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NURSING ACTIONS TO IMPROVE THE QUALITY OF LIFE IN PATIENTS WITH CONGESTIVE HEART FAILURE: A REFLECTIVE STUDY

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ABSTRACT

Heart failure (HF) is characterized as a clinical syndrome, in which the heart is unable to receive an adequate flow of blood to provide a blood supply to organs and tissues. It is also observed that there is an increase in pulmonary and systemic venous pressures. The main etiology in Brazil is chronic ischemic heart disease to hypertension. **Objectives:** Based on what has been pointed out and given the impact that CHF causes on individuals, the study aims to identify in the scientific literature the aspects that affect the quality of life of individuals with CHF and reflects on the nursing actions that can be used to its increase to this clientele. **Methodology:** This is an article reflecting on the impacts that Congestive Heart Failure causes on the quality of life of patients and the actions that can be employed to improve it. **Results and Discussion:** Patients who have heart problems suffer a change in their standard of living, determined by their inability to perform daily activities. With regard to patients with heart failure, symptoms are the main factors that negatively affect quality of life, including: precordial pain or discomfort, dyspnea, orthopnea, palpitation, syncope, fatigue and edema. With regard to nursing practice, the use of theories of care can be an important ally in promoting the comfort of these patients. **Conclusion:** HF requires important changes in their daily habits, there is a need to implement programs and therapeutic strategies with a multidisciplinary approach to minimize the impact of CHF on physical aspects and adherence to dietary restrictions, since the control of these variables is essential for maintenance of functional capacity, coping and clinical stability of the disease.

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INTRODUCTION

Heart failure (HF) is characterized as a clinical syndrome, inwhich the heart is unable to receive an adequate flow of blood to provide a blood supply to organs and tissues. This ineffective tissue perfusion is mainly caused by the reduction in cardiac output that initially manifests during exercise, and with disease evolution, signs of the pathology are observed even at rest. It is also observed that there is an increase in pulmonary and systemic venous pressures. The main etiology in Brazil is chronic ischemic heart disease due to hypertension (LESSA *et al*., 2016). Congestive Heart Failure (CHF) is a very complex chronic heart disease without treatments aimed at cure, but which allow for symptom relief, improved quality of life, functional status and increased survival. It has repercussions of great impact on the patient's life, capable of generating problems that directly affect the individual's daily activities, financial and social life. Thus, according to Mussi *et al*. (2013), this syndrome should be highlighted in studies on nursing care, with the aim of offering differentiated and scientifically based care. CHF is characterized as an inability of the cardiac pump to satisfactorily eject the blood that the ventricle receives during diastole (FELIPE *et al*., 2014). This cardiac dysfunction causes inadequate blood supply necessary to meet tissue metabolic needs (GOMES *et al*., 2014). For Barili *et al*. (2016) CHF is a clinical syndrome of multifactorial origin and systemic character, defined as cardiac dysfunction that causes inadequate blood supply to meet tissue metabolic needs. In developed countries, approximately 1 to 2% of the adult population have CHF, with an increase prevalence greater than 10% in people aged 70 years and over. The main signs and symptoms presented by this pathology are decreased tolerance to physical activity, change in mental status, tachycardia, nocturia, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea and lipothymia, which generate limitations in the lives of affected individuals (MUSSI *et al.,* 2013). For Souza and

Queluci (2014), CHF is increasingly becoming a public health problem, whose current prevalence varies from 1% to 2% of the population in some developed countries. It should be noted that it has gradually increased in recent years, where approximately 23 million individuals have CHF (POFFO *et al*., 2017). In the Brazilian scenario, the elderly population over 60 years corresponds to 70% of individuals with CHF, with 39% of hospital admissions related to decompensation of CHF (RABELO-SILVA *et al*., 2018). According to DATASUS, in the period from January 2013 to July 2016, Brazil had a total of 753,858 admissions, 77,802 deaths from heart failure, generating a mortality rate of 10.82 from the disease in adults over 40 years of age. It was observed that the Southeast region had a higher number of hospitalizations due to CHF, totaling 318,019 hospitalizations, with the state of São Paulo having the highest number of hospitalizations in this period with 146,705. In second place, the Southern Region totaled 167,838 hospitalizations in the last three years. The last place was occupied by the North Region, which had the lowest number of admissions, totaling 37,965, with Roraima being the state with the lowest record, with 1,051 admissions.

