Qualité de vie du patient angoreux ou insuffisant cardiaque.

P Jourdain

Unité thérapeutique d'insuffisance cardiaque

Service de cardiologie

Qu’est ce que la qualité de vie ?

L'Organisation mondiale de la santé définit en 1994 la qualité de la vie comme « la perception qu’a un individu de sa place dans l’existence, dans le contexte de la culture et du système de valeurs dans lesquels il vit, en relation avec ses objectifs, ses attentes, ses normes et ses inquiétudes.

Il s’agit d’un large champ conceptuel, englobant de manière complexe la santé physique de la personne, son état psychologique, son niveau d’indépendance, ses relations sociales, ses croyances personnelles et sa relation avec les spécificités de son environnement ».

Quand on parle de qualité de vie, on pense souvent à….

Alors qu'en fait, pour le patient…

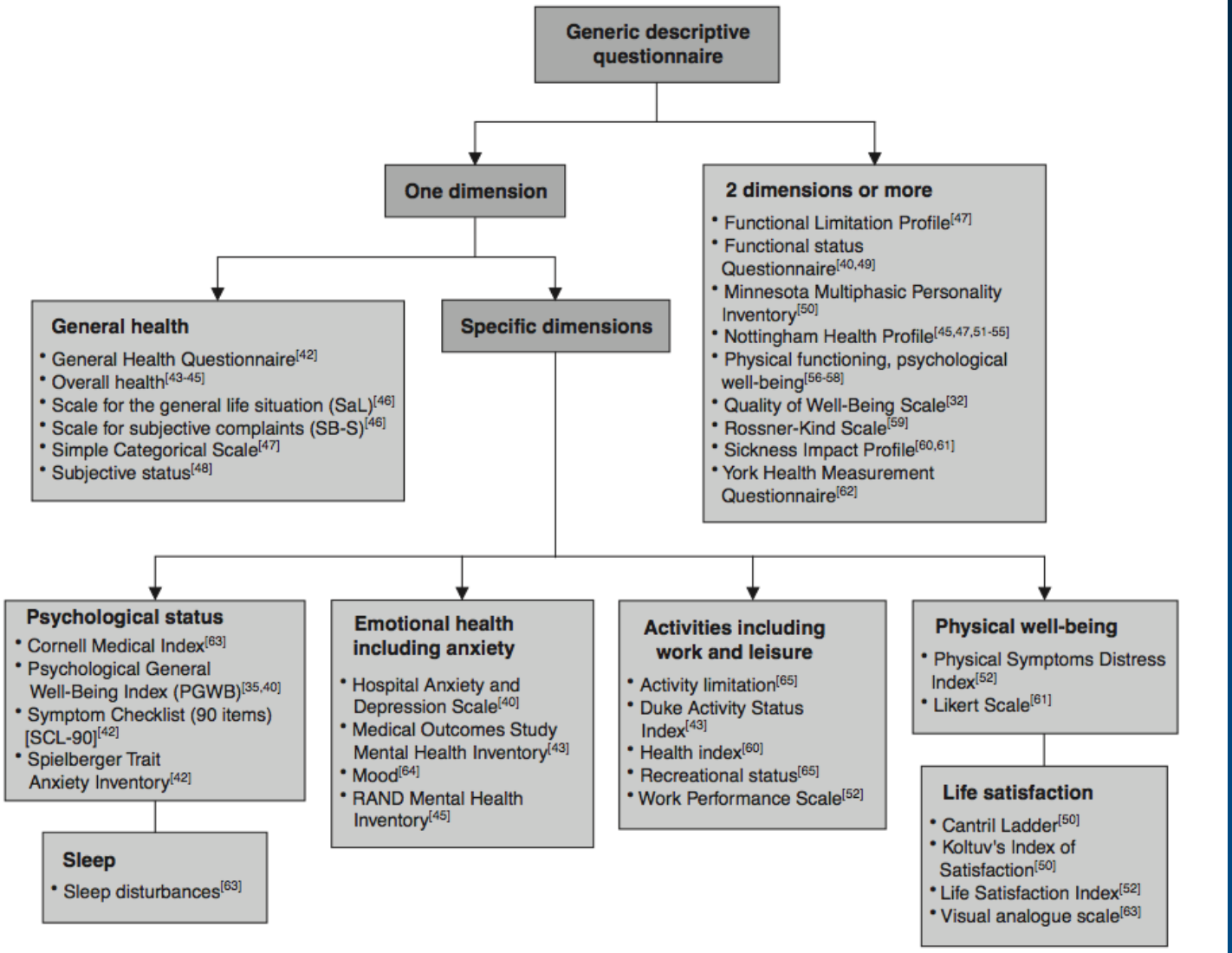
C’est…

- Ne pas avoir de signe clinique « éprouvant »
- Pouvoir mener sa vie selon son choix
- Pouvoir être associé à la vie de ses proches
- Pouvoir assumer ses projets de vie
- … Etre autonome pour les actes de la vie courante

Ca se mesure…

- Par des questionnaires
  - de durée et de forme variable.
  - Standardisés
  - Souvent issus du monde anglosaxon
  - Souvent créés par des psychologues
- Par des questionnaires axés sur la pathologie
  - NYHA
  - CCAS

Les QQV appréhendent des dimensions complexes



Pharmacoeconomics 1999 Aug; 16 (2): 141-152

Questionnaire générique d'évaluation de la QdV

- Résume le vécu global de la maladie
- Est standardisé et largement applicable…
- Manque de sensibilité et de flexibilité
- Recul d'utilisation et comparaison possible entre pathologies
- Exemples :
  - Short Form 36 (SF 36), 36 items et 8 dimensions
  - Nottingham Health Profile (NHP)
  - EuroQoL 5 Dimension (EQ-5D), 3 niveaux par dimension

  En général remplis en une dizaine de minutes par le patient…

Gandjour et al. Pharmacoeconomics 1999 Aug; 16 (2): 141-152.

Enfin, pas pour tous…

Questionnaire spécifique de la maladie

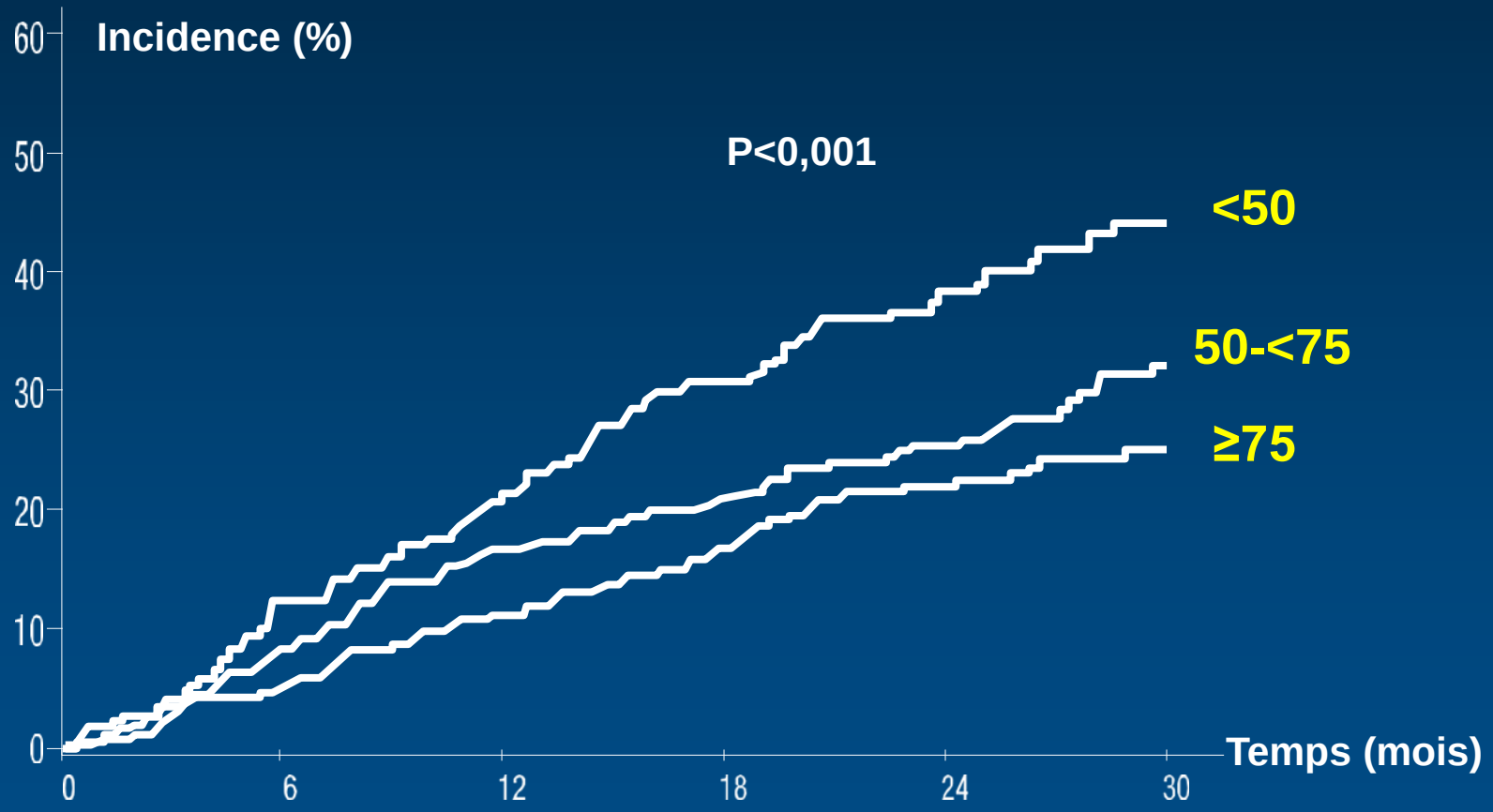
- Contient des items pertinents par rapport à la maladie
- Sensible à de petits changements de l'état de santé
- Mieux acceptés par les patients et les cliniciens
- Exemples dans l'angor :
  - Seattle Angina Questionnaire (SAQ), 19 items et 5 domaines (5')
  - QoL after acute MI (QLMI), 26 items et 2 dimensions (10')
- Exemples dans l'insuffisance cardiaque (IC)
  - Minnesota Living with HF (MLwHF)
  - Kansas City Cardiomyopathy Questionnaire (KCCQ)

Gandjour et al. Pharmacoeconomics 1999 Aug; 16 (2): 141-152.

