



LETTER TO THE EDITOR

Poor knowledge about cardiovascular disease: The patient and their family doctor[☆]



Baixo conhecimento sobre a doença cardiovascular: o doente e o seu médico de família

To the Editor,

Despite the disappointing results of the study recently published in the *Journal* on cardiovascular disease knowledge in Portugal by Andrade et al.,¹ who surveyed 1624 residents of mainland Portugal aged between 16 and 79 years and found important gaps in knowledge about stroke and myocardial infarction, there are important conclusions to be drawn from the study and its accompanying editorial² concerning the daily clinical practice of family physicians.

Firstly, those surveyed attributed little importance to controlling blood pressure as a risk factor for cardiovascular disease, despite the high prevalence of hypertension in Portugal. It is known that it is usually family physicians who initiate treatment for hypertension in this country (in 87% of cases) and that they do so in accordance with standards of good clinical practice.³ However, if the results of this survey can be extrapolated to the general population, the message of how to prevent and deal with stroke and myocardial infarction is not getting through to our patients.

Secondly, the editorial² accompanying the article clearly describes the need to improve such knowledge (health literacy) to promote health and prevent disease. Since the survey found that respondents with the highest levels of health literacy (as assessed by an instrument designed for use in primary care, the Newest Vital Sign⁴) had the most knowledge about cardiovascular disease, it is tempting to measure health literacy in consultations in order “to

know when, where and how to intervene”, as the editorial puts it. However, it should be recalled that in the literature, screening for health literacy in a clinical context is not recommended, as its disadvantages may outweigh its advantages.⁵

Thirdly, to avoid the feelings of shame and alienation induced through clinical screening,⁵ during consultations family physicians can look for certain indirect signs of low health literacy: when questioned, patients may provide an incomplete medical history; often miss appointments and/or make errors regarding their medication; identify their medication by color, size, and shape; and may avoid situations where complex learning is required.⁶

Finally, there are some simple methods that can be used to assess health literacy that can replace more complex screening tests and are not disruptive during primary health care consultations. These include asking the simple questions “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”⁷ and/or “How confident are you filling out medical forms by yourself?”⁸

Conflicts of interest

The author has no conflicts of interest to declare.

References

1. Andrade N, Alves E, Costa AR, et al. Knowledge about cardiovascular disease in Portugal. *Rev Port Cardiol.* 2018;37:669–77.
2. Rodrigues V. Health literacy. *Rev Port Cardiol.* 2018;37:679–80.
3. Pinto D, Rodrigues AP, Nunes B. Initial therapeutic choices for hypertension in the Portuguese Sentinel Practice Network. *Rev Port Cardiol.* 2018;37:657–63.
4. Weiss BD, Mays MZ, Martz W, et al. Quick assessment of literacy in primary care: the newest vital sign. *Ann Fam Med.* 2005;3:514–22.
5. Paasche-Orlow MK, Wolf MS. Evidence does not support clinical screening of literacy. *J Gen Intern Med.* 2008;23:100–2.
6. Cornett S. Assessing and addressing health literacy. *Online J Issues Nurs.* 2009;14. Manuscript 2.

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7. Morris NS, MacLean CD, Chew LD, et al. The Single Item Literacy Screener: evaluation of a brief instrument to identify limited reading ability. *BMC Fam Pract*. 2006;7:21.
8. Wallace LS, Rogers ES, Roskos SE, et al. Brief report: screening items to identify patients with limited health literacy skills. *J Gen Intern Med*. 2006;21:874-7.

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