

ASSESSING THE BENEFITS OF IMPROVING HEALTH-RELATED QUALITY OF LIFE IN HEART FAILURE: A PRELIMINARY ANALYSIS IN THE NETHERLANDS AND THE UNITED KINGDOM

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Background

- 64 million people are currently affected by Heart Failure (HF)¹
- Core symptoms of HF include shortness of breath, fatigue and fluid retention², which can have a great impact on patients' health-related quality of life (HRQoL)
- The exact extent to which patients' HRQoL is affected by HF remains unknown
- We sought to understand clinical and demographic characteristics of HF patients, the broad impact HF can have on various facets of patients' lives as well as to estimate the benefit of improving various dimensions of QoL to the HF patient, healthcare system and society**

Methods

- Multiple round table discussions with HF patient representatives from DE, FR, NL, UK were held on a regular basis, in 2020-2021, to discuss the impact of HF on QoL from a patient's perspective
- A pan-European survey amongst people living with HF was conducted from Jun – Nov 2021 to validate the qualitative findings from the discussions and quantify the impact of HF on patients' HRQoL (n= 579, 384 UK, 195 NL)
- The survey consisted of 36 multiple-choice questions assessing HF disease background, HRQoL prior- and post HF diagnosis, and current and desired HRQoL assessment and management in clinical practice
- Individual survey results were aggregated and analysed quantitatively using Microsoft Excel (v2104)

