Abstract: P1097

Gender-related differences in quality of life and depressive symptoms in chilean heart failure patients

Authors:
F Diaz¹, H Verdejo², O Vera³, J Martinez², PI Ivanovic⁴, ¹Columbia University Medical Center - New York - United States of America, ²Pontifical Catholic University of Chile - Santiago - Chile, ³La Florida Hospital - Santiago - Chile, ⁴Universidad Andres Bello - Santiago - Chile,

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Introduction: Heart Failure (HF) is one of the leading causes of morbidity and rehospitalization in older people. HF deteriorates the quality of life (QoL) and increases the rates of depression in elderly subjects, but gender-related differences are often unacknowledged.

Aim: To evaluate gender differences in QoL and prevalence of depressive symptoms in patients hospitalized with the diagnosis of decompensated heart failure.

Methods: Cross-sectional study. We included patients admitted due to ADHF in a Chilean University Hospital between 2015-2017. QoL was evaluated by the Minnesota Living With Heart Failure Questionnaire. We analyzed the physical construct (questions 2,3,5,6,7,12, and 13) and the emotional construct (questions 17-21). The prevalence of depressive symptoms was evaluated using the CES-D scale, with a cut-off of 16 points or more suggesting clinical depression. Differences between QoL and depression in HF patients were analyzed through Chi-square and Student’s T scores as corresponding. Correlation between variables was evaluated by Pearson’s correlation. Mortality data were obtained from the Chilean National Registry database. All statistical analyses were carried out in R v.3.5.1.

Results: We included 92 individuals, 48.4% female, mean age 71.2±14.6. In both genders the prevalence of depressive symptoms was high (68. 1% male vs. 77,2% female p=0.45), and the QoL was poor (MLWHF mean score 68.5±14.5). Even when the patients with poorer QoL were often women, it did not reach statistical significance (38.6% female vs. 23.4% male p= 0,17). There were no differences in the prevalence of poor QoL according to age (71.7 vs. 69.6, p= 0.53), educational level (28.1% less than eight years. 29.6% more than eight years), or health insurance (19.4% private insurance vs. 34.5% public insurance p=0.21). We did not observe differences between gender and QoL both in total score or in the physical component; however, women reported impaired QoL in the emotional components when compared with men (score 15.9 vs. 12.2, p=0.02). A worse QoL was strongly correlated with the presence of depressive symptoms, both in the physical (r=0.56, p<0.01), emotional (r=0.56, p<0.01) and overall score (r=0.59, p<0.01) (fig 1).

Conclusion: The prevalence of impaired QoL is high in HF patients. Even when the toll of the disease on the physical components is similar in women and men, in the emotional construct women with HF diagnosis exhibited worse QoL than their male counterparts. As we expected, impaired QoL is associated with a higher prevalence of depressive symptoms in this population.
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Authors: F. Díaz 1, H. Verdejo 2, O. Vera 3, J. Martínez 2, P. I. Ivanovic 4

1 Columbia University Medical Center - New York - United States of America,
2 Pontifical Catholic University of Chile - Santiago - Chile,
3 La Florida Hospital - Santiago - Chile,
4 Universidad Andres Bello - Santiago - Chile

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[Graphs showing correlation between QoL and depressive symptoms]