





Quality of life in ACHD

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Quality of life (QoL)

- General well-being of individuals and societies
- Life satisfaction



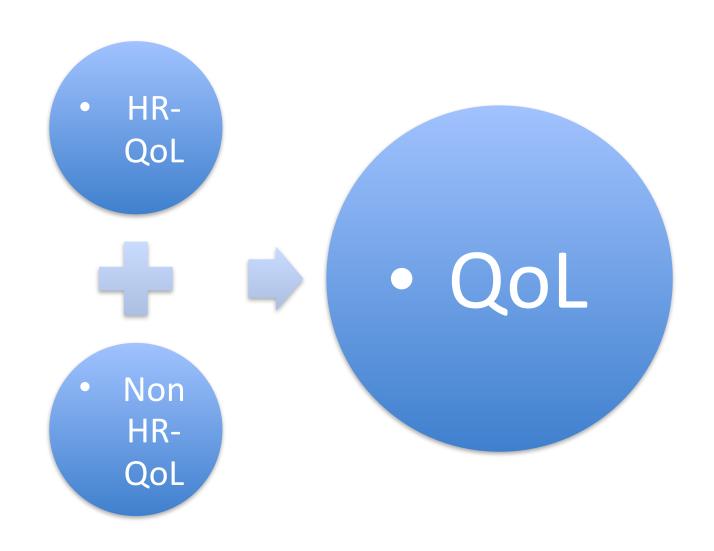
Health-related quality of life (HR-QoL)

- It's part of a person's overall QoL that represents the functional effect of an illness and its consequent therapy upon a patient, as perceived
 - by the patient (self-reported HR-QoL)
 - and/or by his/her family (proxy-reported HR-QoL)

Uses of HR-QoL measurement

- More in clinical research than in medical practice
- Recommended in drug trials (EMA)
- May improve patient-doctor relationship
- Reliable to assess the effectiveness and relatives merits of different treatments
- Health service evaluation
- Policy making

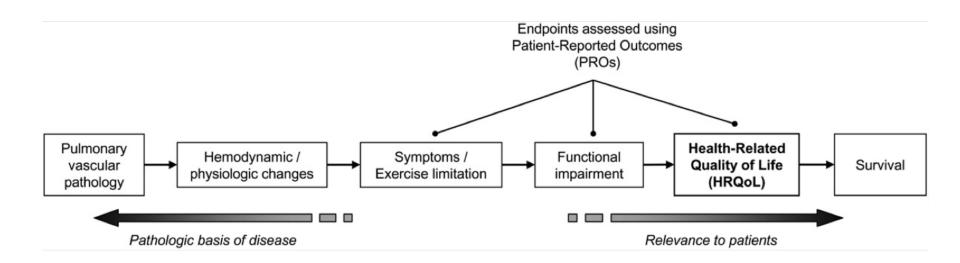
Health-related quality of life (HR-QoL)