Results

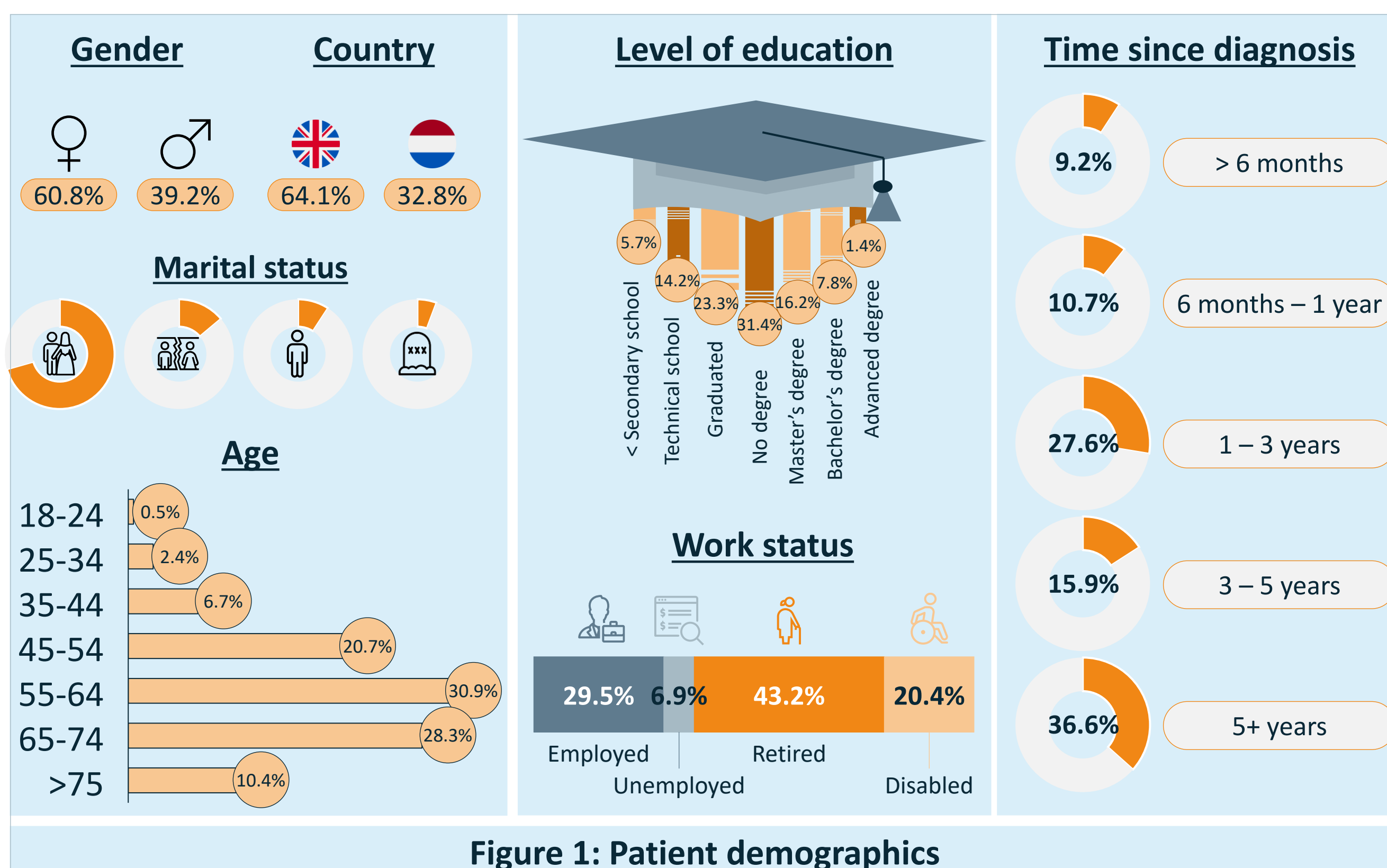


Figure 1: Patient demographics

- 579 HF patients completed the survey, 61% identified themselves as males, while 39% as females
- 80% of respondents had been diagnosed >1 year ago with HF
- Heart failure has a big impact on patients' HRQoL:
 - 1 in 5 patients consider themselves as disabled (Fig. 1)
 - Patients report a 20% decrease in the average score of HRQoL following their HF diagnosis (Fig. 2)
- Compared to the overall oncology population across all cancers and all stages (average score is 61.3 points out of 100)^{3,4}, patients living with HF have a lower HRQoL (48.4 points out of 100) (Fig. 2)
- Patients have different perceptions of HRQoL, defining it as a combination of physical (84.1%) and mental (80.0%) wellbeing, as well as, social, community and civic activities (50.1%), incl. recreation & fun (61.5%)

Conclusions

- There is an **urgent need to redefine health**: We must include HRQoL elements on all physical, mental & social domains
- Heart failure has a **key impact on how people live their lives**, 1 in 5 HF patients consider themselves disabled
- Patients perceive **improving HRQoL as being as important as mortality and morbidity**
- We must **continually assess and manage HRQoL** in patients throughout the lifespan of their condition
- There is a need to use **validated HRQoL questionnaires** and other tools to better assess HRQoL
- We must **coach and support patients** to self-manage their disease and improve their HRQoL.
- Patients must be part of decision making**

