

Evaluating the Quality of Life in Patients with Refractory Chronic Heart Failure Undergoing Cardiac Resynchronization Regarding the Type of Therapeutic Response

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Introduction:

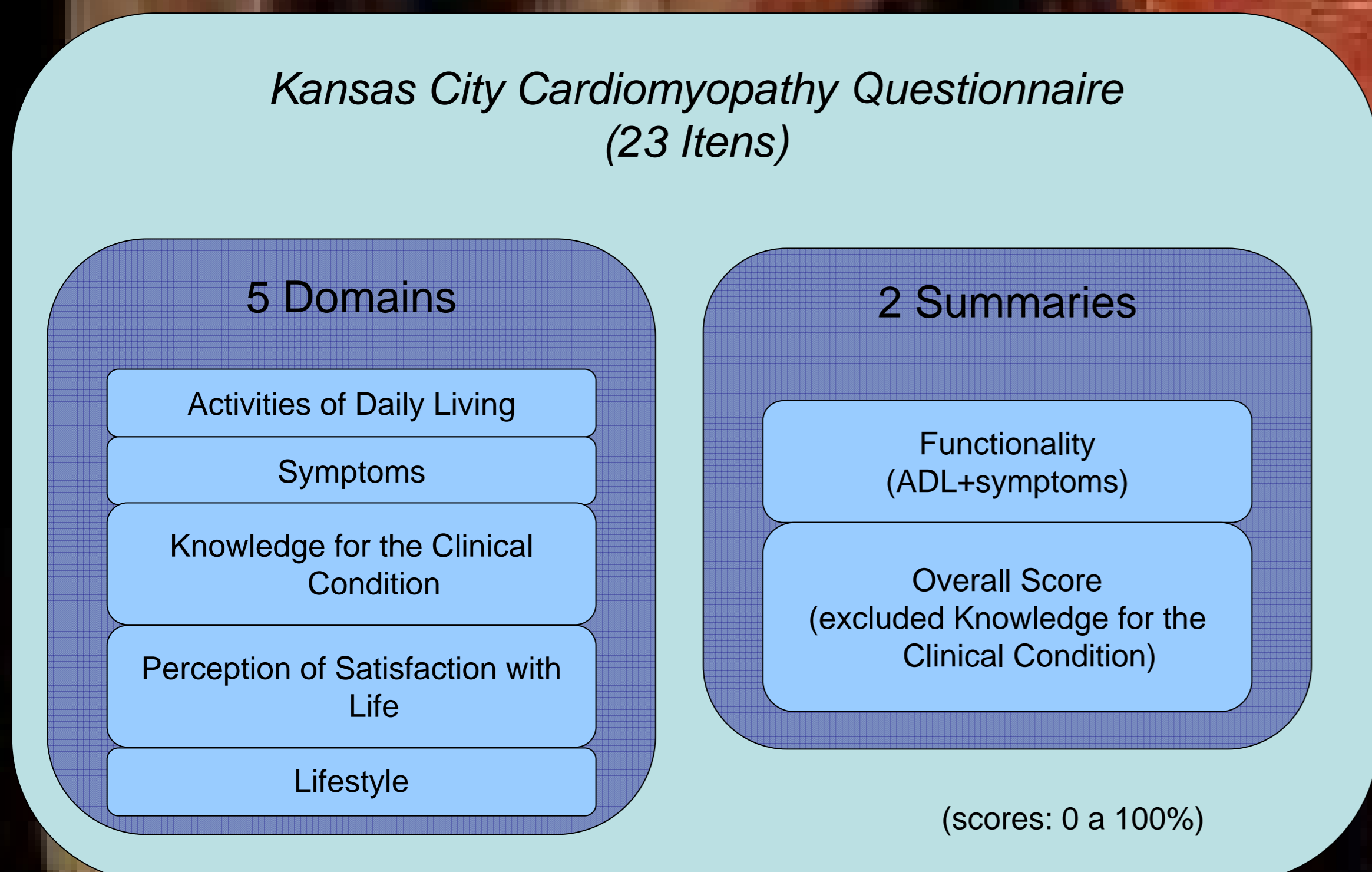
The benefits of cardiac resynchronization therapy (CRT) in the quality of life (QOL) have been largely demonstrated in selected patients (P) with severe congestive heart failure (CHF). However, the differences between responders and non-responders, with regard to the effect of CRT in the various dimensions of QOL is still a matter of discussion.

