

Quality of Life and Quality of Sleep Among Congestive Heart Failure Patients Aged 65 or Above

Marcus, E¹; Ron, M²; Ron, G³

¹Herzog Hospital, Jerusalem, Israel; ²Hadassah Medical Center, Jerusalem, Israel; ³Meir Hospital, Kfar- Saba, Israel

Introduction: Congestive heart failure (CHF), a prevalent disease among elderly, can affect life quality and sleep quality.

The aims of this study were: (1) to evaluate the quality of life and sleep among older CHF patients and the correlation between the two; and (2) to assess the influence of CHF severity, demographic, and different health variables on the quality of life and sleep.

Methods: Ninety CHF patients ≥ 65 years were recruited: 50 male and 40 females, mean age 77 ± 7 . The patients were hospitalized in the Internal Medicine Division at Hadassah. Socio-demographic and medical data were collected by a questionnaire; quality of life by the Minnesota Living with Heart Failure Questionnaire; and sleep quality by the Pittsburg Sleep Quality Index (PSQI). Patients were classified according to disease severity using NYHA classification.

Results: Patients' distribution according to NYHA was: class I -19%, class II - 39% and classes III+IV - 42%. 89% of the subjects reported sleep disturbance (>5 points on the PSQI). A statistically significant correlation was found between sleep quality and life quality ($r=0.32$, $p<0.003$), emotional life quality ($r=0.36$, $p<0.001$), and physical life quality ($r=0.28$, $p=0.015$). Quality of life, both physical and emotional life quality, and sleep quality significantly decreased with NYHA class ($p<0.0001$, $p<0.0001$, $p<0.0001$, $p=0.042$, respectively). Among patients in NYHA I, males reported better life quality, physical, and emotional life quality than did females ($p=0.0481$, $p=0.0139$, $p=0.017$, respectively), and better sleep quality ($p=0.0218$). Among patients in NYHA I and NYHA III+IV, those treated with beta-blockers had better sleep quality than those that were not ($p=0.0265$, $p=0.0495$, respectively), and those that used sleeping pills had worse quality of sleep than those that did not ($p=0.0475$, $p=0.0115$, respectively).

Conclusions: Sleep disturbance is prevalent among older CHF patients. There is a positive correlation between life quality and sleep quality. Severity of CHF influences both. The impact of socio-demographic and health variables on life and sleep qualities is different in each NYHA class. Comprehensive approach to an older CHF patient should include assessment of qualities of life and sleep, and appropriate interventions.