Comme d’habitude tout est dans la question…

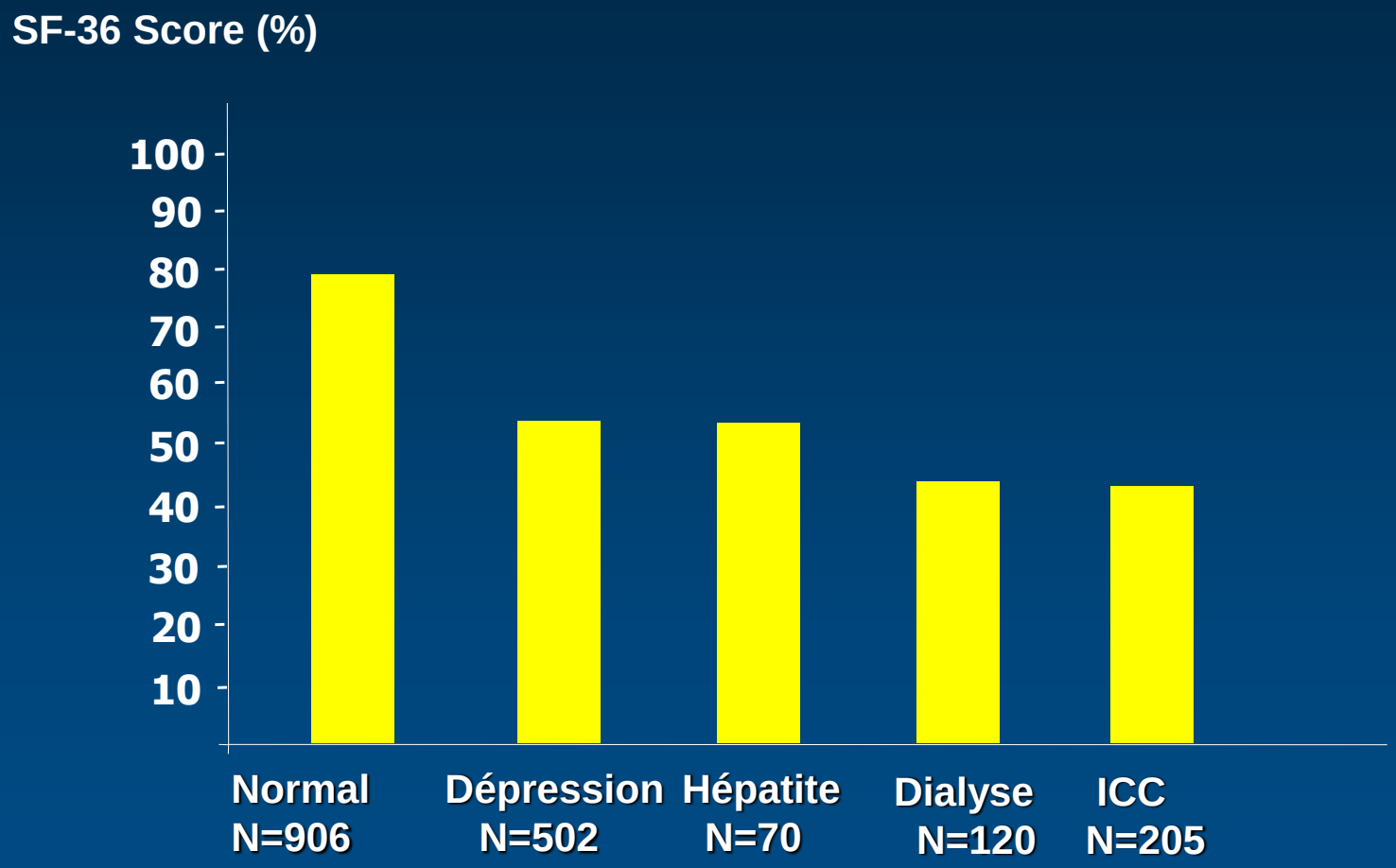
Lien entre QdV et évènements CV
Bras placebo de SHIFT QdV

Evolution du critère primaire (Mortalité CV ou hospitalisation pour IC) en fonction de la Qualité de vie (SCORE GLOBAL du KCCQ) à l'inclusion



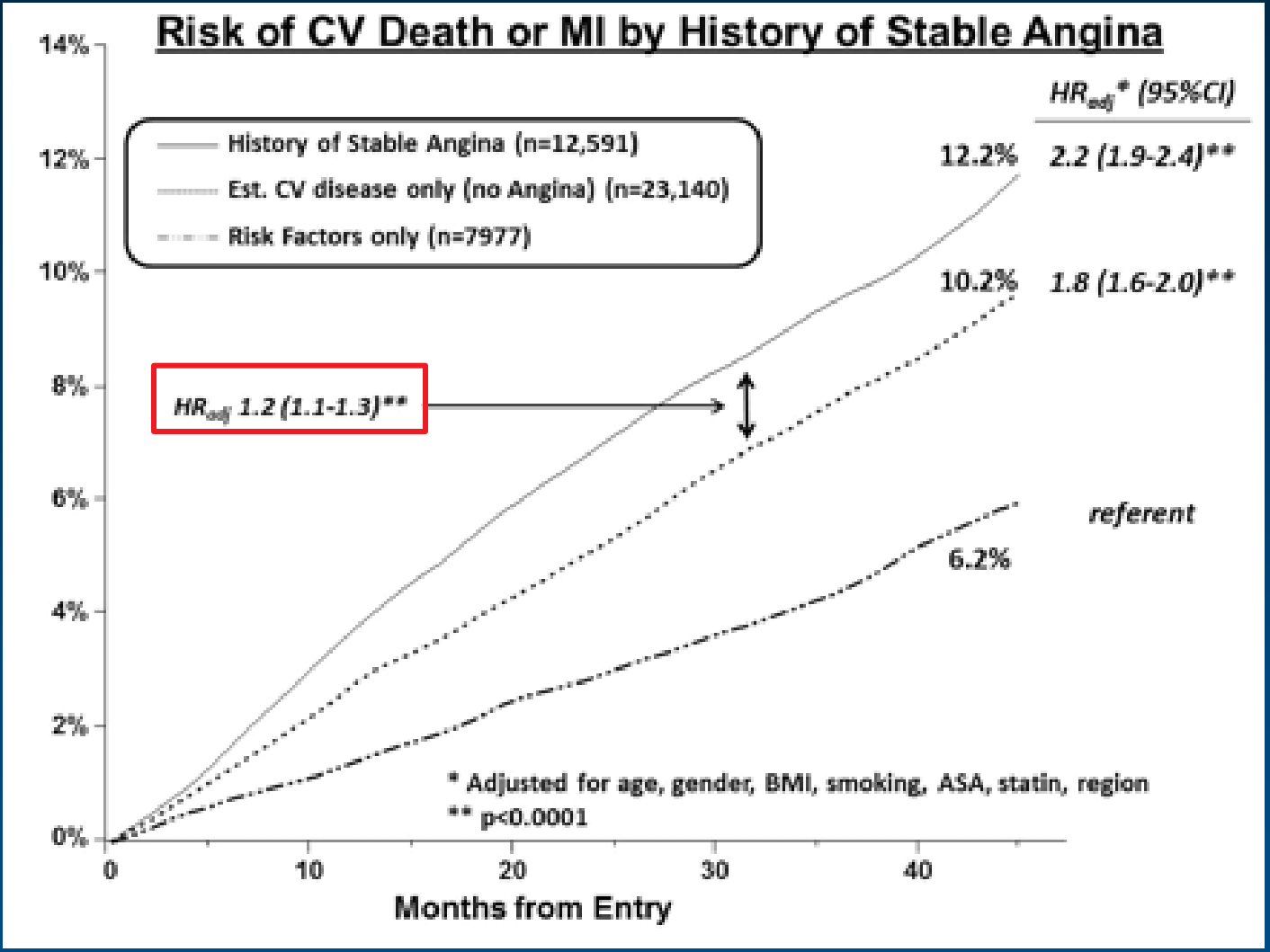
I. Ekman et al. doi:10.1093/eurheartj/ehr343

Améliorer la qualité de vie dans l'insuffisance cardiaque chronique: une nécessité



Juenger J et al. *Heart* 2002;87:235–41.

La présence de symptômes d'angor expose les patients à un risque CV plus important



Scirica et al. Circulation 2011; 124: A13420

Classification canadienne la version angor de la NYHA ?

Table 2
Canadian Cardiovascular Society functional classification

Class I:	Ordinary physical activity does not cause angina, such as walking and climbing stairs. Angina with strenuous or rapid or prolonged exertion at work or recreation.
Class II:	Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold, or in wind, or under emotional stress, or only during the few hours after awakening. Walking more than 2 blocks on the level and climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.
Class III:	Marked limitation of ordinary physical activity. Walking one to two blocks on the level and climbing one flight of stairs in normal conditions and at normal pace.
Class IV:	Inability to carry on any physical activity without discomfort — anginal syndrome may be present at rest.

P. Gibelin / European Journal of Heart Failure 3 (2001) 739–746

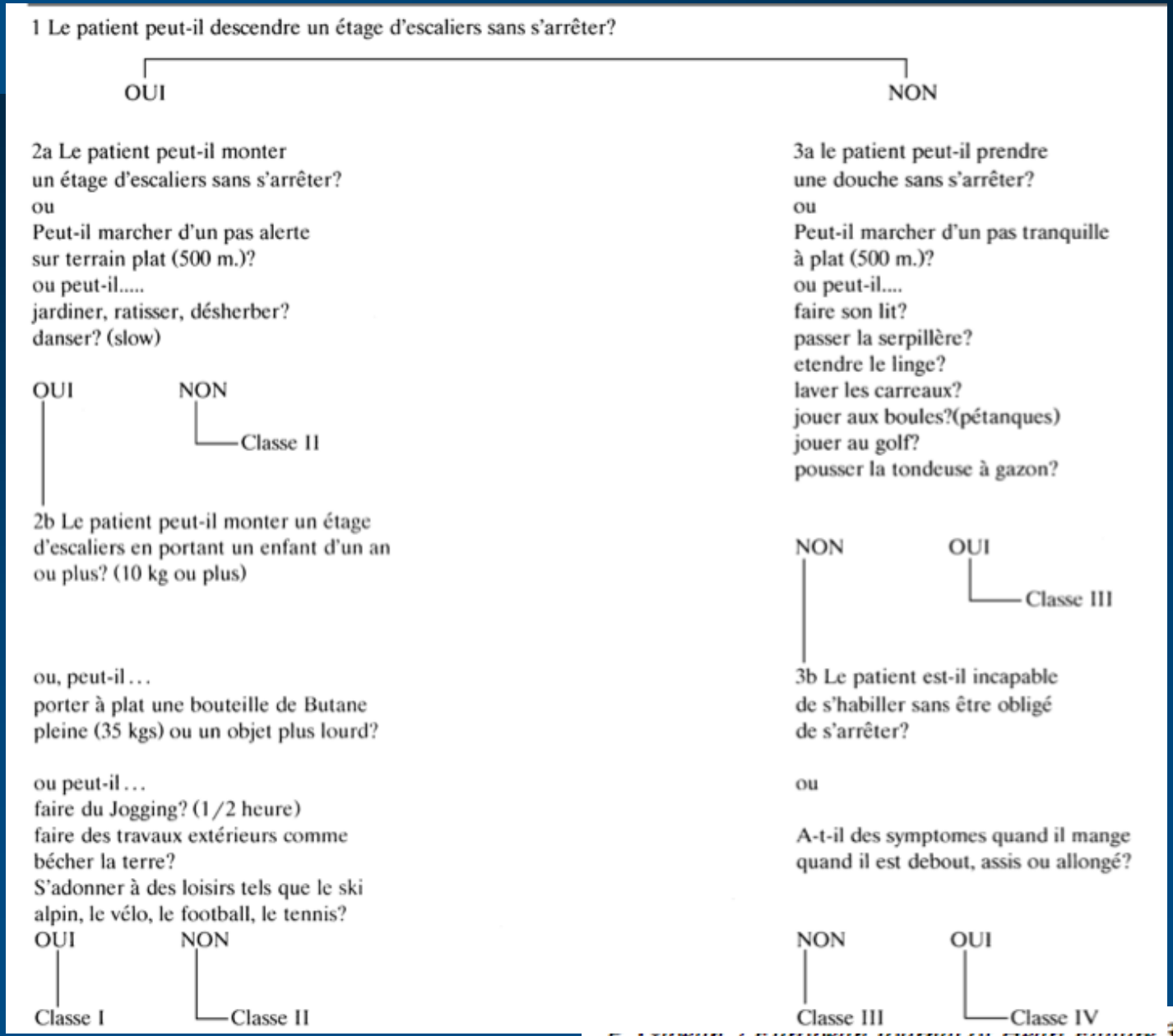
Classification de Feinstein

Feinstein classification: the ratings for three components of the dyspnea/fatigue index

Magnitude of task (at normal pace)	
4 = extraordinary.	Becomes short of breath or fatigued (hereafter caller 'symptomatic') only with extraordinary activity such as carrying very heavy loads on level ground, lighter loads uphill or running. No symptoms with ordinary tasks.
3 = major.	Becomes symptomatic only with such major activities as walking up a steep hill, climbing more than three flights of stairs or carrying a moderate load on the level.
2 = moderate.	Becomes symptomatic with moderate or average tasks such as walking up a gradual hill, climbing less than three flights of stairs or carrying a light load on level ground.
1 = light.	Becomes symptomatic with light activities, such as walking on the level, washing or standing.
0 = none.	Symptomatic at rest, while sitting or lying down.
Magnitude of pace	
4 = extraordinary.	Essentially all conceivable physical tasks are performed at normal pace.
3 = major.	Major tasks, as defined earlier, are performed at a reduced pace, taking longer to complete. Less strenuous tasks can be done at normal pace.
2 = moderate.	Moderate tasks, as defined earlier, are performed at a reduced pace, taking longer to complete. Light tasks can be done at normal pace.
1 = light.	Light tasks are done at a reduced pace.
0 = none.	Symptomatic at rest.
Functional impairment	
4 = none.	Can carry out usual activities and occupation (if employed before onset of congestive heart failure) without symptoms.
3 = slight.	Distinct impairment in at least one activity but non activities completed abandoned. A change in activity may have occurred at work or in other activities, but the change is slight or is not clearly caused by shortness of breath or fatigue.
2 = moderate.	Patient has changed jobs or has abandoned at least one usual activity.
1 = severe.	Patient is unable to work or has given up most or all usual activities.
0 = very severe.	Unable to work and has given up most or all usual activities.

