عنوان مقاله:

Validation and responsiveness of the Persian version of HeartQoL questionnaire in cardiac rehabilitation after coronary artery bypass grafting: An observational study

محل انتشار:

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خلاصه مقاله:

BACKGROUND: Decision making and the quality of care provided for chronic diseases have been shown to improve through patient participation. The HeartQoL questionnaire is a core health-related quality of life (HRQOL) tool specifically designed for individuals with ischemic heart disease (IHD) who have undergone interventions such as cardiac rehabilitation (CR).METHODS: In this observational and multicenter study, ۱۵۰ patients were recruited. The participants completed the HeartQoL, MacNew Heart Disease Questionnaire, and Short Form Health Survey (SF-۳۶) on entering CR for validity assessment. The HeartQoL along with a Global Rating of Change (GRoC) scale (for responsiveness measurement) were completed by ۱۰۰ participants ۳ months later.RESULTS: The mean age of all participants in validity assessment was ۶۱.۸۷ ± ۸.۱۳ years. Cronbach's alphas of the total scales ranged from ۰.۷۰ to ۰.۸۱ and of the subscales from ۰.۷۰ to ۰.۸۲. The Pearson correlation coefficient was used to determine construct validity; similar constructs were confirmed with correlation coefficients ranging from ۰.۵۰ to ۰.۶۹ and dissimilar constructs with correlation coefficients ranging from ۰.۲۸ to ۰.۲۹ (P < ۰.۰۱۰). The assessment of the responsiveness of the questionnaire indicated that the area under curve (AUC) was greater than ۰.۷۰ (range: ۰.۷۴ to ۰.۹۱) and the optimal cut-off point was ۰.۶۵.CONCLUSION: The Persian version of the HeartQoL questionnaire demonstrated satisfactory psychometric properties in the sample of participants admitted to CR after coronary artery bypass grafting (CABG). The present study results showed that the HRQOL can be used by clinicians and researchers in conjunction with other outcome measures to gain additional information about symptoms relevant to HRQOL in patients referred to CR and to evaluate change over time.

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