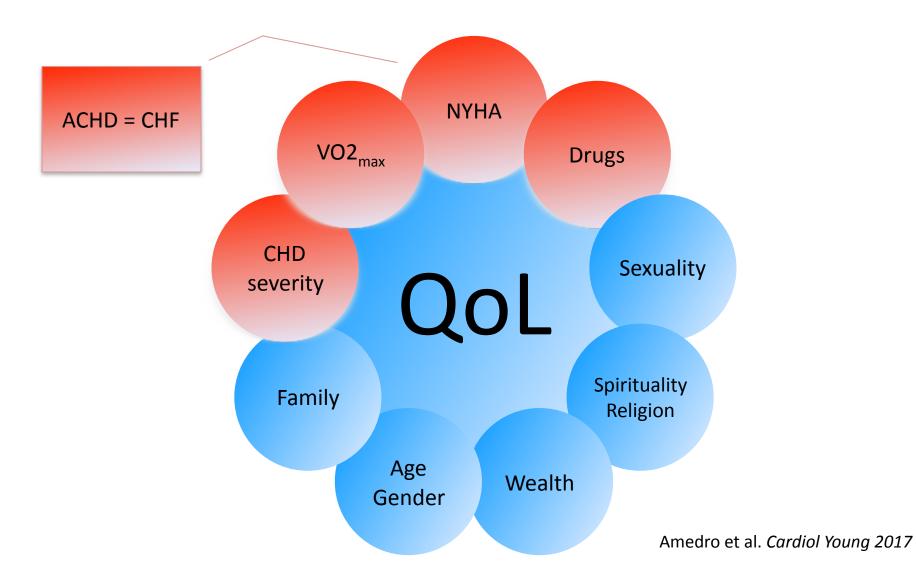


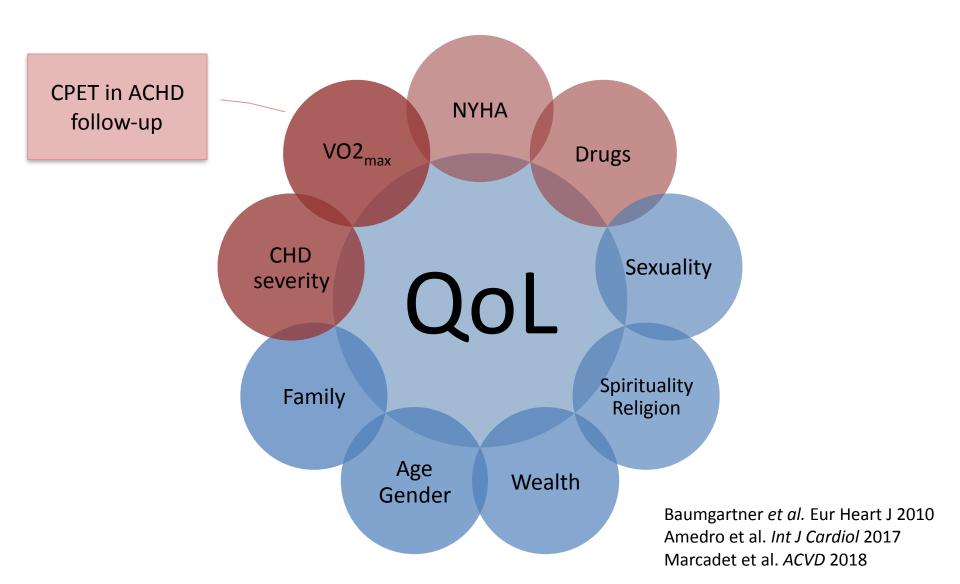
HR-QoL instruments

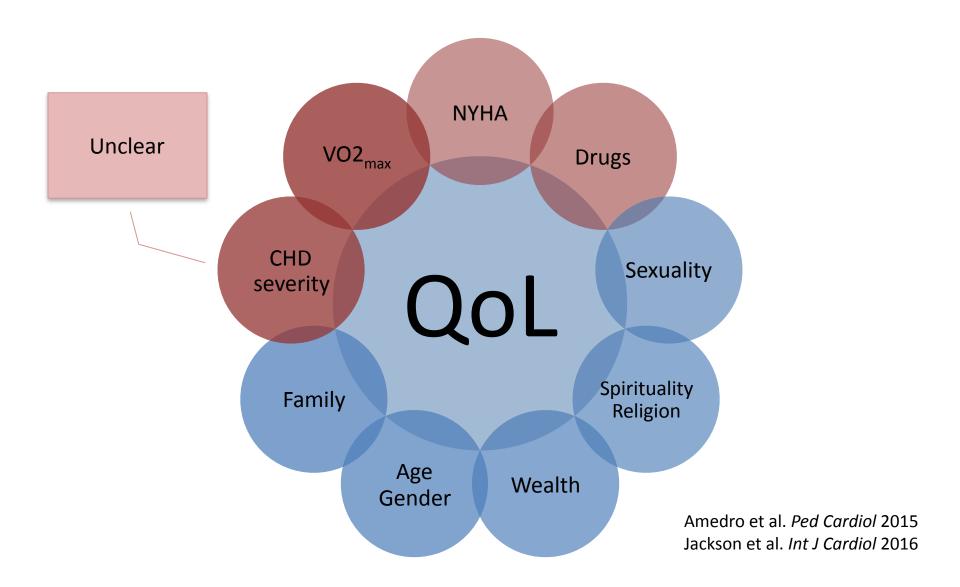
- Should include at least 4 dimensions:
 - Physical functioning
 - Psychological functioning
 - Social functioning
 - General health perception
- Generic questionnaires
 - SF-36 https://www.rand.org/health/surveys_tools/mos/36-item-short-form/survey-instrument.html
- Specific questionnaires
 - CAMPHOR

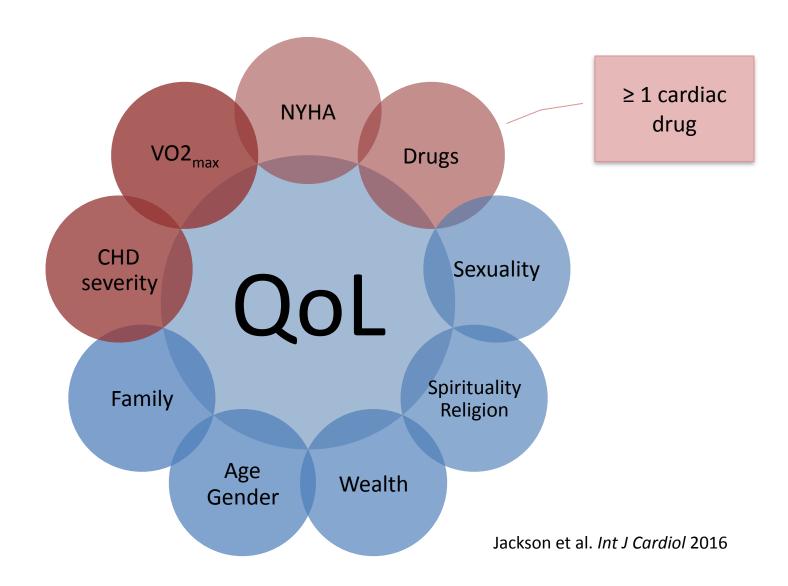
HR-QoL belongs to « patient-related outcomes » (PRO's)

