

ABSTRACT

Introduction

Coronary artery disease (CAD) accounts for a high level of morbidity and mortality. Adequate knowledge and self-care adherence (SCA) is essential components of CAD management and prevention.

Objectives

The objective of the study was to describe the level of coronary artery disease knowledge, self-care adherence in managing coronary artery disease and its correlates among clinic attendees in the cardiology clinic, Provincial General Hospital Kurunegala.

Methods

A cross-sectional study was conducted among patients (N=400) who are registered in the outpatient clinic at Cardiology Unit, Provincial General Hospital Kurunegala. The systematic sampling method was practiced to select the study sample. Data collection was conducted using an interviewer-administered questionnaire on socio-demographic, clinical and behavioral factors, a culturally adopted heart disease knowledge questionnaire (HDKQ) and self-care of coronary heart disease inventory (SC-CHDI V3 English). According to a scoring method, the study group was divided into two levels of coronary artery knowledge and two levels of self-care adherence as 'adequate' and 'inadequate'. All the associations with adequate level of self-care adherence were ascertained by cross-tabulation and bivariate analysis. The significance of associations was determined by using chi-square test and odds ratio with a p-value of 0.05 and a 95% confidence interval.

Results

The overall CAD knowledge was found to be inadequate in the majority (72.3%, n=289) of the study population. The majority of the participants (58%, n= 232) had an inadequate level of SCA. Out of sociodemographic factors, marital status of being married or single (p=0.01), education equal to or beyond O/L (p=0.000) and monthly income above Rs.25,000 (p=0.003) had significant association with adequate level of SCA. Those who had a family member with CAD had 1.6 the significant odds (CI=1.02-2.5) of adhering to adequate self-care compared to those who had no

family member with CAD. Those who have had no family support had 0.34 the significant odds (CI=0.18-0.64) of adhering to SCA compare to those who had good family support. Those who never smoked have had 3.7 higher significant odds ((CI =2.3-6.1) of adequate SCA compared to those who have smoked. The participants who have had at least one type of comorbidity have 2.2 the significant odds (CI= 1.4-3.5) of adhering to self-care compared to those who did not have at least one comorbidity. Furthermore, those who had adequate CAD knowledge had 3.0 the significant odds (CI= 1.9-4.7) of adhering to adequate self-care compared to those who had poor CAD knowledge.

Conclusion and recommendation

The general self-care adherence and knowledge about coronary artery disease seem to be low even among patients who are followed up at a cardiology clinic. Hence, local and national health promotion programs should cater to uplift the self-care and knowledge on coronary artery disease for the prevention of complications and relapses.

Key words: ‘coronary artery disease, ‘self-care adherence’, ‘knowledge’, ‘correlates’