

# Patient Educational Needs and Treatment Preferences for Heart Failure Medications



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## Background

- Current heart failure (HF) with reduced ejection fraction (HFrEF) treatment guidelines recommend 4 standard medications plus additional medications based on patient-specific clinical factors [1]
- Increasing complexity of HFrEF pharmacotherapy has created a need for shared decision-making tools (e.g. decision aids) to bridge the knowledge-to-practice gap & improve integration of patient preferences & values into care delivery [2]
- SDM leads to a successful treatment intervention and patients' improved quality of life [3]

## Objective

- 1.Characterize medication information needs of patients regarding HF therapy
- 2.Evaluate patients' decisional control preferences regarding HF medications

## Methods

### Study Design

Anonymous online survey (Feb-Mar 2021)

### Participants

People with HF from the HeartLife Foundation support group

### Survey Instrument

Decisional uncertainty established using the validated Decisional Conflict Scale & rating of importance of medication attributes (benefits, harms, costs, pill burden, etc.) on a scale from 0 to 10 in terms of importance.

**Analysis:** Descriptive statistics.

## Results

30 of 51 (58.8%) participants expressed taking a passive role (i.e. their doctor made the HF medication decisions with or without their input) with respect to HF medication decisions.

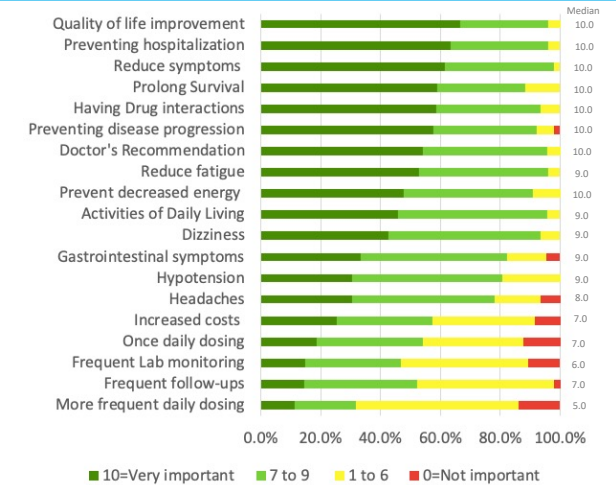
Table 1. Participant Demographics (N = 51)

	Median (IQR) or % (n)	Median (IQR) or % (n)
Age	Median	63.0 [54.0 to 67.0]
Gender	Woman	76.5% (39)
Ethnicity	White	84.3% (43)
Province	British Columbia	45.1% (23)
	Ontario	39.2% (20)
Education	High school or less	11.7% (6)
	Post-secondary or diploma	52.9% (27)
	Undergraduate degree	17.6% (9)
	Graduate degree	17.6% (9)
	Household income	Less than \$59,999 per year
	\$60,000 to \$120,000 per year	31.3% (16)
	More than \$120,000 per year	15.7% (8)
Marital Status	Married or living common-law	62.7% (32)
Ejection Fraction	Median (self-reported)	40 [35 to 50]

Table 2. Decisional Conflict Scale

	Median	[Interquartile range]
Decisional Conflict Scale (total)	60	26 to 75
Uncertainty sub-score	50	0 to 100
Informed sub-score	67	16.7 to 100
Values Clarity sub-score	50	0 to 100
Support sub-score	33	4 to 83

Figure 1. Patient Treatment Preferences Based on Personal Goals



## Conclusion

- Many patients with HF had decisional conflict related to unmet decisional needs with respect to their HF medications, mostly from feeling uninformed about available options & their related benefits and risks.
- Decision aids that address these information gaps may facilitate shared decision-making & improve decision quality.

## Limitations

Ejection fraction & medications were self-reported.

## References

1. McDonald M, et al. Can J Cardiol 2021;37:531-46.
2. Goyal, et al. JCard Fail 2019;25:701-2.
3. Virani, S.A., et al., *The Need for Heart Failure Advocacy in Canada*. Can J Cardiol, 2017. 33(11): p. 1450-1454.

All authors report that they have no conflict of interest to declare.