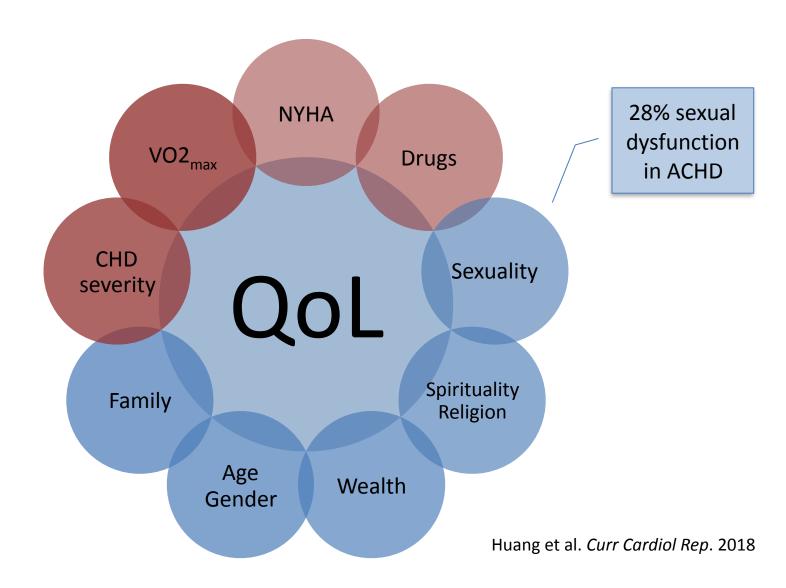


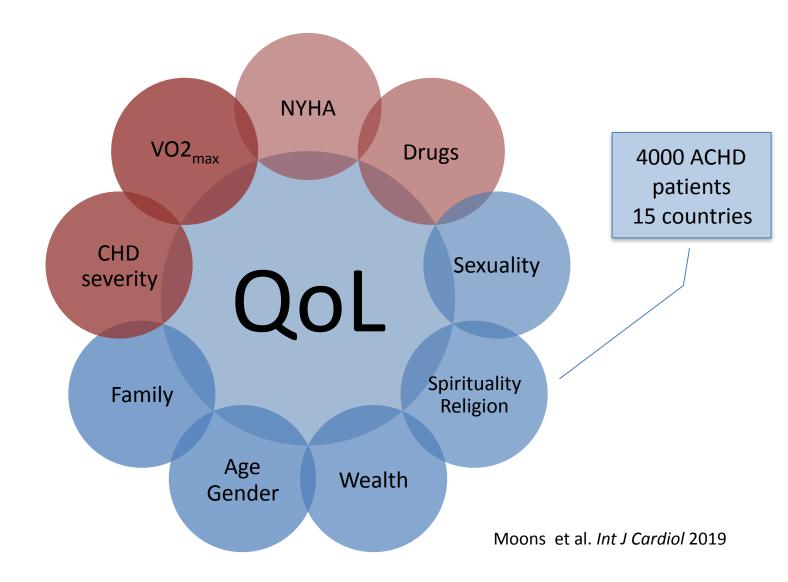


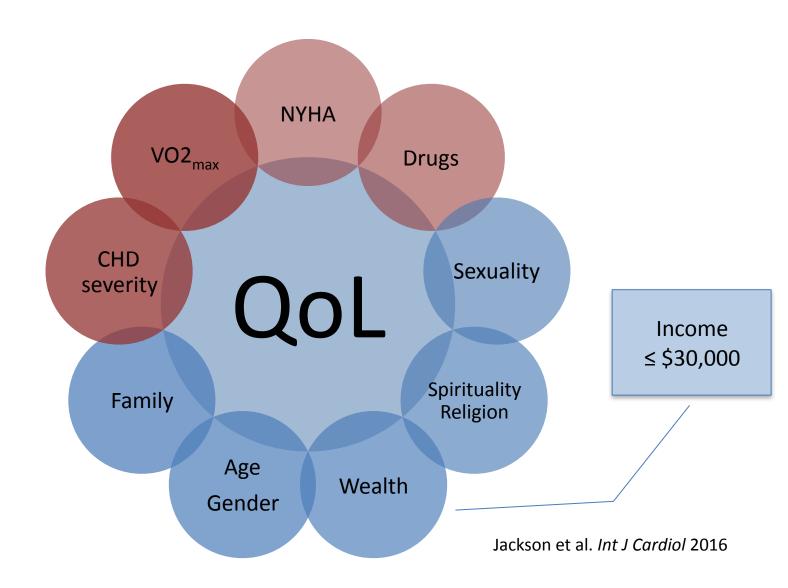


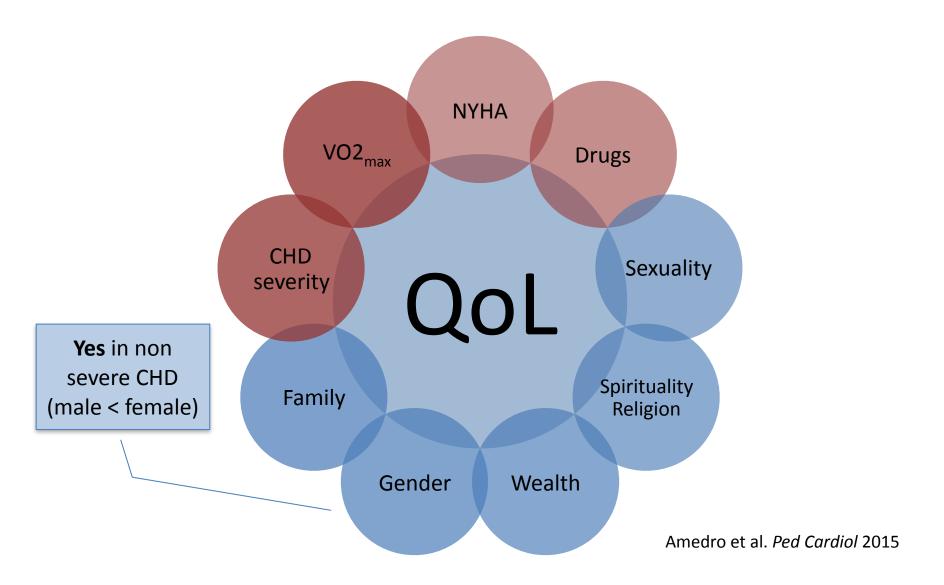


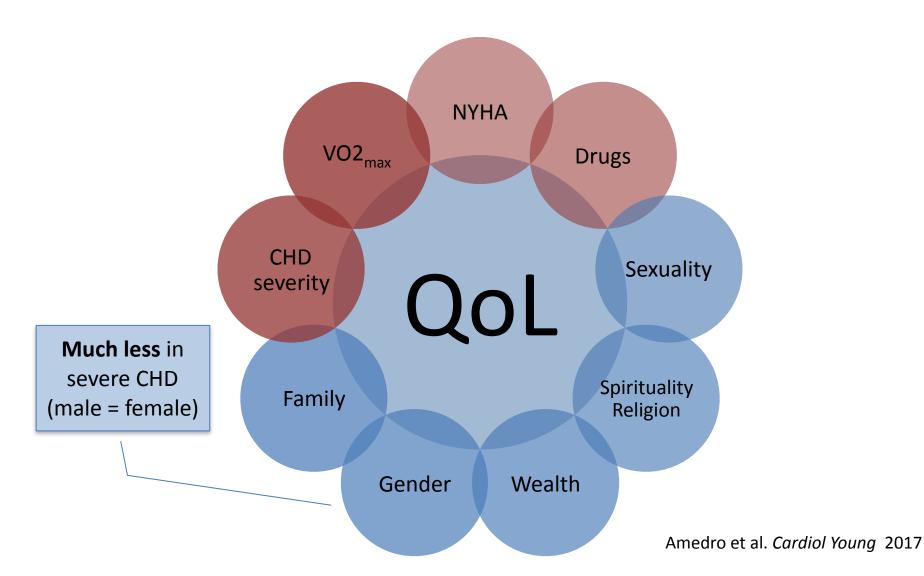


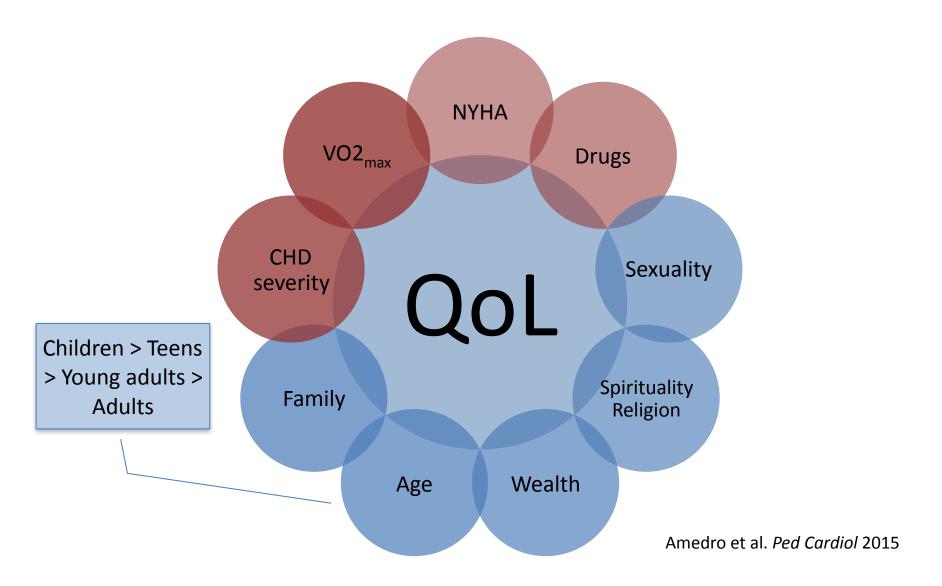


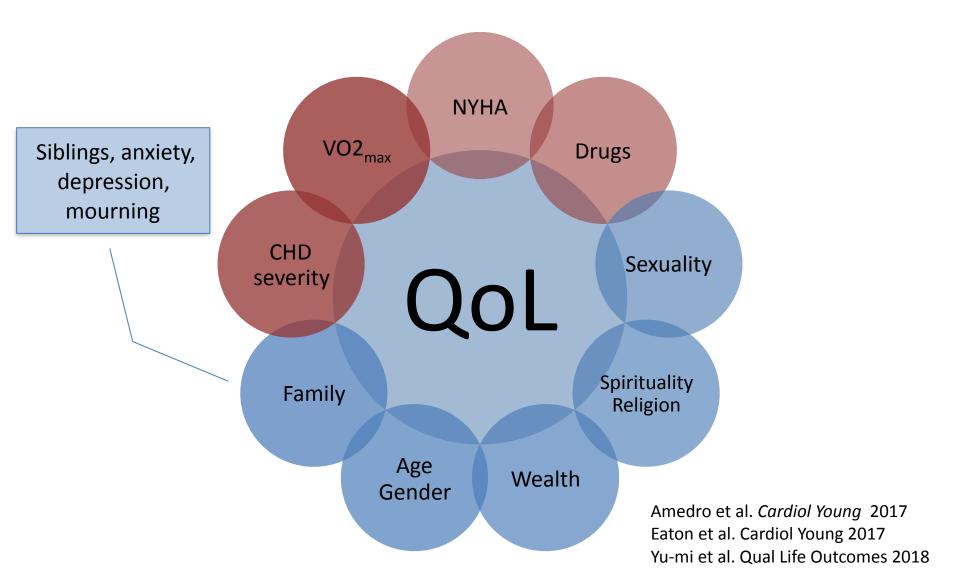






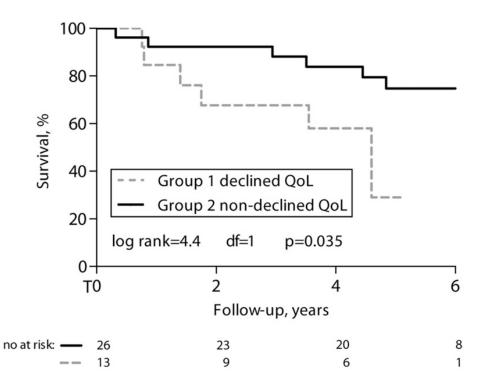






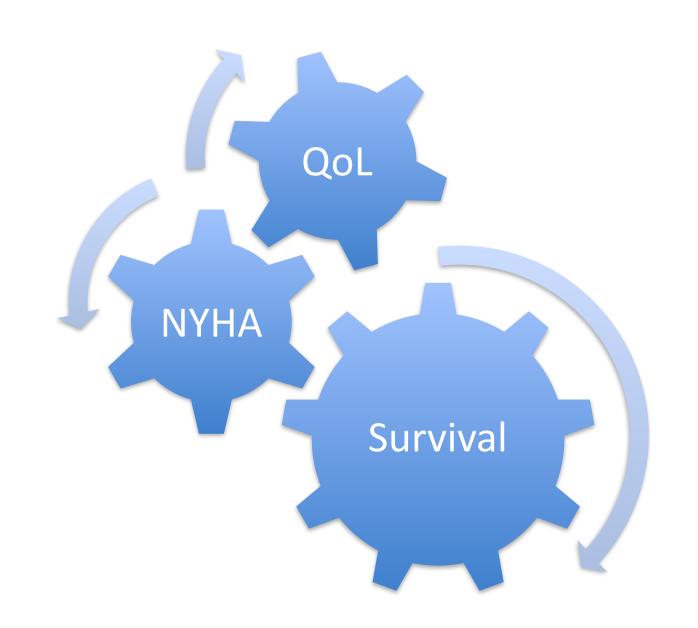