Also considering the data provided by DATASUS, in Brazil the number of total deaths caused by the ICC was 77,802 registered deaths. The Southeast Region also ranked first in the number of deaths caused by the disease, with 36,701 deaths in the period from 2013 to 2016. In this region, the state of São Paulo was the one that registered the highest number of deaths, about 19,334. In second place the Northeast Region with 17,220 deaths and in last place the North Region with the lowest number of deaths, about 3,745 deaths. It is noteworthy that Roraima, with 107 deaths, had the lowest number of deaths recorded in this period. The mortality rate in Brazil in this period from January 2013 to July 2016 totals 10.32. The Southeast Region again occupies the first place with 11.54, in second place in the Center-West Region with 9.92 and in the last place with the lowest mortality rate is the South Region with 8.75. There are several ways to classify CHF, according to clinical conditions, which can cause clinical and functional changes. Complications can occur in the right, left or both heart chambers. For Araújo *et al*. (2013), they consider that the overload of the left cardiac chamber is characterized by the presence of signs and symptoms of pulmonary congestion, referring to the insufficiency of the left ventricle to fill or empty properly, which leads to pressures increased in the ventricle and congestion in the pulmonary vascular system. The right is related to dysfunction of the right ventricle to pump properly, is characterized by systemic signs and symptoms such as peripheral edema, hepatic congestion, jugular swelling (ARAÚJO *et al*. 2013).

Individuals with CHF have a limitation in their usual activities, compromising social interaction and progressive loss of physical autonomy. Despite great advances in clinical management and treatment, CHF is a condition that continues to challenge due to its harmful physical, psychological, social and existential effects, caused by the progression of the disease and by changes in lifestyle habits. The individual's perception of the impact the disease can have on their life is related to the way it interferes with health-related quality of life (QL) (PELEGRINO; DANTAS; CLARK, 2011; SOUSA *et al*., 2017). In addition to the decline in QL, studies have shown the high prevalence of sleep disorders in CHF, which are classified as important indicators of the severity of heart failure in certain patients. Apneas and recurrent awakenings are considered to fragment sleep, exacerbating fatigue and causing excessive daytime sleepiness, which is the difficulty in maintaining a satisfactory level of wakefulness, that is, the feeling of being inappropriately sleepy, impacting the QV (OLIVEIRA *et al*., 2019). When evaluating the sleep pattern of patients with CHF, it is observed that it is associated with the severity of the disease, whose progression can cause difficulties in falling asleep and maintaining sleep. It is one of the most frequent complaints of this population, which directly impairs sleep quality, in addition to presenting a decline in functional capacity and consequently exercise intolerance, causing a negative impact on their QL (AZEVEDO *et al*., 2015 and SANTOS *et al*., 2018). Impaired sleep may be associated with CHF symptoms. Fatigue is one of the frequent manifestations and dyspnea is a common symptom and is even appointed by individuals as the very cause of fatigue (BORNHAUSEN; KESSLER; GASPERIN, 2018). Based on what has been pointed out and given the impact that CHF causes on individuals, the study aims to identify in the scientific literature the aspects that affect the quality of life of individuals with CHF and reflect on the nursing actions that can be used to its increase to this clientele.

METHODS

This is an article reflecting on the impacts that Congestive Heart Failure causes on the quality of life of patients and the actions that can be employed to improve it. For this reflection, we opted for a study based on secondary sources of literature relevant to the subject, considering articles from national and international journals available in the scientific databases SciELO, Medline and Lilacs. Thus, it will make it possible to discuss the development or the 'state of the art' of the subject on screen, from a theoretical and conceptual point of view. Discussing issues that guide the improvement of quality of life is essential to preserve the conditions necessary to cope with the disease and in the future perspectives that this clientele has.

