

Qualità di vita dopo SCA

Indagine sui nostri pazienti

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I tre volti della Sindrome Coronarica Acuta
VII Congresso infermieristico
Università della Svizzera Italiana

25 novembre 2017

Associated Institute
of the University of Zurich



**University of
Zurich** UZH


CARDIOCENTRO TICINO

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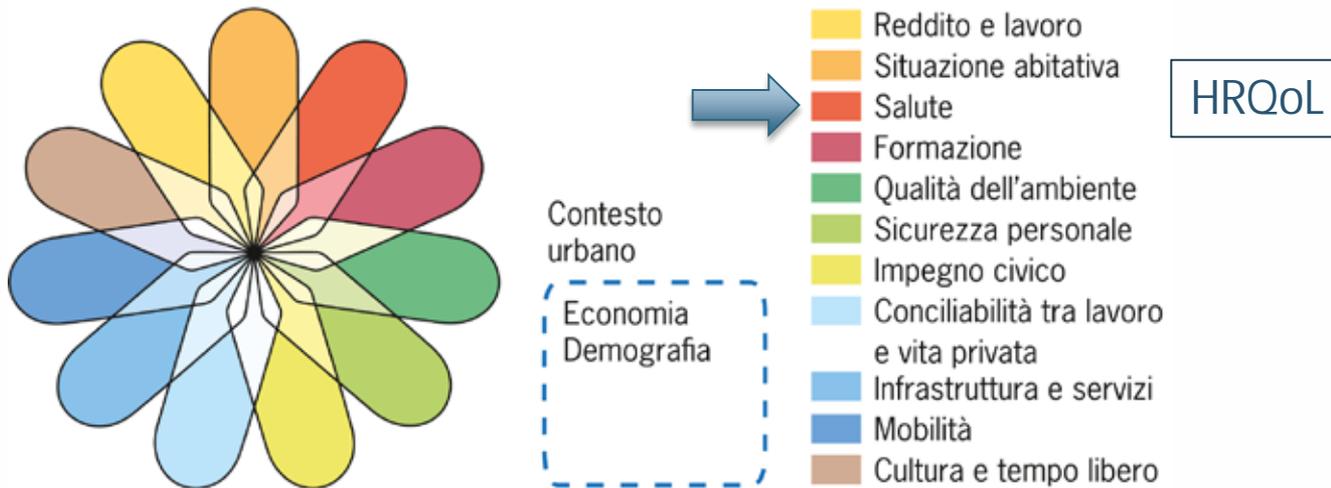
... 3 mesi dopo SCA

Conclusioni

Qualità di vita (QoL)

“Qualità di vita è la percezione soggettiva che un individuo ha della propria posizione nella vita, nel contesto di una cultura e di un insieme di valori nei quali egli vive, anche in relazione ai propri obiettivi, aspettative e preoccupazioni [...]” (OMS, 1995)

Dimensioni della qualità della vita



Fonte: OCSE (2014) «How's Life in Your Region? Measuring Regional and Local Well-being for Policy Making», pubblicazione OCSE, Parigi;
Grafico adattato dall'UST

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Perché misurare la HRQoL?

- Ø Valutare lo stato di benessere SOGGETTIVO del paziente
- ØCogliere gli effetti del trattamento dal punto di vista del paziente
- Ø Identificare i fattori di fragilità
- Ø Stabilire la necessità di un supporto sociale, emotivo e/o fisico
- Ø Effettuare un'analisi costo/utilità di interventi sanitari

Obiettivi della ricerca

- Ø Descrivere la HRQoL dopo SCA
- Ø Identificare i fattori associati alla HRQoL
- Ø Descrivere l'evoluzione nel tempo della HRQoL

Evidenze scientifiche

Tušek-Bunc and Petek Health and Quality of Life Outcomes (2016) 14:159
DOI 10.1186/s12955-016-0560-1



International Journal of Nursing Practice 2016; 22: 4–14

Applied Nursing Research 30 (2016) 237–244

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RESEARCH

Comorbidities and health-related quality of life in coronary heart disease: impact on health-related quality of life

Ksenija Tušek-Bunc^{1,2*} and Davorina Petek³

Abstract

Background: Patients with coronary heart disease condition, contributing to poorer health-related quality of life. Associations between HRQoL and patient characteristics were investigated.