Is HR-QoL a predictor of mortality?

In PAH-CHD patients: decrease in SF3
YES!
initiation of PAH-specific therapy is a position of mortality

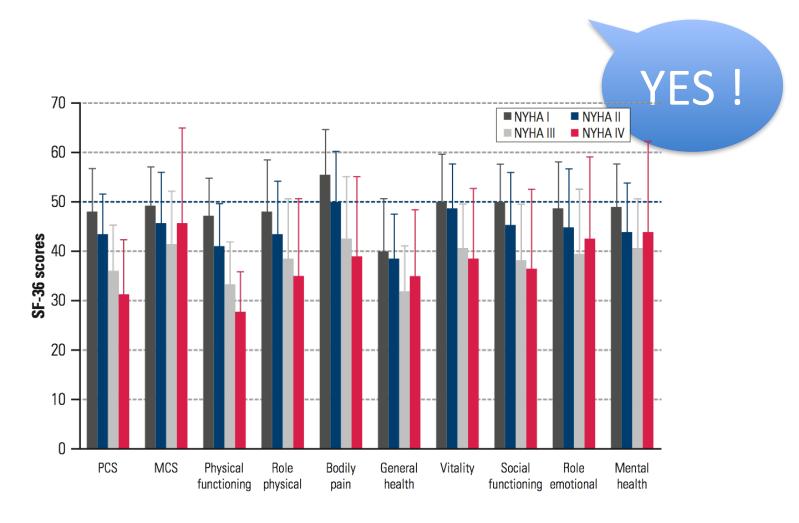


Most important determinants of survival:

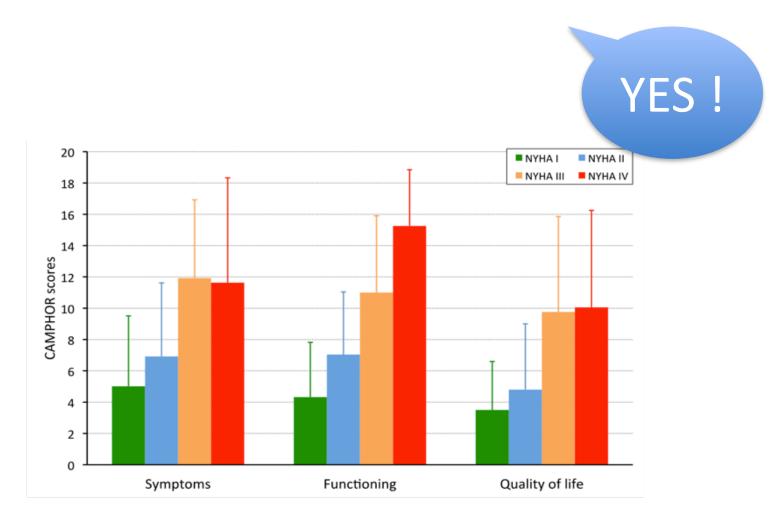
- HR decrease SF-36 (PCS) = 3.4
- HR NYHA = 4.5



Does HR-QoL correlate with NYHA in ACHD using generic instruments?



Does HR-QoL correlate with NYHA in ACHD using specific instruments?



QoL and physical capacity

Concept of WOOD (WHO 1980)

A functional test during exercise better reflects QoL related to a chronic disease than any evaluation at rest



P.H. Wood, Appreciating the consequences of disease: the international classification of impairments, disabilities, and handicaps, WHO Chronicle. 34 (1980)



Does QoL correlate with physical capacity in CHD?