RESULTS AND DISCUSSION

Quality of Life in the Health Context: The concern with the quality of life (QL) of individuals has been highlighted in Health Sciences. The definition and scope of the concept of health-related quality of life (HRQL) are considered measures that quantify the patient's perception of the functional effects of the disease and treatment on different aspects of life, considering the subjectivity of physical, emotional and social dimensions (Carvalho *et al*., 2009).The interest in monitoring HRQL levels is growing, given its importance as a prognostic indicator of morbidity and mortality, being recognized as a public health indicator (Oliveira-Campos *et al*., 2013). Knowing that HF is a disabling disease that compromises not only the activities of daily living, but also psychological and social aspects and directly interferes in the quality of life related to the health of patients, measuring this damage will provide important information to improve the work of the multidisciplinary team with a view to improving the adaptation of patients and, consequently, the quality of life of this population (Paz *et al*., 2019). The term quality of life is widely used lately in publications, scientific studies, popular magazines with large circulation, in television programs and in the media in general. This term has been presented through many very different definitions and contextualizations. The concept of QL is different from the concept of health, as it consists of three main dimensions: mental health, physical function and social function; and based on three fundamental principles, namely functional capacity, socioeconomic level and satisfaction (BUSS, 2000). WHO (1998) discusses that QL reflects the perception of individuals that their needs are being met or that they are being denied opportunities to achieve happiness and self-fulfillment, regardless of their physical health status or social and economic conditions.

The concept of quality of life presents a complex and dynamic organization of its components, due to its multidimensional nature. It will differ from person to person according to their environment and the context in which the person is inserted (PEREIRA, *et al* 2012). The same author states that although there are many definitions of QL, there is not one that is widely accepted. This is because to discuss the concept of QL it is not enough to only include factors related to health, such as physical, functional and mental well-being, but also other important elements of the individual's life such as work, family, friends and other daily circumstances, always paying attention to personal perception. Today, the most accepted concepts of quality of life aim to address a multiplicity of dimensions discussed in the so-called general or holistic approaches (PEREIRA, *et al* 2012). Quality of life is based on the individual's perception, composed of two spheres: objectivity and subjectivity. According to Almeida, Gutierrez and Marques (2012), the sphere that deals with the objectivity of

quality of life comes with the idea of understanding and analyzing human reality based on quantifiable and concrete elements, which can be transformed by human action. The elements included in this point are housing, food, basic sanitation, food transport, education, elements that will outline the individual's profile relating to access to goods and services. We cannot exclude the aforementioned variables as they reflect an impact on the subjects' lives as the interpretation, perception and expectation towards life vary according to the individuality of each one. The subjective aspects of quality of life encompass concrete issues and issues that address cultural, social, historical variables and the characterization of the historical-social context in which the individual lives (ALMEIDA; GUTIERREZ; MARQUES, 2012). For the World Health Organization, QL deals with the perception that the individual has around him, in relation to his goals, expectations, standards and concerns. Having quality of life does not only mean having physical and mental health, but that the individual has the ability to react positively to the problems that surround him (Soares *et al*., 2008). According to these clarifications about the quality of life, the physical, psychological and social functions of these patients that may be influenced by the disease, that is, their ability or ability to readaptation to their new condition can negatively affect their perception of life.