Methods: This observational study was conducted using a convenience sampling from all regions of Slovenia. HRQoL was measured using EQ-5D (EQ-5D) questionnaire and EQ Visual Analogue Scale (EQ-VAS). Characteristics stratified by demographics, vascular risk factors, chronic illness care, and anxiety/depression were investigated using regression models.

Results: The final sample included 423 CHD patients (213 male, 210 female). Mean EQ-VAS score was 58.6 ± SD 19.9 (range 10–100). EQ-5D index was 0.60 ± SD 0.19 [median: 0.56 with interquartile range of a lower EQ-VAS score were higher family physician visits (OR 0.240, F = 17.368; p < 0.001). The statistically significant predictors of poorer HRQoL (Nagelkerke R² = 0.298) were higher patient education, whereas higher family physician visits were predictors of poorer HRQoL.

Conclusions: Results of our study reveal that comorbidities in education are significant predictors of HRQoL.

Keywords: Coronary heart disease patient, Health-related quality of life

* RESEARCH PAPER *

Narrative review of health-related quality of life and its predictors among patients with coronary heart disease

Primary



Staff Nurse, W

Assistant Professor, Alice Lee Centre

Assistant Professor, Alice Lee Centre

Assistant Professor, Alice Lee Centre

Muhammad I, He H-G, K
Narrative review of health

AHA Scientific Statement

Cardiovascular Health: The Importance of Measuring Patient-Reported Health Status A Scientific Statement From the American Heart Association

John S. Rumsfeld, MD, PhD, FAHA, Chair; Karen P. Alexander, MD, FAHA, Vice Chair; David C. Goff, Jr, MD, PhD, FAHA; Michelle M. Graham, MD; P. Michael Ho, MD, PhD, FAHA; Frederick A. Masoudi, MD, MSPH, FAHA; Debra K. Moser, DNSc, RN, FAHA; Véronique L. Roger, MD, MPH, FAHA; Mark S. Slaughter, MD, FAHA; Kim G. Smolderen, PhD; John A. Spertus, MD, MPH, FAHA; Mark D. Sullivan, MD, PhD; Diane Treat-Jacobson, PhD, RN, FAHA; Julie J. Zerwic, PhD, RN, FAHA; on behalf of the American Heart Association Council on Quality of Care and Outcomes Research, Council on Cardiovascular and Stroke Nursing, Council on Epidemiology and Prevention, Council on Peripheral Vascular Disease, and Stroke Council

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Quali sono i fattori associati alla HRQoL?