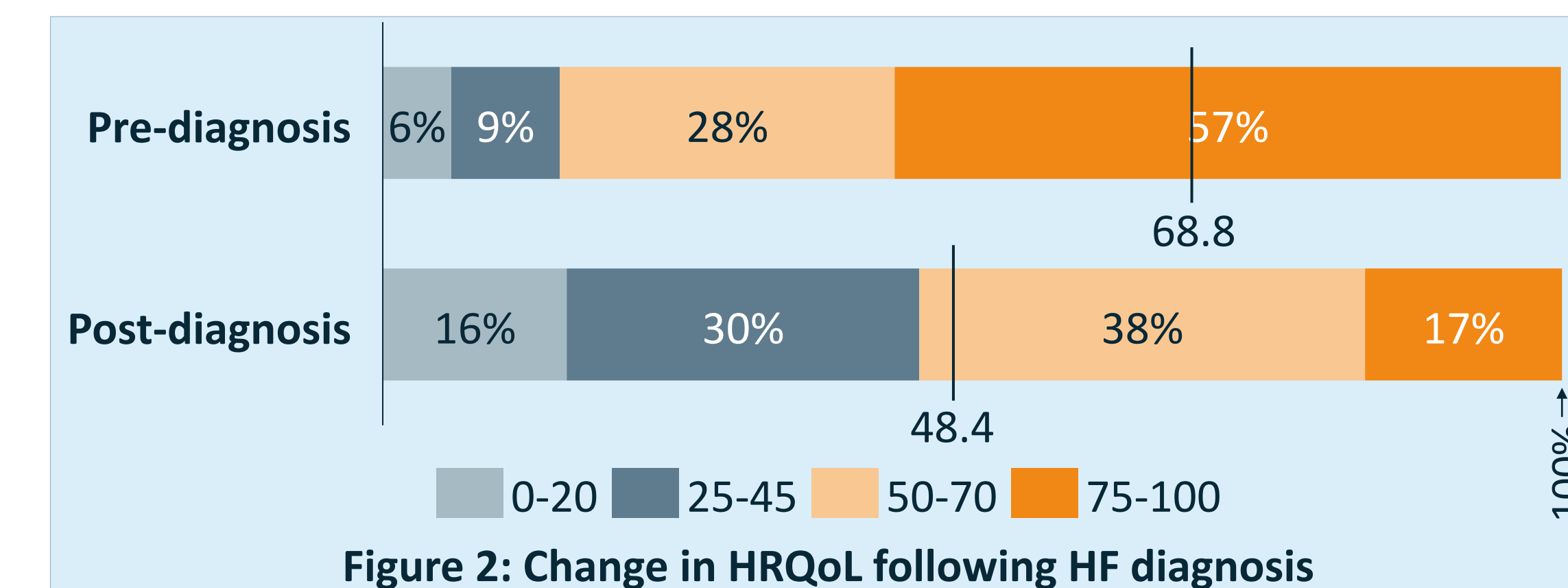


Figure 2: Change in HRQoL following HF diagnosis

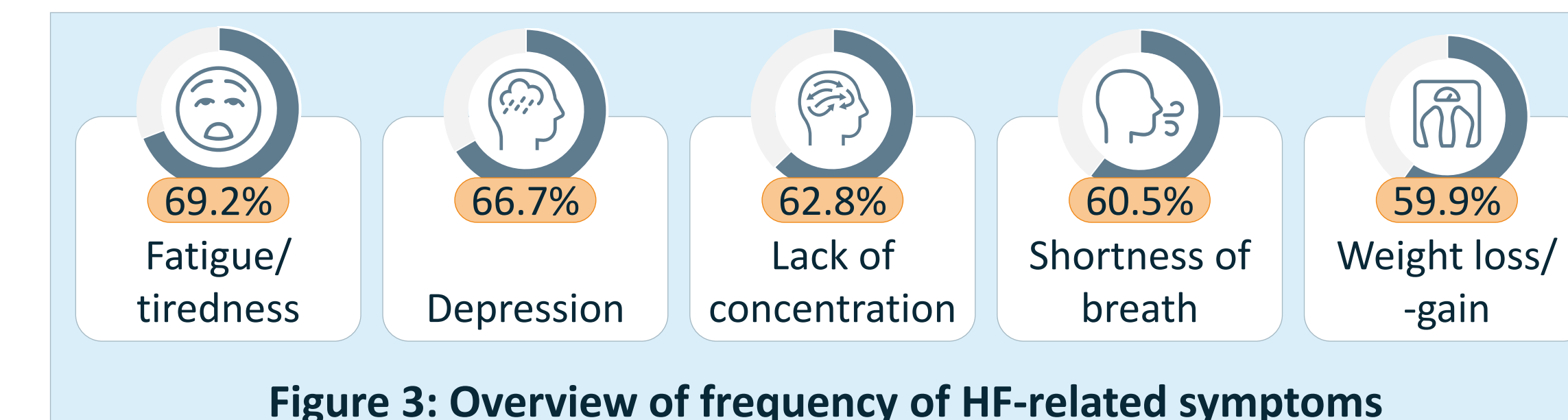


Figure 3: Overview of frequency of HF-related symptoms

- 18% of respondents discuss QoL on a frequent basis with their dedicated HCPs, actions are always or often taken in only 1 in 5 cases. >90% patients would like to have more discussions since they perceive it as helpful (Fig. 5)
- There is a clear need to better utilize HRQoL discussions for patients and physicians to agree which actions are most suitable to improve HRQoL
- Shared decision making is imperative to patient-centricity and should be part of appropriate heart failure management^{2,6}

