



Quality of Care and Outcomes Assessment

VALIDITY AND RELIABILITY OF THE KANSAS CITY CARDIOMYOPATHY QUESTIONNAIRE IN PATIENTS WITH HEART FAILURE AND PRESERVED EJECTION FRACTION

Poster Contributions

Poster Sessions, Expo North

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Background: Despite the growing epidemic of heart failure with preserved ejection fraction (HFpEF), no valid measure of patients' health status (symptoms, function and quality of life) exists. We evaluated the Kansas City Cardiomyopathy Questionnaire (KCCQ) in HFpEF.

Methods: Using the Washington University Heart Failure Registry, we dichotomized patients into HF with reduced EF (HFrEF; EF \leq 40) and HFpEF (EF > 40). KCCQ Overall Summary scores were compared across NYHA classes using Spearman correlations. Predictive validity was assessed with Kaplan-Meier curves for all-cause death or hospitalization across categories of KCCQ Summary scores.

Results: Among the 1069 patients (average follow-up of 16.4 ± 6.7 months), 336 (31.4%) had HFpEF. Cronbach's alpha demonstrated high internal consistency for each KCCQ domain ($\alpha \geq 0.70$). KCCQ summary scores were strongly associated with NYHA class in both HFpEF ($r = -0.59$, $p < .001$) and HFrEF patients ($r = -0.55$; $p = 0.34$ for interaction; Figure 1). KM-estimated 2-year event rates by KCCQ category among HFpEF patients were: 0-25=84.4%, 26-50=63.4%, 51-75=49.3%, and 76-100=38.3%, which was similar to those with HFrEF ($p = 0.60$ for interaction).

Conclusions: Among patients with HFpEF, the KCCQ appears to be a valid and reliable measure of health status and offers excellent prognostic ability. Future studies establishing its reproducibility and responsiveness to clinical change are needed.

Figure 1. KCCQ Summary Score Association with NYHA Class in HFrEF and HFpEF

