



Quality of Life in Cardiovascular Patients in Iran and Factors Affecting It: A Systematic Review

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ARTICLE INFO

Article Type:

Review Article

Article History:

Received: 14 July 2012

Accepted: 10 Oct 2012

ePublished: 30 Oct 2012

Keywords:

Cardiovascular Patients
Quality of Life
Systematic Review Study
Iran

ABSTRACT

Introduction: Cardiovascular diseases are always one of the major causes of mortality in the world affecting all aspects of patients' lives. Therefore, this study was conducted to summarize and provide a clear view of quality of life in these patients in Iran through a systematic review on the results of previously conducted studies. **Methods:** In a systematic review, required information was collected by searching keywords of Iran, quality of life, heart failure, cardiac, heart, and their Persian equivalents in databases of Science Direct, Pubmed, IRAN doc, SID, Medlib and Magiran. The selected time period for searching articles was since 2000 to 2012. Inclusion criteria were: releasing of article during 2000 to 2012, articles reporting patients' quality of life in any domains of heart diseases, and articles published in Persian and English. Extracted results first were summarized in Extraction Table, and then analyzed manually. **Results:** Finally 18 of 1592 found articles were included in the study. A total of 3,797 cardiac patients' quality of life was measured using six different tools, the most important one of which was SF36 questionnaire. Among eight dimensions of SF36 questionnaire, the highest mean was for social role functioning with average score of 58.37 and the lowest for physical limitation (physical role functioning) with score of 42.95. Overall, mean of eight dimensions was 53.19. Among 4 general domains of quality of life, physical activity had the lowest average of 43.63 and average of general dimensions of quality of life was 47.65. The most important factors affecting quality of life were sex, age, education, marital status, occupational status, suffering duration, number of hospitalizations etc. **Conclusion:** The results of the studies showed relatively low quality of life of cardiovascular patients in general. Therefore, according to the introduced effective factors in this study, it is necessary to consider regular programs for improving quality of life in these patients and providing suitable and qualitative services.

Introduction

Cardiovascular diseases are one of the most prevalent chronic diseases all around the world accounting for high rates of mortality and disability.¹⁻³ Unfortunately, in spite of increase in developments in prevention, diagnosis, treatment, and rehabilitation of cardiac diseases, there is still a growing trend in mortality rate resulted from these diseases. Mortality rate resulted from these diseases was 10% of total mortality rate in 1910 but it increased to 50% in 2000 and it is predicted to increase to 75% by 2020.⁴ According to the statistics by World Health Organization (WHO), mortality and disability resulted from cardiovascular diseases and cerebrovascular accident kill more than 12 million people all around the world annually. Also this organization estimates that if no measures are

taken to improve cardiovascular health, there will be a 25 percent loss in healthy life years due to the cardiovascular diseases by 2020 and the main part of this loss will be in developing countries.² About 12 million people suffer from coronary artery disease in America; about 1.5 million people are afflicted by MI annually and also about 600 thousand people per year die of coronary artery diseases.⁵⁻⁷ Cardiovascular diseases are the most prevalent reason of mortality in our country.⁸ Conducted studies in Iran in 2003 showed that the first mortality reason in terms of number is death resulted from cardiovascular diseases and unintentional accidents come next. In the same year the number of mortality cases resulted from cardiovascular diseases was 72682 for males and 62068 for females and 134750 in total.⁹ This mortality

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