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## Delays in Seeking Treatment for Symptoms: A Dilemma in the Care of Heart Failure Patients

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Delays in seeking medical care for heart failure (HF) symptoms may influence patient outcomes. However, the health-care seeking patterns of HF patients are not well understood. **METHODS:** A retrospective chart review of all patients admitted with HF at a VA facility was conducted to 1) describe the delay time between symptom onset and hospital admission; 2) examine whether previous HF hospitalizations reduced delay time for seeking treatment for subsequent HF admissions; and 3) assess the most common symptoms experienced by HF patients. Relationships between delay in seeking treatment for symptoms, sociodemographic variables, and clinical presentation were assessed using univariate and multivariate analyses. **RESULTS:** The sample consisted of 753 patients. The mean delay time (range 0 [ $<24$ hours]-5 [ $\geq 5$  days]) between symptom onset and the index hospital admission was  $2.93 \pm .68$  days. Delay time decreased to  $1.86 \pm .93$  days for the second admission ( $N=220$ ),  $1.47 \pm .57$  days for the third admission ( $N=89$ ),  $1.33 \pm .13$  days for the fourth admission ( $N=45$ ) and  $1.21 \pm .92$  days for the fifth admission ( $N=19$ ). The most common symptoms on admission were dyspnea (76%), edema (66%), fatigue (37%) and angina (25%). In a multivariate model, dyspnea and edema were associated with increased delay ( $r = .332$ ,  $p < .000$ ,  $r = .424$ ,  $p < .000$  respectively), while angina was related to decreased delay ( $r = .403$ ,  $p < .000$ ). **CONCLUSION:** Although previous hospitalization with HF decreased delay time between symptom onset and hospital admission, the delays in seeking treatment for HF symptoms remained significantly high. This study supports the need for interventions that will increase early symptom recognition and management on the part of patients and their families which may reduce delay in seeking treatment for symptoms and consequently improve patient outcomes.