Health related quality of life of Icelandic patients six months after coronary heart disease incidence

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Background: Patients with coronary heart disease (CHD) are likely to have impaired health-related quality of life (HRQoL) due to functional and emotional effects of the disease. Research suggests that HRQoL is an indicator of CHD patient's health and it has been associated with self-care and risk factor management.

Purpose: The aim of this study was to assess HRQoL of Icelandic patients with CHD, six months after coronary heart disease incidence and to identify associated factors.

Methods: Cross-sectional study design was used. Participants were admitted to two main hospitals in Iceland. Data was collected with questionnaires and from patient records in the years 2018 to 2019. HRQoL was assessed with The HeartQoL questionnaire, which comprises 14-items with 10-item physical and 4-item emotional subscales which are scored from 0 (poor) to 3 (better) HRQoL and a global score. Data was analyzed with descriptive and inferential statistics.

Results: Data from 366 patients with CHD will be presented. Preliminary data analysis shows that patients, (mean age 64 years (SD 8.8), 81% male), had mean global HRQoL score of 2.3 (SD = 0.6). The physical score measured 2.2 (SD = 0.7) and the emotional score 2.4 (SD = 0.7). The mean global HRQoL score were lower in women (t(364) =3.7, p < 0.001) and so were the physical score (t(364) =3.8, p < 0.001). However, the emotional score did not differ between the genders (t(363) =1.9, p = 0.061). Low income patients had lower HRQoL (p < 0.001). While physical HRQoL decreased with age (β= -0.12, p = 0.006), emotional HRQoL increased (β=0.14, p = 0.001). Better HRQoL was associated with more physical activity on global (β=0.28, p < 0.001), emotional (β=0.16, p = 0.001) and physical (β=0.36, p < 0.001) scales. Association between HRQoL and other risk factor profiles will be presented.

Conclusion Our findings suggest that among patients with CHD physical activity is associated with better HRQoL. This emphasizes the importance of cardiac rehabilitation and physical activity after discharge from hospital. Special attention should be given to follow up of women and low-income groups.