

Poor acceptance of illness associated with worse quality of life in chronic heart failure

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Failure to accept illness is associated with poorer quality of life in patients with chronic heart failure, according to research published today in the *European Journal of Cardiovascular Nursing*. Patients with lower illness acceptance more often had lower energy levels, more severe pain, negative emotional reactions, sleep disorders and limited mobility, and were socially isolated.

Lead author Monika Obieglo, a nurse in the Department of Clinical Nursing at Wroclaw Medical University in Poland, said: "Patients with chronic [heart failure](#) often feel powerless and hopeless, which interferes with effective treatment and self care. Many [patients](#) have a low [quality](#) of life and improving daily functioning is an important part of therapy."

She added: "Acceptance of illness refers to the ability of patients to adapt to life with a disease. Patients who accept their illness are more likely to comply with treatment and therefore should have a higher quality of life. To our knowledge this is the first study to examine the association between acceptance of illness and quality of life in patients with chronic heart failure."

The study included 100 patients who had heart failure for at least six months. Quality of life was assessed using the Nottingham Health Profile questionnaire which measures the effect of health status on six aspects of everyday functioning. An Acceptance of Illness Scale was used to determine how well patients had adapted to having heart failure.

The researchers found that patients with a low acceptance of illness scored significantly worse on all six aspects of quality of life: energy, pain, emotional reactions, sleep, social isolation and mobility. The researchers also examined the effect of other variables on quality of life such as the cause and severity of heart failure, age, education, occupational status, body mass index (BMI, kg/m²), gender and marital status. Only acceptance of illness predicted quality of life in all six areas.

Ms Obieglo said: "We found that patients who did not accept their disease more often had lower energy, more [severe pain](#), negative emotional reactions, [sleep disorders](#) and limited mobility, and were more socially isolated."

She continued: "Successful treatment depends, among other factors, on illness acceptance. Each patient reacts differently to [chronic illness](#) - some accept their condition while others are unable cope with the situation. The ability to accept a disease is related to the patient's personality, psychological state, socioeconomic status, severity of the illness, treatment used, and support from family and friends. Patients who can accept their illness are more eager to participate in their treatment and are more likely to comply."

Agnieszka Siennicka, a psychologist at Wroclaw Medical University, said: "Some patients find it difficult to accept their illness while others don't because people have different personalities and varied life experiences. People have diverse reactions towards stressful situations, such as receiving the diagnosis of a chronic disease."

She added: "Individual differences do not disappear when 'an individual' becomes 'a patient'. In fact they become more significant when facing a serious health problem. That is why it is very important to study psychological features of patients with chronic diseases that relate to their reaction towards their disease, including their ability to accept it."

Ms Siennicka continued: "Patients have to accept their diagnosis and illness if we want them to follow medical recommendations. After receiving a diagnosis, patients - who may have been healthy until this time - must redefine themselves as someone who is chronically ill. Without accepting this, they will not think any of the medical recommendations are needed. When patients take their medications and follow lifestyle advice they should have relief from symptoms and improved quality of life. Talking to other patients with the same disease and hearing how they cope may help some patients to accept that they are ill."

Ms Obieglo concluded: "Identifying patients with [chronic heart failure](#) who do not accept their illness is vital to the effectiveness of treatment. Education programmes are needed for patients and families to help them understand the nature of the illness, symptoms, treatment methods, and how to take control of their health."

More information: The effect of acceptance of illness on the quality of life in patients with chronic heart failure. *European Journal of Cardiovascular Nursing*. 2014. [DOI: 10.1177/1474515114564929](#)

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