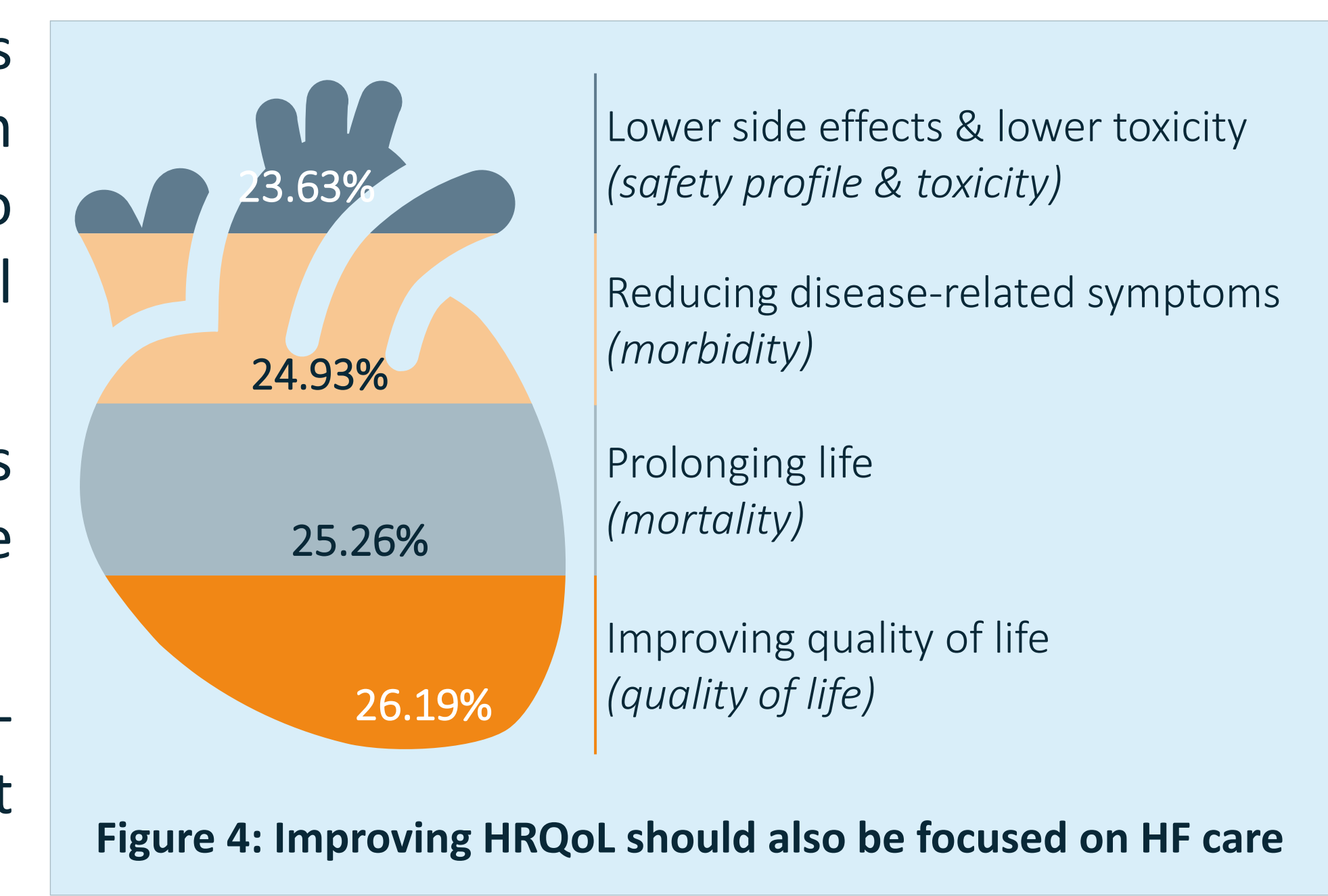


Figure 4: Improving HRQoL should also be focused on HF care

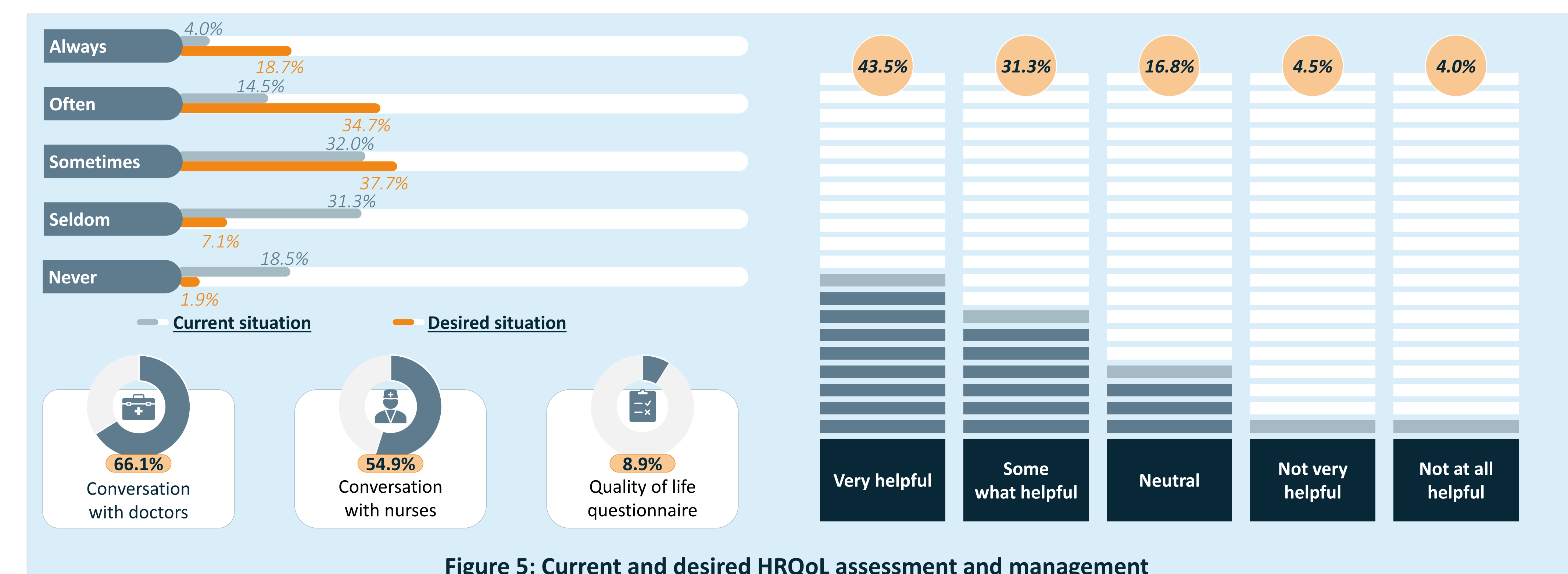


Figure 5: Current and desired HRQoL assessment and management

References

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