- Correlation between QoL and VO2_{max}
 - In chronic heart failure 1,2
 - In ACHD patients 3,4
 - In pediatric CHD patients 5
- CPET recommended in ACHD follow-up ⁶
 - $-VO2_{max}$
 - VE/VCO2 slope
- And now in pediatric CHD follow-up ^{7,8}



- ¹ Myers et al. Am Heart J 2008
- ² Mancini et al. *Circulation* 1991
- ³ Hager et al. *Heart* 2005
- ⁴ Giardini et al. Ann Thorac Surg 2008
- ⁵ Amedro et al. Int J Cardiol 2016
- ⁶ Baumgartner et al. Eur Heart J 2010
- ⁷ Amedro et al. Heart 2017
- 8 Marcadet et al. Arch Cardiovasc Dis 2018

QoL and physical activity

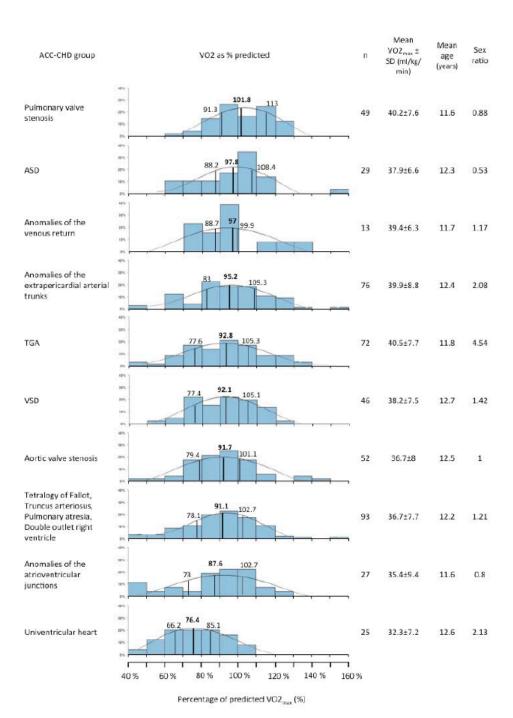
- Regular physical activity in ACHD improves QoL ¹
 - In the physical dimension
 - And in the mental well-being
 - Regardless ACHD severity, surgery, age, betablockers, pacemaker, SpO₂
- Cardiac rehabilitation in ACHD patients should be promoted ²
 - safe
 - improves VO2_{max}
 - probably improves QoL ³

- ¹ Hager et al. *Heart* 2017
- ² Amedro et al. Press Med 2017
- ³ Amedro et al. Int J Cardiol 2019

QoL and CHD severity

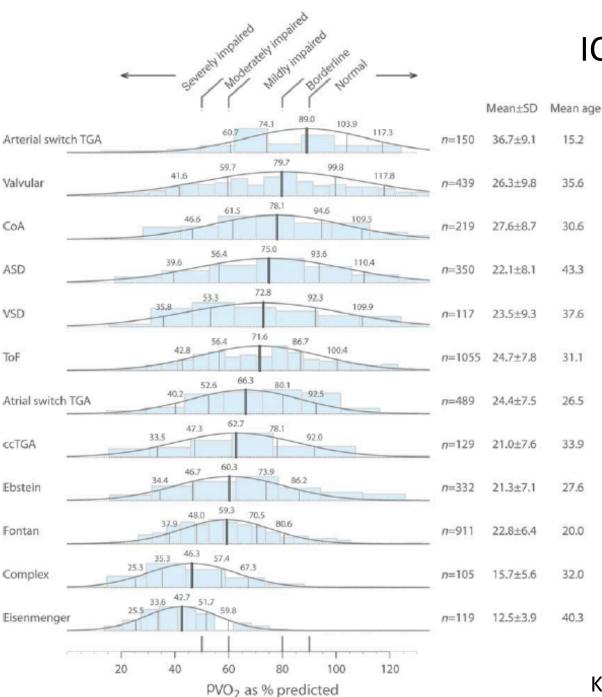
- Depends on the classification of CHD severity
- Mostly yes
 - When using simple classification (Bethesda)
 - And for the physical dimension of HR-QoL
- No data with exhaustive classifications
 - ACC-CHD



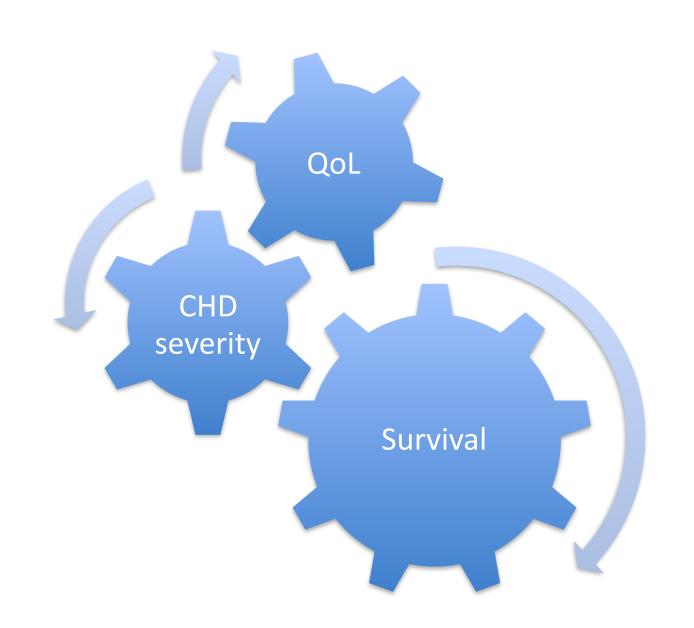


ACC-CHD Classification

Amedro et al. Heart 2017



ICD-10 classification



Does QoL correlate with CHD severity?

