EHMA 2024

Shaping and managing innovative health ecosystems

Empowering Self-Management: Translation and Content Validation through Expert Judgement of the Heart Failure Symptom Tracker (HFaST) tool for the Portuguese population

MSc Student Maria Inês Perez^{1,2}, PhD Student Joana Seringa^{3,4}, Professor Teresa Magalhães^{1,4}

¹NOVA National School of Public Health, Universidade Nova Lisboa, Lisbon, Portugal.
 ²Saint Joseph's Local Health Unit - Hospital de Santa Marta, Lisbon, Portugal.
 ³NOVA National School of Public Health, Public Health Research Centre, Universidade Nova Lisboa, Lisbon, Portugal.
 ⁴Comprehensive Health Research Centre (CHRC), Universidade NOVA Lisboa, Lisbon, Portugal

5 - 7 June 2024 - Bucharest, Romania

Politehnica University of Bucharest, Bucharest, Romania

#EHMA2024

Summary

EHMA 2024

- Introduction
- Methods
- Results
- Discussion
- Conclusion
- References

Introduction

Heart Failure: A Global Public Health Challenge

High morbidity and mortality rates 1-4

EHMA 2024



Diminished quality of life and high risk of hospitalisation, among individuals ≥ 65 years old ¹⁻⁴



Hospitalisations strain healthcare systems, increasing healthcare costs ¹⁻⁴



64M affected globally ¹; 4.4% of the Portuguese population ⁵

Introduction

The Importance of Self-Management in Heart Failure

Self-management strategies are Class I, Level A evidence-based recommendation according to the European Society of Cardiology ¹

Self-monitoring symptoms and signs improves better quality of life outcomes and reduce unnecessary hospitalisations ⁶⁻⁹

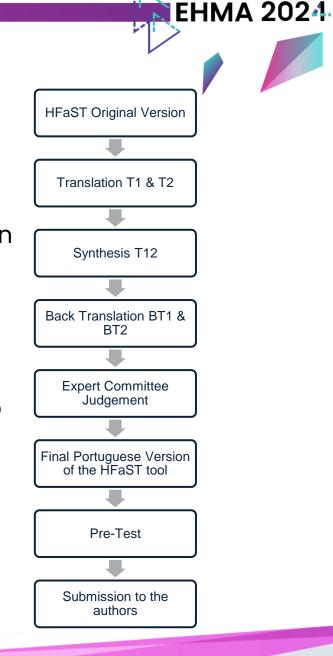
HFaST tool

EHMA 2024

It is a brief and easy selfadministered 6-item tool, that can revolutionise symptom management, lower hospitalisations and help predict risk of hospital admissions ¹⁰

Methods

- Observational, cross-sectional descriptive study
- European Portuguese translation and cross-cultural adaptation
 followed a qualitative methodology based on the guidelines of Beaton
 D. et al. ¹¹
- 10 experts, with different areas of knowledge, assessed through an online survey the clarity and relevance and the suitability of the translation, ensuring the content validity of instrument and leading to the development of the final Portuguese version of the HFaST tool
- Adjustments deemed necessary were made and a pre-test was performed to a sample of 25 professionals, using cognitive interviews to assess item comprehensibility



Results

The translation process ensured consistency, with the back-translated HFaST tool closely aligning with the original version

EHMA 2024

- Expert evaluations highlighted high content validity index (I-CVI), with I-CVI scores of 0.7 to 1.00 for clarity and relevance on the instructions
- Adjustments to the Likert scale, based on clarity and relevance I-CVI scores ranging from 0.5 to 0.9, led to a more comprehensible 6-point format. Fleiss' k values of 0.548 and 0.570, respectively, indicating a moderate strength of agreement, supported this decision
- Equivalence between the original and translated versions gathered substantial to almost perfect agreement, having Fleiss' k values ranging from 0.678 to 1.000

□ The pre-test demonstrated high comprehensibility, with a score of 96%.