Quality of Life in the Context of Heart Failure: Patients who have heart problems suffer a change in their standard of living, determined by their inability to perform daily activities. With regard to patients with heart failure, symptoms are the main factors that negatively affect quality of life, including precordial pain or discomfort, dyspnea, orthopnea, palpitation, syncope, fatigue and edema. Thus, it is important for nursing work to minimize physical and psychological symptoms, thus promoting the quality of life of these patients (Lamarca, 2015). HF has a strong impact on the patient's life, mainly due to the limitations imposed by physical and psychological symptoms. Among the physical symptoms, the following stand out: fatigue and dyspnea, and among the emotional symptoms, fear, insecurity and sadness. There is also the difficulty in living with the changes in heart disease, due to the change in daily life and the threatening feelings that emerge due to the restrictions submitted (Santos *et al*., 2011). Regarding fatigue, the main symptom related to the deterioration of quality of life, it is observed that this symptom is a factor associated with limitations for the maintenance of a desirable lifestyle of autonomy and independence (Meraviglia *et al*., 2015; Guedes *et al*., 2012). In the results of the study in question, it was possible to observe that this symptom is the main factor that compromises the quality of life of patients with this pathology, requiring interdisciplinary integration measures for its control (Carmo *et al*., 2017).

Another relevant aspect to be mentioned is the fact that the pathology directly interferes with the sleep pattern. Among the main factors associated with difficulty sleeping, inherent to heart failure, the following stand out: nocturia, sleep interruption at night and respiratory difficulty. This deficiency in sleep quality can lead to a deficit in the quality of life of patients with heart failure (Guedes *et al*., 2012). Regarding gender, a cross-sectional, unicentric and prospective study sought to assess this association with quality of life and heart failure. As a result, it was found that, despite the lower number of hospital admissions, a worse quality of life was observed in female patients compared to male patients (Barbosa *et al*., 2014). It is suggested that, given the results, the female population has greater difficulty in dealing with situations arising from the complications of the disease, suffering physical and psychological discomfort, resulting in a worsening of the quality of life. This result corroborates what was observed by Sousa *et al*. (2017), concerning sociodemographic variables, higher HRQL scores can be observed for females. In the literature there is not enough evidence that differentiates the sexes in HF. However, evidence indicates that females are more susceptible to psychological factors, especially depressive symptoms that affect HRQL, due to clinical and epidemiological differences, age, as well as lesser action to cope with the disease, in accepting or adhering to treatment (Montes Pena *et al*., 2011; Margoto *et al*., 2009). Furthermore, an international study has shown that there is a relationship between health status and social outcomes in patients with heart failure. Patients' perceptions of quality of social support and economic status were related to the Minnesota Living with Heart Failure Questionnaire (Heo *et al*., 2015). In the analysis of the study, it was observed that the population with low income had a higher rate of hospitalizations, even after approaching different lines of treatment.

In the study by Sousa *et al*. (2017) about the analysis of HRQL averages according to marital status, higher averages were found for those living apart/divorced versus married or with a stable relationship. These results are consistent with the literature, which indicates married patients with a better emotional state, given support in coping with the disease, reducing symptoms of anxiety and depression. Patients who live alone are predisposed to social isolation and lower adherence to the complex treatment of HF (Margoto *et al*., 2009). Thus, these results indicate the need for interventions that favor coping with patients who live alone, seeking links in the family structure or support groups that can support these people, thus contributing to a better self-care management (Sousa *et al*., 2017).
It has been described that dyspnea, fatigue and lower limb edema have been identified as the main cause of hospitalization of patients with HF (Margoto *et al*., 2009). Thus, the findings of the study corroborate the literature, considering that patients with HF have serious limitations with the progressive advancement of the disease, contributing to the reduction in life expectancy and the worsening of HRQL, due to the reduction in cardiac output responsible for inappropriate tissue perfusion, which reduces autonomy and independence to perform activities of daily living (Heo *et al*., 2015; Erceg *et al*., 2013).