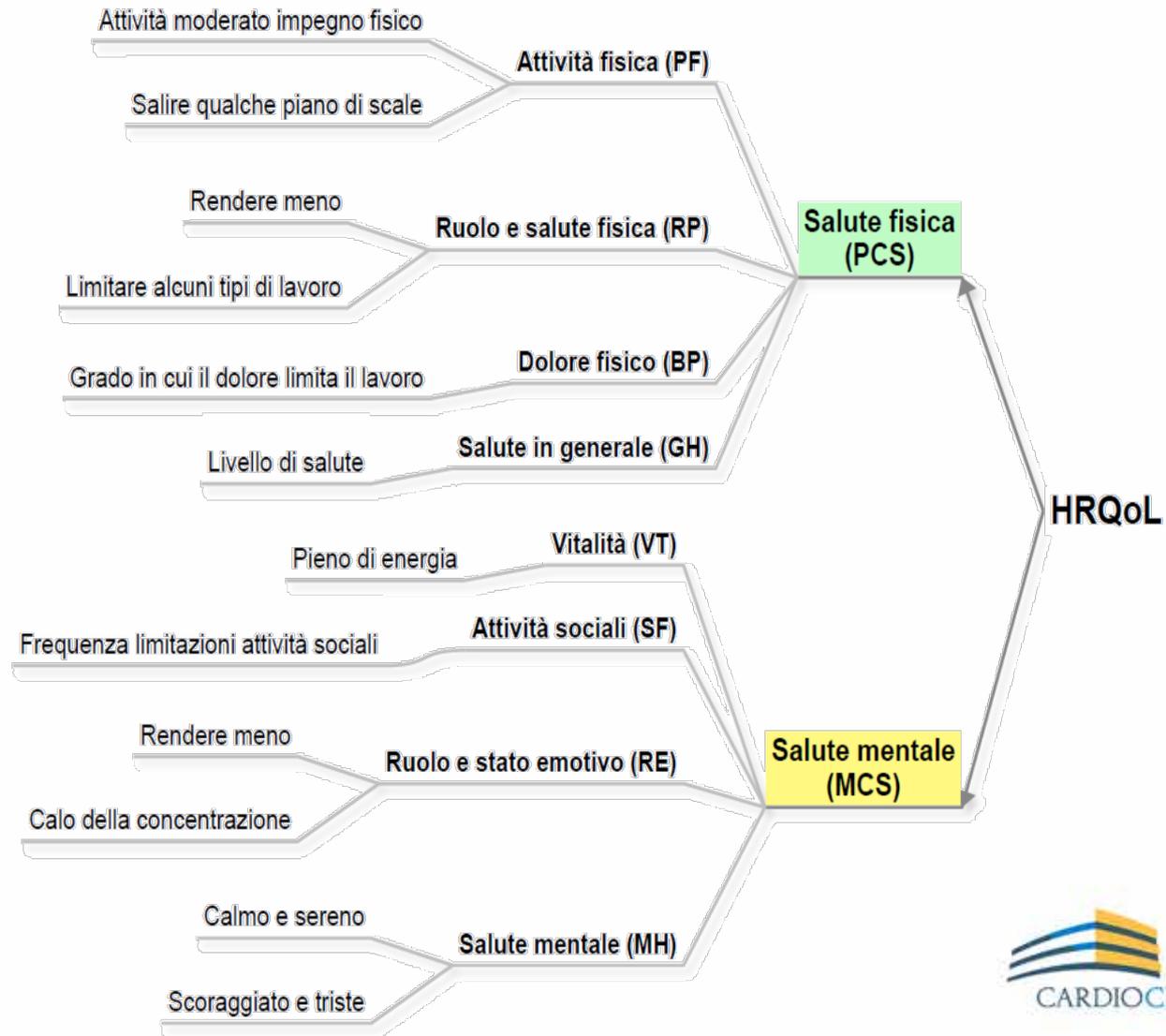
Revisione della letteratura

Muhammad I, He HG, Kowitlawakul Y, Wang W.
Narrative review of health-related quality of life and its predictors among patients with coronary heart disease.
Int J Nurs Pract. 2016 Feb;22(1):4-14

Pragodpol P, Ryan C.
Critical review of factors predicting health-related quality of life in newly diagnosed coronary artery disease patients.
J Cardiovasc Nurs. 2013 May-Jun;28(3):277-84



Questionario Short Form 12 (SF-12)



Campione studiato

4459

- Pazienti ammessi al CCT per sindrome coronarica acuta dal 25.06.2007 al 07.01.2016

1486

- Pazienti ammessi al servizio di riabilitazione del CCT dopo sindrome coronarica acuta

565

- Pazienti che hanno compilato il questionario per la rilevazione della qualità di vita SF-12

386

- Pazienti che hanno completato il follow-up a 3 mesi sulla qualità di vita SF-12

Tabella demografica

Variabile	Pazienti (n = 565)
Caratteristiche demografiche	
Età, anni	60.5 ±10.8
Genere femminile	92 (16.3 %)
Comorbidità cardiovascolari	
Indice di massa corporea (IMC), Kg/m ²	27.1 ±3.6
Iperensione arteriosa	304 (53.8 %)
Familiarità per malattie cardiovascolari	247 (43.7 %)
Attuale fumatore	115 (20.4 %)
Precedenti eventi ischemici miocardici	102 (18.1 %)
Insufficienza cardiaca	24 (4.2 %)
Comorbidità	
Diabete	72 (12.7 %)
BPCO	27 (4.8 %)
Insufficienza renale cronica dialisi richiedente	2 (0.4 %)
Precedenti eventi ischemici cerebrali	19 (3.4 %)
Sindrome ansioso-depressiva	32 (5.7 %)
Altre comorbidità	35 (6.2 %)
Caratteristiche sociodemografiche	
Impiegato/attivo professionalmente	314 (55.6 %)
Vive solo	95 (16.8 %)
Caratteristiche sindrome coronarica acuta	
Tipologia SCA (STEMI vs NSTEMI)	282 (49.9 %)
Trattamento SCA (CABG vs PTCA)	108 (19.1 %)

