

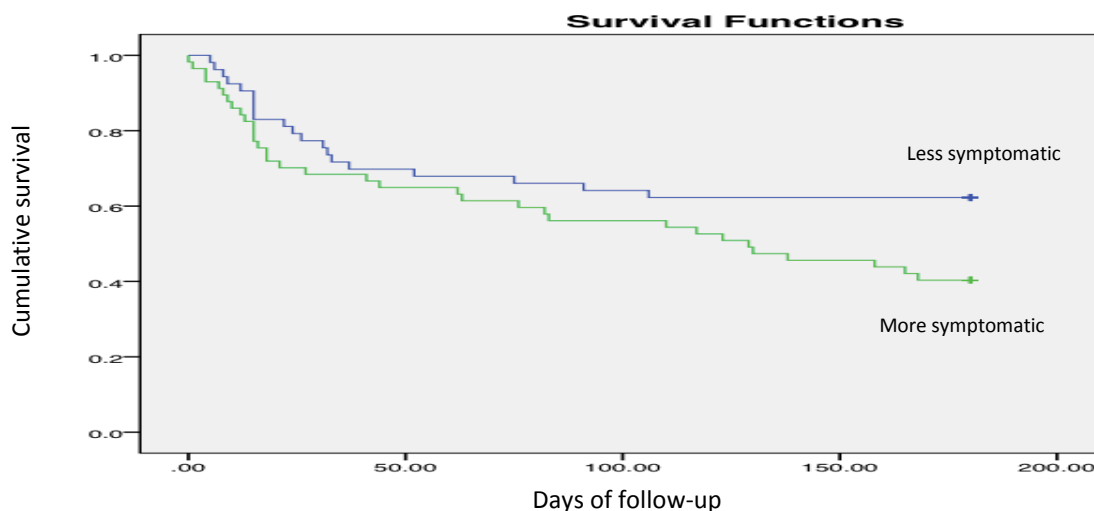
Impact of multiple symptoms on quality of life and event-free survival in chronic heart failure

Ivynian S E, Hwang C, McDonagh J, DiGiacomo M, Inglis S C, Newton P J

Purpose: Chronic heart failure (CHF) is a condition characterized by multiple debilitating symptoms that impact patient quality of life. The present study aims to explore the prevalence and severity of nine symptoms commonly associated with CHF and investigate their impact on quality of life.

Methods: One hundred and eleven inpatients and outpatients with symptomatic CHF were recruited from St Vincent's Hospital, Sydney. Prevalence and severity of nine symptoms were assessed using the Edmonton Symptom Assessment System (ESAS), quality of life (QOL) was measured using the Kansas City Cardiomyopathy Questionnaire (KCCQ), functional status was measured using the Australian modified Karnofsky Performance Scale (AKPS), and depressive symptoms with the Patient Health Questionnaire (PHQ-9). Multiple linear regression analyses were used to examine the effect of clinical and demographic variables, and symptom burden on QOL.

Results: In this young but symptomatic cohort, (58 ± 15 years, 78% male, 52% \geq NYHA class III), tiredness (62%), breathlessness (58%), and loss of wellbeing (57%) were most frequently reported and perceived as the most severe symptoms. Controlling for age, sex, comorbidity, and LVEF, predictors of QOL were social limitation ($B=0.458$, $p<0.001$), depressive symptoms ($B=-0.234$, $p=0.035$), and functional status ($B=0.282$, $p=0.001$). Overall, this model explained 64% of the variance of QOL in this cohort. Those patients who had the most symptom burden (higher overall ESAS scores) had worse event-free survival (all-cause mortality or rehospitalisation) within 6 months.



Conclusions: People with CHF often do not experience one symptom in isolation, but rather experience multiple symptoms. Continued evaluation and management of all symptoms may help to improve quality of life and outcomes.