

EDITORIAL COMMENT

Importance of Adding Quality of Life to Years of Life in Patients With Heart Failure*



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Heat failure (HF) is a complex clinical syndrome characterized by high morbidity and mortality.^{1,2} Although HF was once considered one of the most ominous diseases, today, the prognosis of HF has significantly improved because of the important advancements in its medical and device treatments that have characterized the last decades.³

HF significantly affects lifespan and substantially affects quality of life (QoL).⁴ Although the improved prognosis of patients with HF has been a milestone over the last decades, little attention has been given to improving QoL. In this setting, demographic and ethnic factors and potential barriers to its assessment may play a role in the differences in QoL measured with different conventional questionnaires.

In this issue of *JACC: Asia*, Lawson et al⁵ analyzed patients from the ASIAN-HF (Asian Sudden Cardiac Death in Heart Failure) registry, a multinational, multiethnic prospective registry, to evaluate the impact of demographic factors and changes in QoL measures on 1-year mortality and HF hospitalization. The strength of this analysis is to highlight the complex interaction between modifiable and nonmodifiable factors and cardiovascular outcomes.

Although a lot has been said about the impact of sex, ethnicity, and socioeconomic status on QoL and outcomes in patients with HF, the vast majority of the studies have been conducted on patients from Europe or the United States.^{4,6} Implementing the current knowledge with data from Asian populations is a great strength of this study and represents an essential step toward a more comprehensive approach to patient profiling.⁵

In the current analysis,⁵ patient-reported QoL measures and their changes emerged as stronger prognostic predictors compared to patients' signs, symptoms, comorbidities, socioeconomic status, and demographics. This enhances the current knowledge and prompts a holistic approach, including patients' perspectives, with the aim of a more objective evaluation. As pointed out in this analysis, although different baseline profiles in specific populations may be relevant, the changes occurring over the entire patient's journey are of higher importance. Symptom and QoL assessments have been mainly used as a snapshot of the patient's status. However, their use and the assessment of their changes over time should be implemented in daily practice worldwide.

These results shed light on an essential aspect of disease management: the patient's perspective. Although doctors and patients aim to improve prognosis, the doctor's perspective seldom goes beyond the assessment and management of signs and symptoms. Often, functional limitations, mental health, and a significant discrepancy between expected and perceived functional capacities significantly affect the patient's QoL and require proper assessment. The administration of patient-reported outcome measures (PROM) questionnaires may guide further treatment and improve the patient's perspective on the disease. In this setting, a targeted approach to individual patients is essential to overcome the

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potential barriers encountered. For example, language and cognitive barriers can be overcome using simple single-item visual analog scale systems complementing, but not substituting, other available questionnaires.^{4,6-9}

Incorporating PROMs into clinical practice is an important goal to be achieved, both for daily practice and for research. Although for nearly 100 years clinicians have used the New York Heart Association functional class to estimate the health status of patients with HF, this parameter is affected by several limitations because its changes have been inconsistently observed to correlate with prognosis, PROMs, and a patient's perspective of their symptoms.⁹

The implementation of PROMs in clinical practice as further supported by Lawson et al⁵ may lead to important implications in patients' treatment, helping to tailor medical treatment; improve lifestyle; increase adherence to medications; boost

engagement with rehabilitation programs; and, finally, complement an end-of-life approach targeted to improving the patient's perception of their last moments.

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