P. Gibelin / European Journal of Heart Failure 3 (2001) 739–746

Classification de Gibelin et Specific Activity Scale functional class



F. Gibelin / European Journal of Heart Failure 3 (2001) 739–746

Comparaison de différents questionnaires chez le coronarien

Table I. Specific descriptive questionnaires used in randomised controlled trials (RCTs) on angina patients

Angina-specific questionnaire	Reference for RCTs	Validity	Reliability	Sensitivity	Reference for psychometric properties
Anginal Impact Questionnaire (AIQ)	Nissinen et al.[35]	NA	NA	NA	NA
Angina Pectoris Quality of Life Questionnaire (APQLQ)	Nissinen et al.[35]	NA	NA	NA	NA
Daily Activity Score	De Jongste et al.[36]	+	+	NA	Goldman et al.[37]
Quality of Life Questionnaire in Severe Heart Failure	Richter et al.[38]	+	+	+	Wiklund et al.[39]
Quality of Life after Myocardial Infarction (QLMI) questionnaire	Oldridge et al.,[28] Heller et al.[29], Hillers et al.,[30] Heller et al.,[31] Oldridge et al.[32]	+	+	+	Hillers et al.[30]
WHO (Rose) Angina Questionnaire	Trzcieniecka-Green and Steptoe[40]	+	+	+	Rose and Blackburn[41]

NA = not assessed or not available; **WHO** = World Health Organization; + = demonstrated.

Pharmacoeconomics 1999 Aug; 16 (2): 141-152

L'angor et l'infarctus sont associés à une baisse durable de la QdV.. Mais souvent moins que dans d'autres pathologies

Table II. Scores of the Nottingham Health Profile (NHP) Part 1 for patients with angina, rheumatoid arthritis or migraine, and for the healthy population

Population	Gender	Age (y)	Mean scores (%)						
			energy	pain	emotional reaction	sleep	social isolation	physical mobility	total
Angina and normal coronary angiogram[54] (n = 18)	Female	Median 53	33.3[a]	37.5[a]	11.1[a]	40[a]	0[a]	25[a]	146.9
Angina (not differentiated)[46] [n = 101]	Not reported	Not reported	50	27.4	24.8	44.6	10.4	26.4	183.6
6 months post myocardial infarction (NYHA II)[66] [n = 61]	Not reported	Not reported	31.3	9.3	15.4	23.7	6.7	13.4	99.8
5 years post suspected myocardial infarction[51][b]	Male preponderance	Mean or median not reported	23	10	13	20	10	13	89
Rheumatoid arthritis[67] (n = 68)	Female	58	64.5	62.9	31.8	51.7	26.5	55.1	292.5
Migraine[67] (n = 80)	Female	44	41.6	18.5	29.2	38.6	15.9	3.8	147.6
Healthy population[68]	Female	40-44	12.6	5.9	10	11.9	5	3.3	48.7
Healthy population[68]	Male	40-44	10.1	5.8	10.4	11.9	5.0	3.2	46.4
Healthy population[68]	Female	55-59	18.6	14.5	7.7	11.7	3.4	3.7	59.6
Healthy population[68]	Male	55-59	13.3	2.9	7.7	11.7	3.4	3.7	42.7

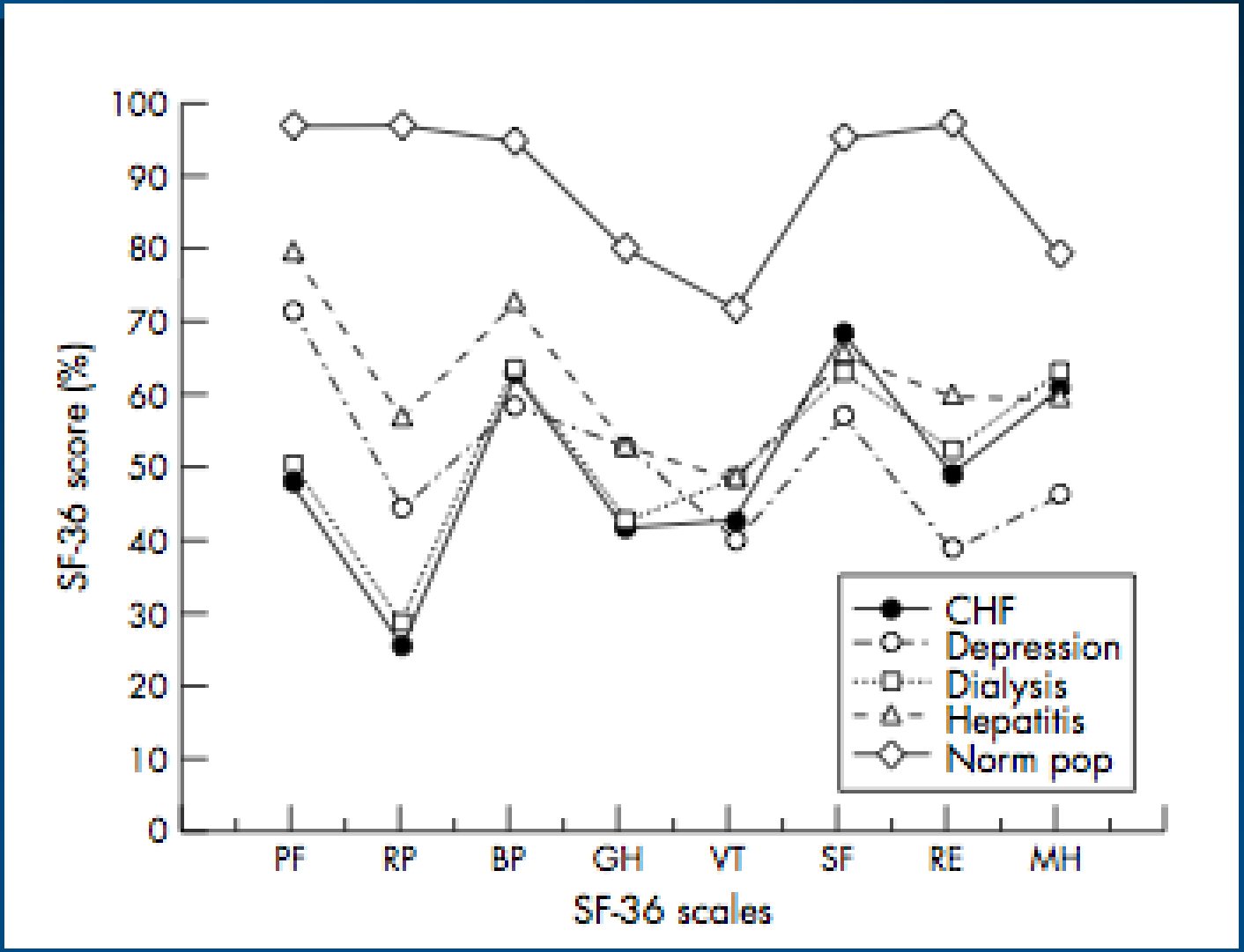
a Subscores are calculated based on medians.

b The number of patients enrolled was not reported.

NYHA = New York Heart Association.

Pharmacoeconomics 1999 Aug; 16 (2): 141-152

L’insuffisance cardiaque se traduit par une diminution de la QdV



Heart 2002;**87**:235–241

Table 2 Comparison of SF-36 scales in heart failure patients in different functional classes, and between heart failure patients, patients with other diseases, and the general population

		CHF patients				Comparison groups			
		NYHA class							
SF-36 scales		I[a] (n=24)	II[b] (n=98)	III[c] (n=83)	Total[d] (n=205)	Dialysis (n=120)	Hepatitis (n=70)	Major depression (n=502)	Normal (n=906)
Physical functioning	Mean	79.2	56.7	29.2	48.3	50.7	79.3	71.6	96.6
	SD	20.4	21.3	20.0	26.9	30.8	23.3	27.2	10.0
	Significance	b,c	a,c	a,b		a,c	b,c,d	b,c,d	a,b,c,d
Role-physical	Mean	60.4	28.9	10.7	25.5	28.6	56.9	44.4	96.9
	SD	41.6	37.4	26.9	37.5	37.2	43.5	40.3	13.9
	Significance	b,c	a,c	a,b		a,c	b,c,d	b,c,d	a,b,c,d
Bodily pain	Mean	85.9	65.7	52.7	63.1	63.7	72.6	58.8	94.6
	SD	20.2	28.9	33.1	31.5	27.3	27.4	26.7	15.0
	Significance	b,c	a,c	a,b		a	c	a	b,c,d
General health	Mean	63.8	44.5	31.7	41.7	43.0	52.7	52.9	79.9
	SD	17.1	17.1	15.0	19.2	20.2	25.7	23.0	13.7
	Significance	b,c	a,c	a,b		a,c	c,d	b,c,d	a,b,c,d
Vitality	Mean	61.2	49.5	29.3	42.8	48.9	48.3	40.1	71.9
	SD	19.0	19.6	17.0	21.9	24.0	24.2	21.1	14.3
	Significance	c	c	a,b		c	a,c	a,b,c	a,b,c,d
Social functioning	Mean	80.7	75.4	57.2	68.5	63.1	65.5	57.2	94.9
	SD	19.8	23.9	27.4	26.9	29.6	26.2	27.7	12.3
	Significance	c	c	a,b		a,b	a	a,b,d	b,c,d
Role-emotional	Mean	76.4	55.0	32.9	49.1	52.5	59.5	38.9	96.9
	SD	38.7	45.7	43.7	46.3	45.4	41.0	39.8	14.3
	Significance	c	c	a,b		a,c	c	a,b	b,c,d
Mental health	Mean	74.0	66.3	51.4	61.2	63.3	59.4	46.3	79.2
	SD	19.3	17.9	20.4	20.8	20.5	22.1	20.8	13.1
	Significance	c	c	a,b		c	a	a,b,d	b,c,d

Significance (a,b,c,d): p<0.05 by *t* tests between groups with the designated letters and NYHA I (a), NYHA II (b), NYHA III (c), [illegible] population (d). To control for the multiplicity problem of multiple comparisons, only adjusted p values are reported (after Bonfero[illegible]
CHF, congestive heart failure; NYHA, New York Heart Association.

