

AGEING AND HEART FAILURE: A CHALLENGE FOR NURSING CARE

Starzenie się i niewydolność serca: wyzwaniem dla opieki pielęgniarstwa

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Frequent hospital readmission and death are frequent among older HF patients (Muzzarelli, et al. 2010). According to epidemiological data from USA and Europe, the mortality rates remain high despite current medical treatments, with a 5-year survival ranging from 50% to 70% (Bleumink et al. 2004; Lang, Mancini 2007). Ageing population and prolongation of life expectancy of patients with cardiovascular diseases lead to an increasing prevalence of heart failure (HF), posing a challenge for health professionals who have to respond to the needs and problems of a population with high prevalence of co-morbidities (Dahlström 2005; Lambrinou et al. 2009). Frequently, non-specific signs and symptoms of HF are covered by those of non-cardiac comorbidities causing diagnostic difficulties, polypharmacy and difficult management of these patients (Dahlström 2005). There has been a growing recognition of the high prevalence and the important role of comorbidities in defining syndrome of HF.⁵ Most of the times diabetes mellitus, chronic obstructive pulmonary disease, and arthritis coexist with HF (Aronow 2003). In the management of these patients it is useful to recognize the factors associated with mortality and morbidity.

This will result in greater demands for gerontology and heart failure nursing care and a requirement for skilled and experienced nurses that can address and meet the needs of older people (Fagerberg et al. 1997; Lambrinou et al. 2009; Kalogirou et al. 2013). Despite the change on population's needs, gerontology nursing is found to be an unpopular specialization and geriatric placements unfavorable (McKinlay, Cowan 2003). Often graduate programmes in gerontology nursing are discontinued because only few students express a preference for them, whilst the effective care of older people depends on nurses who are involved in their 24-hour care (Lambrinou et al. 2009). Furthermore, there is not yet a specialization on heart failure nursing in Europe or the USA. There are only courses included in post graduate programmes (Albert et al. 2002; Willette et al. 2007; Kalogirou et al. 2013) and the nurse training programme for clinical expertise in heart failure developed by the Heart failure Association of the European Society of Cardiology

(<http://www.escardio.org/communities/HFA/committees/hfmanagement/Pages/Training.aspx>).

Most interesting is that graduate nurses do not want to work with older people. They prefer high technology departments like critical care units (McKinlay, Cowan 2003), but the fact is that a percentage of 5-10% of acute events and hospital admissions concern acute heart failure and it is the most common cause of admission and readmission of older people (McMurray et al. 2012).

Management of older people with HF is a challenging process that concerns a chronic disease strongly associated with disability and needs care that copes with multiple problems. Disease management programmes are widely implemented to improve HF clinical outcomes and found to be effective in terms of mortality, readmissions and length of hospital stay (Lambrinou et al. 2012). Nurses have an important role to play in HF management programmes in all clinical placements; critical care settings, cardiology units, heart failure clinics and community, providing comprehensive care (Lambrinou et al. 2012; Kalogirou et al. 2013).

Are nurses prepared to deal with ageing, chronic diseases like heart failure and comorbidities? Only few studies assessed the knowledge of nurses in heart failure (Kalogirou et al. 2013) and a lot of studies on students' knowledge and attitudes toward older people have shown knowledge deficiencies (Lambrinou et al. 2009). This is a challenging issue which concerns nursing educators, administrators and healthcare services. Education plays an important role in the development of professional cultures, attitudes and preferences of healthcare providers for preventing early worsening of quality of life and adverse prognosis of these patients (Lambrinou et al. 2009; Kalogirou et al. 2013).

Developing undergraduate and postgraduate educational programmes on the management of heart failure patients, including all possible related conditions such as ageing and co-morbidities, may be the solution for adequate knowledge background changing attitudes and clinical expertise.

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