

HELLENIC REPUBLIC National and Kapodistrian University of Athens

Siskou O^{1,2}, Galanis P¹, Kousi D³, Konstantakopoulou O¹, Karagkouni I¹, Peleka P¹, Liarigkovinou A⁴, Katsi V⁵, Charalampous G⁵, Pagkozidis I⁵, Belechakis S⁵, Tsalamandris S⁵, Papanikolaou A⁵, Tsioufis K⁵, Chatzika P⁶, Palitzika D⁶, Milkas K⁶, Zarifis J⁶, Petsios K⁷, Kosmas I⁷, Gkamalia Z⁷, Darviri J⁷, Iakovou J⁷, Minogiannis P⁷, Chatzopoulou M⁸, Sygkouna D⁸, Anagnostopoulou H¹, Siafi E⁵, Merkouris A⁹, Lamprinou K⁹, Kosmitou M¹, Papastefanatos S¹, Angelopoulou D¹, Mangioris G¹, Vemmos K^{10*}, Kaitelidou D^{1*}

¹National and Kapodistrian University of Athens, ²University of Piraeus, ³Cleo Research Center, ⁴University of West Attica, ⁵Hippocratio General Hospital of Athens, ⁶Papanikolaou General Hospital of Thessaloniki, ⁷Onassis Cardiac Surgery Center, ⁸Laiko General Hospital of Athens, ⁹Cyprus University of Technology, ¹⁰Hellenic Stroke Organization

OBJECTIVES

The VIP-Cardio survey (Value-based Indicators for Patients-centered Cardiovascular Care) aims to provide essential data on cardiac Patients Reported Outcomes and Experiences from healthcare in Greece. Thus, herein we present data related to we are a cardiac patients and experiences from healthcare in Greece. patients experiences from hospitalization

METHODS

A prospective non-interventional observational study with the participation of cardiac patients who suffered a first-time Acute Myocardial Infarction (AMI) or underwent trans-catheter aortic valve implantation (TAVI) was conducted, from November 2022 to November 2024. Under study patients were derived from four public tertiary hospitals in Greece (3 in Attica and 1 in Thessaloniki). Patients' experiences were investigated (via telephone interviews) using the questionnaire of Zinckernagel L, et al. (BMJ Open 2017) (values range from 1 to 4, with higher scores indicating more positive self-reported experiences). The questionnaire was translated into Greek and adapted in the Greek language through face to face interviews. In addition, patients were interviewed in relation to rehabilitation guidance and support they received after the acute phase of care. Descriptive statistical analysis was performed using SPSSv.21. The study was carried out only after obtaining the informed consent of the participants. Moreover, the study protocol was harmonized with the General Data Protection Regulation and has been approved by all competent bodies.

RESULTS

Out of 565 AMI patients [mean age 63 (SD=11.9), 78.9% men, 46.7% STEMI] and 261 TAVI patients [mean age 81 (SD=4.9), 51.5% men, 78.9% self expandable implant], 381 patients (318 AMI and 63 TAVI) have been interviewed in relation to their experiences from provided healthcare.

As depicted in Figure 1, the vast majority of both AMI and TAVI patients, reported that had received advice/guidance on physical exercise, on dietary regime as well treatment and any potential related issues after the onset of cardiac event and they followed them. However, it is worth noting that about 10% of TAVI patients stated that they didn't receive advice/guidance on quitting smoking after onset of illness and moreover about 35% of AMI patients reported that they didn't receive advice/guidance on sexual life and relationships related to illness.

Patients stated that co-morbidities were taken into account by the physicians to a very satisfactory degree (mean 3.89, SD = 0.5 for AMI and 3.99, SD=0.1 for TAVI patients), and they positively evaluated the communication they had, both during hospitalization and on an outpatient basis with health care providers (mean 3.67, SD = 0.3 for AMI and 3.7, SD=0.2 for TAVI patients), as well as the information they received about the disease and treatment (mean 3.74, SD = 0.4 for AMI and 3.73, SD=0.6 for TAVI patients). However, their positive experiences regarding the information they received about the psychosocial impact of cardiac issues on their lives (mean 2.13, SD = 1.3 for AMI and 2.78, SD=1.4 for TAVI patients), were significantly limited. In addition, patients with AMI reported relatively limited involvement of their relatives/caregivers in the plan of care (mean 3.1, SD = 1.2)

CONCLUSIONS

Results underline the necessity for in depth information of cardiac patients about the psychosocial effects of the disease on their lives and more active participation of patients' relatives/caregivers in their planning of care.

> **ISPOR Europe 2024** 17-20 November 2024 | Barcelona, Spain

This project was founded by the Hellenic Foundation for Research and Innovation (HFRI). Contract Nb [3851]

Investigating Cardiac Patients Reported Experiences From Hospitalization

* equal last authors





