

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

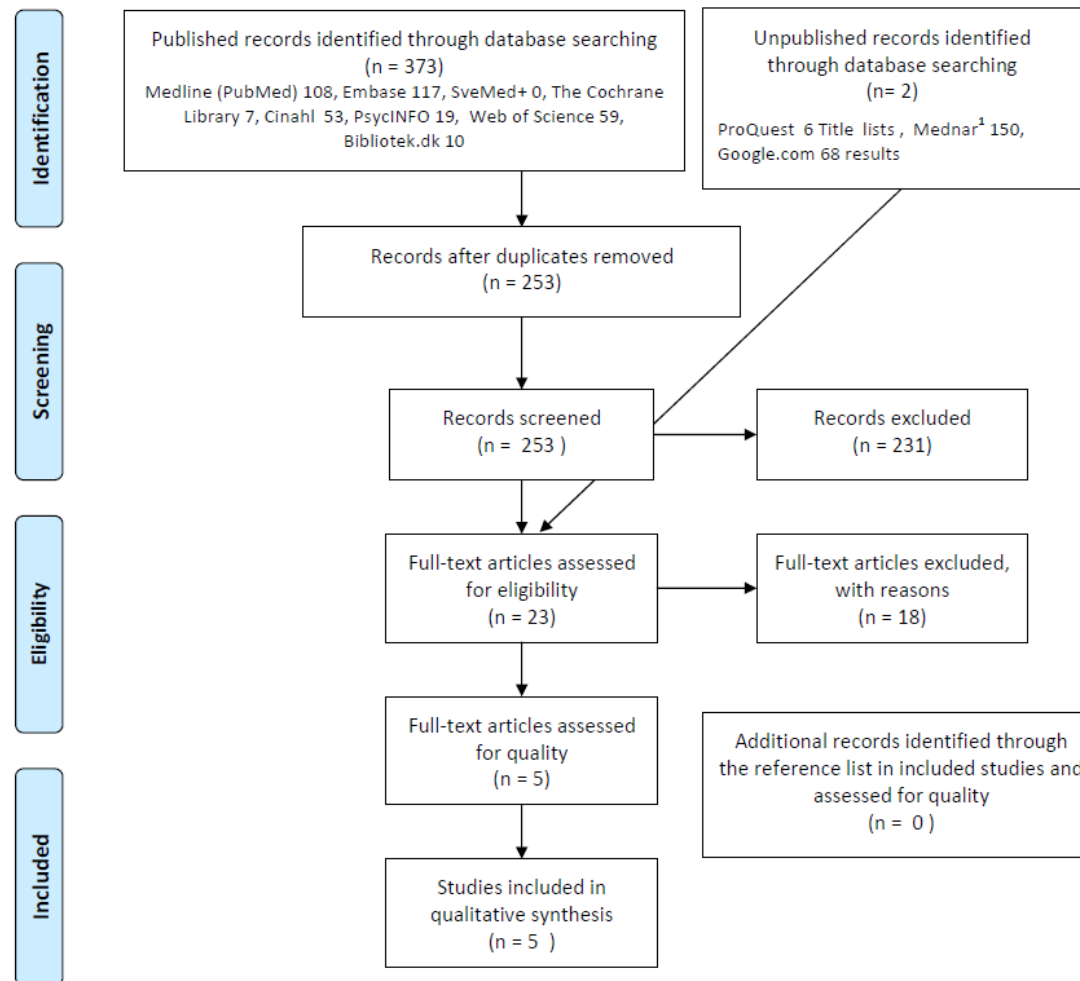
- How do patients with HF describe their experiences of fatigue?
- How do patients with HF perceive the impact of fatigue in everyday life?
- How do patients with HF manage fatigue and its consequences in everyday life?

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



Included studies

Study	Participants	Methodology	Country
Falk et al. (2007)	8 men & 7 women (31-95 years)	Grounded Theory	Sweden
Hägglund et al.(2008)	10 women (73-89 years)	Explorative, descriptive design	Sweden
Jones et al. (2012)	18 men & 8 women (50-71 years)	Interpretive description.	USA
McCreath (2001)	4 men & 4 women (71 - 86 years)	Phenomenology	USA
Sommer (2008)	2 men (54-64 years)	Phenomenology	Denmark

Synthesis process

The Qualitative Assessment and Review Instrument (QARI)



