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Letters to the Editor

The Heart Failure State of Mind: An Informal Survey of Canadians With Lived Experience and the Importance of Considering Cognitive Impairment

To the Editor:

As patients, living successfully with heart failure (HF) is not simply a function of the quality of care we receive, or of the data our clinicians use to make decisions, but it lies in our ability to understand, engage in, and act on the advice and treatments our clinicians provide. In February 2019, the Heart and Stroke Foundation of Canada (HSFC) released their annual report on the state of heart, stroke, and vascular cognitive impairment (CI) health in Canada.[1] The HSFC presents an in-depth analysis of the interconnections between our hearts, brains, and minds (the ability to be aware, to think, and to feel). This national report has confirmed what has been purported through the extant body of HF literature, something patient advocates have long argued for,[2] that if our health care system is to provide timely, safe, and effective care to Canadians, it needs to involve and treat the *whole person* and not just a single condition.

Randomized clinical trials (RCTs) of HF have focused primarily on end-points such as all-cause mortality and HF-related hospitalization. Because self-management is so critical to maintaining health and reducing morbidity, we argue that results from RCTs to date may be confounded by the presence of CI in the study populations. CI is often dismissed at the point of care as medication side effect or the result of comorbid conditions such as depression or anxiety.[3] The HeartLife Foundation (http://heartlife.ca) polled its membership on whether the issue of CI is a true concern and how it may manifest (see Supplementary Material for detailed methods and results). Our findings align with the HSFC report, adding that CI causes distress to patients and that regardless of etiology, it may underpin challenges in self-management and adherence that are often unaccounted for in clinical trials and applied research.[4]

As the number of Canadians living with heart disease grows rapidly and in parallel with improvements in cardiac treatment that extend survival, finding ways to address these issues is ever more critical. The HSFC report and our own survey results reveal that CI and its long-term effects on individuals with HF are an independent outcome worthy of study. As such, we call on researchers to consider this end-point when designing, conducting, and reporting on RCTs, as patients living successfully with this physically limiting disease also rely on our ability to overcome the HF state of mind.

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Disclosures

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Supplementary Material

To access the supplementary material accompanying this article, visit the online version of the *Canadian Journal of Cardiology* at www.onlinecjc.ca and at https://doi.org/10.1016/j.cjca.2019.03.019.

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