Demoralization Syndrome Predicts Health-related Quality of Life in Patients with Heart Failure

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Background

• Health-related quality of life (HRQOL) is an important outcome measure for guiding appropriate and effective therapeutic interventions for patients with heart failure (HF).

• Demoralization syndrome consists of a cluster of emotional symptoms including loss of meaning, dysphoria, disheartenment, helplessness, and sense of failure.
Background (cont.)

• Some patients may suffer from demoralization syndrome that has been misdiagnosed as depression.

• The depressed person have abnormal sleep, appetite and loses both consummatory pleasure and anticipatory pleasure.

• The demoralized person have normal sleep and appetite and can enjoy consummatory pleasure but may loss anticipatory pleasure.
Background (cont.)

- Patients with demoralization syndrome may have poor quality of life.
- To date, information about the relationship between demoralization syndrome and HRQOL in patients with HF, however, is still lacking.
Purpose

• To examine the relationship between demoralization syndrome and HRQOL in patients with HF.
Methods

• Design
  — Cross-sectional correlational research design.

• Sample and Setting
  — Convenience sample of 120 participants with HF.
  — A medical center located in southern Taiwan.
Methods (cont.)

- **Instruments**
  - Demoralization Scale (Kissane *et al.*, 2004)
    - Consists of 24 items, each ranging from 0 (never) to 4 (all the time).
    - Total score ranging from 0-96
    - A higher score indicates higher tendency of demoralization.
    - The mean score, as a cutoff point to discriminate between high and low levels of demoralization.
    - Cronbach’s α 0.92.
Methods (cont.)

• **Instruments**
  – Left Ventricular Dysfunction (LVD-36) questionnaire (O'Leary & Jones, 2000)
    • A 36-item instrument in dichotomous responses (true or false).
    • True responses were calculated as a sum score and presented as a percentage from 0 (best possible score) to 100 (worse possible score).
    • **Higher score indicating poorer quality of life.**
    • The Kuder-Richardson 20 (KR-20) for internal consistency in this study was 0.89.
Methods (cont.)

• Analysis
  – Descriptive statistics
  – Bivariate analysis
    • Independent t-test
    • One-way ANOVA
    • Pearson correlation
  – Hierarchical multiple regression with enter method
Results

• Descriptive statistics:
  – The mean age was 64.95 (SD 13.67) years
  – Majority were male (71%)
  – Married (80%)
  – Unemployed (68%)
  – Sufficient financial status (84%)
  – New York Heart Association (NYHA) Class II (74%).
Results (cont.)

• The bivariate analyses showed that HRQOL was significantly associated with:
  – Age ($r = 0.22$, $p < 0.05$)
  – Education ($F = 3.08$, $p < 0.05$)
  – Employment status ($F = 6.08$, $p < 0.001$)
  – NYHA Class ($t = -3.80$, $p < 0.001$)
  – All demoralization domains and total score ($r = 0.26$, $p < 0.01$ to $r = 0.53$, $p < 0.001$).
Results (cont.)

- A two-step hierarchical multiple regression analysis showed that the significant determinants of HRQOL were:
  - Age ($\beta=0.24$, CI = 0.04-0.22)
  - Financial status ($\beta=-0.29$, CI = -0.62- -2.05)
  - NYHA Class (0.17, CI = 0.13-5.44)
  - Demoralization-disheartenment ($\beta=0.40$, CI = 0.33-1.16)
  - Demoralization-sense of failure ($\beta=0.21$, CI = 0.06-0.41).
- The total model explained 40.2% of the variance in HRQOL, with demoralization domains accounting for 12.1% of the variance.
Discussion and Conclusion

- HF participants who were elderly, had poor financial status, identified as NYHA Class III and IV, reported higher disheartenment, and perceived greater sense of failure experienced poor HRQOL.

- The study suggests demoralization syndrome is common in patients with HF and should be early identified to maintain HRQOL of the patients.
Discussion and Conclusion (cont.)

- “Disheartenment” refers as the state of being discouraged.
- “Sense of failure” indicates that when participants are threatened with heart failure and depend on others, they lose a sense of achievement in their lives.
- Stress or nonspecific distress with incompetent adaptation is the most important factor related to the development of demoralization syndrome.
Discussion and Conclusion (cont.)

- Effective demoralization management includes the early reduction of stressors, the detection of negative emotions, and the provision of mental and spiritual care necessary to reinstate patients’ hope, self-respect, and meaning of life.
Thanks for your attention!

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