

Zdravstvena pismenost kardiovaskularnih bolesnika Health literacy of cardiovascular patients

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Uvod: Kardiovaskularne bolesti (KVB) i dalje su vodeći uzrok smrtnosti, a drugi vodeći uzrok smrtnosti radno aktivne populacije. Uzimajući u obzir sve rizičnije ponašanje populacije, poput pušenja, nedovoljne tjelesne aktivnosti i nepravilne prehrane već u ranijoj životnoj dobi, neophodno je započeti s mjerama prevencije rizičnih čimbenika za nastanak KVB uz promicanje zdravih životnih navika. Unaprjeđenje i promicanje zdravlja su prve mjere u prevenciji KVB koje se ispravnim načinom mogu smanjiti i za oko 80%, uključujući pacijenta u aktivno sudjelovanje u liječenju i brizi za svoje zdravlje. Najveći izazov stručnjacima iz područja kardiovaskularne medicine jest provesti brojne preventivne mjere. Brojna dosadašnja istraživanja ukazuju da neadekvatna zdravstvena pismenost visoko prevladava među kardiovaskularnim pacijentima, procjenjujući da oko 18% njih imaju poteškoće u čitanju medicinske dokumentacije te oko 52% poteškoće u razumijevanju i primjeni pisanih informacija¹. Zdravstvena pismenost podrazumijeva osobne, kognitivne i socijalne vještine koje određuju sposobnost pojedinca da dobije pristup, razumije i koristi medicinske informacije za promicanje i održavanje dobrog zdravlja². Nadalje, istraživanja pokazuju da je stupanj zdravstvene pismenosti povezan s kvalitetnijom komunikacijom između zdravstvenih radnika i pacijenata što utječe na suradljivost pacijenata, ishod liječenja, učestalost korištenja zdravstvene zaštite, troškove i ukupnu kvalitetu zdravstvene zaštite³. Tako se za pacijente s niskom razinom pismenosti troši više novca u zdravstvenom sustavu, oni duže ostaju u bolnici i češće odlaze liječniku ali rjeđe koriste preventivne usluge.

Ispitanici i metode: Istraživanje je provedeno na Zavodu za kardiologiju i kardiološku rehabilitaciju u periodu od lipnja do rujna 2018. godine te je uključivalo 89 ispitanika. Kao instrument istraživanja korišten je NVS test (*New Vital Sign test*) preveden na hrvatski jezik⁴, te opći upitnik o demografskim podacima i subjektivnim stajalištima ispitanika. NVS testom svrstali smo ispitanike u tri kategorije: NVS 1 visoka vjerojatnost (50%) niske pismenosti, NVS 2 vjerojatnost ograničene pismenosti, NVS 3 adekvatna pismenost.

Rezultati: U istraživanje je uključeno 62% muškaraca te 38% žena. Prosječna životna dob ispitanika bila je 65,7±10,6 godina. Analizom podataka uočeno je da 54% ispitanika ima adekvatnu pismenost, 28% ispitanika ima vjerojatno ograničenu pismenost te 18% ispitanika ima visoku vjerojatnost niske razine pismenost. Od ukupnog broja muškaraca 11% je imalo NVS 1, 24% NVS 2, a 65% NVS 3. Od ukupnog broja žena 29% je imalo NVS 1, 35% NVS 2, a 35% NVS 3. Ispitanici sa NVS 3 su u 15% slučajeva bili pušači, u 94% prehranjeni te su u 56% prigodno konzumirali alkohol. Ispitanici sa NVS 2 u 36% slučajeva imaju pretilost 1. stupnja, u svega 8% su se izjasnili kao pušači, alkohol

Introduction: Cardiovascular diseases (CVD) are still leading cause of death, and second cause of death in working population. If we take into consideration riskier behavior of population, such as smoking, inadequate physical inactivity and unhealthy diet which all start in early age, it is necessary to start with preventive measures to decrease risk factors associated with CVD with promotions of healthy life style. Improvement and promotion of health are the first measures in prevention of CVD, and if these measures are implemented correctly, they can decrease CVD for 80%, including active participation of patient in treatment and care for his health. The biggest challenge for all professionals in cardiovascular medicine is to implement many preventive measures. Numerous research shows that inadequate health literacy prevails among cardiovascular patients, and it is estimated that around 18% of them have difficulties in reading of medical documentation, and around of 52% difficulties in understanding and application of written information¹. Health literacy implies personal, cognitive and social skills which determine individual's abilities to gain access, understand and use medical information to promote and maintain good health². Furthermore, research has shown that degree of health literacy is associated with quality of communication between healthcare workers and patients which effects compliance of patient, treatment outcome, and frequency of medical use, costs and overall quality of health care system³. Thus, more money is spending for patients with lower health literacy in health system, they have longer hospital stays and more frequent clinic appointments, but they rarely use preventive measures.

Subjects and methods: We have conducted research in Department of cardiology and cardiac rehabilitation in the period of June till September of 2018, and 89 subjects were enrolled. As instrument of research was used New Vital Sign test (NVS) which was translated to Croatian⁴, and general questionnaire about demography data and personal views of participants. Using NVS test we divided participants into three categories: NVS 1 high probability (50%) of low literacy, NVS 2 probability of limited literacy, NVS 3 adequate literacy.

Results: There were 62% male subjects and 38% female subjects. Average age of subjects was 65,7±10,6 years. 54% subjects had adequate literacy, 28% probably limited literacy and 18% high possibility of low literacy. From overall male subjects, 11% had NVS 1, 24% NVS 2, and 65% NVS 3. From overall female subjects 29% had NVS 1, 35% NVS 2, and 35% NVS 3. Subjects with NVS 3 were smokers in 15%, overweight in 94% and 56% consumed alcohol conveniently. 36% subjects with NVS 2 had grade 1 obesity and 8% of them were smokers, none of the subjects consumed alcohol regularly, while 36% consumed alcohol occasionally. Subjects with NVS 2 has a healthy diet in 84%, 76%

redovito ne konzumira nitko od njih, dok je 36% prigodnih konzumenata. Ispitanici sa NVS 2 se u 84% slučajeva hrane zdravo te su u 76% slučajeva dovoljno aktivni. Nitko se od ispitanika sa NVS 1 nije izjasnio kao pušač, u 75% slučajeva ne konzumiraju alkohol te se u 81% slučajeva hrane zdravo. 81% ispitanika sa NVS 1 je dovoljno aktivno po vlastitoj subjektivnoj procjeni.

Zaključak: Pacijenti imaju veliku ulogu u odlukama vezano za svoje zdravlje. Kako bi pacijenti mogli donositi odluke i kvalitetno sudjelovati u zdravstvenom procesu potrebno je razumijevanje uputa dobivenih od zdravstvenih stručnjaka. Važno je prilagoditi medicinske informacije pacijentovoj razini zdravstvene pismenosti kako bi komunikacija između pacijenta i zdravstvenog stručnjaka bila što kvalitetnija.

were adequately active. None of the subjects in NVS 1 were smokers, and 75% of them don't consume alcohol, and 81% of them have a healthy diet. 81% of subjects with NVS 1 are physically active enough in their own personal assessment.

Conclusion: Patients have big role in making decisions regarding their health. In order for patients to make decisions and have a quality participation in healthcare process, it is necessary to understand the instructions given by healthcare professionals. It is important to adjust medical information to patient's degree of health literacy in order to make the communication between the patient and health professionals as good as possible.

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