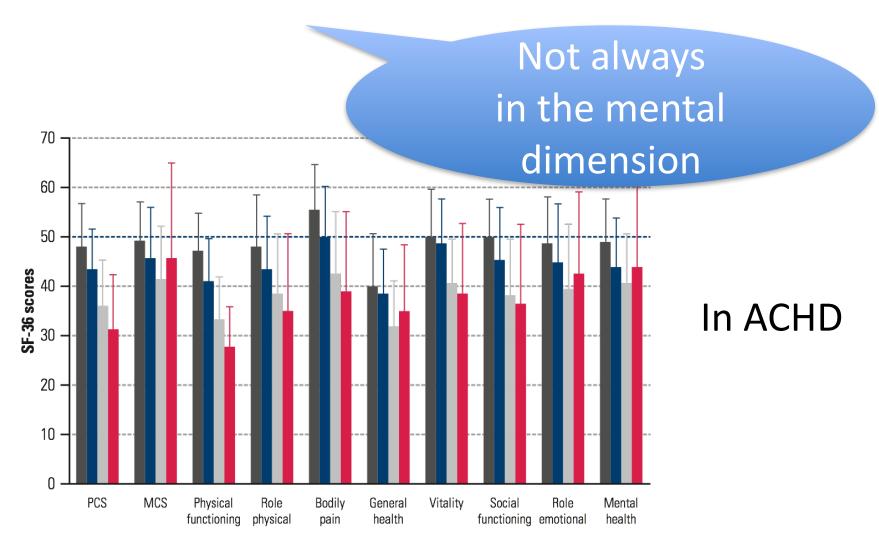
Mostly YES in the physical dimension!

- Physical dimension of HR-QoL impaired in severe CHD (Fontan, Mustard, Senning) ¹
- Physical dimension of HR-QoL more impaired in simple TGA than complex TGV ²

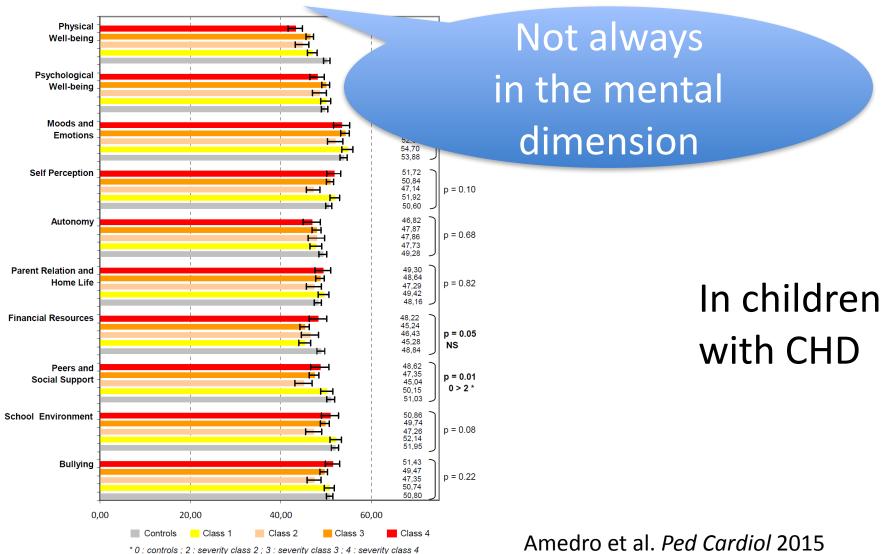
¹ Kamphuis et al. *Heart* 2002

² Culbert et al. *Circulation* 2003

Does QoL correlate with CHD severity?



Does QoL correlate with CHD severity?



Amedro et al. Ped Cardiol 2015

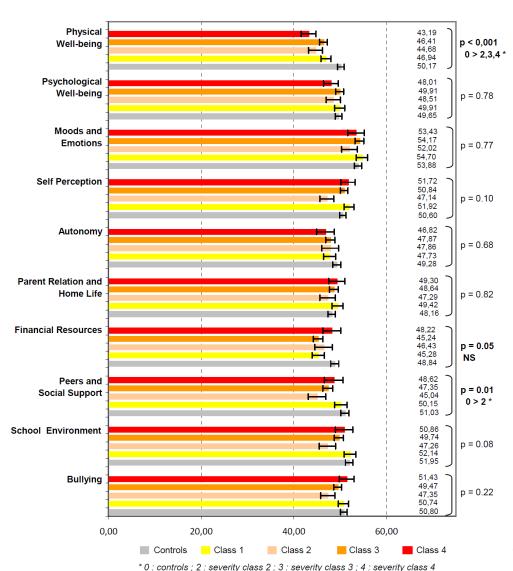
Good QoL levels in severe CHD

- Medical advances
 - New techniques (catheterization)
 - Better patient's global healthcare
 - Patient therapeutic education programs (transition) ¹
- Australian ACHD patients: mean score 90²
- Coping in CHD patients 2-4
 - Disability paradox
 - Response shift
 - Sense of coherence



- ¹ Sable et al. Circulation 2011
- ² Eaton et al. *Cardiol Young* 2017
- ³ Moons et al. Eur J Cardiovasc Nurs. 2013
- ⁴ Amedro et al. Ped Cardiol 2015

