF symptoms and so to participate more effectively in their treatment, thus potentially improving patient outcomes and decreasing the economic burden of HF overall. Future longitudinal research needs to be conducted on a larger sample to examine somatic awareness and self-symptom recognition before definitive conclusions can be reached.