Heart 2002;**87**:235–241

Cette diminution impacte toutes les dimensions humaines

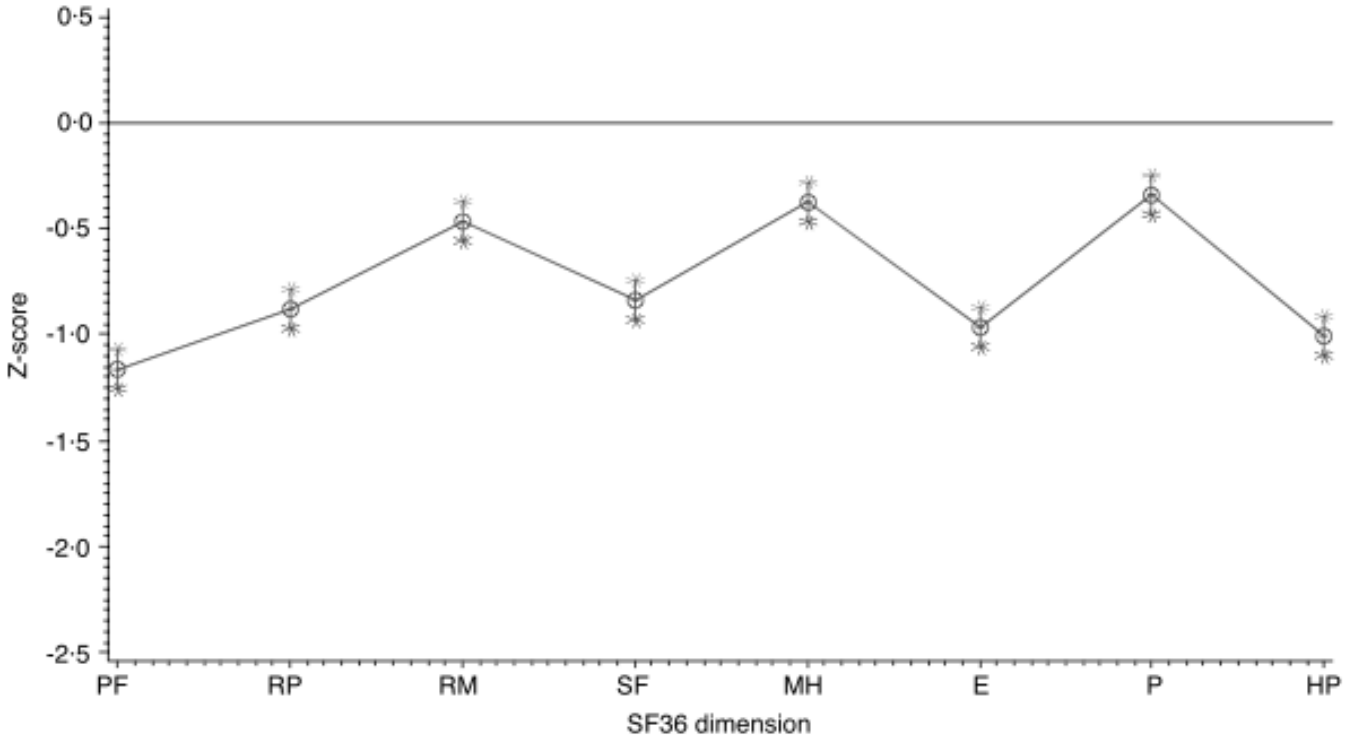


Figure 1 **Z-scores of patients with heart failure compared with the general population with 95% confidence intervals. PF=physical functioning; RP=role physical; RM=role mental; SF=social functioning; MH=mental health; E=energy; P=pain; HP=overall perception of health. ——=general population; ✳=95% confidence interval; ○=diagnosed heart failure. NB for all figures: Scores more extreme than ± 0·8 are said to reflect 'large' differences between the disease group and the general population[36]. The z-score scale also relates to percentiles of the adjusted score distribution of the general population. For example, z-scores of − 1·96 or less equate to the lowest scoring 2·5% of the general population.**

European Heart Journal (2002) **23**, 1867–1876

Plus l'insuffisance cardiaque est sévère plus la qualité de vie diminue

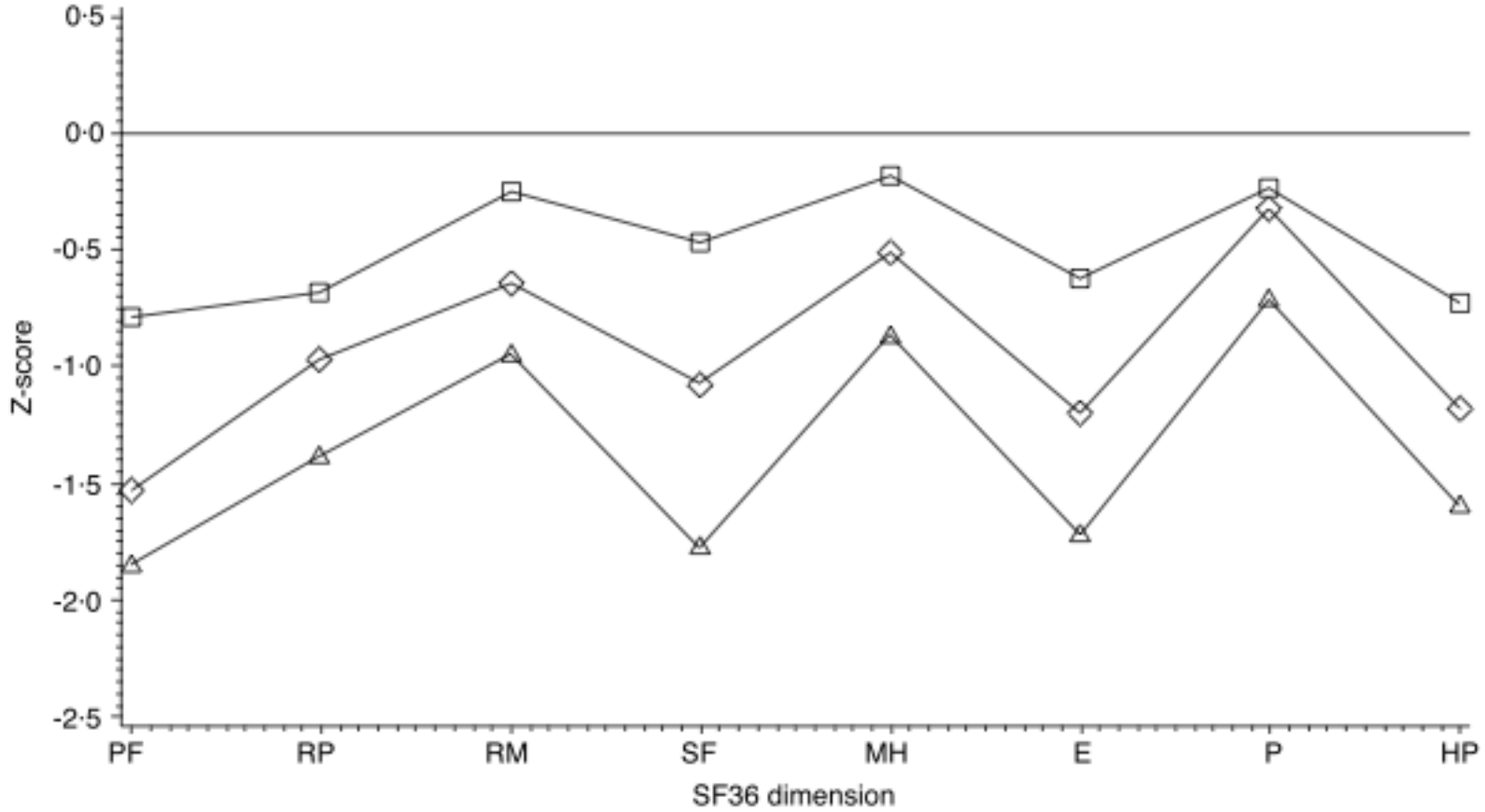


Figure 3 **Z-scores of diagnosed heart failure patients divided into NYHA classes compared to the general population. PF=physical functioning; RP=role physical; RM=role mental; SF=social functioning; MH=mental health; E=energy; P=pain; HP=overall perception of health. ——=general population; □=NYHA class II; ◇=NYHA class III; △=NYHA class IV.**

European Heart Journal (2002) **23**, 1867–1876

L'existence de symptomes est un point clef de baisse de la QdV

Table 2 Adjusted SF36 means for each of the diagnostic groups

	Number of patients*	Dimension							
		PF mean	RP mean	RM mean	SF mean	MH mean	E mean	P mean	HP mean
Group									
General population	3850	75·7	76·2	81·0	85·2	76·0	63·5	75·6	70·1
Diagnosed heart failure	426	46·9	41·9	64·2	64·9	69·6	42·6	66·9	48·8
Angina	553	61·0	54·9	70·5	75·4	70·9	51·5	62·5	56·4
History of MI	412	63·7	58·3	72·0	77·9	72·9	55·0	68·1	60·3
High blood pressure	1246	72·1	72·3	78·6	83·5	74·0	60·6	74·0	65·1
Arthritis	350	59·3	56·7	76·3	78·2	75·7	57·4	53·2	61·2
Chronic bronchitis	115	57·7	54·0	61·5	70·5	67·0	49·4	69·0	48·3
Depression	80	69·4	61·0	41·7	62·2	50·6	45·7	65·5	57·8
ALVD treated	62	78·0	76·5	81·6	88·5	78·0	69·7	82·3	70·0
ALVD untreated	44	77·1	76·8	79·5	81·5	73·5	62·6	70·6	68·6
NYHA class II	267	56·3	50·0	72·2	74·0	72·9	50·1	69·6	54·6
NYHA class III	90	37·6	39·2	57·9	59·1	67·4	37·4	67·5	45·0
NYHA class IV	68	30·0	22·8	47·2	42·1	61·3	26·1	57·4	36·3
Atrial fibrillation	319	59·5	56·8	72·1	74·0	72·5	50·8	73·5	58·4
Atrial fibrillation asymptomatic	110	79·6	78·6	84·4	87·7	77·9	66·8	80·8	70·4
Atrial fibrillation symptomatic	206	49·0	45·5	65·8	66·6	69·6	42·6	69·6	52·2
Valve disease asymptomatic	79	82·1	83·0	90·1	92·7	78·2	68·4	82·7	70·5
Valve disease symptomatic	130	48·9	46·0	66·2	65·7	71·5	41·7	69·9	48·4
LVSD asymptomatic	107	77·7	76·7	80·7	85·6	76·1	66·8	77·5	69·4
LVSD symptomatic	209	44·6	39·2	62·8	63·0	69·1	43·2	66·2	46·6

European Heart Journal (2002) **23**, 1867–1876

Il existe un lien entre QdV et paramètres fonctionnels chez les coronariens

Table 4. Health-Related Quality of Life Measurements of Participants With Stable Angina and Controls[a]

Variables (%)	Control Group (n = 441)	Stable Angina Group (n = 115)	Unadjusted *P*	Adjusted *P*[b]
Self-perceived health	80 (17)	63 (24)	<.001	<.001
Physical function	72 (27)	44 (21)	<.001	.669
Role limitations—physical	65 (40)	30 (33)	<.001	.335
Bodily pain	65 (27)	68 (22)	.778	.562
General health	67 (23)	55 (16)	.002	.792
Social function	84 (23)	78 (24)	.543	.933
Role limitations—emotional	77 (38)	60 (44)	.338	.690
Mental health	82 (16)	81 (12)	.859	.847
Vitality	66 (22)	49 (22)	<.001	.219

Table 2. Exercise Performance and Self-Reported Health of Participants With Stable Angina and Controls[a]

