A NEW MEASURE FOR ASSESSING HEALTH-RELATED QUALITY OF LIFE (HRQoL) IN PATIENTS WITH ATRIAL FIBRILLATION: AF-QOL

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OBJECTIVES: To assess AF-QoL questionnaire performance in patients with Atrial Fibrillation (AF) in a usual clinical practice setting. METHODS: Observational, prospective, multicenter study was carried out in 29 Spanish centres. AF diagnosed patients aged ≥18 who have changed a clinical and/or therapeutic intervention or were stable according to clinical criteria, and patients with post heart attack cardiopathy (control group) were enrolled. All patients went through a baseline visit; only AF patients underwent a follow up visit (at 3 ± 1 months and 1 month for unstable and stable patients respectively). At each visit, socio-demographical and clinical information was gathered; AF-QoL, SF-36 questionnaires and perception of general health status were administered. AF-QoL is an 18-item questionnaire with 3 domains: psychological, physical and sexual. Questions refer to previous month. Answers are 5 levels Likert-like. AF-QoL scores range between 0–100, where 0 is poor HRQoL. RESULTS: A total of 417 patients were included: 341 AF patients and 76 control patients. Mean (SD) age was 61.2(12.4) and 31.4% were women. AF type distribution was: 37.5% paroxysmal, 42.9% persistent and 19.6% permanent. AF-QoL was completed by 88.5% of patients. AF-QoL mean overall global score in AF patients was 43.6 and 51.7 in control group (p < 0.05). AF-QoL showed good internal consistency (0.92) and good test-retest reliability (0.86) in stable AF patients. Patients with more symptoms and worse NYHA functional class at baseline and at the end of follow-up visit showed lower scores in AF-QoL. AF-QoL correlations with SF-36 and overall perception of general health status question were moderate-high (0.32–0.69) and moderate (0.49) (p < 0.01) respectively. AF-QoL effect size scores in patients declaring health status positive changes was 1.06, 0.2 for those with no changes and 0.1 for patients with negative changes. CONCLUSIONS: AF-QoL has shown to be feasible, valid, reliable and responsive to clinical changes in the context of clinical practice.