HeartQoL Validation in Patients With Ischemic Heart Failure

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integrated screening examination. Refugees were predominantly Asian (72.1%), primarily from the countries Myanmar (43.4%) and Malaysia (25.4%). Additionally, while up to 20.5% spoke more than two ethnic languages, the main languages spoken were Burmese, Rohingya, and Karen. Prevalent health topics included newly diagnosed pregnancy (29%), latent tuberculosis (22% [92% completed treatment]), anemia (17%), dyslipidemia (14%), smoking (24%, including both current and former smokers), betel nut use (11%), and vitamin D deficiency (8%). Weight issues also were prevalent, with overweight body mass index (31.1%) more prevalent than obesity (13.9%) or underweight body mass index (7.4%). Prevalent health systems included musculoskeletal (23.7%) and gastrointestinal (17.2%). Screening rates for cervical cancer, colon cancer, and breast cancer were 57.8%, 58.3%, and 75%, respectively.

Conclusion: By identifying common health care issues and sociodemographic characteristics of our refugee patients, this study will better prepare providers for a more streamlined and equitable approach toward improving the health of this vulnerable population.

Integrated Treatment of Substance Use Disorders and Trauma Experiences: The Women of Worth Program

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Background: Up to 60% of women who enter substance use disorder (SUD) treatment also have been diagnosed with posttraumatic stress disorder (PTSD), which is higher than the U.S. general population of women. Traditionally, SUD and mental health treatment have occurred in separate systems, and providers in each system tend to not be dually trained. Yet, current research has found that clients with PTSD in standard SUD treatment programs experience poorer outcomes compared to their counterparts without PTSD. Given the high prevalence of PTSD among women in SUD treatment, treating both disorders at the same time and by the same clinical team may improve outcomes.

Purpose: To examine the effectiveness of the Women of Worth program, an integrated SUD and PTSD treatment program.

Methods: The study design was single-group, and measures were administered at baseline, at treatment midpoint (12 weeks), and at treatment end (24 weeks). Adult women with a SUD in need of intensive outpatient services were eligible for enrollment. The primary measures were substance use in the past 30 days as measured by the Addiction Severity Index and psychological trauma symptom severity in the past 30 days as measured by the PTSD Checklist—Civilian Version for DSM-IV (scoring range: 17–85). Sociodemographic measures also were collected. Descriptive statistics were used to analyze data along with the Friedman test, a nonparametric statistic similar to repeated measures ANOVA, to examine client outcomes.

Results: Of the 86 women (average age: 39 years [standard deviation: 10.5]) in the Women of Worth program, most were white (70.4%), unemployed (84.6%), and had minor children (61.7%). Reduction over time in the number of days of substance use (median: 2, interquartile range [IQR]: 15; \( \chi^2=10.67; P<0.01 \)) and psychological trauma symptom severity (median: 51.5, IQR: 35; \( \chi^2=6.65; P<0.05 \)) was statistically significant. Median substance use at the end of treatment was 0 (IQR: 2), and the median psychological trauma symptom severity score was 28 (IQR: 30).

Conclusion: Study findings show statistical and clinical significance, with the median substance use being abstinence and the median psychological trauma symptom severity score registering below one recommended clinical cut-point of 38 at study end. When looking at the ranges of scores, and the IQR of 30 for trauma at the end of treatment, it suggests the Women of Worth program may need additional program resources to address psychological trauma among the women.

HeartQoL Validation in Patients With Ischemic Heart Failure

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Background: Patient-reported outcome measures are increasingly used in clinical trials as performance measures to evaluate quality of care. Health-related quality of life is an example of a patient-reported outcome measure. The English version of the heart disease-specific HeartQoL health-related quality of life questionnaire has previously been validated in patients with heart disease.

Purpose: To validate the English version of the HeartQoL in patients with ischemic heart failure.

Methods: Patients with ischemic heart failure meeting clinical eligibility criteria and being treated at Aurora St. Luke’s Medical Center (Milwaukee, WI) completed a sociodemographic questionnaire, the HeartQoL, the 36-Item Short Form Health Survey (SF-36), and the Hospital Anxiety and Depression Scale (HADS). The following key psychometric properties of the HeartQoL were assessed: A) factor structure; B) internal consistency reliability; C) convergent validity; and D) discriminative validity.

Results: A total of 83 patients with ischemic heart failure (mean age: 65.8 ± 11.4 years; female gender: 30.1%; New York Heart Association (NYHA) functional class II: 44.7%; NYHA class III: 47%; NYHA class IV: 8.4%) completed the questionnaires. Exploratory factor and Mokken analysis both supported the bidimensional physical and emotional factor structure of HeartQoL. Internal consistency reliability with Cronbach’s α was excellent (global α: 0.92, physical α: 0.91) or good (emotional α: 0.89). Both convergent validity between similar HeartQoL and SF-36 subcales (r=0.75) and discriminative validity for all 18 a priori hypotheses (NYHA, shortness breath, anxiety and depression per HADS, physical activity, and SF-36 health transition) were confirmed.

Conclusion: The English HeartQoL questionnaire demonstrated satisfactory key psychometric properties of validity and reliability in this heart failure population. This study adds support for the HeartQoL as a core heart-specific health-related quality of life questionnaire in a broad group of patients with heart disease, including patients with angina, myocardial infarction, atrial fibrillation, implantable cardioverter-defibrillator, and valve surgery.