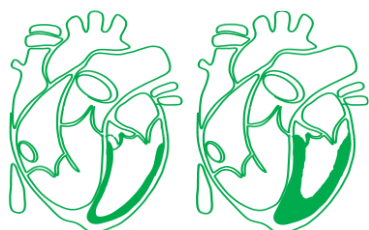




PREFERENCES AND NEEDS OF HEART FAILURE PATIENTS REGARDING THEIR TREATMENT AND CARE

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LVEF is used to **categorize CHF** into distinct phenotypes



HFrEF

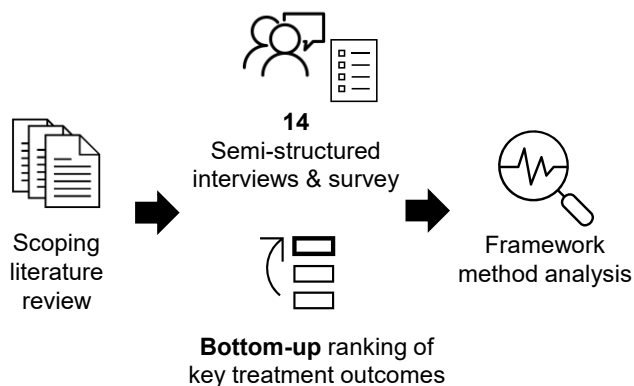
HFpEF

For **HFrEF** multiple treatments are available
For **HFpEF** no effective treatments are available

We studied patient preferences and unmet needs in HF

⇒ We aimed to investigate if that the difference in etiology leads to different treatment preferences

Use of semi-structured interviews as patient preference exploration method



High satisfaction with disease knowledge although low health literacy level

- High treatment compliance, however, patients showed to have a relatively **low understanding** of their disease

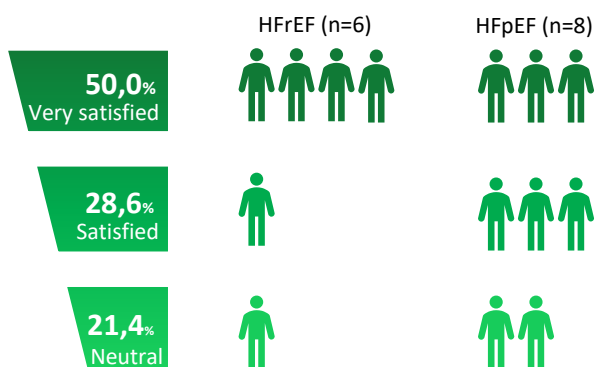
Information needs

- Receive strictly **practical, personalised verbal advice** from their physician
- Accordance with literature on the source of information
- Lack of agreement with literature on willingness to learn

Top 5 ranking of preferences in treatment outcomes

	Spontaneously mentioned	From a predefined list (literature)
1	Fatigue	Impact on independence
2	Shortness of breath	Impaired renal function
3	Trust in HCP	Shortness of breath
4	No side effects	Survival
5	Communication	Fatigue

Overall satisfaction with current treatment



Treatment preferences

- Improving Quality of Life** > improving survival
- Continue with daily activities
- Maintain or regain independence
- Zero tolerance for side effects**
- Effect on **fatigue** and **shortness of breath** is more important in HFpEF
- Importance of **trust** between patient and the physician
- Extra **supporting care**: home health nursing

LVEF: Left Ventricular Ejection Fraction; **CHF**: Chronic heart failure;
HFrEF: Heart Failure with reduced Ejection Fraction;
HFmrEF: Heart Failure with mildly reduced Ejection Fraction;
HFpEF: Heart Failure with preserved Ejection Fraction

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Treatment needs suggest taking a holistic approach in treating HF patients

- This study identified patients' desired treatment and care outcomes and can **inform** the development of attribute descriptions and levels for **further quantitative studies**