Objective:

To evaluate the impact of CRT on the QOL of P with CHF refractory to optimal pharmacological therapy, within 6 months after CRT.

Population and Methods:

43P, submitted to successful implantation of CRT, were evaluated at the hospital just before CRT implantation and in the outpatient clinic within 6 months after CRT. QOL was analyzed based on the Kansas City Cardiomyopathy Questionnaire (KCCQ).



P were classified as:

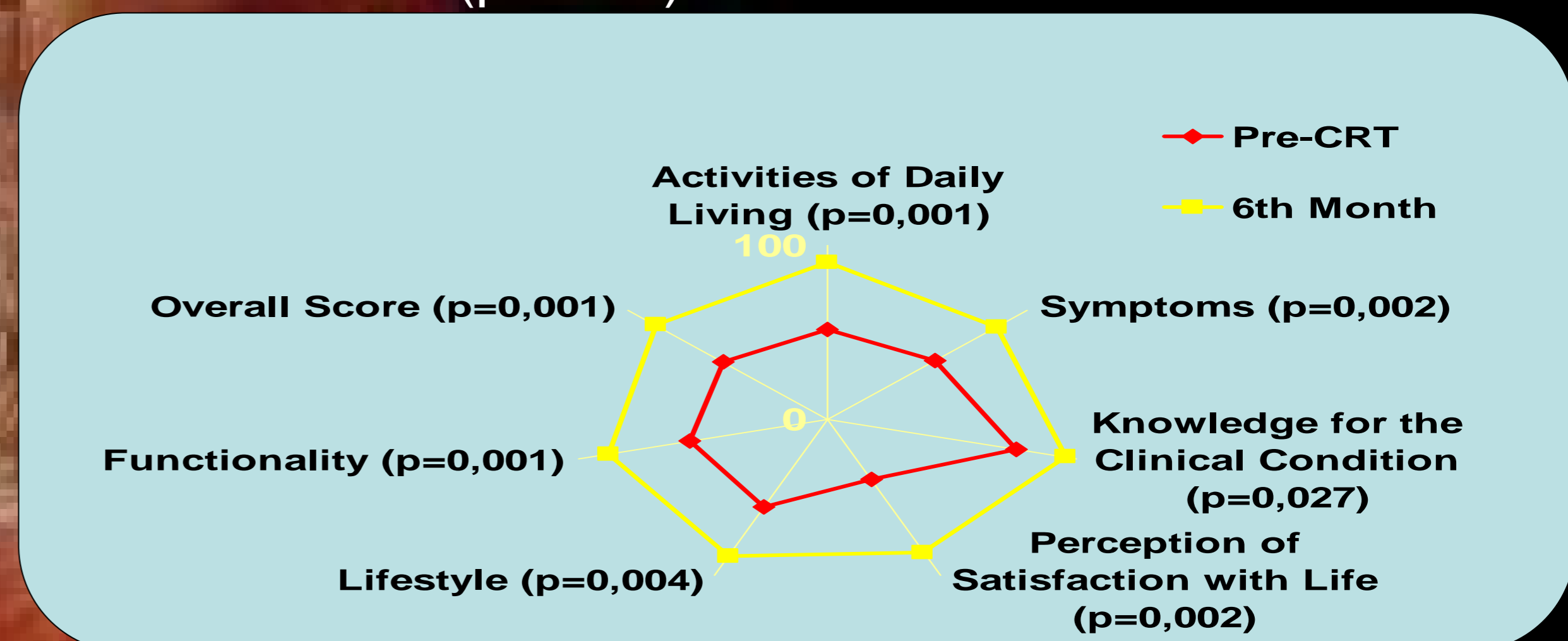
super-responders (n=15, left ventricle ejection fraction - LVEF - $\geq 45\%$ post-CRT, 65 ± 8 years, 47% male, pre-CRT with LVEF of $30 \pm 5\%$ and 100% in NYHA class III);

responders (n=19, sustained improvement in functional class and LVEF increase by 15%, 63 ± 11 years, 84% male, pre-CRT with LVEF of $23 \pm 6\%$ and 100% in NYHA class III);