Nursing actions to increase quality of life: Several practices can be performed to promote the quality of life of patients. The main interventions that show promising results are educational interventions (recognition of signs and symptoms, adherence to drug treatment, change in lifestyle and daily weight); telephone or video counseling (to define diuretic therapy); and physical activity (6-minute walk test and aerobics). The implementation of multidisciplinary intervention strategies has a positive effect on increasing quality of life (Gonzales & Pedrero, 2013; Meraviglia *et al*., 2014). Regarding nursing practice, the use of theories of care can be an important ally in promoting the comfort of these patients. A study that enabled the use of Katharine Kolcaba's Theory of Comfort in the context of care for patients with heart failure, and showed that the theory is easy to apply, providing outstanding comfort through nursing home care (Silva *et al*., 2015). It emphasizes the importance of the nursing process in the interdisciplinary scenario directed at people with heart failure, based on a nursing theory. This is because the theory, when implemented, reveals itself as a conceptual complex that solidifies Nursing, in addition to revealing itself as a way of being with the other, which encourages proximity, empathy, interaction and commitment, always seeking the autonomy and enhancement of the individual (Silva *et al*., 2015). Studies also show that nurses who provide care to patients with heart failure play a key role in evaluating the application of instruments to test their effectiveness and veracity, in addition to participating in multiple educational services aimed at improving quality of life (Agren *et al*., 2013). Thus, the nurse, as a multiplier agent of care in cardiology, plays a crucial role in the prevention, control and management of signs and symptoms in patients with heart failure, thus promoting an improvement in the quality of life of these patients (Carmo *et al*., 2017).

It is important for nurses to be aware ofrespect for issues related to the habits of theirpatients, in order toguide them moreclear during the treatment, as well as clarifying them about the physiological changes thatwill occurand answer all your expectations and questions, becausethe absence of this open and clear dialogue can bringnumerous problems for the patient's life (Freitas & Puschel, 2013). In this context, the performance of thehealth professionals in guidance, education andfollow-up of patients with HF, among

theseprofessionals, it is noteworthy the nurse, who has theeducational component strongly rooted in itswork practice (Campelo *et al*., 2018)

CONCLUSIONS

HF requires important changes in their daily habits, there is a need to implement programs and therapeutic strategies with a multidisciplinary approach to minimize the impact of CHF on physical aspects and adherence to dietary restrictions, since the control of these variables is essential for maintenance of functional capacity, coping and clinical stability of the disease. Health professionals, especially nurses, must be prepared to know, question and guide their patients about the prevention of CHF, as this topic is included in the integral view of health care in all its phases. Nursing has a strong component of deep-rooted education in its practice, thus facilitating the approach of this theme in its daily care. Nurses, among other health professionals, are responsible for patient education and should encourage and devise strategies to change behavior that favors an increase in quality of life.

REFERENCES

Agren S, Evangelista L, Davidson T, Strömberg A. Costeffectiveness of a nurse-led education and psychosocial programme for patients with chronicheart failure and their partners. J. Clin. Nurs [Internet]. 2013 [acesso em 19 de janeiro de 2021]; 22(15-16):2347-53. Disponível em: http:// www.ncbi.nlm.nih.gov/ pubmed/23829407.

ARAÚJO, A. A., SOUSA, M. M., SILVA, E. P., SANTOS, S. R., COSTA, M. M. L & SILVA FILHO, I. G. 2014. Perfil epidemiológico e clínico de pacientes acometidos por insuficiência cardíaca. Revista de Enfermagem UFPE on line. 8(3): 509-513.

Azevedo, Marta Sofia Adães. O envelhecimento ativo e a qualidade de vida : uma revisão integrativa. ESEP - Dissertações de Mestrado. 2015. http://hdl.handle.net/10400.26/10776

Barbosa RR, Franklin RV, Stefenoni AV, Moraes VD, Jacques TM, Serpa RG, Calil AO, Barbosa LMF. Análise da qualidade de vida em homens e mulheres portadores de insuficiência cardíaca. Rev. bras. Cardiol [Internet]. 2014 [Acesso em 20 de Junho de 2021]; 27(3):97-103. Disponível em http://pesquisa. bvsalud.org/ portal/resource/pt/lil-719581.

