

# Opportunities and Obstacles for People Living With Heart Failure

Heart failure (HF) exerts an enormous toll on patients and society:<sup>1,2</sup>

- Social isolation
- Mental health issues
- Reduced ability to work
- Reduced quality of life
- Increased risk of death
- Costs



Globally, HF affects **64 million people**<sup>1</sup>

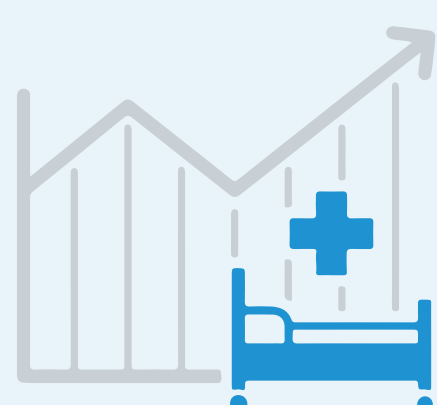


## Rehospitalizations



**21%** within 30 days of discharge<sup>3</sup>

**61%** within 1 year of discharge<sup>4</sup>



Prior hospitalization for HF is associated with an increased risk of death from any cause<sup>5</sup>

## The transition from hospital to home is difficult<sup>6-11</sup>



## Focus on opportunities for improvement to transform patient management

Self-care and education of people living with HF post-hospital discharge should be improved

Transitional-care programs for people living with HF are recommended by cardiology guidelines



Europe<sup>12</sup>



Canada<sup>13</sup>



United States<sup>14</sup>

People living with HF need holistic and behavioral support beyond education to minimize disruption to their lives. This requires validation on the individuality of their HF journey and personalized self-care information to enable active participation and ownership of their health.

Transitional care and self-care interventions for people living with HF:

- ↑ Improve drug adherence rates<sup>15</sup>
- ↓ Reduce the risk of rehospitalization and death<sup>16</sup>
- ↑ Increase confidence, self-care, and quality of life<sup>17-21</sup>

Many transitional-care interventions for people living with HF do not integrally include patient participation via co-design and development of the intervention and/or co-authorship of the study publication

Person-Centered, Co-designed, and Co-developed Programs

- Involving patients in planning, administration, and evaluation can improve outcomes and reduce engagement barriers
- Person-centered care affirms the patient as an active partner in their care and respects their subjectivity, strengths, and preferences
- People living with HF receiving person-centered care have improved quality of life, self-care, and clinical status; less symptom burden; and shorter hospital stays<sup>22</sup>



### References

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