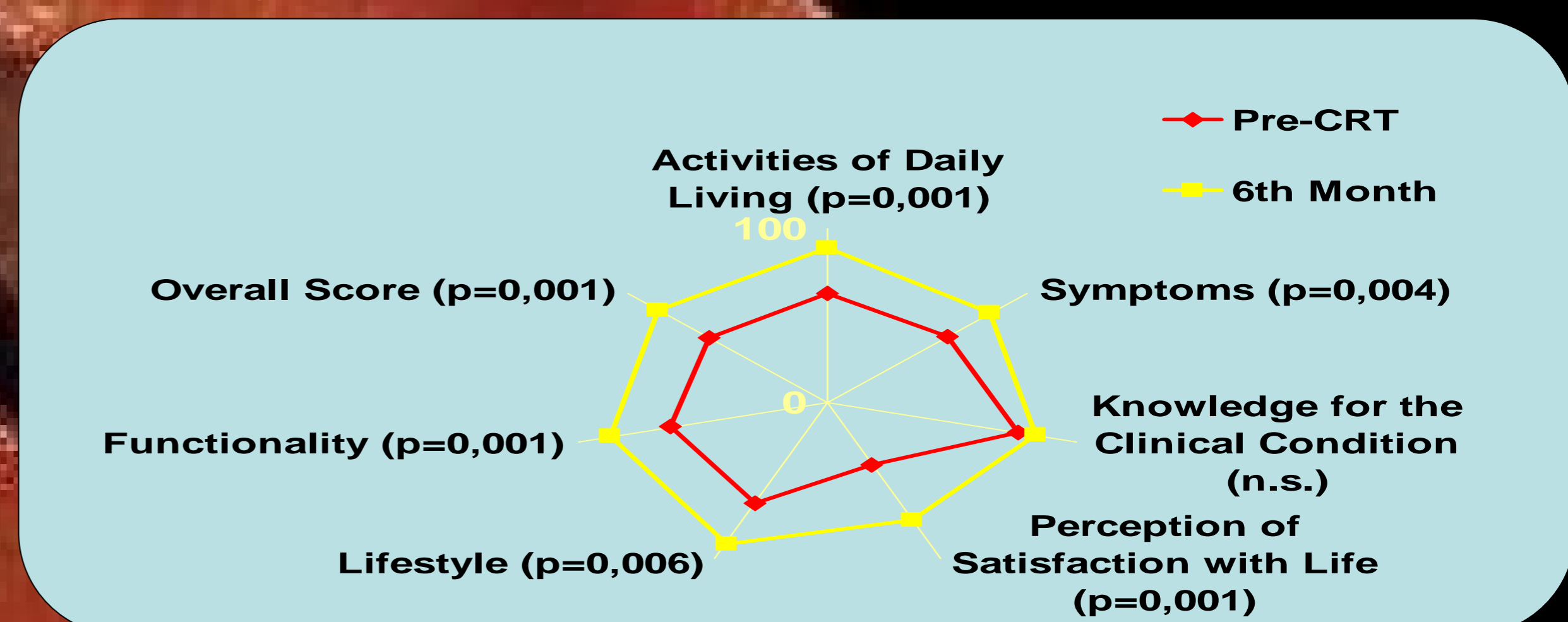
non-responders (n=9, no clinical or LVEF improvement, 63 ± 6 years, 78% male, pre-CRT with LVEF $24 \pm 7\%$, 22.2% in class II, 66.7% in class III and 11.1% in NYHA class IV).