Impaired QoL in non-severe CHD



Impaired QoL in non-severe CHD

- Lack of autonomy ¹
- Patients on the « sideline » from childhood ¹
- Parental barriers to physical activity ²
- Muscular deconditioning and impaired $VO2_{max}$ even in simple CHD (ASD, VSD)
 - In ACHD 3
 - In teenagers ⁴

- ¹ Amedro et al. *Ped Cardiol* 2015
- ² Moola et al. Qual Health Res 2011
- ³ Kempny et al. *Eur Heart J* 2012
- ⁴ Amedro et al. Heart 2018

QoL inter-country variation in ACHD

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	PCS (D'100)	ME lo Joh	£0.745,0.3001	HADSAIDZI	HAD5010-22	Total health risk	As a College of the C	इमाइ हि उड़ी	COMPOSITE APPROACH.
Switzerland (n=278)	80.4 (21.5)	75.7 (17.5)	81.3 (16.4)	4.5 (3.7)	2.9 (3.3)	18.4 (16.7)	81.7 (15.8)	26.9 (6.2)	81.0 (12.3)
Sweden (n=471)	83.0 (20.9)	75.9 (19.1)	79.3 (17.5)	4.9 (4.0)	2.8 (3.1)	16.8 (15.9)	79.5 (17.7)	26.3 (6.2)	80.1 (14.4)
Netherlands (n=256)	77.2 (19.9)	75.7 (17.4)	79.4 (13.7)	4.4 (2.9)	2.4 (2.8)	19.7 (16.9)	80.1 (11.9)	27.0 (5.5)	79.1 (11.0)
Malta (n=119)	84.7 (16.8)	77.3 (17.1)	82.3 (14.3)	5.8 (4.1)	2.5 (3.2)	32.1 (16.4)	80.7 (13.4)	26.1 (5.5)	78.2 (11.4)
Italy (n=66)	77.7 (19.4)	76.2 (17.8)	79.5 (15.4)	4.4 (4.1)	3.0 (2.9)	25.7 (16.5)	79.7 (14.7)	26.0 (6.4)	77.3 (13.4)
Belgium (n=276)	77.4 (21.1)	73.7 (18.7)	78.5 (14.1)	5.8 (4.0)	2.9 (3.4)	23.2 (16.5)	76.9 (14.4)	25.9 (5.9)	76.9 (12.5)
Argentina (n=178)	77.0 (20.0)	70.0 (19.7)	80.1 (16.6)	5.6 (3.9)	3.3 (3.2)	28.8 (16.3)	79.5 (14.5)	26.7 (6.1)	76.5 (11.4)
USA (n=752)	74.6 (23.6)	71.5 (20.6)	76.6 (17.7)	6.2 (4.1)	3.0 (3.4)	21.9 (16.6)	80.5 (17.2)	25.6 (7.1)	76.4 (15.1)
Australia (n=132)	75.9 (19.8)	71.5 (18.0)	77.9 (15.1)	6.0 (3.7)	3.1 (3.0)	26.6 (16.4)	83.0 (14.1)	26.1 (6.7)	76.2 (11.2)
Norway (n=174)	77.3 (20.8)	70.2 (19.9)	72.6 (19.0)	5.4 (4.0)	2.3 (2.9)	18.5 (18.1)	76.6 (17.5)	25.5 (6.8)	75.9 (14.3)
Canada (n=523)	78.5 (18.3)	69.3 (17.3)	74.7 (15.3)	6.6 (3.2)	3.7 (3.1)	18.8 (17.0)	75.9 (15.9)	24.4 (6.7)	75.3 (12.1)
Taiwan (n=250)	70.9 (18.4)	67.0 (16.8)	79.4 (14.8)	4.9 (3.3)	4.2 (3.2)	22.0 (15.2)	75.3 (14.4)	24.8 (6.5)	74.1 (11.0)
Japan (n=257)	80.7 (17.5)	72.5 (18.9)	77.1 (17.0)	5.2 (4.3)	3.9 (4.2)	29.8 (16.6)	70.7 (21.5)	20.7 (6.3)	73.7 (13.4)
France (n=96)	73.0 (21.7)	65.7 (20.8)	79.4 (16.0)	6.8 (4.2)	3.7 (3.4)	29.6 (15.9)	78.8 (14.5)	25.0 (6.7)	73.6 (13.1)
India (n=200)	67.2 (20.7)	68.9 (19.5)	77.6 (18.7)	6.3 (3.8)	4.4 (3.5)	34.5 (13.1)	76.7 (18.5)	25.8 (5.9)	71.3 (12.2)
Total sample (n=4028)	77.2 (20.9)	72.1 (19.0)	77.9 (16.5)	5.6 (3.9)	3.2 (3.3)	22.6 (17.1)	78.3 (16.6)	25.4 (6.6)	76.6 (13.3)

Score reflecting worst status within this sample

50th percentile

Score reflecting best status within this sample

Predictors of QoL in ACHD worldwide

- Independent patient-related factors:
 - Functional class
 - Unemployment status
- Other factors:
 - Standard of living (gross domestic products per capita and human development index)
 - Healthcare system characteristics (total health expenditure per capita and overall health system performance)

Remaining questions & projects

- Predictors of HR-QoL during prenatal diagnosis
- QoL and type/severity of CHD
 - Anatomy
 - Physiology
 - Combined CHD lesions
 - Invasive treatment: surgery, cardiac catheterization
- Composite scores including QoL assessment in clinical trials
- Undetermined componants of HR-QoL in CHD
- Randomized trials with QoL as primary outcome
 - Qualirehab
 - Transition

What does my quality of life correlate with?



