Self-management and congestive heart failure: a randomized controlled trial to improve health-behavior and health-related quality of life by increasing self-efficacy expectancies in congestive heart failure patients.

Gepubliceerd: 21-10-2005 Laatst bijgewerkt: 18-08-2022

1. Self-efficacy expectancies may increase by the "Chronic Disease Self-Management Program" in congestive heart failure intervention patients as compared to controls; 2. These higher levels of self-efficacy expectancies contribute to...

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON29524

Bron
Nationaal Trial Register

Verkorte titel
N/A

Aandoening

Congestive heart failure

Ondersteuning

Primaire sponsor: CAPHRI, The Research Institute of the University Maastricht
Overige ondersteuning: Netherlands Heart Foundation, University Hospital Maastricht (Profileringsfonds, Administrative Board)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Self-efficacy expectancies:
a. General expectancies: General Self-Efficacy Scale (GSES);
b. Cardiac expectancies by scale Sullivan et al. (1998);
2. Perceived control/ mastery by Mastery scale (Pearlin & Schooler 1978).

Toelichting onderzoek

Achtergrond van het onderzoek

This study comprises both an effect and a process evaluation of the into Dutch translated "Chronic Disease Self-Management Program" among congestive heart failure patients. The self-management course, developed by Lorig and colleagues (Stanford University), has been broadly evaluated and implemented in the USA. In the present study the course is led by 2 trained course leaders (nurse specialist + congestive heart failure patient). Effectiveness of the Dutch version among congestive heart failure patients is assessed in a RCT-design with 1-year follow-up.

Doel van het onderzoek

1. Self-efficacy expectancies may increase by the "Chronic Disease Self-Management Program" in congestive heart failure intervention patients as compared to controls;

2. These higher levels of self-efficacy expectancies contribute to health behavior, and will decrease demoralization (depressive symptoms, feelings of anxiety) and functional disability and increase levels of quality of life.

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

1. Patients in the intervention group attend a protocolled self-management group course (6 weekly sessions of 2,5 hours per session);

2. Patients assigned to the control group received usual care.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Extent of congestive heart failure (CHF): systolic CHF; LVEF<40% (NYHA 2-3) or diastolic CHF (NYHA 2-3 + additional hospital admission ‘Decompensatio Cordis’ after being diagnosed with CHF);

2. Diagnosis CHF at least 3 months ago to include only stable patients (an additional 3 months before the start of the intervention sums up to 6 months);

3. Ability to understand/write/speak Dutch.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Participation in other scientific research.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	15-12-2003
Aantal proefpersonen:	360
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	21-10-2005
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL427
NTR-old	NTR467
Ander register	: NHS, nr. 2002B005
ISRCTN	ISRCTN88363287

Resultaten

Samenvatting resultaten
N/A