Continuous variables are represented as mean with standard deviation (SD), unless otherwise stated

Categorical variables are represented as counts and percentage

Fattori che influenzano la qualità di vita

Analisi di regressione multipla per HRQoL

Variabile	β	Sig.	Intervallo di confidenza 95 % per β	
			Limite inferiore	Limite superiore
Genere femminile	-5.51	0.01	-9.71	-1.31
Intervento di by-pass aorto-coronarico	-5.42	0.00	-9.15	-1.70
Attivo professionalmente	1.82	0.26	-1.32	4.96
Sindrome ansiosa depressiva	-5.00	0.14	-11.60	1.60
Pregressa cardiomiopatia ischemica	-4.09	0.04	-8.07	-0.11
Fattori di rischio cardiovascolari, n.	-1.07	0.11	-2.36	0.23

Fattori di rischio cardiovascolare: fumo, ipercolesterolemia, diabete, circonferenza addominale, familiarità ed ipertensione arteriosa

Genere femminile

Analisi di regressione multipla per HRQoL

Variabile	β	Sig.
Genere femminile	-5.51	0.01
Intervento di by-pass Aorto-coronarico	-5.42	0.00
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Fattori di rischio cardiovascolare: fumo, ipercolesterolemia, diabete, ciconferenza addominale, familiari

RESEARCH PAPER

Narrative review of health-related quality of life and its predictors among patients with coronary heart disease

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Intervento di CABG

Analisi di regressione multipla per HRQoL

Variabile	β	Sig.
Genere femminile	-5.51	0.01
Intervento di by-pass Aorto-coronarico	-5.42	0.00
Attivo professionalmente	1.82	0.26
Sindrome ansiosa depressiva	-5.00	0.14
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Fattori di rischio cardiovascolare: fumo, ipercolesterolemia, diabete, ciconferenza addominale, familiari



Factors influencing health-related quality of life after primary percutaneous coronary intervention for ST-elevation myocardial infarction

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ABSTRACT

Aim: This study compared health-related quality of life (HRQL) between patients aged ≥ 70 and < 70 years at 4 weeks and 6 months after primary percutaneous coronary intervention (PPCI) and examined predictors of HRQL.

Background: HRQL is an important patient outcome following PPCI for ST-elevation myocardial infarction (STEMI) including pre-hospital field triage.

Method: A comparative cohort design was conducted on STEMI patients undergoing PPCI. HRQL was measured using the Medical Outcomes Short Form-12 (SF-12) and the Seattle Angina Questionnaire (SAQ) at 4 weeks and 6 months post-PPCI.

Results: HRQL improved significantly from 4 weeks to 6 months in all aspects measured except physical functioning and mental health. Patients aged ≥ 70 years had poorer physical HRQL (SF-12) and physical limitations (SAQ) but better mental HRQL (SF-12), angina frequency and QOL (SAQ) at both time points. Age, length of hospital stay, gender, partnership status and number of stents deployed are independent predictors of HRQL improvement over time.

Conclusion: People ≥ 70 years reported better cardiac-specific quality of life, primarily from angina relief and improved mental function, despite worse physical limitations. HRQL assessment is an important part of health status after PPCI for STEMI.

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Sindrome ansioso-depressiva

Analisi di regressione multipla per HRQoL

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Precedenti eventi ischemici miocardici

Tušek-Bunc and Petek Health and Quality of Life Outcomes (2016) 14:159
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Health and Quality
of Life Outcomes

