

KCCQ12 – a new approach at Heart Failure Clinic

Lisa Buttigieg; Sheldon Attard; Janet Caruana; Alice Moore; Mark Abela; Robert Xuereb

AIM

The Kansas City Cardiomyopathy Questionnaire (KCCQ12 is a 23-item questionnaire that quantifies physical limitations, symptoms, self-efficacy, social interference and quality of life in Heart Failure [HF] patients. The aim of this project is to assess the different components of this questionnaire in HF clinic [HFC] patients.

Methodology

Patients attending HFC were consecutively recruited to) to complete the KCCQ12.e. CVIS was used to gather data retrospectively.

Results

A total of 68 HF patients accepted to participate, 73.4% being male, with a mean age of 66.85 years. Only 38% were on three anti-HF drugs (ACEi/ARB/ARNI + Beta-Blocker + Mineralocorticoid Receptor Antagonist), 47% were on a combination of two agents, with 15% on one agent. The overall [mean: 71.33] and clinical score [mean: 78.89] of the KCCQ12 were assessed. Other components of the KCCQ12 included physical limitation (Mean 81.62), symptom frequency (Mean: 79.13), quality of life (Mean: 63.62) and social limitation (Mean: 69.55). Partial correlation was used to explore the relationship between the different components of the KCCQ12 and age, adjusting for HF medication combinations and gender. There was a strong, negative partial correlation between clinical summary scores and age with lower clinical summary scores associated with increasing age [$r=-0.286$ and $p=0.02$].

Discussion

Several components of the KCCQ12 questionnaire were assessed. Lower mean scores were observed for quality of life and social limitation, highlighting that these areas need to be addressed better in order to ensure multidisciplinary patient-centered management of HF patients.

Conclusion

Lower mean scores observed for quality of life and social limitation, with age playing a statistically significant role in determining clinical score. Strengthening community resources to better address the needs of HF patients will help ensure a more comprehensive management plan for these chronically ill patients.