- 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

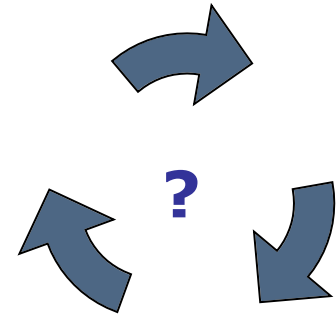
- **Fatigue experiences**

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

- **Consequences**

Fatigue negatively impacts the patient's self-esteem, identity and intellectual function

Isolation and dependency



- **Manage fatigue and consequences**

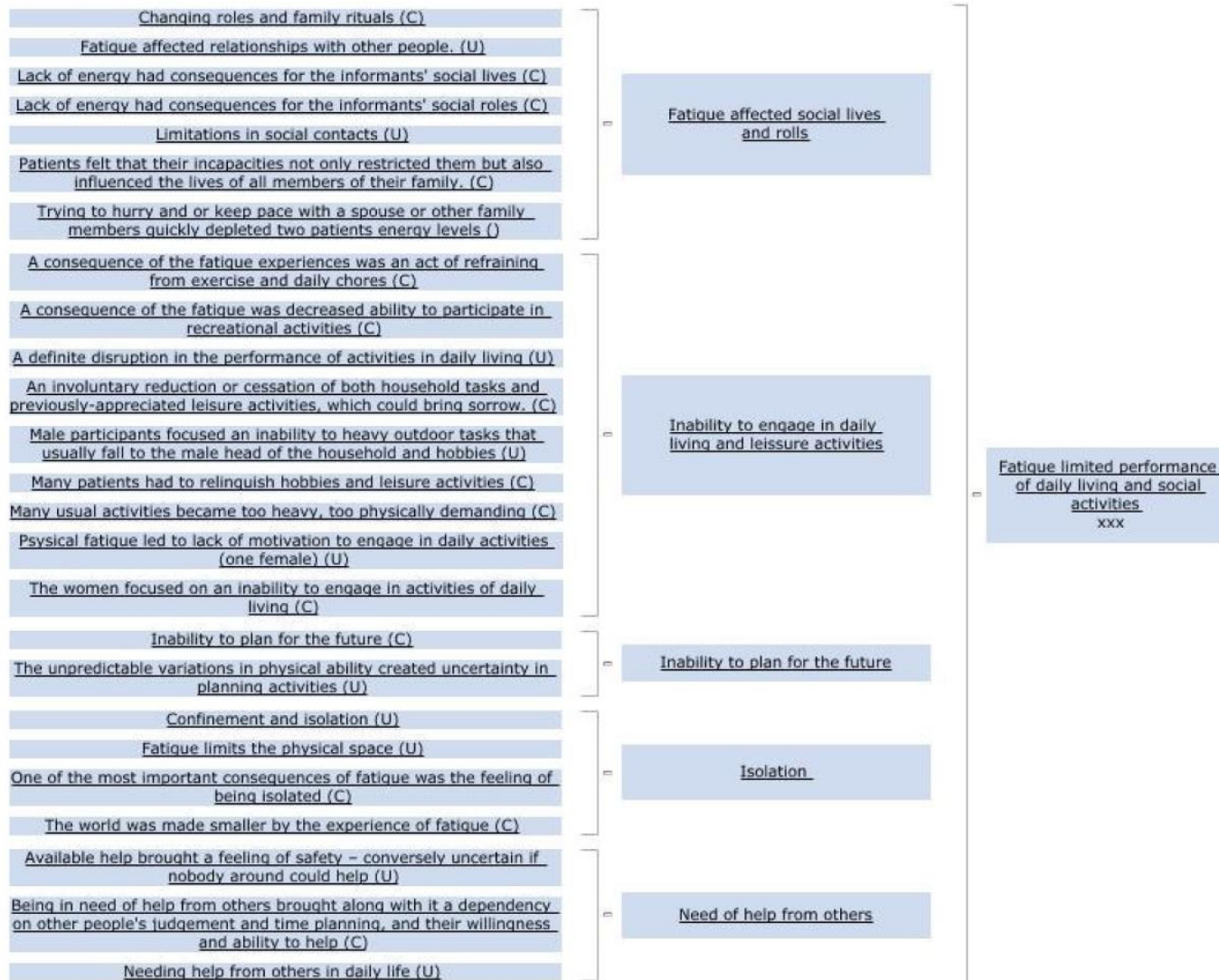
Read and act on the body as a barometer and make use of protecting and restoring activities

Struggle for independency and adaption to fatigue

Fatigue Experiences

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

Consequences



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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