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RESEARCH

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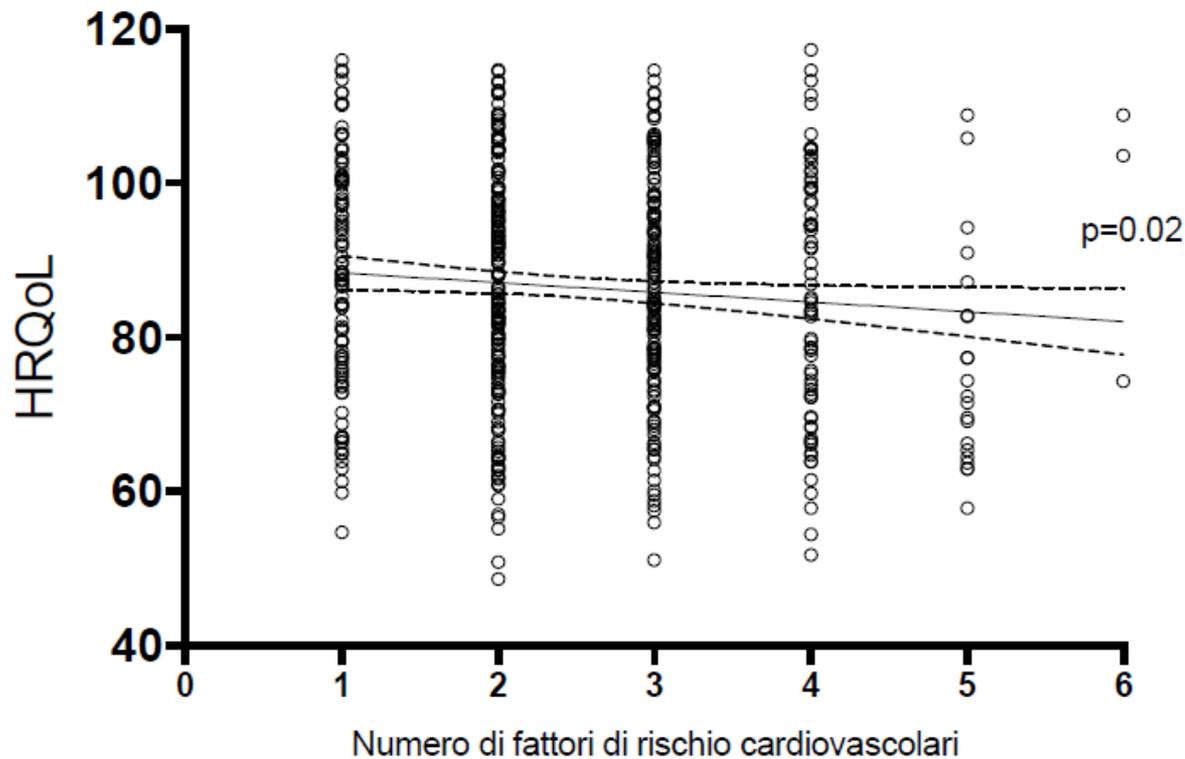
Comorbidities and characteristics of coronary heart disease patients: their impact on health-related quality of life

Ksenija Tušek-Bunc^{1,2*} and Davorina Petek³



Fattori di rischio

Fattori di rischio cardiovascolari



Narrative review of health-related quality of life and its predictors among patients with coronary heart disease

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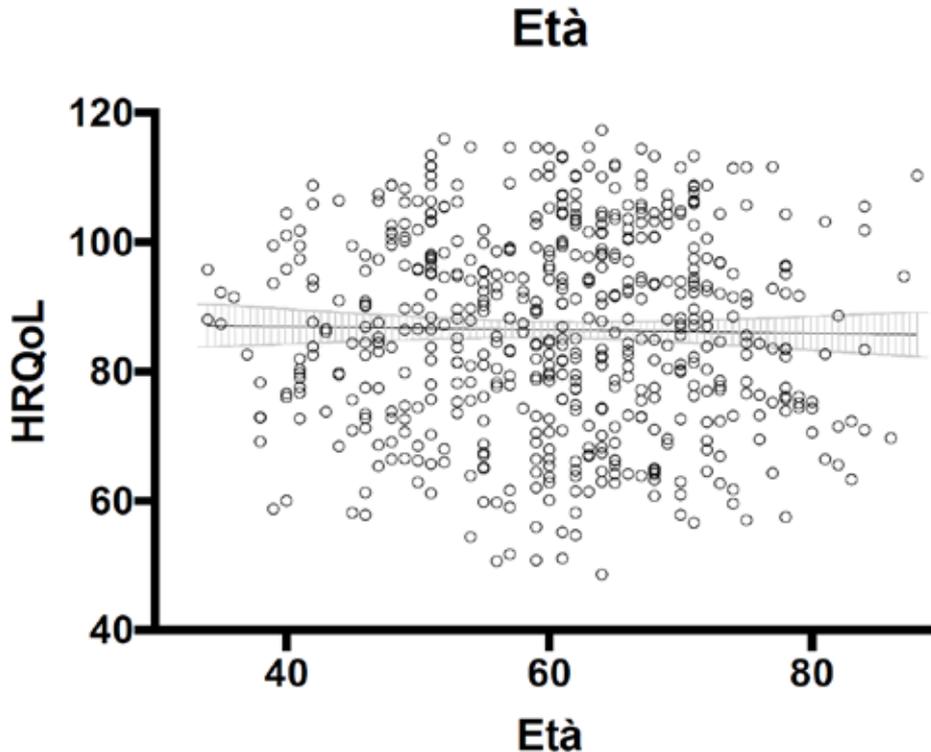
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Accepted for publication April 2014