Results

HFaST Items	Fleiss' k	Strength of Agreement (Landis & Koch, 1977) ¹²
Item 1 - Fatigue or low energy level when performing everyday activities (Fadiga ou pouca energia ao realizar atividades diárias)	0,678	Substantial
Item 2 - Shortness of breath when performing everyday activities (Falta de ar quando realizar as atividades diárias)	0,792	Substantial
Item 3 - Shortness of breath at rest (Falta de ar em repouso)	0,857	Almost Perfect
Item 4 - Shortness of breath while lying down or reclining (for example, needing to add pillows or move to a recliner to sleep) (Falta de ar quando deitado ou reclinado (por exemplo, necessidade de adicionar almofadas ou de se mudar para um cadeirão reclinável para dormir)	0,898	Almost Perfect
Item 5 - Swelling of feet, ankles, legs, or abdomen; shoes or waistband feeling tight (Inchaço dos pés, tornozelos, pernas ou abdómen; sensação de sapatos ou cinto apertados)	0,839	Almost Perfect
Item 6 - Have you gained more than 2 pounds during the past 24 hours or more than 5 pounds during the past 72 hours? (Ganhou mais de 1kg durante as últimas 24 horas ou mais de 2kg durante as últimas 72 horas?)	1,000	Perfect

EHMA 2024

ार

Table 1. Strength of agreement among experts for each item of the Portuguese Version of the HFaST tool, for a *p*<0.001.

Results

The final Portuguese Version

of the HFaST tool



Heart Failure Symptom Tracker (HFaST)

Versão Adaptada para Português Europeu

Esta ferramenta de monitorização de sintomas na Insuficiência cardíaca foi concebida para o ajudar a refletir sobre os seus sintomas ou alterações nos mesmos que possam indicar um agravamento da Insuficiência Cardíaca. Utilize esta ferramenta diariamente para registar a intensidade de cada sintoma de insuficiência cardíaca em comparação com o seu padrão habitual. Se identificar alterações nos seus sintomas, tiver sintomas novos ou agravamento dos mesmos, procure aconselhamento médico para determinar a importância das alterações. Assinale com um X a resposta que melhor descreve os seus sintomas de insuficiência cardíaca nas últimas 24 horas.

Pense em como se sentiu nas últimas 24 horas em comparação com o que costuma sentir.

1 - Fadiga ou pouca energia ao realizar atividades diárias Não senti nas últimas 24 horas Muito melhor do que o habitual Ligeiramente melhor do que o habitual Mais ou menos o mesmo que o habitual Ligeiramente pior do que o habitual Muito pior do que o habitual 2 - Falta de ar quando realiza as atividades diárias Não senti nas últimas 24 horas Muito melhor do que o habitual Ligeiramente melhor do que o habitual Mais ou menos o mesmo que o habitual Ligeiramente pior do que o habitual Muito pior do que o habitual 3 - Falta de ar em repouso Não senti nas últimas 24 horas Muito melhor do que o habitual Ligeiramente melhor do que o habitual Mais ou menos o mesmo que o habitual Ligeiramente pior do que o habitual Muito pior do que o habitual 4 - Falta de ar guando deitado ou reclinado (por exemplo, necessidade de adicionar almofadas ou de se mudar para um cadeirão reclinável para dormir) Não senti nas últimas 24 horas Muito melhor do que o habitual Ligeiramente melhor do que o habitual Mais ou menos o mesmo que o habitual Ligeiramente pior do que o habitual Muito pior do que o habitual 5 - Inchaço dos pés, tornozelos, pernas ou abdómen; sensação de sapatos ou cinto apertados Não senti nas últimas 24 horas Muito melhor do que o habitual Ligeiramente melhor do que o habitual Mais ou menos o mesmo que o habitual Ligeiramente pior do que o habitual Muito pior do que o habitual 6 - Ganhou mais de 1kg durante as últimas 24 horas ou mais de 2kg durante as últimas 72 horas? □ Sim □ Não



Discussion

Adapting the HFaST tool to European Portuguese required a meticulous process to ensure linguistic and cross-cultural adaptation suitability ^{11,13,14}

EHMA 2024

- Considering experts' judgement, a reasonable agreement on the Portuguese version of the HFaST was achieved. Modifications to the Likert scale, reducing it to a 6-point format, addressed discrepancies and enhanced clarity and user comprehension
- Implementing educational programs is crucial to maximize the tool's effectiveness and to ensure patient self-monitoring engagement and understanding, as the HFaST tool aligns with the global shift towards mHealth technologies ¹⁵⁻¹⁷
- Further research is currently on going to assess the psychometric properties of the tool in clinical contexts to validate its sustained impact on patient outcomes
- The tool's integration into risk prediction models could significantly contribute to hospital admission management, providing valuable insights into patient health status

References

1. McDonagh TA, Metra M, Adamo M, Baumbach A, Böhm M, Burri H, et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. Eur Heart J. 2021 Sep 21;42(36):3599–726.