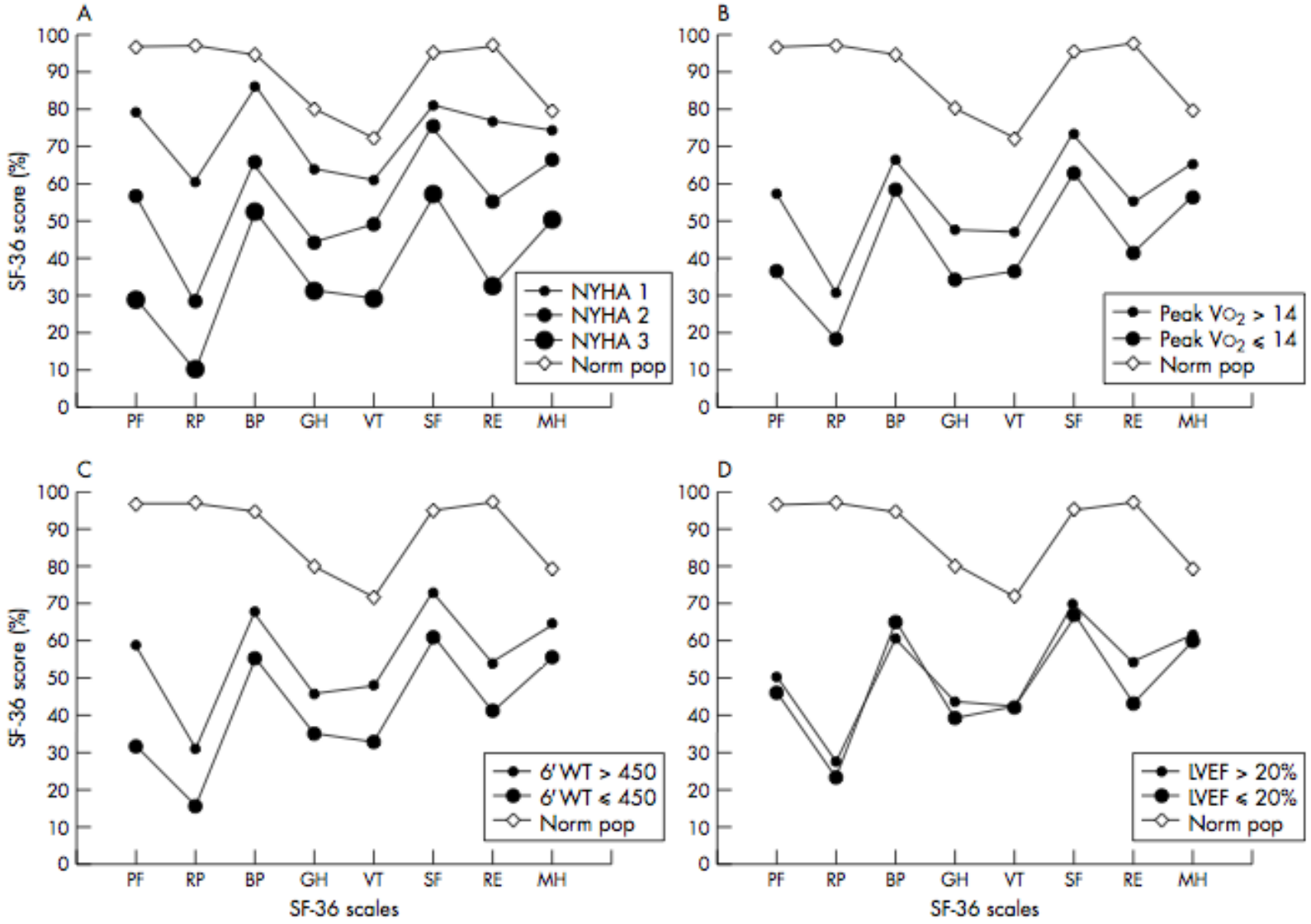
Variables	Control Group (n = 441)	Stable Angina Group (n = 115)	Unadjusted *P*	Adjusted *P*[b]
6-Min walk distance (m)	485 (100)	449 (96)	.003	.037
WIQ distance score (%)	76 (34)	57 (38)	<.001	<.001
WIQ speed score (%)	65 (32)	48 (32)	<.001	<.001
WIQ stair climbing score (%)	67 (35)	48 (36)	<.001	<.001
SPPB score (points)	10.5 (1.2)	10.1 (1.2)	.004	.017
SPPB chair (points)	2.7 (1.1)	2.2 (1.1)	<.001	.002
SPPB stand (points)	3.8 (0.5)	3.8 (0.6)	.714	.890
SPPB walk (points)	4.0 (0.2)	3.9 (0.3)	.040	.109

Exercise Performance, Physical Activity, and Health-Related Quality of Life in Participants With Stable Angina

Andrew W. Gardner, PhD[1,2,3], Polly S. Montgomery, MS[1,2,3], Raphael M. Ritti-Dias, PhD[4], and Udho Thadani, MD, FACC[5,6]

Angiology
62(6) 461-466

Paramètres fonctionnels et Qualité de vie



Heart 2002;**87**:235–241

Paramètres fonctionnels mais pas la FEVG

Table 3 Univariate (rank correlations, *r*) and multivariate relations (multiple regression forward selection, R^2) between SF-36 domains and other variables (n=205)

	Physical function (*r*)	Role- physical (*r*)	Bodily pain (*r*)	General health p (*r*)	Vitality (*r*)	Social function (*r*)	Role-emotional (*r*)	Mental health (*r*)
NYHA[1]	-0.63**	-0.42**	-0.31**	-0.51**	-0.53**	-0.35**	-0.32**	-0.42**
Peak VO_2[3]	0.47**	0.23**	0.16	0.40**	0.30**	0.25	0.20	0.26*
6 minute walk test[2]	0.56**	0.28**	0.26**	0.34**	0.41**	0.29**	0.24**	0.29**
LVEF[4]	0.11	0.05	-0.05	0.16	0.01	0.05	0.11	0.03
Age[5]	-0.13	-0.09	-0.11	-0.16	-0.06	-0.02	-0.22**	-0.05
Duration of CHF[6]	-0.25	-0.13	-0.07	-0.27	-0.04	-0.16	0.05	-0.02

Heart 2002;**87**:235–241

Les questionnaires c'est comme les sondages…

Questionnaire , questionnaires SF36

- Le SF-36v2™ est un questionnaire d'assurances créé par la Rand corporation.
- Il peut être:
  - auto administré, proposé sur ordinateur,
  - ou rempli par un interviewer entraîné par entretien classique ou téléphonique.
- Il s'adresse à des personnes de 14 ans ou plus et peut être complété en 5/ 10 minutes
- Le questionnaire SF-36v2™ permet de calculer des scores afin d'établir des profils.
- Il s'organise autour de 36 questions explorant 8 dimensions de la qualité de vie[10)] :
  - fonction physique (Physical Functioning ou PF – 10 items)
  - limitations dues à l'état physique (Role-Physical ou RP – 4 items)
  - douleur physique (Bodily Pain ou BP – 2 items)
  - vie et relation avec les autres (Social Functioning ou SF – 2 items)
  - santé psychique (Mental Health ou MH – 5 items)
  - limitations dues à l'état affectif (Role-Emotional ou RE – 3 items)
  - vitalité (Vitality ou VT – 4 items)
  - état de santé général perçu (General Health ou GH – 5 items).

Les questionnaires c'est toujours et encore basé sur des questions (exemple SF36 médecine générale)

3.- vous pourriez vous livrer aux activités suivantes le même jour. Est-ce que votre état de santé vous impose des limites dans ces activités ? Si oui, dans quelle mesure ? (entourez la flèche).

a.Activités intenses : courir, soulever des objets lourds, faire du sport.

Oui, très limité — oui, plutôt limité — pas limité du tout

b.Activités modérées :déplacer une table, passer l'aspirateur.

Oui, très limité — oui, plutôt limité — pas limité du tout

c.Soulever et transporter les achats d'alimentation.

Oui, très limité — oui, plutôt limité — pas limité du tout

d.Monter plusieurs étages à la suite.

Oui, très limité — oui, plutôt limité — pas limité du tout

e.Monter un seul étage.

Oui, très limité — oui, plutôt limité — pas limité du tout

f.Vous agenouiller, vous accroupir ou vous pencher très bas.

c. étiez-vous si triste que rien ne pouvait vous égayer ?

Tout le temps — très souvent — parfois — peu souvent — jamais

d. vous sentiez-vous au calme, en paix ?

Tout le temps — très souvent — parfois — peu souvent — jamais

e. aviez-vous beaucoup d'énergie ?

Tout le temps — très souvent — parfois — peu souvent — jamais

f. étiez-vous triste et maussade ?

Tout le temps — très souvent — parfois — peu souvent — jamais

g. aviez-vous l'impression d'être épuisé(e) ?

Tout le temps — très souvent — parfois — peu souvent — jamais

h. étiez-vous quelqu'un d'heureux ?

Tout le temps — très souvent — parfois — peu souvent — jamais

Questionnaire questionnaire,…

Le questionnaire du minnesota

Au cours des **4 dernières semaines**, est-ce que votre Insuffisance Cardiaque vous a empêché de vivre comme vous l'auriez voulu : I

1	En faisant enfler vos chevilles, vos jambes, etc	0	1	2	3	4	5
2	En rendant difficiles vos activités habituelles à la maison au jardin ?	0	1	2	3	4	5
3	En rendant difficiles les relations ou les activités avec vos amis ou votre famille ?	0	1	2	3	4	5
4	En vous obligeant à vous asseoir ou à vous allonger pour vous reposer pendant la journée ?	0	1	2	3	4	5
5	En provoquant chez vous de la fatigue, de la lassitude ou un manque d'énergie ?	0	1	2	3	4	5
6	En rendant difficile de gagner sa vie ?	0	1	2	3	4	5
7	En rendant difficile pour vous la marche ou la montée d'escalier ?	0	1	2	3	4	5
8	En vous rendant essoufflé ?	0	1	2	3	4	5
9	En vous empêchant de bien dormir la nuit ?	0	1	2	3	4	5
10	En vous obligeant à vous limiter sur vos plats préférés ?	0	1	2	3	4	5
11	En vous rendant difficiles vos déplacements hors de chez vous ?	0	1	2	3	4	5
12	En rendant difficile votre vie sexuelle ?	0	1	2	3	4	5
13	En rendant difficiles vos loisirs, la pratique de sports ou de vos passe-temps favoris ?	0	1	2	3	4	5
14	En vous empêchant de vous concentrer ou en vous rendant difficile de vous rappeler certaines choses ?	0	1	2	3	4	5
15	En provoquant chez vous des effets indésirables liés aux médicaments ?	0	1	2	3	4	5
16	En vous rendant soucieux préoccupé ?	0	1	2	3	4	5
17	En vous rendant déprimé ?	0	1	2	3	4	5
18	En vous occasionnant des dépenses supplémentaires ?	0	1	2	3	4	5
19	En vous donnant le sentiment d'être moins le maître de ce qui vous arrive ?	0	1	2	3	4	5
20	En vous obligeant à faire des séjours à l'hôpital ?	0	1	2	3	4	5
21	En vous donnant l'impression d'être une charge ou un fardeau pour votre famille ou vos amis ?	0	1	2	3	4	5

La somme donne un score entre 0 et 105 :

Comment générer un questionnaire de qualité de vie ?

Development and Evaluation of the Kansas City Cardiomyopathy Questionnaire: A New Health Status Measure for Heart Failure

C. Patrick Green, MD,* Charles B. Porter, MD, FACC,*† Dennis R. Bresnahan, MD, FACC,*† John A. Spertus, MD, MPH, FACC*†

Kansas City, Missouri

The KCCQ was developed after a thorough review of the medical literature, an examination of currently available HRQoL instruments and focus groups with patients and CHF specialists.

physical limitations (question 1), symptoms (frequency [questions 3, 5, 7 and 9], severity [questions 4, 6 and 8] and change over time [question 2]), self-efficacy and knowledge (questions 11, 12), social interference (question 16) and QoL (questions 13–15).