Muhammad I, Ho H-G, Kowitludakul Y, Wang W. International Journal of Nursing Practice 2016, 22: 4-14
Narrative review of health-related quality of life and its predictors among patients with coronary heart disease

Età



Factors influencing health-related quality of life after primary percutaneous coronary intervention for ST-elevation myocardial infarction

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 Quality of life
 Myocardial infarction
 Coronary artery intervention
 Percutaneous coronary intervention

ABSTRACT

Objective: This study compared health-related quality of life (HRQoL) between patients aged 75 and <75 years at 4 weeks and 6 months after primary percutaneous coronary intervention (PPCI) and examined predictors of HRQoL.
Background: HRQoL is an important patient outcome following PPCI for ST-elevation myocardial infarction (STEMI) including pre-hospital and in-hospital stages.
Method: A comparative cohort design was conducted on 1033 patients undergoing PPCI. HRQoL was measured using the Medical Outcomes Trust Short-Form-12 (SF-12) and the Seattle Angina Questionnaire (SAQ) at 4 weeks and 6 months post-PPCI.
Results: HRQoL improved significantly from 4 weeks to 6 months in all general measures except physical functioning and mental health. Patients aged <75 achieved greater physical HRQoL (SF-12) and functional outcomes (SAQ) but lower mental HRQoL (SF-12), angina frequency and QRS (SAQ) at both time points. Age, length of hospital stay, gender, pre-treatment status and number of stents implanted were independent predictors of HRQoL improvement over time.
Conclusion: People <75 years reported better overall and specific quality of life pre- and post-PPCI and improved mental health, despite worse physical limitations. HRQoL assessment is an important gauge of health status after PPCI for STEMI.

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International Journal of Nursing Practice 2016; 22: 4–14

