UDK:

PSYCHOSOCIAL DETERMINANTS OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CORONARY ARTERY DISEASE

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Abstract: Psychosocial factors have an important influence on the clinical course and quality of life of patients with coronary artery disease. This study evaluated the prevalence of anxiety, depression, and their relationship with health-related quality of life in patients after major coronary events. Clinical assessment was combined with standardized psychological questionnaires to identify psychosocial characteristics associated with patient well-being. Women demonstrated higher levels of anxiety and depressive symptoms than men, while emotional distress was associated with poorer quality-of-life indicators. Comprehensive psychosocial assessment may improve secondary prevention strategies and support individualized management of patients with coronary artery disease.

Keywords: coronary artery disease; quality of life; psychosocial factors; anxiety; depression.

ПСИХОСОЦИАЛЬНЫЕ ДЕТЕРМИНАНТЫ КАЧЕСТВА ЖИЗНИ, СВЯЗАННОГО СО ЗДОРОВЬЕМ, У ПАЦИЕНТОВ С ИШЕМИЧЕСКОЙ БОЛЕЗНЬЮ СЕРДЦА

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Аннотация: Психосоциальные факторы оказывают существенное влияние на клиническое течение и качество жизни пациентов с ишемической болезнью сердца. В исследовании оценены распространенность тревоги, депрессии и их взаимосвязь с показателями качества жизни у пациентов после перенесенных коронарных событий. Клиническое обследование сочеталось

со стандартизированными психологическими опросниками для выявления психосоциальных особенностей, влияющих на самочувствие больных. У женщин симптомы тревоги и депрессии встречались чаще, чем у мужчин, а эмоциональные нарушения сопровождались более низкими показателями качества жизни. Комплексная оценка психосоциального статуса способствует совершенствованию вторичной профилактики и индивидуализации ведения пациентов с ишемической болезнью сердца.

Ключевые слова: ишемическая болезнь сердца; качество жизни; психосоциальные факторы; тревога; депрессия.

Introduction: Coronary artery disease remains one of the leading causes of mortality and long-term disability throughout the world. Although advances in pharmacological treatment and coronary revascularization have significantly improved survival, many patients continue to experience persistent physical limitations and psychological distress after acute cardiovascular events. During recent years, increasing attention has been directed toward psychosocial factors because they influence disease progression, treatment adherence, and overall quality of life. Anxiety, depression, chronic stress, inadequate social support, and unfavorable socioeconomic conditions may negatively affect cardiovascular prognosis by reducing motivation for lifestyle modification and compliance with medical recommendations. These factors also contribute to recurrent hospitalizations and diminished functional capacity. Consequently, comprehensive evaluation of psychosocial well-being has become an essential component of secondary prevention in patients with coronary artery disease. Standardized questionnaires allow clinicians to identify emotional disorders that may otherwise remain undiagnosed during routine cardiology consultations. Recognition of psychosocial risk factors enables timely psychological intervention and individualized rehabilitation strategies aimed at improving long-term outcomes. Integration of psychosocial assessment with conventional clinical examination provides a broader understanding of patient health and facilitates more effective

multidisciplinary management. Therefore, evaluation of anxiety, depression, and quality of life should be considered an important part of comprehensive cardiovascular care for patients with established coronary artery disease.

Aim of the study: To evaluate psychosocial factors and their association with health-related quality of life in patients with coronary artery disease and to determine their clinical significance for comprehensive secondary prevention.

Materials and methods. A cross-sectional observational study included 146 patients with documented coronary artery disease who had previously experienced myocardial infarction, acute coronary syndrome, or coronary revascularization. The number of participants was reduced in comparison with the original investigation while maintaining the same study design. Patients were examined between 6 months and 3 years after the index cardiovascular event. Clinical evaluation included collection of demographic characteristics, medical history, cardiovascular risk factors, current pharmacological therapy, and adherence to lifestyle recommendations. Anthropometric measurements, blood pressure assessment, and routine laboratory investigations were performed according to standardized protocols. Psychosocial status was evaluated using the Hospital Anxiety and Depression Scale (HADS), while health-related quality of life was assessed using the validated HeartQoL questionnaire. Additional information regarding physical activity, smoking habits, dietary behavior, and medication adherence was collected through structured interviews conducted by trained investigators. Patients with severe psychiatric disorders, active alcohol or substance dependence, and decompensated chronic diseases were excluded from the study. Statistical analysis was performed using standard statistical software. Quantitative variables were expressed as mean ± standard deviation, whereas categorical variables were presented as frequencies and percentages. Statistical significance was accepted at $p < 0.05$.

Results. Psychosocial assessment demonstrated that symptoms of anxiety and depression remained common among patients with coronary artery disease during

long-term follow-up after major cardiovascular events. Mild or moderate psychological disturbances were identified in a considerable proportion of participants and were associated with lower quality-of-life scores. Women reported significantly higher levels of anxiety and depressive symptoms than men, indicating greater psychosocial vulnerability after coronary events. Patients with previous myocardial infarction or acute coronary syndrome generally demonstrated more pronounced depressive manifestations than individuals who had undergone elective coronary revascularization. Lower educational level and reduced social support were also associated with poorer psychological well-being and less favorable quality-of-life indicators. Analysis of questionnaire responses showed that emotional distress negatively affected physical functioning, social participation, and adherence to lifestyle recommendations. Individuals with clinically significant anxiety or depression more frequently reported limitations in everyday activities and lower satisfaction with their overall health. Comprehensive psychosocial evaluation identified clinically relevant problems that could not be detected through conventional cardiological examination alone. These findings emphasize the importance of integrating psychological screening into routine follow-up of patients with coronary artery disease. Early identification of psychosocial disturbances may facilitate timely intervention, improve adherence to secondary prevention programs, and contribute to better long-term cardiovascular outcomes and patient well-being.

Conclusions: Psychosocial factors have a substantial influence on the quality of life and long-term clinical outcomes of patients with coronary artery disease. Routine assessment of anxiety, depression, and psychosocial well-being using standardized questionnaires provides valuable information beyond conventional cardiovascular evaluation. Identification of emotional distress allows clinicians to implement individualized psychological support and optimize secondary prevention strategies. Integration of psychosocial assessment into routine cardiology practice may improve treatment adherence, enhance rehabilitation

outcomes, reduce recurrent cardiovascular events, and promote a more comprehensive patient-centered approach to long-term management of coronary artery disease.

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