Bornhausen, Andréa, Giacchini Kessler, Rúbia Mara, Iara Gasperin, Simone, Qualidade subjetiva do sono em cardiopatas isquêmicos crônicos. INSUFICIENCIA CARDIACA [Internet]. 2018;13(3):110-117. Recuperado de: https://www.redalyc.org/articulo.oa?id=321958045002

Buss, Paulo MarchioriPromoção da saúde e qualidade de vida. Ciência & Saúde Coletiva [online]. 2000, v. 5, n. 1 [Acessado 10 Outubro 2021] , pp. 163-177. Disponível em: <https://doi.org/10.1590/S1413-81232000000100014>. Epub 19 Jul 2007. ISSN 1678-4561. https://doi.org/10.1590/S1413-81232000000100014.

CAMPELO, R.C.; SILVA, W.C.; BATISTA, N. J. C. Atuação do enfermeiro nas orientações para a prevenção de fatores agravantes na insuficiência cardíaca congestiva: revisão integrativa. Brazilian Journal of Surgery and Clinical Research – BJSCR. Vol.24,n.2,pp.176-180 (Set - Nov 2018)

CARMO, F. R.; MARUXO, H. B.; SANTOS, W. A. Evidências científicas sobre a qualidade de vida dos pacientes com insuficiência cardíaca: revisão integrativa. REVISTA ENFERMAGEM ATUAL. 2017; 82-94

Carvalho VO, Guimarães GV, Carrara D, Bacal F, Bocchi EA. Validation of the Portuguese version of the Minnesota Living with Heart Failure Questionnaire. Arq Bras Cardiol. 2009;93(1):36-41. doi: 10.1590/S0066-782X2009000700008 » https://doi.org/10.1590/S0066-782X2009000700008

Erceg P, Despotovic N, Milosevic DP, Soldatovic I, Zdravkovic S, Tomic S, *et al*. Health-related quality of life in elderly patients hospitalized with chronic heart failure. Clin Interv Aging. 2013;8:1539-46.

FELIPE, L.C. et. al. Processo de enfermagem segundo o modelo do auto cuidado em um paciente cardiopata restrito ao leito. Revista de pesquisa: Cuidado e fundamental Online. Rio de Janeiro, v. 6., n.3, p. 897-908, jul./set. 2014.

Freitas MTS, Puschel VAA. Heart failure: expressions of personal knowledge about the disease. Rev Esc Enferm USP 2013; 47(4):919-26.

GOMES, A.T.de L., *et al*. Cuidados de enfermagem à pessoa com insuficiência cardíaca descompensada. Rev. Bras. Pesq. Saúde, Vitória, v. 16, n. 2, p. 124-129, abr./jun. 2014.

González M, Pedrero V. Estrategias de intervención para mejorar la calidad de vida en pacientes con insuficiencia cardiaca. Revista Chil. Cardiol [Internet]. 2013 [acesso em 20 de Janeiro de 2021]; 32(2):134-40. Disponível em: http:// pesquisa.bvsalud.org/ portal/resource/pt/lil-719581.

Guedes ES, Santos MA, Barbosa RL, Cruz DALM. Sleeping difficulties reported by patients with heart failure. Revista Lat Am Enfermagem [Internet]. 2012 [acesso em 20 de Julho de 2021]; 20(4): 644-50. Disponível em: http://pesquisa. bvsalud.org/portal/resource/pt/lil-649710.

Heo S, Moser DK, Chung ML. Social status, health-related quality of life, and event-free survival in patients with heart failure. Eur. J. Cardiovasc Nurs [Internet]. 2012 [acesso em 19 de Junho de 2021]; 11(2):141-9. Disponível em: http:// pesquisa.bvsalud.org/portal/resource/pt/mdl-21071279.

Lamarca FRRS. Convivendo com a insuficiência cardíaca: uma analise do conhecimento como fator relevante para a qualidade de vida. 2015. 86 f. Dissertação (Mestrado em Enfermagem). Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro [Internet], RJ, 2015. Disponível em http://pesquisa. bvsalud.org/portal/resource/pt/lil-758241.

