

Testing a Published Model of Health-Related Quality of Life in Heart Failure

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## Abstract

**Background:** Health-related quality of life (HRQOL) in patients with heart failure (HF) is substantially compromised and is associated with increased mortality and rehospitalization. Inadequate conceptualization of variables related to HRQOL has hampered clinicians' efforts to enhance HRQOL. The purpose of this study was to validate the Wilson and Cleary model (WCM) of HRQOL in patients with HF. **Methods and Results:** Data from 293 patients with HF were analyzed to determine the best multivariate HRQOL model given variables derived from WCM: health perception, symptom status, New York Heart Association class (NYHA), HF etiology, comorbidities, age, gender, employment, education, and social support. HRQOL was measured using Minnesota Living with Heart Failure Questionnaire (LHFQ). Health perception, symptom status, NYHA, and age predicted the total LHFQ ( $p < .0001$ ); health perception, symptom status and age the emotional scale ( $p < .0001$ ); and symptom status, health perception, NYHA, and HF etiology the physical scale ( $p < .0001$ ). Health perception mediated the relationships between symptom status and functional status, and HRQOL. However, functional status did not mediate the relationship between symptom status and HRQOL. **Conclusion:** The most influential variables associated with HRQOL were the subjective variables, health perception and symptom status. Objective variables proposed by WCM to drive the model did not enter into it. Our findings underscore that subjective variables provide more accurate estimates of HRQOL than objective measures. Mediator effects of health perception and function status on were partially supported. Thus, modification of the WCM is warranted.