Adult patients living with heart failure: Experiences and management of fatigue in everyday life – a systematic review of qualitative evidence

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Background

- The number of patients with heart failure (HF) will increase in future

- Fatigue is one of the most common and distressing symptoms of HF

- The underlying mechanisms of fatigue in HF is not clearly identified

- Fatigue negatively impacts on patients’ everyday life, prognosis and quality of life, therefore it is important that patients can manage, monitor and respond to changes in their fatigue status
Background

- No significant correlation between fatigue and ejection fraction or age

- Fatigue is a non-specific, invisible and subjective experience which is difficult to describe

- Patients infrequently report fatigue unless they are asked

- No specific cure or effective interventions available

- Nursing interventions to alleviate or reduce fatigue in patients with heart failure do not seem to receive the same attention in clinical practice as symptoms such as dyspnoea and oedema
Review objectives

The objective of this systematic review is to synthesize the best available evidence related to the lived experiences and management of fatigue in everyday life in adult patients with stable heart failure.
Review questions

• How do patients with HF describe their experiences of fatigue?

• How do patients with HF perceive the impact of fatigue in everyday life?

• How do patients with HF manage fatigue and its consequences in everyday life?
Inclusion criteria

Studies:

– in which the participants were adult (≥ 18 years) patients non-hospitalized patients with confirmed HF

– that explore the experiences and management of fatigue in everyday life among adult patients with HF

– that focus on qualitative data

– published after 1994
Literature search

Published records identified through database searching (n = 373)
- Medline (PubMed) 106
- Embase 117
- SveMed+ 0
- The Cochrane Library 7
- Cinahl 53
- PsycINFO 19
- Web of Science 59
- Bibliotek.dk 10

Unpublished records identified through database searching (n = 2)
- ProQuest 6
- Title lists
- Mednar 150
- Google.com 88

Records after duplicates removed (n = 253)

Records screened (n = 253)

Records excluded (n = 231)

Full-text articles assessed for eligibility (n = 23)

Full-text articles excluded, with reasons (n = 18)

Full-text articles assessed for quality (n = 5)

Additional records identified through the reference list in included studies and assessed for quality (n = 0)

Studies included in qualitative synthesis (n = 5)
# Included studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Participants</th>
<th>Methodology</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falk et al. (2007)</td>
<td>8 men &amp; 7 women (31-95 years)</td>
<td>Grounded Theory</td>
<td>Sweden</td>
</tr>
<tr>
<td>Hägglund et al. (2008)</td>
<td>10 women (73-89 years)</td>
<td>Explorative, descriptive design</td>
<td>Sweden</td>
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<tr>
<td>Jones et al. (2012)</td>
<td>18 men &amp; 8 women (50-71 years)</td>
<td>Interpretive description.</td>
<td>USA</td>
</tr>
<tr>
<td>McCreath (2001)</td>
<td>4 men &amp; 4 women (71 – 86 years)</td>
<td>Phenomenology</td>
<td>USA</td>
</tr>
<tr>
<td>Sommer (2008)</td>
<td>2 men (54-64 years)</td>
<td>Phenomenology</td>
<td>Denmark</td>
</tr>
</tbody>
</table>
Synthesis process

- The Qualitative Assessment and Review Instrument (JBI-QARI)
- Word-files & transcripts of findings and illustrations from studies
- Model?
Meta-synthesis provisional results

- A total of 114 findings were extracted from the included 5 qualitative papers

- These findings were aggregated into 26 categories on the basis of similarity of meaning

- The categories were synthesised to generate 5 synthesised finding
Provisional Synthesis

• **Fatigue experiences**

An unpredictable, fluctuated bodily experience, that can’t be ignored. It is connected to other symptoms and activities.

• **Consequences**

Fatigue negatively impact the patients self-esteem, identity and intellectual function.

