

# **Fatigue in patients with chronic heart failure**

## **Patient experiences and consequences of fatigue in daily life**

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**Kristin Falk**

Fakultetsopponent:  
Professor Ingalill Rahm Hallberg  
Lunds Universitet, Lund

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- I. Falk, K., Swedberg K., Gaston-Johansson, F., Ekman, I. (2006). Fatigue and anemia in patients with chronic heart failure.  
*European Journal of Heart Failure*, 8(7), 744 – 749
- II. Falk, K., Swedberg, K., Gaston-Johansson, F., Ekman, I. (2006). Fatigue is a prevalent and severe symptom associated with uncertainty and sense of coherence in patients with chronic heart failure.  
*European Journal of Cardiovascular Nursing*, *Epub. ahead of print.*
- III. Falk, K., Granger, B., Swedberg, K., Ekman, I. (2007). Breaking the vicious circle of fatigue in patients with chronic heart failure.  
*Qualitative Health Research*, *Accepted.*
- IV. Falk, K., Patel, H., Swedberg, K., Ekman, I. (2007). Fatigue in patients with chronic heart failure – a burden associated with emotional distress.  
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**The Sahlgrenska Academy**  
AT GÖTEBORGS UNIVERSITY  
Institute of Health and Care Sciences

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## **Patient experiences and consequences of fatigue in daily life**

Kristin Falk

Institute of Health and Care Sciences, the Sahlgrenska Academy  
at GÖTEBORG UNIVERSITY,  
Göteborg, Sweden

### **ABSTRACT**

Although fatigue is a prevalent and distressing symptom in patients with chronic heart failure (CHF), it is an underestimated problem in the care of patients, and consequently, insufficiently investigated. The primary aim of this thesis was, therefore, to advance the knowledge from the patients' perspective by describing characteristics of the fatigue experience and its consequences in daily life in patients with CHF. A secondary aim was to investigate the relationships between fatigue and selected physiological and psychological factors associated with fatigue. Both quantitative and qualitative methods have been used and three samples of patients have been interviewed on different occasions. In two of the quantitative studies 93 patients, and in another study 112 patients, consecutively included, were interviewed at the hospital. Fifteen patients were included in the qualitative study. These 15 participants were enrolled when they visited an outpatient clinic and most of them were interviewed in their homes. These interviews were supplemented with the content of an Internet discussion with persons living with CHF.

The results of the studies indicated that fatigue embraces the individual's body, emotions and cognitive abilities, forcing the person to physical restrictions that, in turn, perpetuate emotional discomfort. However, the physical sensation of fatigue followed by functional limitations seemed to be the most prevalent and distressing experience in patients with CHF. The patients described fatigue as lacking strength, which was associated in connection with physical efforts and lacking energy, viewed as an annoying sensation after both mental and physical strain. Another dimension of fatigue was described as being sleepy, often with a rapid and unforeseen onset. Consequences of fatigue, such as refraining from daily chores, denying oneself opportunities for rejoice and social isolation, further exaggerated the experience of fatigue. Restorative activities that engaged, absorbed or distracted the patients counteracted these negative consequences. Depressed mood was related to those fatigue dimensions that compromised functional ability and motivation to start any activities, whereas anxiety was associated with cognitive impairment. Feelings of uncertainty were related to physical tiredness, possibly inflicted by limitations in performing activities. Symptom distress that was caused by a number of reported symptoms other than fatigue had a diminutive influence on fatigue and separate symptoms that were associated with fatigue were, with the exception of breathlessness, not the first and most pressing symptom reported by the patients. Anemic patients reported more fatigue compared with non-anemic patients and functional status, according to the New York Heart Association (NYHA) functional classification criteria, was associated with those fatigue dimensions that encompassed physical tiredness and reduced functioning.

The findings provide new insights on the characteristics of fatigue and its consequences on the daily life of the patients. This work also expands existing knowledge regarding patients with CHF by showing that a number of selected physical and psychological factors are related to the fatigue experience. Altogether, this should lead to a better understanding of the patients' situation and improve patient care. The present findings challenge us to come closer to our patients and participate through supportive interventions that help the patients to deal with their experience.

**Key words:** fatigue, chronic heart failure, uncertainty, sense of coherence, anxiety, depression, symptom distress, hemoglobin, functional status