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POSTER PRESENTATION

Health Related Quality of Life in Coronary Heart Disease Survivors: Implications for Post Resuscitation Care and Long Term Outcomes

P407

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INTRODUCTION:

Generally, cardiac disease is among such chronic diseases. Coronary artery disease is the most common cardiovascular disease. It is most prevalent among the middle aged and elderly in most developing countries. Due to increasing rates of urbanization and adoption of "western" culture, the prevalence of CHD in developing countries is rapidly increasing. Total number of patients who die due to coronary heart disease every year worldwide is almost 76 million. But 40% death can be prevented by controlling risk factors and life expectancy can be increased 10 years globally. In the early 20th century, coronary heart disease ranked as 4th as cause of death in USA. At present it is ranked as the 1st as cause of global death. In this study the WHOQOL-BREF 26 was used for measuring quality of life. It is important to objectively assess CHD progression and the efficacy of treatment through diagnostic test but subjective data such as health related-quality of life (HRQOL)) questionnaires can also provide useful information.

METHODS:

This cross-sectional study was conducted at the medical and surgical in-patient and out-patient departments of a tertiary care hospital, in which total 217 diagnosed CHD patients were enrolled. Data was collected by using semi- structured questionnaires based on WHOQOL- BREF scale and a checklist by face-to -face interview and reviewing medical records of the CHD patients. After collection, the data were checked and cleaned. Analysis was performed using the latest available version of SPSS software. Data was presented in frequency tables, bar, pie and scatter diagram as per need. For inferential statistics, chi-square test was done to compare association between health related quality of life and socio-demographic characteristics of the patients.

RESULTS:

In this study out of 217 CHD patients, 94.0% was male and 6.0% were female patients. Mean (+SD) age of patients was 53.59(± 9.12) years. Majority i.e. 54.4% patients were within 50 to 64 years had "average" quality of life. On the other hand, with the age group 65-75 years (53.3%) had "poor" overall quality of life. All the enrolled patients (217) in this study were married. Among the patients, 24.9% were graduate, 23.5% had secondary education, 20.3% had higher secondary education, 6.0% were Illiterate. Majority of graduate and secondary had "average" quality of life. This study findings revealed that most i.e. 20.41% patients first felt mid chest pain with vomiting, 17.20% complaint heart burn, 14.68% felt tightness of the chest, 12.61% patients complaint respiratory distress, 11.23% felt choking of the jaw and 5.96% patients complaint palpitation. After diagnosis of CHD, majority i.e. 65.0% CHD patients received medical treatment and rest 35.0% patients received surgical treatment. Almost all the patients were suffering from other diseases like hypertension (53.8%) with diabetes mellitus (28.6%), chronic obstructive pulmonary disease (COPD) (14.1%) and valvular heart disease 12 (3.5%). The st udy found that 42.9% patients rated their quality of life as "good" followed by 38.2% rated as "neither poor nor good", 12.0% rated as "poor" and rest 6.9% patients rated their quality of life as "very good".

Table-I

Distribution of the patients by overall quality of life.

[illegible] of Overall Quality of Life	Frequency	Percentage
Poor	26	12.0
Neither poor nor good	83	38.2
Good	93	42.9
Very good	15	6.9
Total	217	100.0

Table-II

Association between overall health related quality of life and age group.

[illegible] group(Yrs.)	Distribution of overall health related quality of life			[illegible] f (%)
	Good f (%)	Average f (%)	Poor f (%)	
[illegible]-49	01 (1.4%)	70 (91.3%)	05 (7.2%)	69 (100.0%)
50-64	0 (0.0%)	93 (78.8%)	25 (21.2%)	118 (100.0%)
65-75	0 (0.0%)	14 (46.7%)	16 (53.3%)	30 (100.0%)
Total	01 (0.5%)	170 (78.3)	46 (21.2%)	217 (100.0%)

Significance $X^2_{(4)}$= 28.421, p = .000

Table-III

Association between overall health related quality of life and education of the patients