Isolation and dependency.
• Manage fatigue and consequences

Read and act on the body as a barometer and make use of protecting and restoring activities

Struggle for independency and adaption to fatigue
# Fatigue Experiences

<table>
<thead>
<tr>
<th>Finding</th>
<th>Category</th>
<th>Synthesised finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>As reaching a point of complete energy loss and subsequently collapsing from fatigue (one man)</td>
<td>A physical experience of exhausting that can't be ignored</td>
<td></td>
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<tr>
<td>The body's needs must be followed, and there is no way of escaping it, even though the person wants something else in the situation</td>
<td>Being sleepy</td>
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<tr>
<td>As being sleepy, often with a rapid and unforeseen onset</td>
<td>Experienced isolated or related to others symptoms</td>
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<tr>
<td>Fatigue can be linked with other symptoms such as shortness of breath and pain</td>
<td>Fatigue after physical exercise (therapeutic) is experience as a healthy feeling</td>
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<tr>
<td>Fatigue was connected to breathlessness, and influenced by physical activity and bodily position</td>
<td>Fatigue fluctuated and appeared in an unpredictable way</td>
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<tr>
<td>One female patients related that unrelieved pain (arthritis) prevented her from resting sleep and normal activity, thus continuing the vicious cycle of fatigue</td>
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<tr>
<td>Patients described fatigue as a symptom in isolation</td>
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<tr>
<td>Exercise change the experience of fatigue to be less pervasive</td>
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<tr>
<td>Fatigue may be perceived as a healthy condition after physical exercise</td>
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<tr>
<td>A surprising fatigue</td>
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<tr>
<td>Changes in fatigue intensity appeared in an unpredictable way</td>
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<tr>
<td>Fatigue endures, often, sleep made no difference to their level of fatigue on waking</td>
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<tr>
<td>Lacking energy fluctuated</td>
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<td>That fatigue is unpredictable despite knowledge of the connections it which it occurs</td>
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<td>A creeping fatigue</td>
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<td>A feebleness involving the whole body</td>
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<tr>
<td>As energy being sapped. Patients experience discrepancies between mind wanting and body ability</td>
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<tr>
<td>As a complete physical exhaustion - a pervasive feeling of total lack of energy, lasting all day long and caused by minimal exertion - not like before CHF</td>
<td>Lacking energy as an overwhelming and unknown experience involving the whole body</td>
<td></td>
</tr>
<tr>
<td>Fatigue was described by patients through a variety of terms e.g. not having &quot;full energy&quot; or &quot;low energy levels&quot;</td>
<td>Lacking strength appeared related to physical activities</td>
<td></td>
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<tr>
<td>Lacking energy as an overwhelming and unknown experience that interfered with the whole person</td>
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<tr>
<td>As physical fatigue presenting after exertion (one women)</td>
<td></td>
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<tr>
<td>Is perceived as a &quot;bodily fatigue&quot; in connection with the physical activities: fatigue is perceived differently than tiredness</td>
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<tr>
<td>Lacking strength was connected with physical efforts</td>
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<tr>
<td>Patients described the loss of strength and physical changes brought by fatigue</td>
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</table>
Consequences

Changing roles and family rituals (C)
Fatigue affected relationships with other people (U)
Lack of energy had consequences for the informants' social lives (C)
Lack of energy had consequences for the informants' social roles (C)
Limitations in social contacts (U)
Patients felt that their incapacities not only restricted them but also influenced the lives of all members of their family. (C)
Trying to hurry and or keep pace with a spouse or other family members quickly depleted two patients' energy levels (U)
A consequence of the fatigue experiences was an act of refraining from exercise and daily chores (C)
A consequence of the fatigue was decreased ability to participate in recreational activities (C)
A definite disruption in the performance of activities in daily living (U)
An involuntary reduction or cessation of both household tasks and previously-appreciated leisure activities, which could bring sorrow. (C)
Male participants focused an inability to heavy outdoor tasks that usually fell to the male head of the household and hobbies (U)
Many patients had to relinquish hobbies and leisure activities (C)
Many usual activities became too heavy, too physically demanding (C)
Physical fatigue led to lack of motivation to engage in daily activities (one female) (U)
The women focused on an inability to engage in activities of daily living (C)
Inability to plan for the future (C)
The unpredictable variations in physical ability created uncertainty in planning activities (U)
Confinement and isolation (U)
Fatigue limits the physical space (U)
One of the most important consequences of fatigue was the feeling of being isolated (C)
The world was made smaller by the experience of fatigue (C)
Available help brought a feeling of safety - conversely uncertain if nobody around could help (U)
Being in need of help from others brought along with it a dependency on other people's judgement and time planning, and their willingness and ability to help (C)
Needing help from others in daily life (U)
Implications for practice

• Types and characteristic of fatigue from the patients’ perspective

• Qualify nurses' understanding of fatigue

• Improve nursing services

• Improve documentation – patient perspective

• Organizing of health professional services

• Aspects of fatigue to be further explored
Tak for opmærksomheden

Spørgsmål?

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http://www.jbiconnect.org/sumari/qari/common/login.cfm