Prevalence of low health literacy levels in decompensated heart failure compared to acute myocardial infarction patients.

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Aims: Health literacy (HL) is defined as the degree to which individuals can obtain, process and understand basic health information and services needed to make appropriate health decisions. It is a health determinant, particularly important in cardiovascular diseases, as the active participation of patients is essential for optimizing self-management of these conditions. We aimed to estimate the prevalence of low HL level in patients hospitalized for acute myocardial infarction (AMI) or decompensated heart failure (DHF) and explore low HL determinants.

Methods: A prospective cross-sectional study was performed in three cardiology units. Consecutive patients with DHH and AMI were included from June 2019 to December 2019. HL level was assessed using Brief Health Literacy Screen (BHLS) and categorized as low or adequate. Further dimensions of HL were assessed with the Health Literacy Questionnaire (HLQ). Associations with sociodemographic factors, disease history, and comorbidities were first explored in univariate and then in a multivariate regression model.

Results: A total of 208 patients were included, mean ± SD age was 68.5 ± 14.9 years and 65.9% were men. Patients with DHF significantly were older and more often women than AMI patients. Prevalence of low HL was 36% overall; 51% in DHF patients and 21% in AMI patients ($p<0.001$). After adjustment for sociodemographic factors, patients with DHF (adjOR=3.16 95%CI [1.09-9.47], p=0.035), lower income (adjOR=8.24 95%CI [2.17-35.7], p=0.002) and native language other than French (adjOR=9.18 95%CI [2.67-36.4], p=0.0007) were more likely to have low HL. DHF patients presented significantly lower HLQ scores than AMI patients in 5 out of the 9 HLQ dimensions reflecting challenges in access to healthcare.

Conclusion: Prevalence of low HL was higher among DHF patients than among AMI patients. Low HL DHF patients needed more support when accessing healthcare

services, these would require more adaptation to respond to low HL patients' needs.

KEYWORDS: Cardiovascular diseases; heart failure; myocardial infarction; health literacy; epidemiology