* RESEARCH PAPER *

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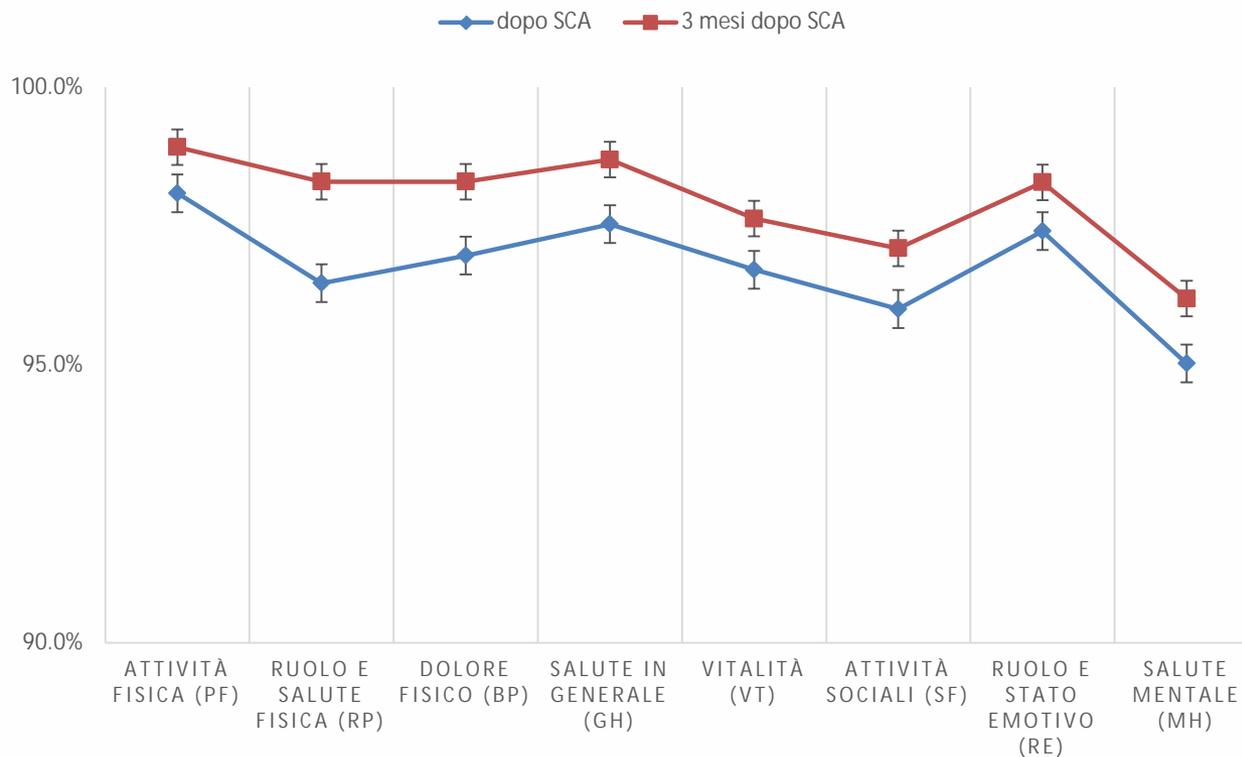
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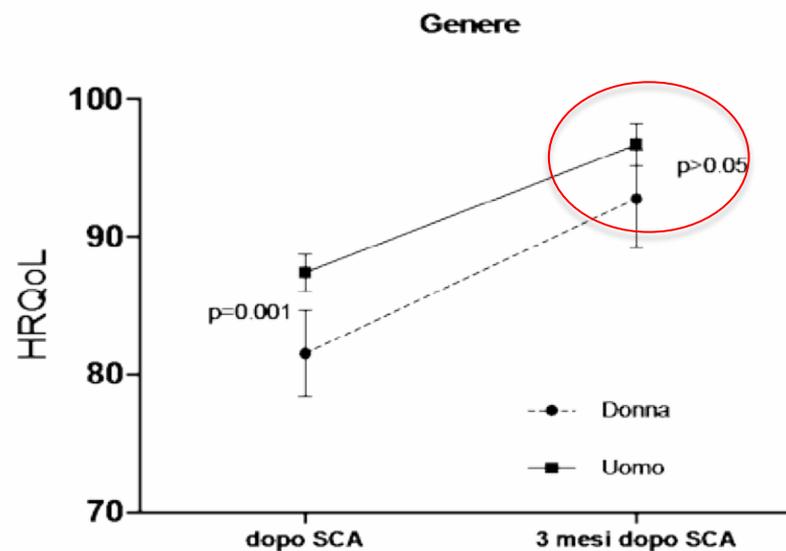
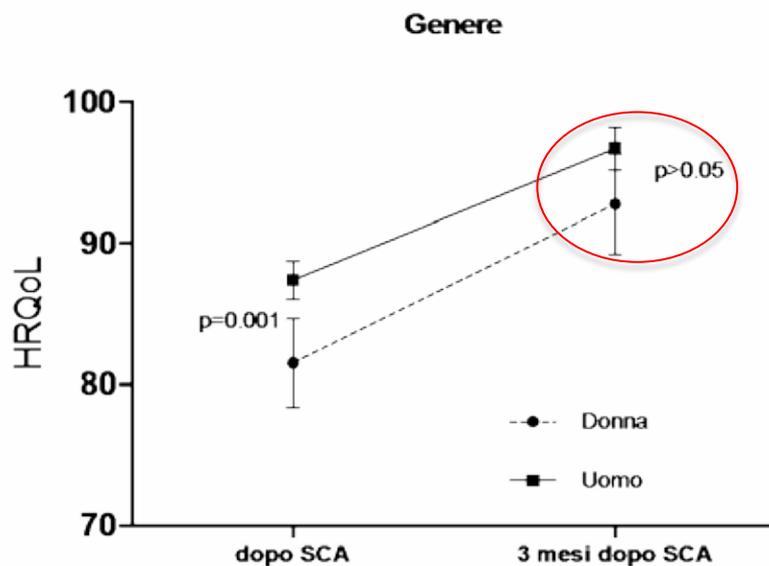
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... 3 mesi dopo SCA

