

INPLASY

Self-management in people with coronary heart disease: Scoping review

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 31 July 2024 and was last updated on 31 July 2024.

INTRODUCTION

Review question / Objective Analyze scientific knowledge about self-management behavior in people with coronary heart disease.

Background Introduction: Self-management is the person's ability to make decisions and manage their health care, knowledge of the disease and adherence to treatment, so it is a concept linked to the control of chronic disease in general; however, it is necessary to contextualize it in coronary disease due to the particularities that these have. **Objective:** To analyze the scientific knowledge on self-management behavior in people with coronary disease. **Method:** Scoping review following the guidelines of the JBI and PRIMSA. The search will be carried out in the Medline (Pubmed), Embase, ScienceDirect, Lilacs and VHL databases, limiting the last 10 years, original and review articles will be included, reflection articles and editorials will be excluded. **Possible results:** it is expected to

identify levels of evidence and gaps in the literature on the subject.

Rationale Self-management in patients with chronic diseases is essential for the effective management and control of these conditions in the long term; This is how cardiovascular diseases, as one of the leading causes of morbidity and mortality in the world, require continuous management for their control, involving aspects such as adherence to treatment, adequate management of diet, physical activity and monitoring. constant health. However, many patients face significant barriers that hinder adequate self-management, which can result in increased hospital readmissions and disease complications that lead to greater limitation and dependency.

Self-management in patients with chronic diseases is vital to reduce the frequency of hospital admissions and improve quality of life. Various factors can affect patients' ability to carry out effective self-management, including

sociodemographic factors, level of knowledge about the disease, available social support, economic barriers, and the presence of psychological disorders such as depression and anxiety. Furthermore, patients' perception of their ability to manage their disease plays a crucial role in self-management behavior.

The implementation of educational interventions and support networks has been shown to have a positive impact on improving self-management, reducing hospital admissions and complications. In general, the study of chronic diseases and the importance of self-management is essential to improve the health outcomes of patients and reduce the burden on health systems, making it necessary to develop a review of scientific literature as the first step that will allow us to recognize descriptive, predictive and prescriptive elements within the evidence of the phenomenon of self-management behavior in this population.

METHODS

Strategy of data synthesis The search strategy will be carried out in the following scientific databases such as:

- MEDLINE (PUBMED) / EMBASE / SCIENCE DIRECT. The following descriptors, terms and keywords will be combined for the search strategy Self management [MeSH Terms], Nursing [MeSH Terms], Nursing Care [MeSH Terms], Coronary disease [MeSH Terms], Cardiac disease [MeSH Terms]. Filters will be used such as: last 10 years, languages English, Portuguese, Spanish. In addition, AND and OR will be used as search operators.

- LILACS/BVS. The following descriptors, terms and keywords will be combined for the search strategy: Self-management, Self-management, Nursing, Nursing Care, Coronary heart disease, Heart disease. Filters will be used such as: last 10 years, languages English, Portuguese, Spanish. In addition, AND and OR will be used as search operators.

Eligibility criteria Observational analytical studies (including cohort, case-control, cross-sectional studies), experimental studies such as quasi-experimental designs and randomized controlled trials (RCTs), systematic reviews, qualitative studies and mixed studies will be included. Letters to the editor, articles in editorial format, reflection articles and duplicate studies will be excluded.

Source of evidence screening and selection

The quality of the included studies will be assessed using risk of bias assessment tools such

as: The STROBE scale for observational studies; CASPe for qualitative studies; MMAT for mixed methods assessment; Cochrane for randomized controlled trials and the Newcastle-Ottawa tool will be used for systematic reviews/meta-analyses; JBI checklist for reliability, relevance and results of published work.

Data management The following variables will be extracted; author, country, year, journal, objective, study design and main findings, conclusions, knowledge gaps and level of evidence. Data extraction will be carried out through an Excel template, where the most relevant information of the studies will be recorded, the Mendeley reference manager will be used to store references and eliminate duplicate studies.

Reporting results / Analysis of the evidence A narrative/qualitative interpretation and synthesis of the findings will be carried out, defining thematic categories.

Presentation of the results The results of the study will be disseminated through publications in scientific journals (the journal has not yet been determined for the publication of the manuscript).

Language restriction Portuguese, English or Spanish languages will be included.

Country(ies) involved Colombia.

Other relevant information None.

Keywords self-management; nursing; coronary heart disease; heart disease.

Dissemination plans None.

Contributions of each author

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