PALLIATIVE CARE NEEDS OF HEART FAILURE PATIENTS IN UGANDA: SERIAL IN-DEPTH INTERVIEWS WITH PATIENTS AND THEIR HEALTH CARE PROFESSIONALS

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BACKGROUND

There is need to integrate palliative care into the care of advanced Heart Failure (HF) patients to address their multidimensional needs and improve their quality of life. Theseneeds, which are subjective, have not been described from the patients' and Health care Professionals' (HPs) view point in the Ugandan setting.

AIM

To understand patients' and HPs' views of Ugandan HF patients' needs over the course of their illness.

METHODS

- HFpatients were purposively sampled in Mulago national referral hospital
- Serial qualitative in-depth interviews conducted with patients
- The APCA Palliative Care Outcome scale (POS) and POS-S were administered
- One-off interviews conducted with HPs.

RESULTS **Identified Themes POS** results 1st Interview 1st Interview 1st Interview **Symptom** A number of patients have told me that 'I no longer work, but when I was working N=13 N=21 N=6 fine you have given me these drugs but I was well off but since this illness started **Symptom** Symptom Symptom it is a problem so I stopped working.'pt 21 am also going to pray.'HP2 **Prevalance Prevalance** Prevalance <u>n</u>(%) **n**(%) Pain 17(81) 8(62) 4(71)'I said to God after all I have Shortness of breath 21(100) 10(77) 6(100)'Nutrition is a big problem.. been through is this what so I think that they need 21(100) 13(100) 6(100) Fatigue You choose to pay me with? that support.' **HP3** Nausea and Vomiting 0(0)18(86) 6(46) **Pt20** SOCIAL NEEDS SPIRITUAL NEEDS 10(77) 3(50)19(91) Anoxeria 'Patients are anxious because Constipation 1(16) 6(29)6(46) 'I want to be okay and they are getting a unique excured to be able do my perience especially the first Mouth problems 11(52) 1(8) 1(16) PSYCHOLOGICAL NEEDS timers most of them think work'. Pt 20 PHYSICAL NEEDS Drowsiness 8(38) 6(46) 1(16) they are going to die.' HP1 Difficulty with mobility 21(100) 12(92) 6(100) 'I am very sad because all 'Their quality of life Cough 1(16) 13(62) 7(54) INFORMATION NEEDS the time I have spent in school is affected they come to Palpitations 5(24) 3(23) 3(50) hospital to get care which and now I just stop there without Oedema 6(46) 2(33)19(91) makes them feel good.' HP4 achieving what I wanted.' Pt 14 Worry 9(69) 16(76) 5(86) Share with others 3(50) 15(71) 11(85) 'Patient education, I think we are not 'They have done several scans but have Reduced peace 5(83) not explained to us the results I would like 9(69) 18(86) doing enough. One because may be patient volume is too much .'HP3 to know, what the problem is' Pt 8 Life worthwhile 2(33) 15(71) 13(100)

CONCLUSION

Management of HF in Uganda requires an approach that targets and addresses multidimensional needs, embraces multidisciplinary care and strengthens health systems. These are all important tenets of palliative care.





