

## EDITORIAL ARTICLE

### HEALTH FAILURE AND HEALTH RELATED QUALITY OF LIFE

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**C**ongestive heart failure (CHF) consists a prevalent debilitating disease of poor prognosis. Despite improvements in diagnosis and technology and the remarkable progress in care, the annual number of cases has been dramatically increased over the last three decades. Approximately, five million people live with CHF in the United States, about 550.00 new cases are diagnosed every year and unfortunately half of them die within five years of diagnosis.<sup>1,2</sup>

CHF is a condition at which heart cannot fill with or eject the sufficient amount of blood that is required due to structural or functional cardiac disorder. Patients suffering from congestive heart failure experience a variety of symptoms as a result of the disease. The most frequent symptoms are fatigue, decreased exercise tolerance, swelling in the legs and ankles (edema), weight gain and difficulty in breathing (dyspnea) because of fluid accumulation. As a result, heart function is decreasing, the needs of oxygen in the tissues are unmet and also cognitive impairment (memory loss, poor concentration) may occur. Consequently, the disease exerts a negative impact on health related quality of life due to the poor physical, psychological and social functioning.<sup>3</sup>

Although, health related quality of life (HRQL) has become an important issue in health care practise, is still missing a world-wide accepted definition. The most frequent terms used by literature to characterise health status are functional ability and well-being, whereas the term

quality of life is mainly used to characterise the patient's quality of life as it is experienced from his own subjective perspective.

According to other definitions, health-related quality of life consists a unity which is composed of physical symptoms related to the disease, functional ability referred to the individual's ability to cope with the disease and perceptions related to the way the individual judges the condition.<sup>4,5,6</sup>

Numerous studies, trying to explain the way that the disease affects negatively the quality of patients' lives, came to the conclusion that this is attributed to a variety of interacting reasons mainly related to the severity of the disease. When the stage of the disease deteriorates, the physical symptoms are such that impose important limitations on the daily activities of the patients. According to the literature, the most stressful aspect of CHF is to cope with the physical symptoms, which sometimes may be so disturbing that they restrict patients from work or activities that they previously enjoyed. Moreover, they experience low self-esteem, more frequent hospitalizations, financial problems which all have deleterious effects on patient outcomes. As a result, patients often experience emotional distress or even depression and it difficult for them to handle these problems, without proper support.<sup>4,5,6,7</sup>

Improving health-related quality of life by managing symptoms than curing the disease, is the primary goal in the treatment of patients with congestive heart failure. Assisting or encouragement of patients to

adopt a positive attitude towards their health status, is also one more important goal of treatment. Another approach that can significantly contribute to better quality of life is the improvement of hospital to home transition, although this is closely depending on the severity of the disease.<sup>8,9,10</sup>

Health professionals and clinicians should fully understand the impact of the disease on the health related quality of life and therefore target interventions for symptom management such as to decrease frequency and severity of the symptom burden and finally to improve both physical and emotional health status. Research should focus not only on measuring HRQL but also on indentifying beneficial ways or interventions to improve HRQL.

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