The Unique Contribution of Sociodemographic Factors to Health Literacy in Patients Undergoing Coronary Catheterisation

J. Khoo1,2,∗, L. Ellwood1, A. Lee2, E. Curtis3, J. Weaver1,4, R. Fernandez1

1 St George Hospital, Sydney, Australia  
2 Wollongong Hospital, Wollongong, Australia  
3 Liverpool Hospital, Sydney, Australia  
4 Royal Prince Alfred Hospital, Sydney, Australia

Aims: This study examined health literacy and its correlations with sociodemographic factors in patients undergoing cardiac catheterisation.

Methods: A cross-sectional survey of patients scheduled for cardiac catheterisation in a tertiary teaching hospital in Sydney was undertaken. Health literacy was measured using a 16 item screening questionnaire comprising six domains. Data was analysed using SPSS version 25.

Results: The 194 participants included 123 males and 71 females. The mean scores for each domain were; navigation 4.05 (SD = 0.91), completing forms 3.84 (SD = 0.79), following medication instructions 4.24 (SD = 0.72), provider-patient interaction 3.86 (SD = 0.80), appointment slips 4.07 (SD = 0.88), and coping strategies 4.04 (SD = 1.25).

Caucasians compared to non-Caucasians had significantly higher overall health literacy (p = 0.017) and higher scores in the domains; ‘completing forms’ (p = 0.030), ‘following medication instructions’ (p = 0.041), ‘provider-patient interaction’ (p = 0.007) and ‘coping strategies’ (p = 0.011). Employed compared to unemployed participants had higher overall health literacy (p = 0.036) and higher scores in the domains; ‘completing forms’ (p = 0.003) and ‘coping strategies’ (p = 0.032).

Participants who completed only primary school education had lower overall health literacy and lower scores in the domain ‘completing forms’ compared to participants who completed high school (p = 0.012 & p = 0.000 respectively) and university (p = 0.000 & p = 0.000 respectively). Females compared to males had higher scores in the domain ‘following medication instructions’ (p = 0.017).

Conclusion: Our study is one of few to examine health literacy among cardiac catheterisation patients. It demonstrated a complex relationship between health literacy and sociodemographic factors.

http://dx.doi.org/10.1016/j.hlc.2019.06.564

The Use of Secondary Preventative Smartphone Applications in Coronary Heart Disease (CHD): A Systematic Review and Meta-Analysis

G. Meehan∗, P Kunnisandy, A. Murphy, D. Clark, O Farnesque, M. Yudi

Austin Health, Heidelberg, Australia

Background: With the rise of mHealth, a smartphone application (SA) represents a potential secondary preventative strategy for use in cardiac rehabilitation (CR), in the context of CHD.

Methods: A systematic review of 9 studies and a meta-analysis were performed. Databases searched included PubMed, MEDLINE, Embase, DARE, ACP Journal Club and Cochrane Library. Outcomes included were cardiovascular risk factors, clinical events and medication adherence.

Results: A systematic review found that the addition of a SA to CR lead to significantly improved medication adherence, weight loss, body mass index (BMI) and waist circumference. A SA alone, compared to CR, lead to significantly larger reductions in smoking and diastolic blood pressure (BP). However, a meta-analysis found no significant additional improvements when a SA was added to CR, for systolic BP (standardised mean difference (SMD) = −0.05; CI = −0.21–0.11), BMI (SMD = −0.17; CI = −0.39–0.04), or low-density lipoprotein cholesterol (SMD = −0.03; CI = −0.51–0.44).

http://dx.doi.org/10.1016/j.hlc.2019.06.564
Abstracts
S377

Conclusion: Secondary preventative SAs have potential in CR, in the context of CHD, but further studies must focus on reducing bias and improving SA adherence.

http://dx.doi.org/10.1016/j.hlc.2019.06.565

S65

Trends in Cardiovascular Risk Factors in STEMI Patients at an Urban Centre
S. Kazi 1,*, A. Narayan 1, A. Ong 1, A. Denniss 2,3, D. Tanous 1, G. Sivagangabalan 1,2, J. Chong 1,2,3, D. Wynne 1, J. Thakkar 1, P. Fahmy 1, C. Chow 1,2,4,5

1 Westmead Hospital, Westmead, Australia
2 School of Medicine, Western Sydney University, Sydney, Australia
3 The George Institute for Global Health, Sydney, Australia
4 Westmead Applied Research Centre, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Introduction: The profile of cardiovascular risk factors (RF) have been changing in our community with recent reports suggesting they are also changing among patients with myocardial infarction (MI). We sought to examine the RF profile of our STEMI population and whether the RF profile of STEMI patients have changed over time.

Methods: We performed a retrospective analysis of patients from the Westmead Hospital STEMI database, which includes consecutive patients presenting with STEMI between January 2006 to December 2017. We examined the prevalence of five key RF and prevalence of the number of these RF. The RFs were hypertension, hypercholesterolaemia, diabetes, smoking and family history of ischaemic heart disease (IHD) at age <60 yr.

Results: Of the 3256 STEMI patients during the 12-year period, 20.5% were female, average age 61 years, 52% of patients had hypertension, 52% had hypercholesterolaemia, 29% diabetes, 61% smokers and 37% reported a family history of IHD. Over the 12 years, patients with no RFs rose from 3 to 13.6% and there was a reduction from 21 to 11% in patients with a total of >4 RFs. The trends were similar for younger (<60 years of age) versus older patients, patients with and without a history of IHD, and gender.

Conclusion: This study confirms an increasing proportion of patients with fewer risk factors for STEMI over time. This may help identify patient populations in which novel mechanisms may contribute to the aetiology of their STEMI and allow further research into targeted secondary prevention.

References

http://dx.doi.org/10.1016/j.hlc.2019.06.566

S66

Uptake of a Primary Care Atrial Fibrillation Screening Program (AF-SMART): A Realist Evaluation of Implementation in Metropolitan and Rural General Practice
J. Orchard 1,*, J. Li 1, R. Gallagher 2, B. Freedman 1, N. Lowres 1, L. Neubeck 2

1 HR/Charles Perkins Centre, University of Sydney, Australia
2 Susan Wakil School of Nursing, Faculty of Medicine and Health/Charles Perkins Centre, University of Sydney, Sydney, Australia
3 Edinburgh Napier University, Edinburgh, UK

Background: Atrial fibrillation (AF) screening in people aged ≥65 years is recommended by international guidelines. The AF Screening, Management, and guideline-Recommended Therapy (AF-SMART) implementation studies in general practice include custom-designed eHealth implementation tools.

Abstracts
S378