

completed a reliable, valid questionnaire concerning knowledge, attitudes and beliefs about HD. Responses were compared between men and women using *t*-tests, chi-square or ANOVA as appropriate.

Results: Comparison of total knowledge, attitudes and belief scores revealed no gender differences in these domains ($p>0.05$ for each). Overall knowledge scores were 75% correct for both men and women. There were gender differences in responses to some individual items: fewer men than women (64% vs. 90%, respectively) knew that HD was the most common cause of death ($p<0.001$); fewer women than men (87% vs. 94%) identified chest discomfort as a symptom of a heart attack; women more accurately identified less typical symptoms of AMI than men ($p<0.05$); more women knew that HD was the major killer of women ($p<0.001$). In this high-risk group, more women than men perceived themselves at risk for a heart attack in the next 5 years ($p<0.005$).

Conclusions: Although this group of individuals was relatively more informed than prior samples, knowledge was still substandard and perceptions of personal risk lower than expected in a high-risk group. There were few gender differences, but when present, women were more knowledgeable and had more realistic beliefs than men. Clinicians' assumptions that men are more knowledgeable or realistic about their own risk of HD than women may be erroneous.

1467

Impact of gender, marital status, and diabetes on adherence to a low sodium diet

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Purpose: Despite the importance of following a low sodium diet (LSD) to heart failure (HF) management, adherence is poor. Little is known about whether gender, marital status, demographic, or clinical characteristics are related to patients' ability to follow an LSD. Therefore, the purpose of this study was to examine relationships of gender, marital status, demographic (education, ethnicity, income), and clinical characteristics (NYHA class or co-morbidities) to LSD adherence.

Method: Fifty-two HF patients (31 men; 21 women) provided 24-h urine samples for measurement of urine sodium (UNa) as an objective measure of adherence to a LSD. UNa in mmol was converted to mg for direct comparison with recommended 2 gm sodium intake. Information on sociodemographic and clinical characteristics was obtained by structured patient interviews.

Results: The mean age of the sample was 60 ± 14 years and 62% were married. Mean ejection fraction was $32\pm 14\%$ and 50% were NYHA class III or IV. Over 57% had hypertension and 42% had diabetes. The mean 24-h UNa was 3.4 ± 1.8 gm; only 25% of patients were adherent to the 2 gm recommendation. Women were more adherent to the LSD than men (2.3 ± 1.2 mg vs. 4.2 ± 1.7 mg, $p<0.000$). There were no differences in adherence between married and single women. In contrast, married men were more adherent to the LSD than non married men (3.8 ± 1.5 mg vs. 5.3 ± 1.8 mg, $p<0.05$). Age, income, ethnicity, and education were not associated with adherence. Patients with diabetes had poorer adherence than patients without diabetes (4.0 ± 1.8 mg vs. 3.0 ± 1.7 mg $p<0.05$). In particular, men with diabetes had poorer adherence than men without diabetes (5.2 ± 1.1 mg vs. 3.6 ± 1.7 mg, $p<0.01$). NYHA and hypertension were not related to adherence.

Conclusions: Marital status, gender, and diabetes were the key factors associated with patient adherence to LSD. Marital status was a greater influence on adherence in men than in women. Single men and men with diabetes appear to be least likely to follow an LSD. These results indicate the need for additional research to discover the reasons for differences in adherence among these groups. This will allow for the development of targeted interventions appropriate for each subgroup.

1468

Self-efficacy beliefs in patients and partners before and after coronary artery bypass grafting (CABG)

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Purpose: To assess prospectively, patient cardiac self-efficacy beliefs and partner (or family) estimates of the patient's capacity for controlling symptoms (SE-CS) and maintaining function (SE-MF) before, and 4 months after CABG.

Setting: Interviewed at home, within 1 week of the patient having been seen by the Cardiac Surgeon and confirmation that they would undergo elective CABG; and at 4 months after CABG (February 2003–May 2004).

Subjects/method: Eighty-four patients and partners self-completed a 16 item Cardiac Self-Efficacy questionnaire, independently of each other. The sample consisted of 71 male and 13 female patients (11 male, 73 female partners) with a mean age of 64 years, and 60 years, respectively. Patients assessed their confidence with knowing and achieving specific forms of self-efficacy e.g. controlling chest pain or breathlessness; when they should call or visit the doctor; how to take their cardiac medications; and how