The value of the quality of life

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The value of the quality of life

“It would seem important to devote more of the energies of man to improving the quality of life, so that it may be joyous or noble or creative. Otherwise, existence is nothing but the bored molecular unwinding of a dismal biological clock” [1]

This rather old quote reflects the feeling that accompanies most of us in discussing the value of quality of life during a nice evening with some colleagues debating on the meaning of life and the importance of living a good life. We all want to have a good healthy life with a high quality. However, these reflections are not always mirrored in our daily practice in treating HF patients or studying the effect of new drugs, devices or interventions. From a logical and human point of view we find it important to improve quality of life of our HF patients, but only a limited number of studies specifically address quality of life. Furthermore, the current data are not always applicable to daily practice since data on quality of life in HF patients are mainly derived from clinical trials in which relatively young male patients are included based on stringent selection criteria whereas the HF population is characterised by a growing number of elderly female patients and patients with several chronic conditions. [2]

Addressing quality of life in HF patients deserves more attention for several reasons. Firstly, nowadays, patients live longer with HF and their symptoms and consequences of treatment not only affect physical dimensions of life but also social and psychological dimension in several stages of the disease trajectory. [3] Secondly, the quality of life of HF patients is known to be poorer compared with age- and gender-matched healthy persons, as well as with patients with other chronic diseases. [4] In
the ESC guidelines improving quality of life is recognized as one of the major
treatment goals in heart failure. [5] As the symptomatic burden of HF still is a major
issue, it is important to get more insight in the value of health and quality of life and
interventions to improve them. Thirdly, patient preferences and patient centred
outcomes are recognized as becoming increasingly important. Some HF patients give
equal or more importance to quality of life as compared to length of life. [6] Finally,
in predicting outcomes, quality of life seems to be an important variable that no
longer can be ignored. In this issue of the European Journal of Heart Failure Iqbal
and colleagues [7] report on the impact of quality of life on clinical outcomes with
data from 3 year follow up after assessment of quality of life. In a multivariable
analysis they found that higher NYHA class, poor socioeconomic status and lack of
social support results in poor quality of life in HF patients which in turn leads to an
increased risk of hospital admissions and death. It is one of the first studies that
specifically addressed the role of the social support in quality of life. Earlier research
already reported on the relationship between social support and outcomes [8], but
long term prospective data on quality of life were scarce.

Quality of life is increasingly incorporated as outcome in clinical trials
evaluating medication, telemedicine or disease management [9-11]. In addition,
quality of life and clinical status are now more often part of composite endpoints.
Such clinical composite scores combine decrease of symptoms (e.g. NYHA-class),
well-being and decrease in specific quality of life domains together with the
information provided of the occurrence of major clinical events. This score is
currently used as primary endpoints in trials evaluating cardiac resynchronization and
telemonitoring. [12]. Such an outcome is expected to be valuable reflecting more
realistic outcomes and at the same time being more sensitive and therefore needed less immense sample sizes to evaluate therapy and management of care.

Adding up the relevance of quality of life for clinical practice, for research and for the individual patients, the value of quality of life cannot be ignored. It therefore seems vital to develop and evaluate interventions that effectively improve quality of life in HF patients.
References


