The identification of health literacy – the foundation of health education of patients with coronary heart disease

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Cardiovascular diseases, of which the most common one is coronary heart disease (CHD), are still the leading cause of death in the developed world despite the fact that they have already been significantly reduced.^{1,2} Atherosclerosis, the principal cause of CHD, is increased by the risk factors. With their removal we can prevent the development of the disease and to some extent inhibit the progression of the disease which is already present. In order to achieve a better health-related quality of life it is necessary to inform the coronary patients already during hospitalization about the characteristics of the disease and measures of effective self-control. It is important for the patients that they are actively involved in the healing process, which means they must be allowed access to understandable health information, on which they can base their decisions about their treatment and health. However, research has shown that 50% of patients do not fully understand the health information which they receive from medical staff.³ Educating hospitalized patients is, therefore, a major challenge. Patients sometimes are not physically or mentally ready to learn because of their illness, anxiety, fatigue, or loss of cognitive functions. The outcome of education is significantly affected by the level of health literacy, which the WHO defines as a set of cognitive and social skills, which determine individual's motivation to access the information, to understand the given information and to use it critically in a way that supports and maintains health. The effectiveness of the health information namely depends on the patient's ability to understand it and to use it, which is largely affected by the individual's level of health literacy.⁴ The obstacles in health education can be seen in medical staff, whose lack of counselling skills and knowledge about the principles of adult learning and education, especially of those whose health literacy is lower, was noticed. Misunderstandings can arise when medical staff use technical terms to describe the processes and outcomes of the treatment that patients do not understand. However, there can also be obstacles in the health system; for example, short hospital stay of these patients reduces time and opportunities to teach hospitalized patients. Since inadequate health literacy is associated with adverse health outcomes, poor control of chronic disease, premature death and poor quality of life, we, the medical staff, must also strive to improve health literacy, which can be achieved through health education. It is important that medical staff assess the level of patient's health literacy and on its basis adapt the content of health education. However, due to many factors that affect the level of health literacy it is difficult to assess. For the purpose of facilitating the identification of the patients with low health literacy, a number of instruments have been developed in the world, which are not used in clinical practice often enough.

In a survey we conducted, we have discovered that the assessment of the patient's health literacy is crucial to the development of an effective individual health education of a coronary patient. Structured health education, adapted to the patients' health literacy level before the discharge from the hospital, empowers the patients and improves their level of health literacy. We have concluded that the concept of health literacy in the medical treatment of patients is important and, therefore, its knowledge is essential for medical staff. It is also one of the chief indicators of the quality of the care. We believe that health literacy is a challenge for modern medical education by adapting communication methods.

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