EHMA 2024

2. Bragazzi NL, Zhong W, Shu J, Abu Much A, Lotan D, Grupper A, et al. Burden of heart failure and underlying causes in 195 countries and territories from 1990 to 2017. Eur J Prev Cardiol. 2021 Dec 1;28(15):1682–90.

3. Savarese G, Becher PM, Lund LH, Seferovic P, Rosano GMC, Coats AJS. Global burden of heart failure: a comprehensive and updated review of epidemiology. Cardiovasc Res. 2023 Jan 18;118(17):3272–87.

4. Wu JR, Lin CY, Hammash M, Moser DK. Heart Failure Knowledge, Symptom Perception, and Symptom Management in Patients With Heart Failure. Journal of Cardiovascular Nursing. 2023 Jul 1;38(4):312–8.

5. Ceia F, Fonseca C, Mota T, Morais H, Matias F, de Sousa A, et al. Prevalence of chronic heart failure in Southwestern Europe: the EPICA study. Eur J Heart Fail. 2002 Aug 1;4(4):531–9.

6. Tam C, Santos D, Oliveira T. Exploring the influential factors of continuance intention to use mobile Apps: Extending the expectation confirmation model. Information Systems Frontiers. 2020 Feb 1;22(1):243–57.

7. Girerd N, Mewton N, Tartière JM, Guijarro D, Jourdain P, Damy T, et al. Practical outpatient management of worsening chronic heart failure. Eur J Heart Fail. 2022 May 1;24(5):750–61.

8. Ferreira JP, Taveira-Gomes T, Canelas-Pais M, Phan P, Bernardo F, Andersson Sundell K, et al. Missed opportunities in the diagnosis of heart failure: a real-world assessment. ESC Heart Fail. 2023;

9. Pereira Sousa J, Neves H, Pais-Vieira M. Does symptom recognition improve self-care in patients with heart failure? A pilot study randomised controlled trial. Nurs Rep. 2021 Jun 1;11(2):418–29.

References

10. Lewis EF, Coles TM, Lewis S, Nelson LM, Barrett A, Romano CDM, et al. Development, psychometric evaluation, and initial feasibility assessment of a symptom tracker for use by patients with heart failure (HFaST). J Patient Rep Outcomes. 2019 Dec 1;3(1).

EHMA 2024

11. Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the Process of Cross-Cultural Adaptation of Self-Report Measures. Spine (Phila Pa 1976). 2000;25(24):3186–91.

12. Landis JR, Koch GG. The Measurement of Observer Agreement for Categorical Data. Biometrics. 1977;33(1):159–74.

13. Bullinger M, Alonso J, Apolone G, Leplège A, Sullivan M, Wood-Dauphinee S, et al. Translating Health Status Questionnaires and Evaluating Their Quality: The IQOLA Project Approach. J Clin Epidemiol. 1998;51(11):913–23.

14. Sousa VD, Rojjanasrirat W. Translation, adaptation and validation of instruments or scales for use in cross-cultural health care research: A clear and user-friendly guideline. J Eval Clin Pract. 2011 Apr;17(2):268–74

15. Leigh JW, Gerber BS, Gans CP, Kansal MM, Kitsiou S. Smartphone Ownership and Interest in Mobile Health Technologies for Self-care Among Patients With Chronic Heart Failure: Cross-sectional Survey Study. JMIR Cardio. 2022 Jan 1;6(1).

16. Kitsiou S, Vatani H, Paré G, Gerber BS, Buchholz SW, Kansal MM, et al. Effectiveness of Mobile Health Technology Interventions for Patients With Heart Failure: Systematic Review and Meta-analysis. Canadian Journal of Cardiology. 2021;37(8):1248–59.

17. Chow CK, Ariyarathna N, Islam SMS, Thiagalingam A, Redfern J. mHealth in Cardiovascular Health Care. Heart Lung Circ. 2016;25(8):802–7.



EHMA 2024

Shaping and managing innovative health ecosystems

Thank you.

PhD Student Joana Seringa NOVA National School of Public Health, Public Health Research Centre, Universidade Nova Lisboa, Lisbon, Portugal; Comprehensive Health Research Centre (CHRC), Universidade NOVA Lisboa, Lisbon, Portugal

Escola Nacional de Saúde Pública, Universidade Nova de Lisboa (ENSP – NOVA) Avenida Padre Cruz | 1600-560 Lisboa | Portugal + 351 910 417 628 | jm.seringa@ensp.unl.pt