WORLD HEART FEDERATION

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

2-4 November 2023 • Abu Dhabi

Submission Id: 195

Title: HEALTH-RELATED QUALITY OF LIFE AND HEALTHCARE CONSULTATIONS AMONG ADULT PATIENTS BEFORE AND AFTER DIAGNOSIS WITH RHEUMATIC HEART DISEASE IN NAMIBIA

Authors: Panduleni Penipawa Shimanda, Stefan Söderberg, Scholastika Ndatinda Iipinge, Lars Lindholm, Fenny Fiindje Shidhika, Fredrik Norström

Background & Aims: Rheumatic Heart Disease (RHD) causes high morbidity and mortality rates among children and young adults. RHD also negatively impact their health-related quality of life (HRQoL). This study aimed to evaluate the health-related quality of life and healthcare consultations of adult patients with RHD in Namibia.

Methods: Between June 2019 and March 2020, a total of 83 RHD patients responded to a questionnaire. The study was conducted in the public outpatient cardiac clinic, which is providing the only specialised cardiac care services, including routine follow-ups conducted by cardiologists, health education, and nursing care support, for RHD patients. During their routine follow-ups, these patients completed a self-administered questionnaire containing the EQ-5D-5L instrument to measure HRQoL both before their RHD diagnosis and at the time of the survey.

Quality-Adjusted Life Years (QALY) were calculated using the Ethiopian value set for EQ-5D-5L. The Wilcoxon signed-rank test was utilized for pairwise comparisons of QALY scores before diagnosis and at the time of the study.

Results: The majority of participants were women (77%), predominantly young adults below the age of 30 (42%), and individuals who grew up in rural areas (87%). Among the participants, 79% had completed secondary school education or higher, while 51% were unemployed. Mixed valve disease (35%) and mitral valve disease (34%) were more prevalent than aortic valve disease (17%).

A significant majority of patients (84%) underwent heart valve repair and/or replacement surgery. The median time from the surgery to the survey was 7 years (interquartile range 3 to 9 years), with a mean time of 7 years (standard deviation 5 years). Similarly, the median time from diagnosis to the survey was 7 years (interquartile range 4 to 14 years), with a mean time of 10 years (standard deviation 8 years).

The mean Quality-Adjusted Life Years (QALY) showed a significant improvement from 0.773 to 0.942 at the time of the survey ($p<0.001$). Among the patients, those who underwent surgery (66 patients) reported a higher QALY compared to others.

Healthcare visits increased from an average of 1.6 to 2.7 days after diagnosis ($p<0.001$). The mean distance to the nearest healthcare facility was 55km, with a mean transport cost of N$ 65 and an average clinic visit duration of 3.6 hours.

Conclusions: Treatment and surgery can improve HRQoL substantially among RHD patients. Being diagnosed with RHD affects patients living in socioeconomically disadvantaged rural areas through cost and time for healthcare visits. It would be valuable with further research to understand differences between disease severities.