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Evaluation of the parameters of the euro qol- 5 d questionnaire among patients with ischemic heart disease with normal and elevated bmi

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Topic(s):
Education and behavioural aspects/Health professional education

Citation:

Objective: The epidemic of obesity and obesity related morbidities is an important public health challenge, and is paralleled by growing incidence of metabolic syndrome which acts as a strong and significant risk factor for Ischemic heart disease and other atherosclerotic vascular events. The psychological impact of these chronic conditions can be very disturbing. In practical terms the functional effect of an illness and its therapy upon a patient, as perceived by the patient – could be estimated by introducing the quantitative approach of – Health Related Quality of Life (HRQoL).

Aim: The aim of this study is to evaluate the impact of obesity on quality of life of patients with ischemic heart disease.

Methods: Questionnaire based cross sectional study was conducted among patients with established Coronary Artery Disease admitted in the Department of Cardiology in the University Hospital. 520 patients who were admitted in the Cardiology Department between 1st of January 2012 and 30th June 2014 with acute coronary syndrome or coronary angiographic or Electrocardiography evidence of ischemic heart disease were included in the study, stratified by age, sex and BMI ( normal weight 18.5 – 24.9, overweight 25 – 29.9, obese 30 and above). EuroQol – 5D (EQ-5D) was administered in the patients during their hospital stay. EQ-5D comprises 5 dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The height, weight and basic laboratory parameters were recorded.

Results: Mean age of the participants was 65.1± 10.6 years. Male female ratio was 0.76. The distribution of patients in BMI groups was 36.8%/ 24.4%/ 38.8%. Statistically significant differences between BMI groups were seen in Usual activity (p=0.005) and self-care (p=0.044) dimensions of EQ-5D-5L with poorest outcome in the obese. We have found significantly positive correlation between BMI and usual activities (R=0.234, p=0.001) and between age and anxiety (R= 0.366 p=0.045). Mean BMI of patients with extreme problems with usual activities is significantly greater than those with lower intensity of problems. Patients with extreme anxiety tend to have higher mean age.

Conclusion: Our study revealed that Ischemic heart disease patients with obesity had impaired QoL in terms of health, mobility, usual activity, discomfort and anxiety. Hence non-obese ischemic heart disease patients had a better sense of overall wellbeing.