[illegible]	[illegible] te dquality of life		[illegible]
	[illegible]	[illegible]	[illegible]
[illegible]	0 (0.0%)	PYBRRE I	QVHVVVE I
[illegible]	0(0.0%)	TSHCTSE I	PXHQUVE I
[illegible]	0(0.0%)	TQHSSRE I	PSHVRE I
[illegible]	01(1.9%)	TQHWUVE I	QRHRRSE I
[illegible]	0 (0.0%)	RWQPPSE I	PHPRE I
[illegible]	0(0.0%)	PYWYRE I	PTHSPXE I
[illegible]	01(0.5%)	QVPHWSX E I	TVHRQRE I

[illegible] $X^2_{(10)}$=54.002,p=0.000

Table-IV

Association between overall health related quality of life and age group.

[illegible]	[illegible] of overall health related quality of life			Total f (%)
	[illegible]	Average f (%)	Poor f (%)	
[illegible] holder	0 (0.0%)	61 (91.0%)	06 (9.0%)	67 (100.0%)
Business	01 (1.3%)	66 (84.6%)	11 (14.1%)	78 (100.0%)
Day-labor	0 (0.0%)	04 (28.6%)	10 (71.4%)	14 (100.0%)
Agricultural-worker	0 (0.0%)	27 (71.1%)	11 (28.9%)	38 (100.0%)
Housewife	0 (0.0%)	NR (50.0%)	04 (50.0%)	08(100.0%)
Retired	0 (0.0%)	08 (66.7%)	04 (33.3%)	12 (100.0%)
Total	01 (0.5%)	170 (78.3%)	46 (21.2%)	217 (100.0%)

Significance $X^2_{(10)}$ = 37.562, p = 0.000

DISCUSSION:

The objective of this cross sectional study was to assess the level of HRQOL in terms of overall quality of life and general health and four domains: 1) Physical health domain, 2) Psychological health domain, 3) Environmental health domain and 4) Social relationship domain to identify socio- demographic characteristics of them and to assess the association between health related quality of life and pattern of coronary heart disease. In this study, a total of two hundred and seventeen (217) patients were enrolled. This study showed that out of all patients, majority that is 204 (94.0%) were male and 13 (6.0%) were female by sex. Hayes et al. describes a study where CHD was more in males (56%) than in females (44%) because it is said and well known that CHD affect males more than females especially before the age of 60 years.[5] In this study, average age of coronary heart disease patients were 53.59 (± 9.12) years. Most of the patients were within 50 to 64 years. Grandeet al showed that their average age was 58.6 years (most cases were between 46 to 65 years old).[6] Behavioral factors include reduced physical activity; a poor diet high in saturated fats; smoking and stress followed by atheroma, plaques of cholesterol buildup in the coronary arteries and develop ischemia or myocardial infarction (MI). The physical factors associated with CHD include hypertension (HTN), increased plasma insulin (DM) and increased plasma cholesterol. From this study, we found that educated persons are more conscious about their health than illiterate. Tofighi et al. showed a study in Iran hospital that disturbed HRQOL of CHD was increased with older age, was reduced with higher levels of education and income, and was elevated among women than men.In this study we found that service holders and businessmen were always in sedentary life style, taken high cholesterol diet with reduced physical exercise, so they were more affected by CHD whereas day laborer, farmer were hard worker. Also housewives were hard worker, so they were less affected. In a study, Ho et al. found that age and educational level were significantly associated with HRQOL, with men having a better self-perceived HRQOL compared to women, younger patients scoring higher on physical health and overall well-being, and those with lower education levels having worse HRQOL compared to those with higher levels of education.

CONCLUSION:

The level of psychological health, physical health and environmental health of majority patients in this study was found "average". Most of the retired patients had "average" and most service-holder had "average" physical health. The study findings recommend for need-based health care measures and interventions in respect of physical, psychological, social and environmental dimensions of health to improve the overall health related quality of life of the coronary heart disease patient.

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