Lorestan University of Medical Sciences
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Titel:

The effect of an integrated, patient-centered care program on symptom burden and functional capacity in patients with atrial fibrillation and comorbidities

By:

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Abstract:

Background and Aim: Atrial fibrillation (AF) is associated with comorbidities such as hypertension, heart failure, and diabetes, leading to an increased symptom burden and reduced functional capacity. This study aimed to determine the effect of a person-centered integrated care program on symptom burden and functional capacity in patients with atrial fibrillation and comorbidities.

Methods: This randomized controlled trial was conducted on 90 patients with atrial fibrillation and comorbidities. Following convenience sampling and stratified randomization, participants were allocated to the intervention (n = 45) or control (n = 45) group. The intervention group received a person-centered integrated care program consisting of nine sessions (face-to-face education, home visits, and telephone follow-up) over eight weeks, while the control group received routine care. Data were collected before and after the intervention and analyzed using Stata version 17.

Results: In the intervention group, the mean functional capacity score increased from 7.48 ± 2.68 to 8.88 ± 2.70 ($P < 0.001$), whereas no significant change was observed in the control group ($P = 0.222$). The mean total symptom burden score decreased from 94.54 ± 31.70 to 84.51 ± 48.70 in the intervention group ($P < 0.0001$), while no significant change was found in the control group ($P = 0.242$). After the intervention, functional capacity was significantly higher and symptom burden was significantly lower in the intervention group than in the control group ($P = 0.001$).

Conclusion: The person-centered integrated care program improved functional capacity and reduced symptom burden in patients with atrial fibrillation and comorbidities. This approach may serve as an effective model for managing these patients.

Keywords: Atrial fibrillation; Comorbidities; Symptom burden; Functional capacity; integrated care; Person-centered care