The design and testing of the KCCQ is principally modeled after the approach used to develop the Seattle Angina Questionnaire (9). The last item of the QoL domain (question 15) was adapted from the Mental Health Inventory of the SF-36 because it is a marker of depression (10),

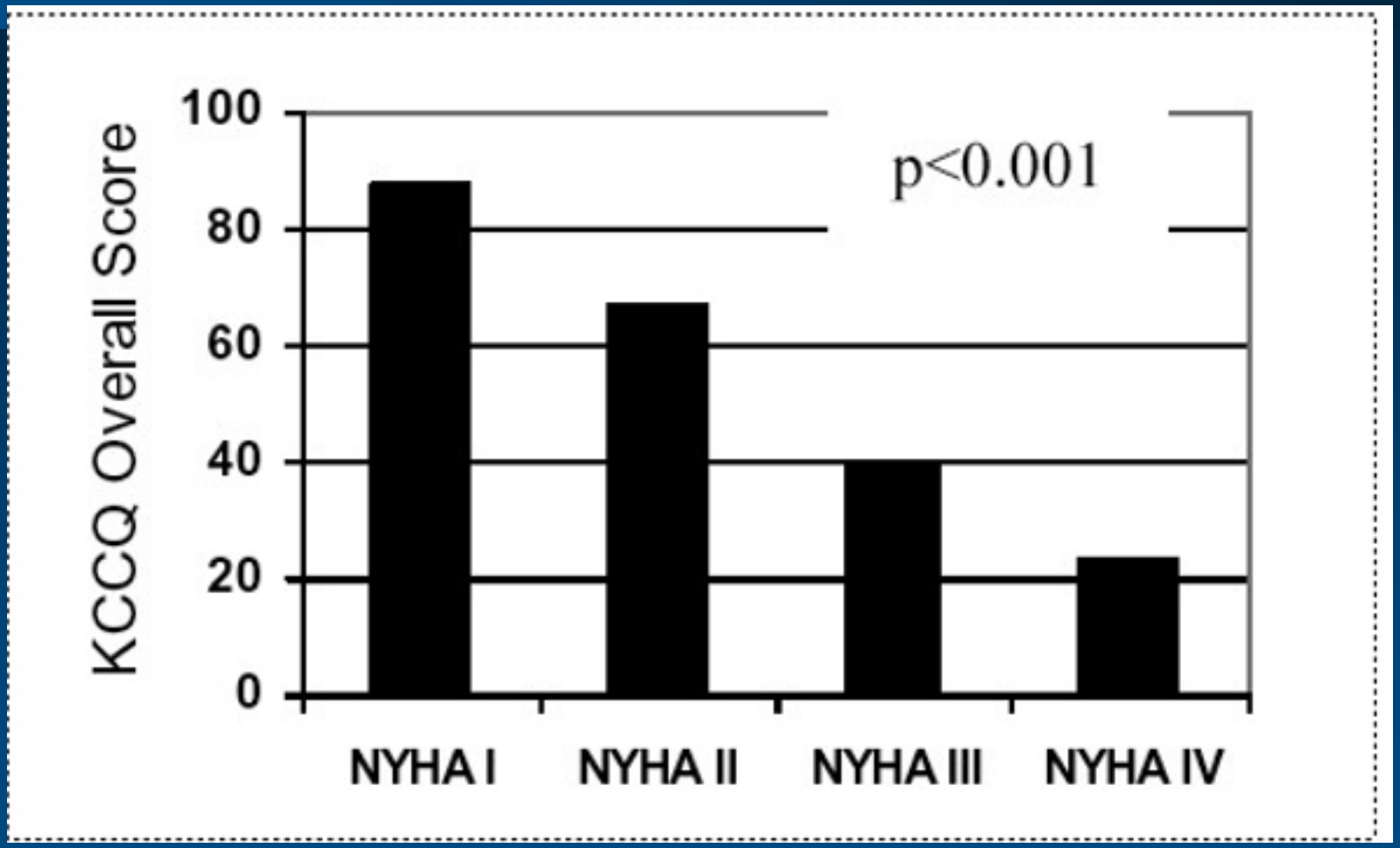
.Questions were carefully formatted for gender neutrality, clarity, interpretability and subsequent foreign language translations (14). Responses were arrayed on an adjectival (Likert) scale with clinically meaningful gradations between categories

KQdV questionnaire et suivi des patients

Table 4. Mean Three-Month Change in Questionnaire Scores Among Patients Initially Admitted to the Hospital With CHF (n = 39)

Questionnaire and Scale	Baseline Mean Value	Three-Month Mean Value	Mean Difference	p Value	Responsiveness Statistic
KCCQ					
Physical limitation	34.7	55.7	21.0	<0.001	1.48
Symptoms	31.3	67.4	36.1	<0.001	3.19
Symptom stability	24.1	64.5	40.4	<0.001	2.62
Social limitation	31.1	47.9	16.8	0.004	0.62
Self-efficacy	67.6	83.0	15.4	<0.001	0.83
Quality of life	30.5	50.6	20.1	<0.001	0.86
KCCQ functional status	33.0	61.5	28.5	<0.001	2.77
KCCQ clinical summary	31.8	56.1	24.3	<0.001	1.74
LiHFe					
Physical function	32.5	43.8	11.3	0.02	0.52
Emotional scale	41.6	52.1	10.5	0.06	0.64
Total LiHFe score	38.1	49.0	10.9	0.01	0.73
SF-36					
Physical function	26.8	35.5	8.7	0.02	0.59
Bodily pain	60.4	58.6	−1.8	0.73	0.07
General health	37.2	37.4	0.2	0.98	0.01
Mental health	62.9	67.4	4.5	0.18	0.35
Vitality	27.3	38.2	10.9	0.02	0.60
Role—emotional	34.3	38.4	4.1	0.53	0.08
Social function	49.7	55.4	5.7	0.38	0.22
Role—physical	15.5	19.1	3.6	0.53	0.08
NYHA	3.2	2.4	−0.8	<0.001	2.86

Kansas questionnaire



Et même en finnois ou en mandarin…

Seattle Angina Questionnaire	**SAQ – Afrikaans**	This version of the SAQ has been designed for Afrikaans-speaking patients. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Bulgarian**	This version of the SAQ has been designed for Bulgarian-speaking patients. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Chinese (Mandarin – Simplified)**	This version of the SAQ has been designed for Mandarin-speaking patients who read Simplified Chinese characters. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Chinese (v2.0)**	This version of the SAQ has been designed for Chinese-speaking patients. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Czechoslavakian**	This version of the SAQ has been designed for Czechoslavakian-speaking patients. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Danish**	This version of the SAQ has been designed for Danish-speaking patients. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Dutch (Belgium)**	This version of the SAQ has been designed for Dutch-speaking patients in Belgium. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Dutch (Netherlands)**	This version of the SAQ has been designed for Dutch-speaking patients in the Netherlands. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – English (Australia)**	This version of the SAQ has been designed for English-speaking patients in Australia. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – English (UK)**	This version of the SAQ has been designed for English-speaking patients in the UK. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – English (US)**	This version of the SAQ has been validated among English-speaking residents of the US. This zip file includes two PDF files: the SAQ itself and scoring instructions.
Seattle Angina Questionnaire	**SAQ – Finnish**	This version of the SAQ has been designed for Finnish-speaking patients. This zip file includes two PDF files: the SAQ itself and scoring instructions.

http://cvoutcomes.org/licenses

Mais un questionnaire c'est long…

APPENDIX

THE KANSAS CITY CARDIOMYOPATHY QUESTIONNAIRE:

The following questions refer to your **heart failure** and how it may affect your life. Please read and questions. There are no right or wrong answers. Please mark the answer that best applies to you.

1. **Heart failure** affects different people in different ways. Some feel shortness of breath while others feel fa much you are limited by **heart failure** (shortness of breath or fatigue) in your ability to do the following weeks.

Place an **X** in one box on each line

Activity	Extremely Limited	Quite a bit Limited	Moderately Limited	Slightly Limited	Not at all Limited	I c
Dressing yourself	❑	❑	❑	❑	❑	
Showering/Bathing	❑	❑	❑	❑	❑	
Walking 1 block on level ground	❑	❑	❑	❑	❑	
Doing yardwork, housework or carrying groceries	❑	❑	❑	❑	❑	
Climbing a flight of stairs without stopping	❑	❑	❑	❑	❑	
Hurrying or jogging (as if to catch a bus)	❑	❑	❑	❑	❑	

2. Compared with 2 weeks ago, have your symptoms of **heart failure** (shortness of breath, fatigue or ankle
My symptoms of **heart failure** have become . . .

Much worse	Slightly worse	Not changed	Slightly better	Much better
❑	❑	❑	❑	❑

3. Over the past 2 weeks, how many times did you have **swelling** in your feet, ankles or legs when you wol

Every morning	3 or more times a week, but not every day	1–2 times a week	Less than once a week	Never over th past 2 weeks
❑	❑	❑	❑	❑

4. Over the past 2 weeks, how much has **swelling** in your feet, ankles or legs bothered you?
It has been . . .

Extremely bothersome	**Quite a bit** bothersome	**Moderately** bothersome	**Slightly** bothersome	**Not at all** bothersome
❑	❑	❑	❑	❑

5. Over the past 2 weeks, on average, how many times has **fatigue** limited your ability to do what you wan

All of the time	Several times per day	At least once a day	3 or more times per week but not every day	1–2 times per week	Less than once week
❑	❑	❑	❑	❑	❑

6. Over the past 2 weeks, how much has your **fatigue** bothered you?
It has been . . .

Extremely bothersome	**Quite a bit** bothersome	**Moderately** bothersome	**Slightly** bothersome	**Not at all** bothersome
❑	❑	❑	❑	❑

7. Over the past 2 weeks, on average, how many times has **shortness of breath** limited your ability to do what you wanted?

All of the time	Several times per day	At least once a day	3 or more times per week but not every day	1–2 times per week	Less than once a week	Never over the past 2 weeks
❑	❑	❑	❑	❑	❑	❑

8. Over the past 2 weeks, how much has your **shortness of breath** bothered you?
It has been . . .

Extremely bothersome	**Quite a bit** bothersome	**Moderately** bothersome	**Slightly** bothersome	**Not at all** bothersome	I've had **no shortness of breath**
❑	❑	❑	❑	❑	❑

9. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of **shortness of breath**?

Every night	3 or more times a week, but not every day	1–2 times a week	Less than once a week	Never over the past 2 weeks
❑	❑	❑	❑	❑

10. **Heart failure** symptoms can worsen for a number of reasons. How sure are you that you know what to do, or whom to call, if your **heart failure** gets worse?

Not at all sure	**Not very** sure	**Somewhat** sure	**Mostly** sure	**Completely** sure
❑	❑	❑	❑	❑

11. How well do you understand what things you are able to do to keep your **heart failure** symptoms from getting worse? (for example, weighing yourself, eating a low salt diet, etc.)

Do not understand at all	Do not understand very well	Somewhat understand	Mostly understand	Completely understand
❑	❑	❑	❑	❑

12. Over the past 2 weeks, how much has your **heart failure** limited your enjoyment of life?

It has **extremely** limited my enjoyment of life	It has limited my enjoyment of life **quite a bit**	It has **moderately** limited my enjoyment of life	It has **slightly** limited my enjoyment of life	It has **not limited** my enjoyment of life at all
❑	❑	❑	❑	❑

13. If you had to spend the rest of your life with your **heart failure** the way it is right now, how would you feel about this?

Not at all satisfied	Mostly dissatisfied	Somewhat satisfied	Mostly satisfied	Completely satisfied
❑	❑	❑	❑	❑

14. Over the past 2 weeks, how often have you felt discouraged or down in the dumps because of your **heart failure**?

I felt that way **all of the time**	I felt that way **most of the time**	I **occasionally** felt that way	I **rarely** felt that way	I **never** felt that way
❑	❑	❑	❑	❑

15. How much does your **heart failure** affect your lifestyle? Please indicate how your **heart failure** may have limited your participation in the following activities over the past 2 weeks.

Please place an **X** in one box on each line

Activity	**Severely** limited	Limited **quite a bit**	**Moderately** limited	**Slightly** limited	**Did not** limit at all	Does not apply or did not do for other reasons
Hobbies, recreational activities	❑	❑	❑	❑	❑	❑
Working or doing household chores	❑	❑	❑	❑	❑	❑
Visiting family or friends out of your home	❑	❑	❑	❑	❑	❑
Intimate relationships with loved ones	❑	❑	❑	❑	❑	❑

Comment améliorer sa qualité de vie ?

