Circulation

CORE 2. EPIDEMIOLOGY AND PREVENTION OF CV DISEASE: PHYSIOLOGY, PHARMACOLOGY AND LIFESTYLE
SESSION TITLE: CARDIOMETABOLIC EFFECTS OF POPULAR DIETS

Abstract 18759: Poor Quality of Life Predicts Adherence to a Weight-Loss Intervention in Overweight and Obese Patients With Heart Failure

Marjan Motie, Terry A Lennie and Lorraine S Evangelista

Published: November 26, 2013

Abstract

Background: Poor quality of life (QOL) has a known association with cardiometabolic risk that is also correlated with weight, diet, physical activity, and smoking. However, the effect of QOL on adherence (i.e. completing the study protocol) to a dietary intervention in heart failure (HF) patients has not been studied. We investigated the relationship between QOL and adherence with completing a 3 month intensive weight loss intervention in a cohort of obese HF patients with metabolic complications and tested a model that included age, gender, race, baseline weight, functional status, and QOL on adherence.

Methods: Data on QOL of overweight and obese patients with HF who participated in a larger clinical trial comparing a high protein and standard protein diet were collected at baseline and 3 months using the Minnesota Living with Heart Failure (MLHF) Questionnaire. Comparisons were made between participants who completed the 3 month dietary intervention (i.e. completers) and participants who did not (i.e. non-completers).

Results: Forty-nine patients - mean age 59.1 ± 9.8; weight 248.8 ± 29.7 pounds; EF 37.3 ± 12.5%; peak VO2 12.5 ± 3.7 mg/kg/ml; 55% White; 20% Hispanics; 16% Blacks; 8% Asians - participated in the study; 34 (70%) completed the intensive phase of the dietary intervention. There were statistically significant differences in QOL

scores between completers and non-completers (Table 1). There were no age or gender differences between completers and non-completers; Whites were less likely to complete the intervention compared to their counterparts (p = 0.046). In a model controlling for age, gender, race, baseline weight, and functional status, QOL explained an additional 19% of the variance in adherence.

Conclusion: Our findings elucidate the need to integrate QOL assessments and strategies in clinical trials involving dietary interventions as potential key to enhancing adherence.

Table 1: Quality of Life Scores of Completers and Non-Completers at Baseline and Three Months

	Completers (n= 34) Mean ± SD	Non-Completers (n=15)	P
Overall QOL, Mean ± SD	40.80 ± 20.33	58.74 ± 24.20	0.010
Physical QOL, Mean ± SD	16.42 ± 9.28	24.69 ± 10.39	0.008
Emotional QOL, Mean ± SD	9.13 ± 7.04	14.50 ± 7.50	0.020

Heart failure Behavior change Adherence Quality of life Nutrition