

DenHeart

- A national cardiac health survey with register based follow-up

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Purpose

Differences among diagnostic groups within cardiology are not fully investigated in relation to important patient reported outcomes: functional status, symptom burden and quality of life. A national survey aiming to include all cardiac diagnostic groups from a total Heart Centre population is designed as the DenHeart study. The primary objectives of this study are to describe (i) differences in patient reported outcomes at hospital discharge between diagnostic groups and in-hospital predicting factors, (ii) patient reported outcomes at hospital discharge as a predictor of morbidity and mortality, (iii) the association between patient reported outcomes and a) labour market affiliation and b) health care utilization after 1 year.

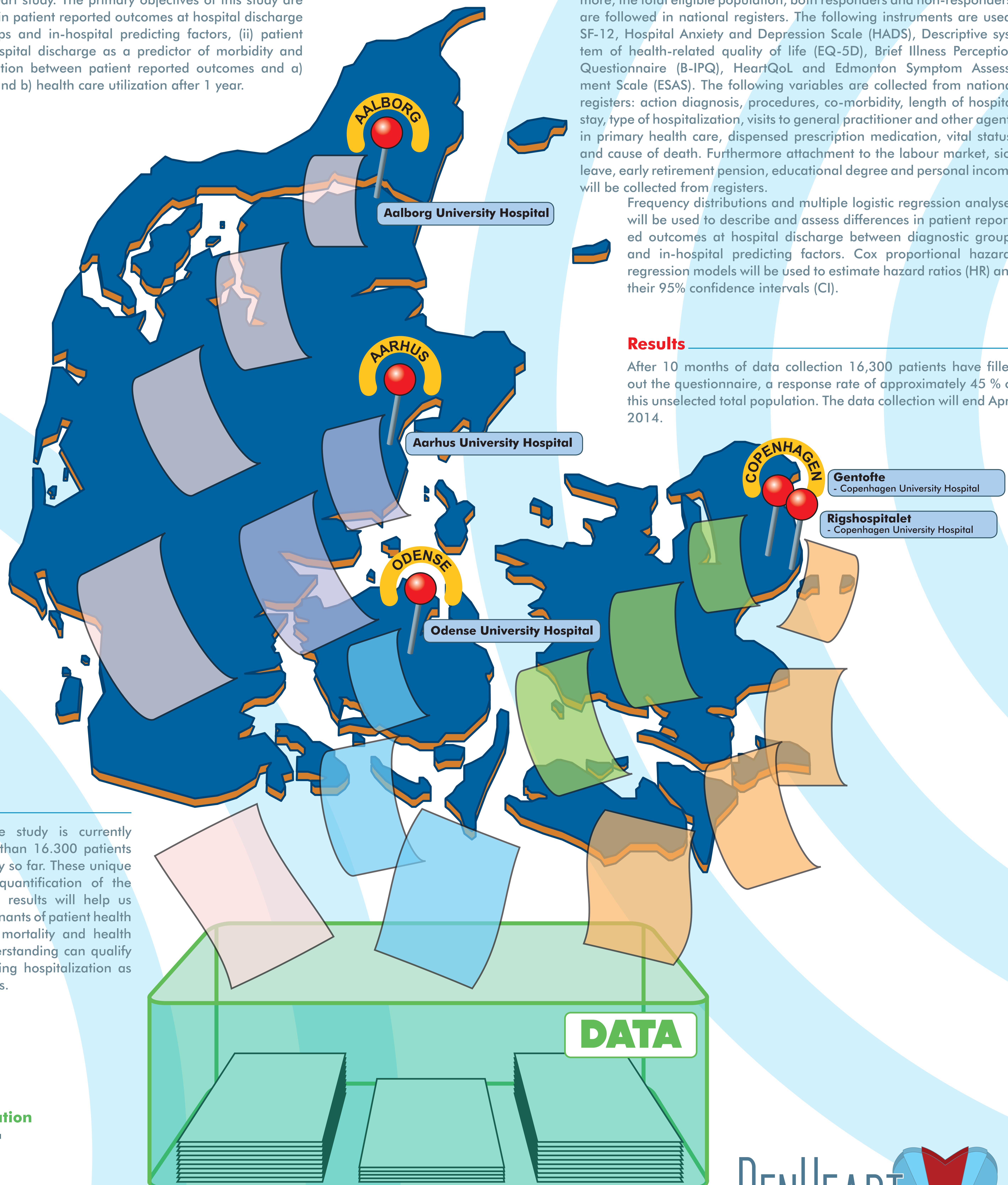
Methods

The DenHeart study is designed as a cross-sectional survey with register based follow-up. All diagnostic groups at the five Danish Heart Centres are included (April 15th 2013 to April 15th 2014) and the patients are asked to fill out a questionnaire at hospital discharge. Furthermore, the total eligible population, both responders and non-responders, are followed in national registers. The following instruments are used: SF-12, Hospital Anxiety and Depression Scale (HADS), Descriptive system of health-related quality of life (EQ-5D), Brief Illness Perception Questionnaire (B-IPQ), HeartQoL and Edmonton Symptom Assessment Scale (ESAS). The following variables are collected from national registers: action diagnosis, procedures, co-morbidity, length of hospital stay, type of hospitalization, visits to general practitioner and other agents in primary health care, dispensed prescription medication, vital status, and cause of death. Furthermore attachment to the labour market, sick leave, early retirement pension, educational degree and personal income will be collected from registers.

Frequency distributions and multiple logistic regression analyses will be used to describe and assess differences in patient reported outcomes at hospital discharge between diagnostic groups and in-hospital predicting factors. Cox proportional hazards regression models will be used to estimate hazard ratios (HR) and their 95% confidence intervals (CI).

Results

After 10 months of data collection 16,300 patients have filled out the questionnaire, a response rate of approximately 45 % of this unselected total population. The data collection will end April 2014.



Conclusion

This national multicentre study is currently including patients. More than 16.300 patients have completed the survey so far. These unique data will contribute to quantification of the population's health. The results will help us better understand determinants of patient health status and predictors of mortality and health care utilization. This understanding can qualify nursing interventions during hospitalization as well as in outpatient clinics.

Further information

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