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Relationships Between Fatigue and Depression in Patients With Coronary Artery Diseases (CAD)

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Purpose: The study aimed to evaluate the relationships of activities of daily living and quality of life in Chinese older patients undergoing hip fracture surgery.

Methods: A cross-sectional study was carried out in CAD patients from the coronary care unit in a 2000-bed teaching hospital in Taiwan. Patients who were diagnosed by the cardiologist and admitted to the hospital for receiving a percutaneous coronary intervention were included. A sample of 116 patients completed three valid questionnaires, demographic questionnaire, Dutch Fatigue Scale (DEFS), and Hospital Anxiety Depression Scale (HADS-D). The Cronbach-α of DEFS and HADS-D were 0.897 and 0.874, showing good reliability. Data was analyzed by using the descriptive statistics, Pearson correlation coefficient, independent t-test, and ANOVA.

Results: Nearly 72% of participants were male (n=83), which had an average age of 66.23 years (SD = 11.35) and a BMI of 26.72±4.37 kg/m². Most patients were married (n = 100, 86.2%), living with family (n=109, 94.0%), taking > four kinds of heart disease medication (n =63, 54.3%), and had a PCI stent (n = 62, 54.4%). Diabetes (39.7%) and hypertension (61.2%) are the most common comorbidities. More than half of the sample did not exercise habits (n = 66, 56.9%) and only 31% of them exercised more than three times a week. Family history was dominated by hypertension (56.9%), diabetes (40.5%), and coronary artery disease (20.7%). The mean (SD) of fatigue and depression were 8.82(7.00) and 6.75(4.51), respectively. Age has a positive relationship with fatigue (r = 0.233, p < .05) and depression (r = 0.388, p < .01). BMI has a positive relationships with waist circumference (r = 0.55, p < .01). Fatigue was positively related to depression (0.662, p <0.01). Patients who had a PCI through radial artery puncture had lower fatigue (F=6.40, p<0.05) and depression (F=3.95, p<0.1).

Conclusion: he more fatigue the patients perceive, the higher level of depression they feel. Older age, history of CAD, diabetes, hypertension, high BMI, and big waist circumference, are risk factors of CAD. The PCI puncture site has a significant difference in fatigue and depression of CAD patients undergoing a PCI. This maybe because receiving a PCI procedure through hand lets patients has more space for activity and more importantly, they are not asked for strict bed-rest for 6-8 hours than the femoral puncture. We suggest that nurses should pay attention of CAD patients’ physical and psychological status after PCIs and also provide proper nursing cares for reducing their fatigue and depression.

Title:
Relationships Between Fatigue and Depression in Patients With Coronary Artery Diseases (CAD)

Keywords:  
coronary artery diseases, depression and fatigue
Abstract Summary:
This study examined the relationships between fatigue and depression of Chinese patients with CAD. Age has a positive relationship with fatigue and depression. Fatigue was positively related to depression (0.662, p < 0.01). Patients who had a PCI through radial artery puncture had lower fatigue (p<0.05) and depression(p<0.1).

Content Outline:
I. Introduction
A. Coronary Artery Disease (CAD) often causes hemodynamic instability, resulting in decrease of muscle strength and physical activity, fatigue, and weakness to patients. These may subsequently psychological effect to patients.
B. Since very few studies investigated the relationships between fatigue and depression of Chinese patients with CADs, which triggers our motivation for this study.

II. Body
A. Main Point #1
The mean (SD) of fatigue and depression were 8.82(7.00) and 6.75(4.51), respectively. Age has a positive relationship with fatigue (r = 0.233, p < .05) and depression (r = 0.388, p < .01).

B. Main Point #2
BMI has a positive relationships with waist circumference (r = 0.55, p < .01). Fatigue was positively related to depression (0.662, p <0.01).

C. Main Point #3
Patients who had a PCI through radial artery puncture had lower fatigue (F=6.40, p<0.05) and depression (F=3.95, p<0.1).

III. Conclusion
A. The more fatigue the patients perceive, the higher level of depression they feel.
B. The PCI puncture site has a significant difference in fatigue and depression of CAD patients undergoing a PCI. This maybe because receiving a PCI procedure through hand lets patients has

References:
more space for activity and more importantly, they are not asked for strict bed-rest for 6-8 hours than the femoral puncture.

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