

Impact of comorbidity on quality of life among hypertensive patients in LUHS KC Family Medical Clinic

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INTRODUCTION

Chronic diseases have a major influence on person's well-being and quality of life (QoL), and depending on chronic disease, it affects different aspects of life

AIM

To evaluate if hypertensive patients' quality of life depends on concomitant chronic disease, demographic, socioeconomic factors and what aspects of life are affected the most

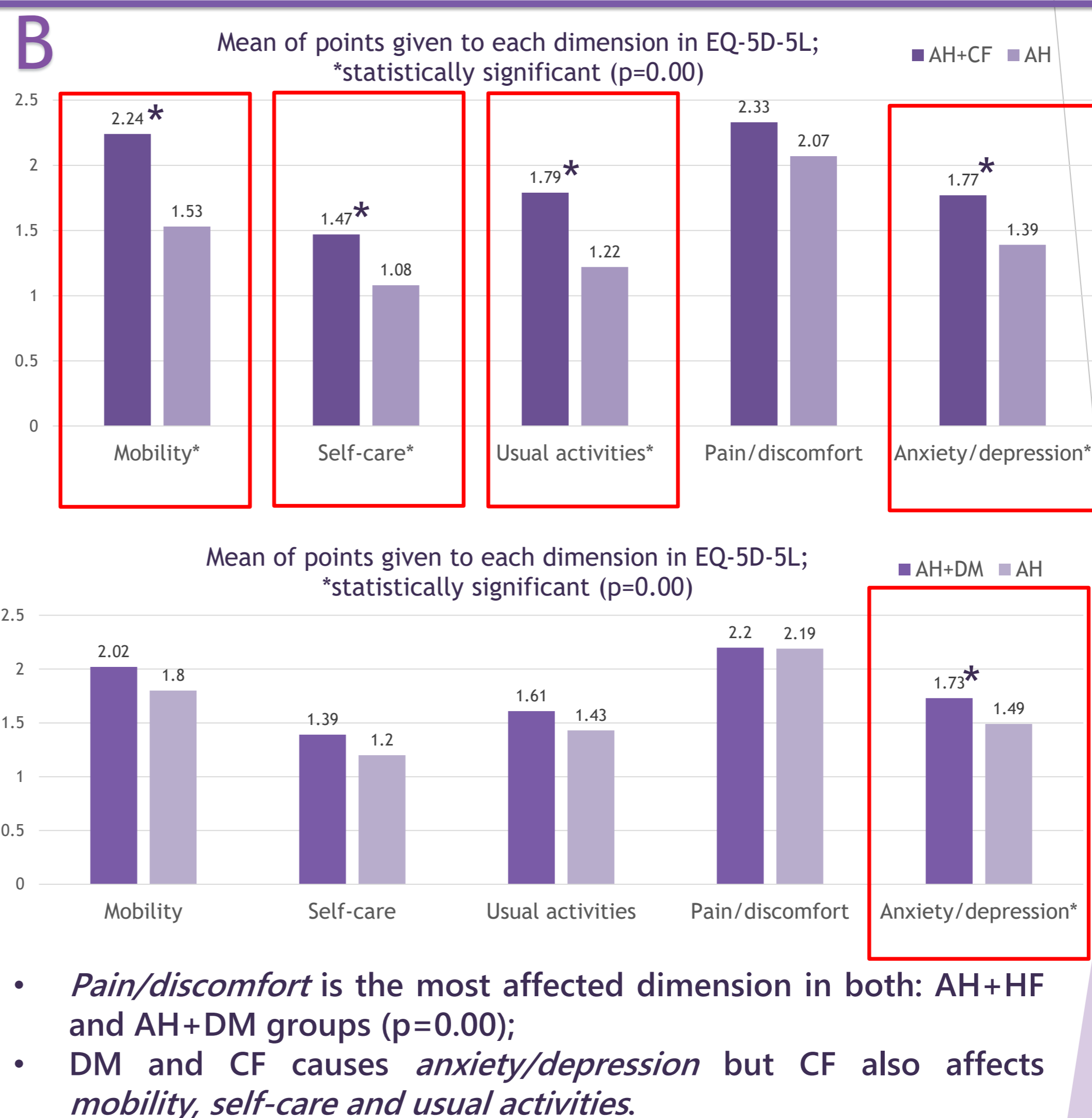
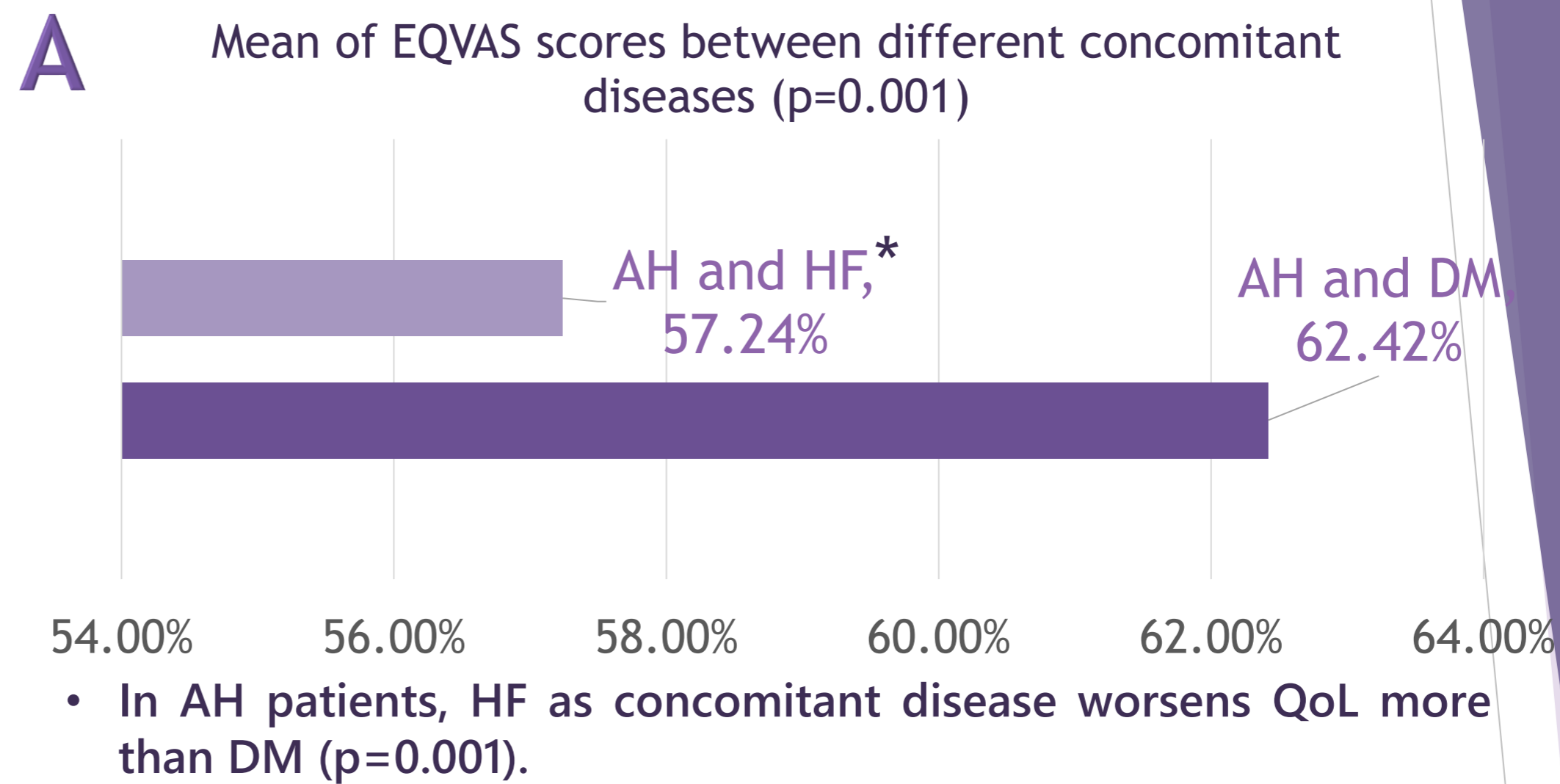
METHODS

