The quality of life in patients with atrial fibrillation according to the self-reported sleep disorder

Authors:
B K Jankowska-Polanska¹, N Swiatoniowska¹, M Wilga¹, A Szymanska-Chabowska², G Mazur², ¹Medical University of Wroclaw, Health Science Faculty - Wroclaw - Poland, ²Wroclaw Medical University, Department and Clinic of Internal and Occupational Diseases and Hypertension - Wroclaw - Poland,

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Background. Atrial fibrillation (AF) is the most common supraventricular tachyarrhythmia, which is connected with higher mortality, re-hospitalisations and decreased quality of life (QoL). Sleep quality (SQ), as a component of life quality, may also deteriorate in patients with AF. In literature the obstructive sleep apnea (OSA) is regarded as the modifiable factor influencing the AF. However, the other features of the sleep, e.g. the sleep quality, are too rarely assessed.

The aim of the study was to assess the quality of life and the impact of sleep disorders on the patient's self-assessment.

Material and methods. 89 patients with AF (mean age 63.4±11.3), admitted to electrophysiology ward, were enrolled into the study. The following questionnaires were used: Athens Insomnia Scale (AIS) for the quantitate measurement of the sleeplessness syndromes, diagnosed by means of the subjective self-assessment of the patient and ASTA (Arrhythmia-Specific questionnaire in Tachycardia and Arrhythmia) for the evaluation of the quality of life and the intensity of the arrhythmia symptoms.

Results. In our study group the AIS was 9.6±5.5 and almost the half of the respondents demonstrated high level of sleeplessness symptoms (48.3%). Patients with sleeplessness symptoms were often older (66.7 years vs 60.4), outside the labour force or blue collar workers, longer suffered from AF (6.3 vs 4.0) and concomitant atrial hypertension (90.7% vs 67.4%), more often suffered from chest pain. In the combined evaluation of symptoms intensity (ASTA II), the group with sleep disorder had significantly higher level of symptoms intensity (11.3± 4.1 vs 7.9 ± 4.7; <0.001) and significantly lower QoL (ASTA III) (21.9 ± 5.9 vs 10.9 ± 7.7; p<0.001) in comparison with patients without sleep disorder. In multivariate correlation analysis the sleeplessness was the independent significant predictor, which increases the FA symptoms (ASTA II) β=0.288; p=0.006 and decreases QoL (ASTA III) (β=0.260; p=0.005). What is more, the duration of the disease decreases the self-assessment of QoL in ASTA III (β=0.175; p=0.022), and the occurring pain decreases the QoL in ASTA II (β=0.248; p=0.018)

Conclusions. Sleep disorder is the independent determinant, which decreases the quality of life and increases the symptoms in patients with FA. The duration of the disease as well as pain negatively influence the self-assessment of the quality of life.