Results:

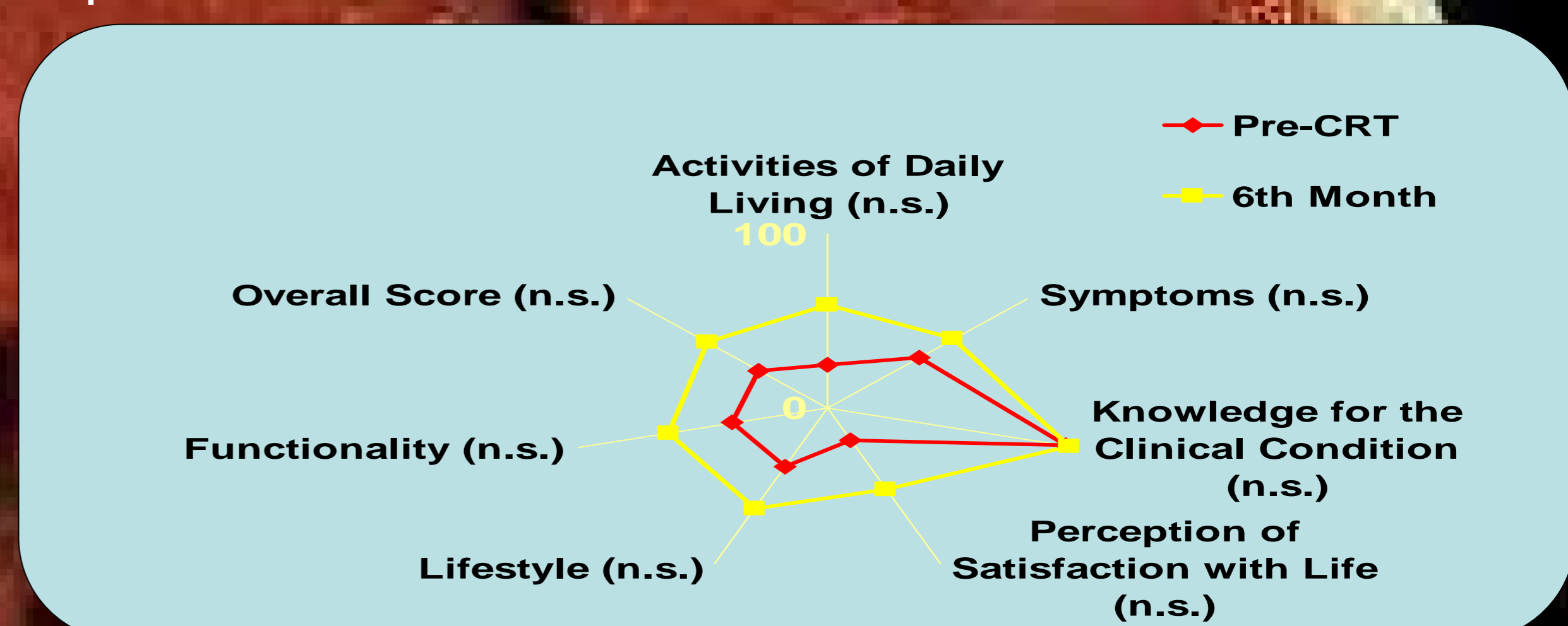
In the group of **super-responders**, CRT was associated with an improvement in QOL for the various fields and sums assessed ($p < 0.05$):



In **responders**, CRT was associated with an improvement of QOL in the various fields and sums, except in the knowledge for the clinical condition dimension ($p < 0.05$):



In **non-responders**, CRT was not associated with improvement of QOL:



Conclusion:

In a population with severe CHF undergoing CRT, the P with positive clinical response and reverse remodeling, obtained a favorable impact in all dimensions of QOL, while the group without response to CRT showed no improvement. These data reinforces the importance of QOL as a multidimensional tool for assessment of benefits in clinical practice.