La qualité de vie c'est d'abord … ne pas souffrir !

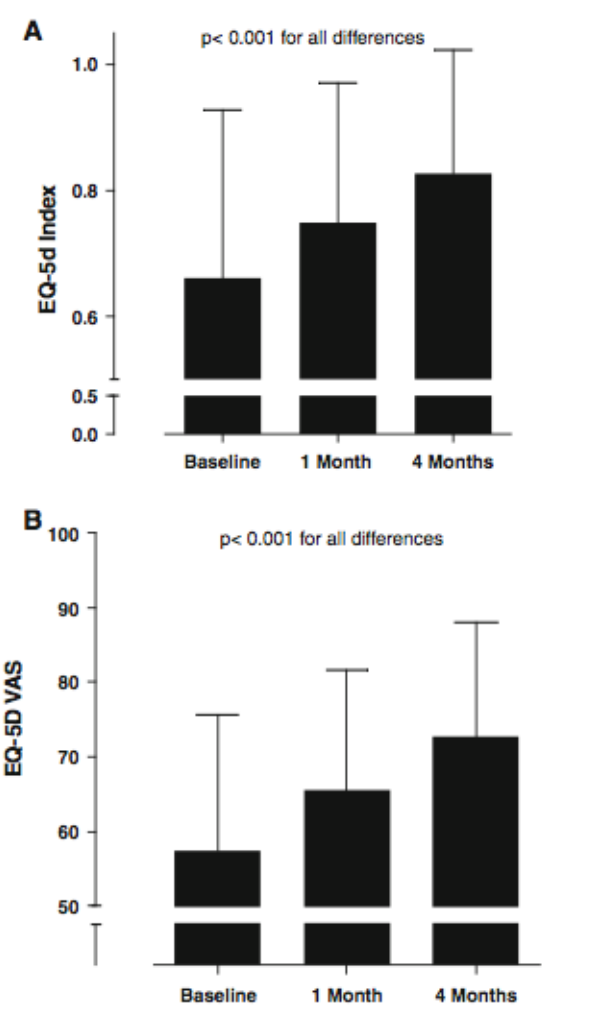
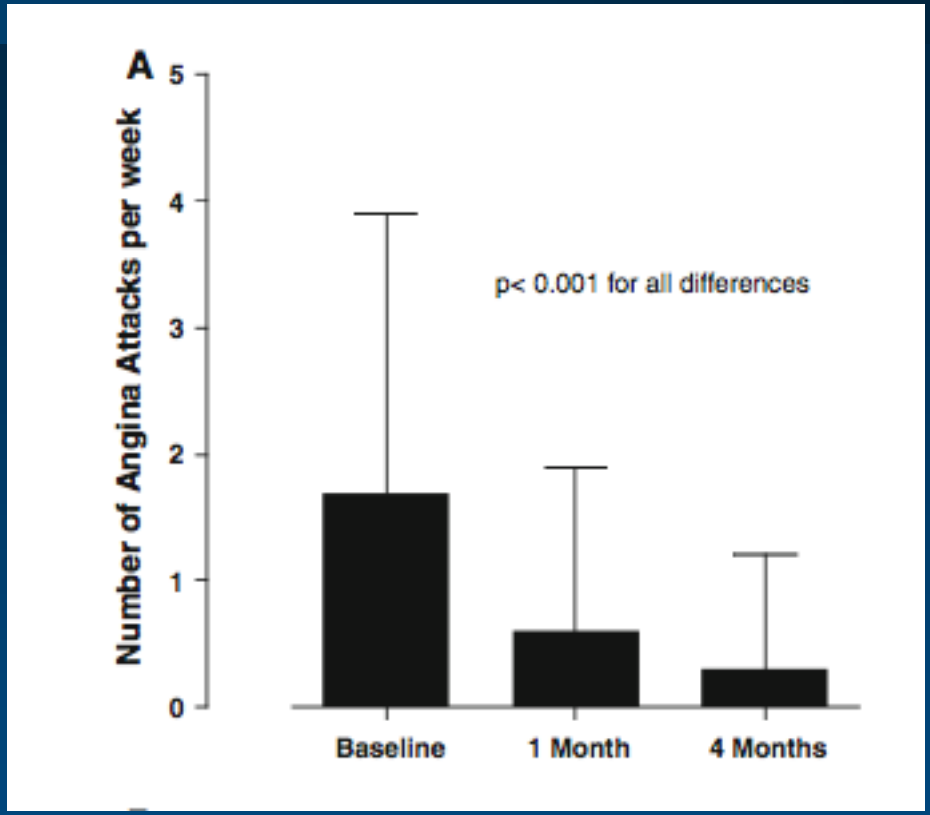


Fig. 3 Quality of life index EQ-5D (**a**) and EQ-5D VAS scores (**b**) at visits 1, 2, and 3



Ivabradine in combination with beta-blocker improves symptoms and quality of life in patients with stable angina pectoris: results from the ADDITIONS study

Karl Werdan · Henning Ebelt · Sebastian Nuding · Florian Höpfner · Guido Hack · Ursula Müller-Werdan

Clin Res Cardiol
DOI 10.1007/s00392-011-0402-4

- **N = 2330 angineux stables, sous bêtabloquant**

Association d'iva évaluation à M1 et M4

Effet des thérapeutiques sur la QdV de patients angineux stables, faible effet thérapeutique mais possible effet sur qualité de vie

Table III. Randomised controlled trials (RCTs) on drugs in patients with angina

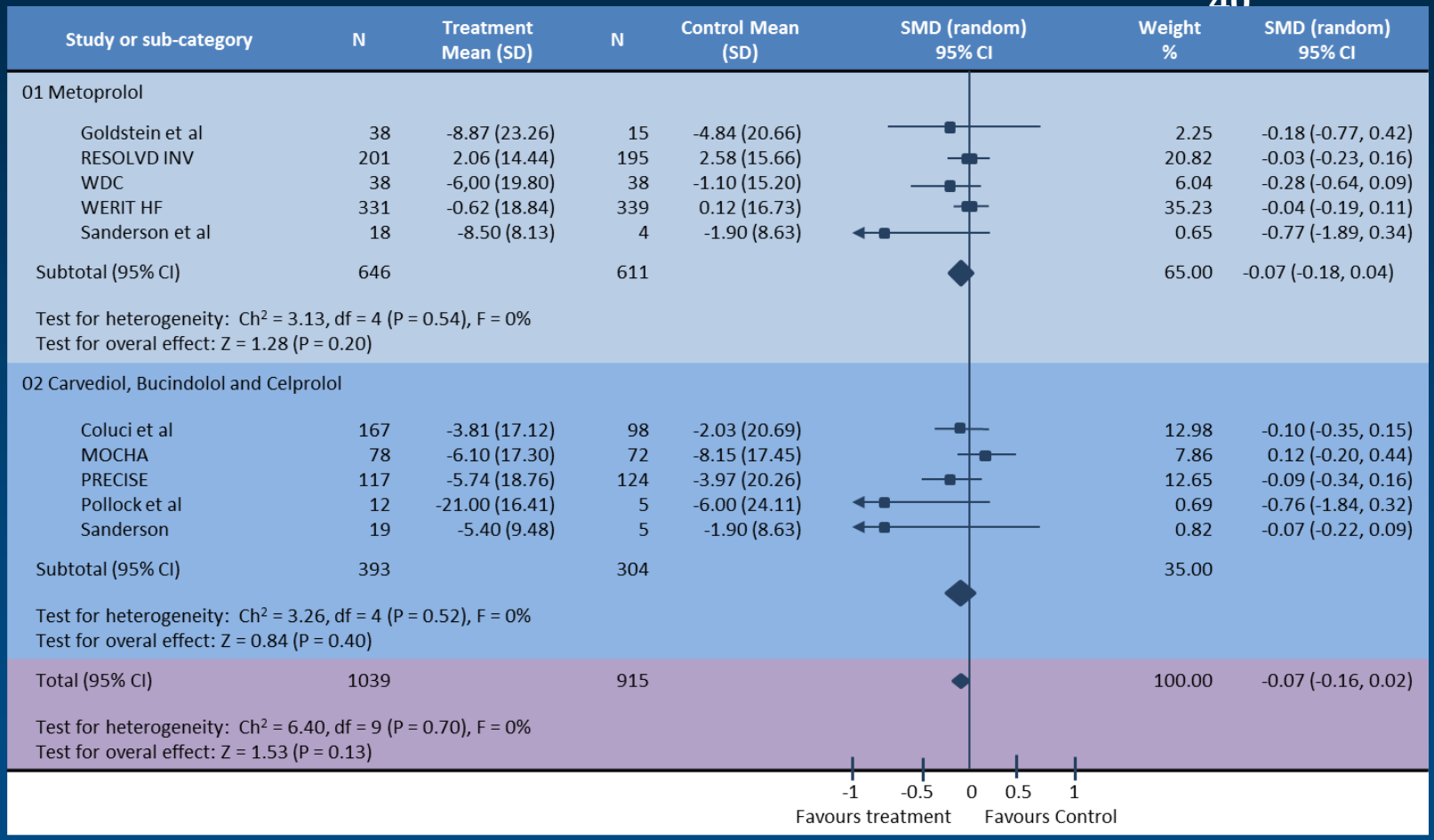
Reference	Design	No. of patients entering	No. of patients completing questionnaires	Follow-up	Intervention (drug dosage mg/day)	95% CI of mean difference	Outcomes
Angina pectoris and normal coronary angiogram							
Cox et al.[54]	Double-blind, single-centre	18	18	5wk	Daily imipramine 50 *vs* placebo	NA	No significant improvement in the NHP
Stable angina							
Fletcher et al.[60]	Double-blind, single-centre	416	401	2wk	Transdermal nitroglycerin 5 *vs* placebo	SIP: 0.6 (0.54, 0.66); Health index: 0.4 (0.23, 0.57)	Significant advantage of placebo in terms of the SIP and Health index
Assmann et al.[45]	Double-blind, multicentre	144	101	12 wk	Trapidil 600 *vs* nifedipine 30	–4.0 (–7.0, 1.0)	No significant difference in the SB-S score
Strauss et al.[57]	Multicentre	212	182	6mo	PTCA *vs* drug treatment	5.38 (0.93, 9.83)	PTCA showed a significant improvement over drugs in terms of the QOL Questionnaire
al.[35]	single-centre				nitroglycerin 10-20 *vs* long-acting oral nitrates 5-120		improvement of transdermal nitroglycerin over long-acting oral nitrates

APQLQ or AIQ

Gandjour et al. Pharmacoeconomics 1999 Aug; 16 (2): 141-152.