LESSA, Q.C.S.S., et. al. Ações de enfermagem ao paciente com insuficiência cardíaca: uma revisão integrativa. Revista de pesquisa: Cuidado e fundamental Online. Rio de Janeiro, v. 8, n. 2, p. 4587-4600, abr./jun. 2016. Disponível em: http://periodicos.ufes.br/RBPS/article/view/9295/6469. Acesso em: 22/09/2021.

Margoto G, Colombo RCR, Gallani MCBJ. Clinical and psychosocial features of heart failure patients admitted for clinical decompensation. Rev Esc Enferm USP. 2009;43(1):44-5.

Mehralian H, Salehi S, Moghaddasi J, Amiri M, Rafiei H. The comparison of the effects of education provided by nurses on the quality of life in patients with congestive heart failures (CHF) in usual and home- visit cares in Iran. Global. J. Health Sci [Internet]. 2014 [acesso em 20 de Janeiro de 2021]; 30(4):256-60. Disponível em: http://www.ccsenet.org/ journal/index.php /gjhs/article/view/32987/20267 .

Meraviglia M, Clark AP, Mcdougall G, Riegel B, Joiner GR, Innerarity S. Health Status and Self-care Outcomes Following an Education-Support Intervention for People with Chronic Heart Failure. Eur. J. Cardiovasc Nurs [Internet]. 2015 [acesso em 25 de Junho de 2021]; 30(4):3-13. Disponível em: http:// www.ncbi.nlm.nih.gov/pmc/articles/PMC4276559/.

Montes Pena F, Amorim A, Fassbender C, Oliveira RFJ, Faria CAC. Insuficiência cardíaca e depressão: uma associação com desfechos negativos. Insuf Card. 2011;6(4):170-8.

Mussi, Cláudia Motta *et al*. Home visit improves knowledge, self-care and adhesion in heart failure: randomized Clinical Trial HELEN-I. Revista Latino-Americana de Enfermagem [online]. 2013, v. 21, n. spe [Accessed 10 October 2021] , pp. 20-28. Available from: <https://doi.org/10.1590/S0104-11692013000700004>. Epub 01 Mar 2013. ISSN 1518-8345. https://doi.org/10.1590/S0104-11692013000700004.

Oliveira, Aline Costa de *et al*. Qualidade de vida de pessoas com feridas crônicas. Acta Paulista de Enfermagem [online]. 2019, v. 32, n. 2 [Acessado 10 Outubro 2021] , pp. 194-201. Disponível em: <https://doi.org/10.1590/1982-0194201900027>. Epub 10 Jun 2019. ISSN 1982-0194. https://doi.org/10.1590/1982-0194201900027.

Oliveira-Campos, Maryane *et al*. Impacto dos fatores de risco para doenças crônicas não transmissíveis na qualidade de vida. Ciência & Saúde Coletiva [online]. 2013, v. 18, n. 3 [Acessado 10 Outubro 2021] , pp. 873-882. Disponível em: <https://doi.org/10.1590/S1413-81232013000300033>. Epub 28 Mar 2013. ISSN 1678-4561. https://doi.org/10.1590/S1413-81232013000300033.

Paz, Larissa Ferreira de Araújo *et al*. Quality of life related to health for heart failure patients. Revista Brasileira de Enfermagem [online]. 2019, v. 72, suppl 2 [Acessado 8 Outubro 2021] , pp. 140-146. Disponível em: <https://doi.org/10.1590/0034-7167-2018-0368>. Epub 05 Dez 2019. ISSN 1984-0446. https://doi.org/10.1590/0034-7167-2018-0368.

PELEGRINO, V. M., DANTAS, R. A. S. & CLARK, A. M. 2011. Determinantes da qualidade de vida relacionada à saúde em pacientes ambulatoriais com insuficiência cardíaca. Revista Latinoamericana de Enfermagem. 19(3): 1-7.

