



Feasibility Testing of a Virtually Delivered Educational Intervention in Women with Acute Coronary Syndrome (ACS)

LESLIE DAVIS, CHIAO-HSIN TENG, NICOLE ELSE-QUEST, TODD SCHWARTZ, GEORGE A STOUFFER

Background

- Readmission is highest in the first 30 days post-ACS event, especially for women.
- Recognizing and reporting symptom changes before a recurrent event occurs would address a need in this vulnerable population.

Purpose: To test the feasibility of an individualized educational intervention incorporating symptom monitoring to improve symptom response for recurrent angina symptoms

Methods

Design: Pilot randomized controlled design

Sample/Setting: 20 non-Hispanic women (11 White, 8 Black, 1 Asian; mean age in years 62.7, SD 12.8) were enrolled within 2 weeks of hospitalization for an ACS event from cardiac units at UNC Hospitals.

Procedure: After baseline data collection, subjects were randomized to a treatment group

- **Intervention (n=10):** Usual care + nurse-delivered virtual education within 2 weeks of baseline; daily electronic symptom diary; booster session 1 month later.
- **Wait-list control (n=10):** Usual care (brief intervention at the end of the 90 days)

Outcomes:

- Recruitment, retention, satisfaction; adherence to symptom diary (intervention group)
- Knowledge, Attitudes, Beliefs (by *ACS Response Index*) at baseline, 30 & 90 days

Results Knowledge, Attitudes, Beliefs: See figures

- **Recruitment:** 20 of 28 (71%) approached voluntarily enrolled into the study
- **Retention:** 18 (90 %) completed the 90-day study; Attrition: 1 from each group
- **Adherence to Daily Activities:** 92% (SD 13.3) at 30 days; 79% (SD 15.0) at 90 days
- **Satisfaction:** All women who completed the study would recommend it to other women

Conclusions/Implications

- Virtual delivery of the intervention was feasible and acceptable for participants.
- KAB for both groups increased over the 90-day period. Yet absolute scores for K and A were higher in the intervention group.
- More research is needed with a larger sample to determine efficacy of the intervention.