- This study is part of the national multicenter study called TELELISPA No. 08.4.2-ESFA-K-616-01-0003
- Total of 93 patients with AH and Diabetes mellitus type 2 (DM) and 70 patients with AH and heart failure (HF) were involved in this study
- EQ-5D-5L questionnaire was used, which involves five dimensions (*mobility, self-care, usual activities, pain/discomfort, anxiety/depression*)
- Patients evaluated their health out of 100 using Visual Analog Scale (EQVAS) and different dimensions out of 5 (where 1 stands for no problems, 5 indicates extreme problems)

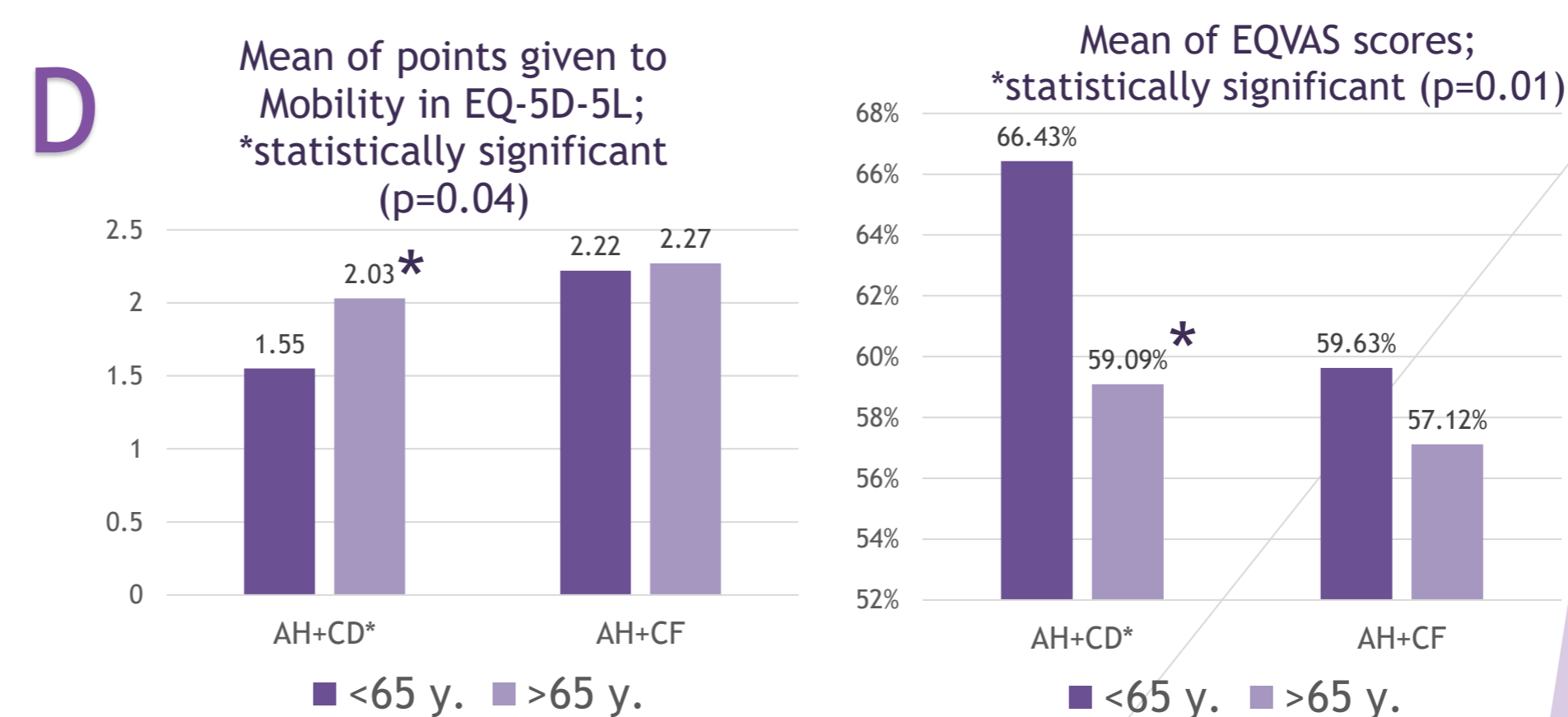
CONCLUSIONS

- Multimorbidity worsens QoL and pain/discomfort is the most significant factor
- DM with AH affect anxiety/depression dimension, whereas CF with AH worsen four out of five dimensions
- Employment has a positive influence on self-care dimension in all patients with AH and either DM or CF
- Age over 65 worsens mobility and QoL when concomitant disease is DM

RESULTS



C Employed retiree vs. unemployed retiree were less affected in *self-care* dimension in both: AH+CD and AH+CF patients, 2.0 vs. 2.09 respectively (p=0.04; p=0.00).



- Age >65 y. decreases EQVAS score in AH+DM, but NOT in AH+CF patients (p=0.01).
- Age >65 y. has negative impact (increases score) in patients' mobility in AH+DM, but NOT in AH+CF patients (p=0.04).