Knowledge of risk factors and atherosclerosis in patients with peripheral and coronary artery disease

Urška Hvala*

University Medical Centre
Ljubljana, Ljubljana, Slovenia

|||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

Introduction: Cardiovascular diseases (CVD) are still the leading cause of mortality in the world. Peripheral arterial disease occurs because of the narrowing of the peripheral artery, most commonly of the lower extremities. Peripheral arterial disease (PAD) is one of the most common consequences of atherosclerosis, followed by CAD.[1] The aim of the study we wanted to find out level of knowledge about the risk factors for the development of CVD among patients with CAD and PAD, as they share the same basic cause of atherosclerosis, the same treatment approaches and the same risk factors. In patients with PAD, we wanted to find out how they obtain information about the disease, since they do not have the same opportunities of getting information or planned health education as do patients with CAD.

Methods: We used a descriptive method of work with a cross-sectional study and collected the data with a questionnaire. The questionnaire was developed based on the Coronary artery Disease Education Questionnaire (CADE -Q) and questionnaire about Heart Failure patients Knowledge of Their Disease. The final version of the tool had 31 questions, divided into 4 content sets, on nutrition, methods of treatment, physical exercise and on the risk factors for the onset of atherosclerosis. In the fifth part, patients with a PAD were asked questions about the source of information on the disease. The internal consistency of the questionnaire was analyzed by calculating the Kuder-Richardson- 20 (KR-20) was 0.85. The required power of statistics is set to 0.8. For our sample size calculation, we consider 0.15 (normalized to the interval 0 to 1), which corresponds to the value of 4.65 on the knowledge scale of this research.

Results: The population was represented by 37 patients with PAD who came to elective treatment in the hospital and 46 patients with CAD. Knowledge of patients with PAD is higher than the knowledge of patients with CAD, both in considering all the questions and in the set of questions about the risk factors for the onset of atherosclerosis. Information on their illness is obtained from health care staff n = 45–77% of patients with PAD.

Discussion and Conclusion: In the study, we demonstrated better knowledge of patients with PAD and poorer knowledge of patients with CAD on atherosclerosis and risk factors for atherosclerosis. The work of the nurse for the health education of patients with PAD and CAD was shown through research as the need and key to the empowerment of patients. This tool can be applicable in clinical settings for measuring the effectiveness of the health education for patients with PAD and CAD.

LITERATURE |||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

1. Aboyans V, Braekkan S, Mazzolai L, Sillesen H, Venermo M, De Carlo M; ESC Working Group on Aorta and Peripheral Vascular Diseases. The year 2017 in cardiology: aorta and peripheral circulation. Cardiol Croat. 2018;13(3-4):99-109. https://doi.org/10.15836/ccar2018.99

8. kongres Hrvatske udruge kardioloških medicinskih sestara
8th Congress of Croatian Association of Cardiology Nurses
September 29 –October 1, 2021, Hotel Academia, Zagreb, Croatia

Cardiologia Croatica
2021;16(11-12):331.