Pereira, Érico Felden, Teixeira, Clarissa Stefani e Santos, Anderlei dos. Qualidade de vida: abordagens, conceitos e avaliação. Revista Brasileira de Educação Física e Esporte [online]. 2012, v. 26, n. 2 [Acessado 10 Outubro 2021] , pp. 241-250. Disponível em: <https://doi.org/10.1590/S1807-5509201 2000200007>. Epub 03 Jul 2012. ISSN 1981-4690. https://doi.org/10.1590/S1807-55092012000200007.

Poffo MR, Assis AV, Fracasso M, Londero FOM, Alves SMM, Bald AP, *et al*. Profile of Patients Hospitalized for Heart Failure in Tertiary Care Hospital. Int J Cardiovasc Sci [Internet]. 2017 Jun [citado 2018 out 28]; 30(3): 189-98. Disponível em: https://www.scielo.br/pdf/ijcs/v30n3/2359- 4802-ijcs-30-03-0189.pd

Rabelo-Silva, Eneida Rejane *et al*. Fatores precipitantes de descompensação da insuficiência cardíaca relacionados a adesão ao tratamento: estudo multicêntrico-EMBRACE. Revista Gaúcha de Enfermagem [online]. 2018, v. 39 [Acessado 10 Outubro 2021], e20170292. Disponível em: <https://doi.org/ 10.1590/1983-1447.2018.20170292>. Epub 22 Out 2018. ISSN 1983-1447. https://doi.org/10.1590/1983-1447.2018.20170292.

Santos ACS, Santo FHE, Pestana L, Daher DV, Santana R. Insuficiência cardíaca: estratégias usadas por idosos na busca por qualidade de vida. Revista Brasileira de Enfermagem [Internet]. 2011 [acesso em 29 de junho de 2021]; 64(5):857- 63. Disponível em: http://pesquisa.bvsalud.org/portal/ resource/pt/ lil-618409.

Silva FVF, Rabelo AC, Silva LF. Processo de enfermagem no conforto do paciente com insuficiência cardíaca no domicílio. Revista Aquichan [Internet]. 2015 [acesso em 15 de abril de 2021]; 15(1):116-28. Disponível em: http://pesquisa.bvsalud.org/portal/resource/pt/lil-749455.

Soares DA, Toledo JAS, Santos LF, Lima RMB, Galdeano LE. Qualidade de vida de portadores de insuficiência cardíaca. Revista Acta. Paul. Enferm [Internet]. 2008 [acesso em 30 de Janeiro de 2021]; 21(2):243-8. Disponível em: http://www.scielo.br/pdf/ape/v21n2/a02v21n2.pdf .

Sousa, Mailson Marques de *et al*. Associação das condições sociais e clínicas à qualidade de vida de pacientes com insuficiência cardíaca. Revista Gaúcha de Enfermagem [online]. 2017, v. 38, n. 2 [Acessado 8 Outubro 2021] , e65885. Disponível em: <https://doi.org/10.1590/1983-1447.2017.02.65885>. Epub 06 Jul 2017. ISSN 1983-1447. https://doi.org/10.1590/1983-1447.2017.02.65885.

SOUZA, P.M.B.B.; QUELUCI, G.C. A arte de cuidar em pacientes com insuficiência cardíaca na alta hospitalar: considerações para prática assistencial na enfermagem. Revista de pesquisa: Cuidado e fundamental Online, Rio de Janeiro, v. 6, n. 1, p. 153-167, jan./mar. 2014. Disponível em: file:///C:/Users/Julianna%20Oliveira/Downloads/2803-18100-1-PB.pdf . Acesso em 09/09/2016.

World Health Organization. Whoqol-bref: Introduction, Administration, Scoring and Generic Version of the Assessment: Field Trial Version. WHO [Internet]. 1996 Dec [citado 2021 mai 25]. Disponível em: https://www.who.int/mental_ health/ media/ en/76.pdf

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