Pas d'amélioration significative de la QdV de patients IC chroniques recevant des BBs

(méta-analyse de 9 essais avec 1954 pts)



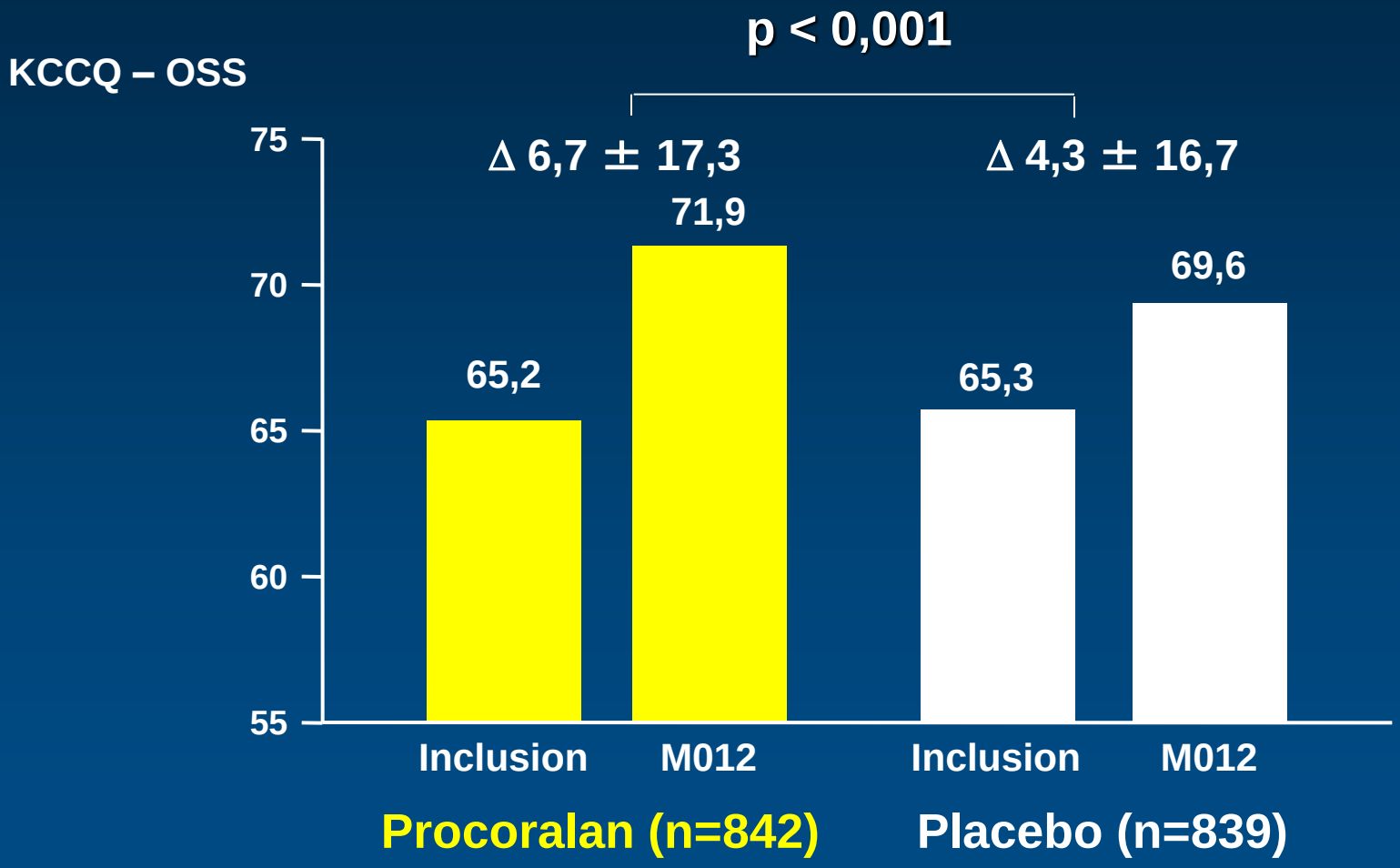
Dobre D. et al. *Pharmacoepidemiology and Drug Safety.* 2007;16:152–9.

Pronostic et qualité de vie ?

- Les digitaliques améliorent nettement la qualité de vie mais
- Ne font pas baisser voire augmentent la mortalité dans l'IC
- Les nitrés améliorent la qualité de vie dans l'angor mais
- ne modifient pas le pronostic dans la maladie coronaire
- Le défibrillateur ne change pas la qualité de vie mais
- Améliore la survie….

Score Global (OSS)

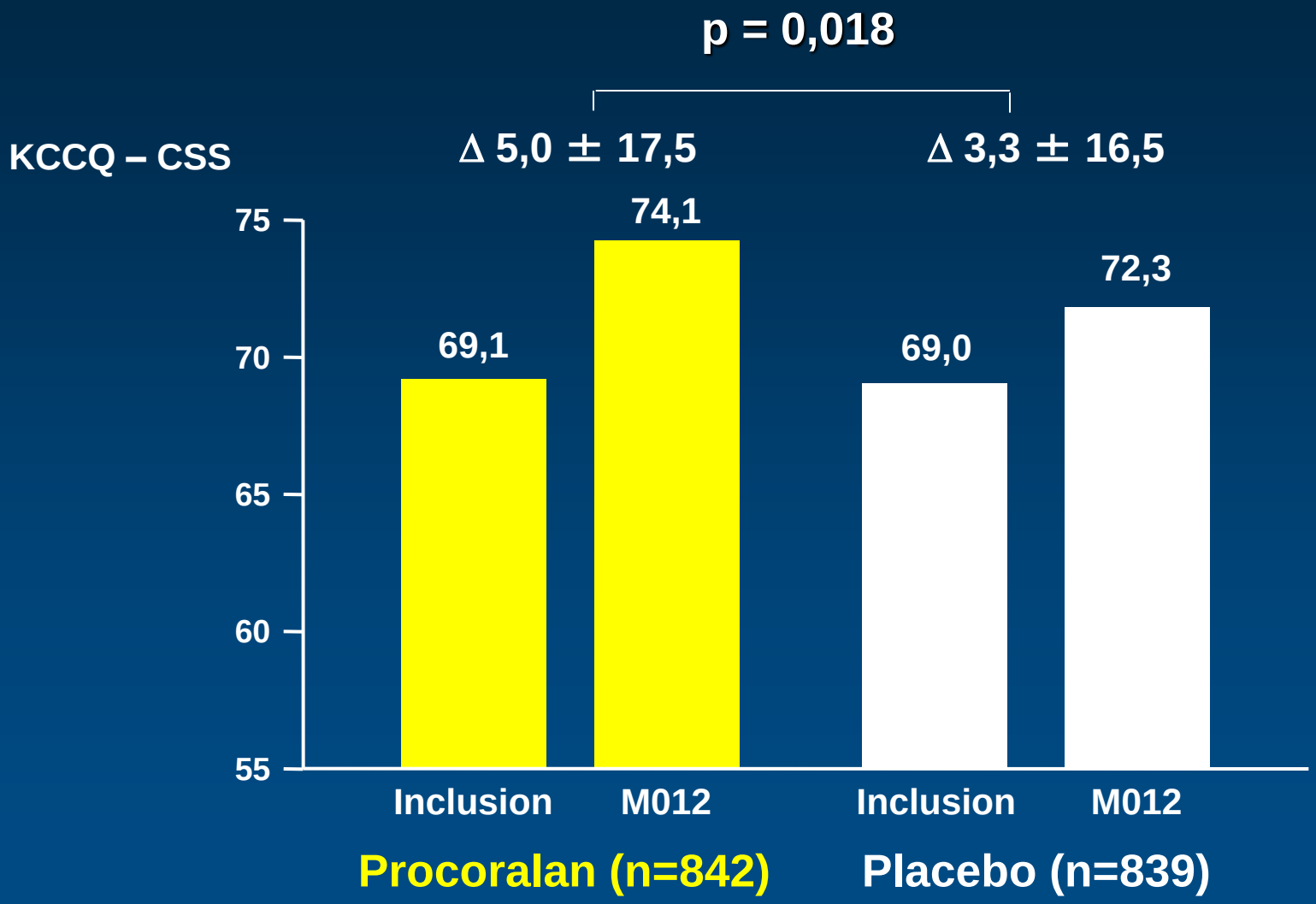
Evolution entre l'inclusion et 12 mois



I. Ekman et al. doi:10.1093/eurheartj/ehr343

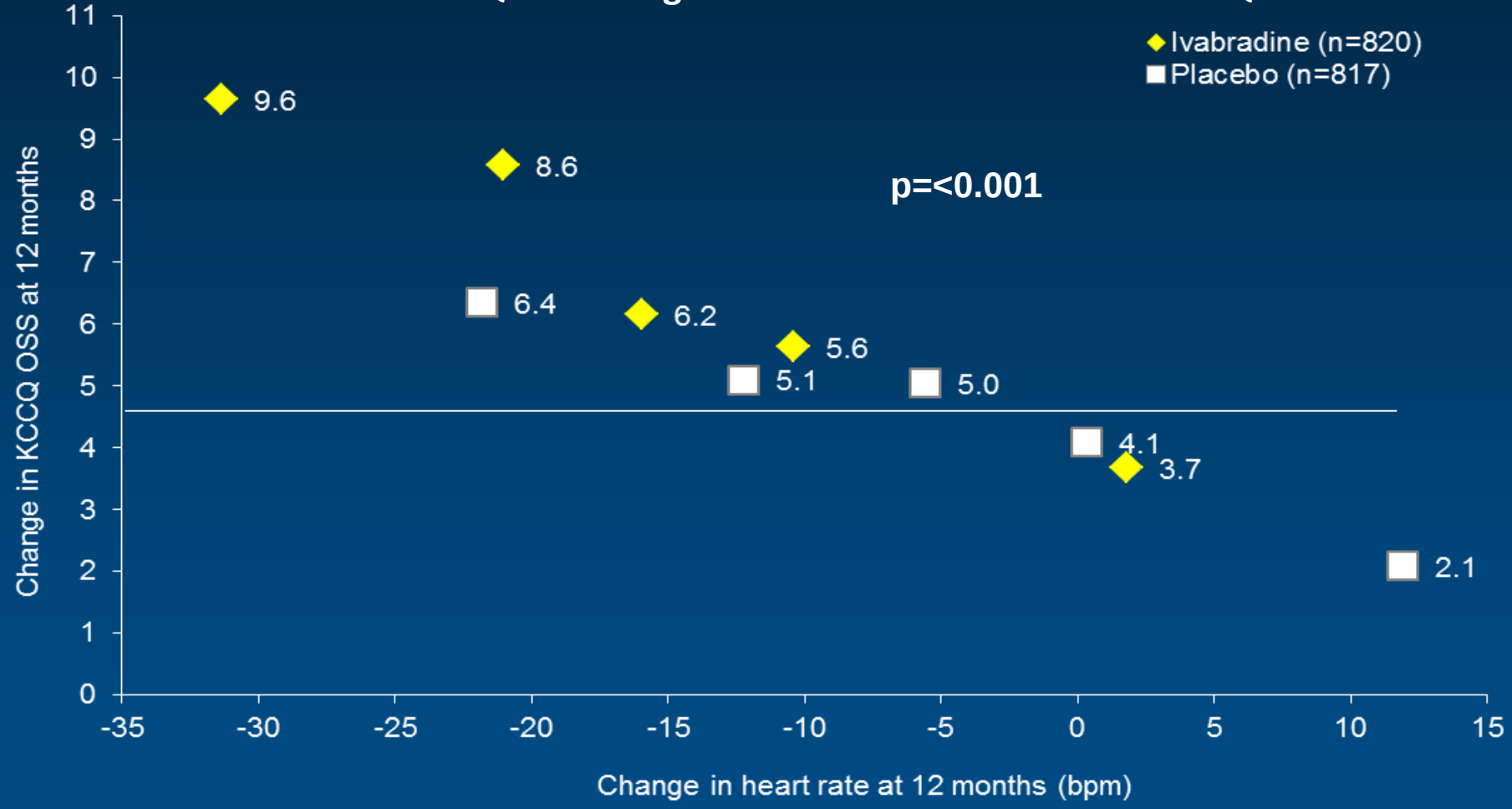
Score Clinique (CSS)

Evolution entre l'inclusion et 12 mois



I. Ekman et al. doi:10.1093/eurheartj/ehr343

Lien entre amélioration de la QdV et baisse de FC sous Procoralan



I. Ekman et al. doi:10.1093/eurheartj/ehr343

Conclusion

- La qualité de vie est un élément important à analyser chez les patients coronariens ou insuffisants cardiaques.
- L'amélioration de la qualité de vie ne va pas forcément de pair avec une amélioration du pronostic.
- Il faut bien retenir que … dans la maldie chronique la notion de plaisir est importante…
- Il faut donc valider les thérapeutiques d'abord sur la réduction d'évènements mais aussi sur l'impact en terme d'amélioration de la qualité de vie

Il faut à la fois pouvoir mener une vie choisie…

Et rester en vie…

Ne pas parler de qualité de vie c'est passer à coté du patient même si nous devons en priorité lutter contre la survenue des évènements ! Faites confiance à votre bon sens…