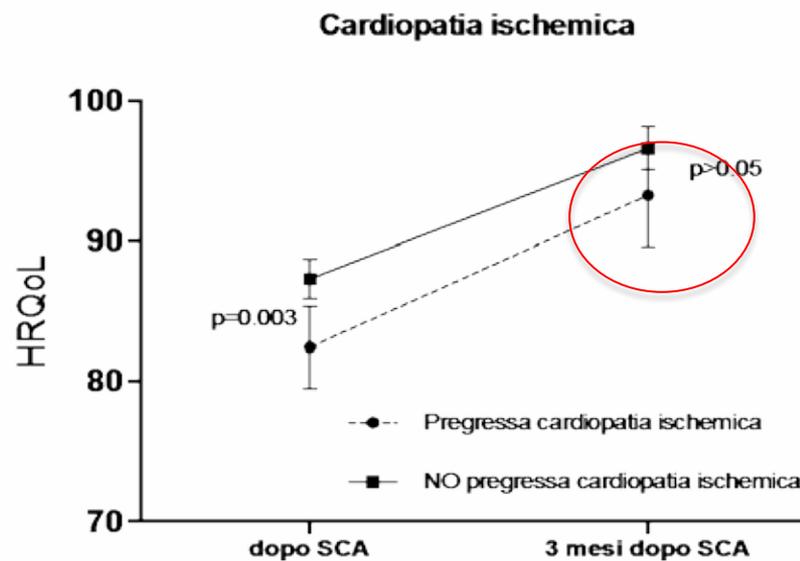
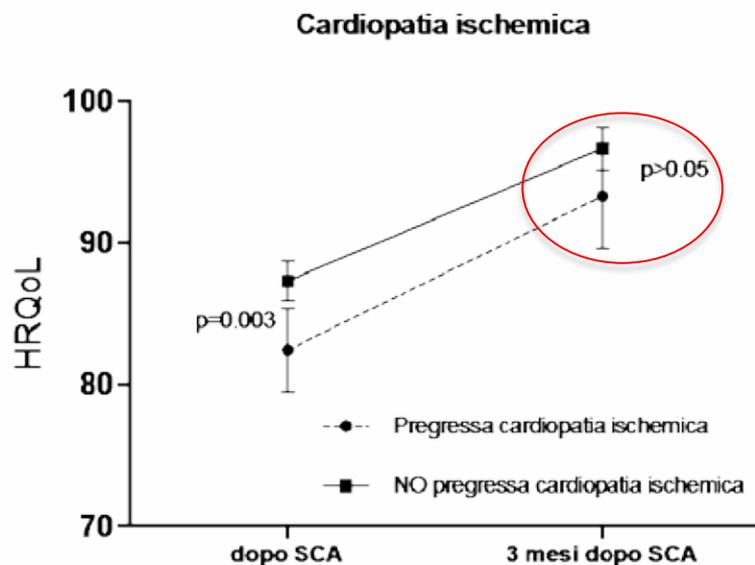
QUALITÀ DI VITA SUDDIVISO PER DIMENSIONI



... 3 mesi dopo SCA: fattori associati



... 3 mesi dopo SCA: fattori associati



Conclusioni

- Ø La SCA influisce sulla qualità di vita percepita dal paziente, in modo diverso in relazione al tempo trascorso
- Ø L'analisi della qualità di vita
 - ü permette di valutare il reale impatto della malattia cardiaca sulla persona nella sua globalità e di adattare il nostro supporto assistenziale
 - ü diventa un valido tentativo di andare oltre ai dati quantificabili e di concentrare maggiormente l'attenzione sui bisogni di ogni persona
 - ü permette di identificare meglio le fragilità dei pazienti

GRAZIE
dell'attenzione!



*Associated Institute
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Zurich** UZH



CARDIOCENTRO TICINO