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

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Abstract: Coronary artery disease considerably affects patients' physical, emotional, and social well-being, making quality of life an important clinical outcome. This study evaluated health-related quality of life and gender-related differences among patients with stable coronary artery disease. A total of 130 patients completed the EQ-5D questionnaire together with routine clinical assessment. Women reported more limitations in mobility, pain, and anxiety, whereas self-care and daily activities showed comparable results between sexes. Assessment of quality of life provides valuable information for patient-centered management and optimization of long-term cardiovascular care.

Keywords: coronary artery disease; quality of life; stable angina; EQ-5D; gender differences.

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

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Аннотация: Ишемическая болезнь сердца существенно влияет на физическое, эмоциональное и социальное благополучие пациентов, поэтому оценка качества жизни имеет важное клиническое значение. Целью исследования было изучение качества жизни и гендерных особенностей у пациентов со стабильной ишемической болезнью сердца. В исследование были включены 130 пациентов, которые заполнили опросник EQ-5D и прошли стандартное клиническое обследование. У женщин чаще выявлялись

ограничения подвижности, болевой синдром и тревожность, тогда как показатели самообслуживания и повседневной активности существенно не различались между полами. Оценка качества жизни позволяет повысить эффективность индивидуализированного ведения пациентов и улучшить долгосрочные результаты лечения.

Ключевые слова: ишемическая болезнь сердца; качество жизни; стабильная стенокардия; EQ-5D; гендерные различия.

Introduction: Coronary artery disease remains one of the principal causes of disability and premature mortality worldwide despite continuous improvements in diagnostic and therapeutic strategies. Along with traditional clinical indicators, assessment of health-related quality of life has become an essential component of patient evaluation because it reflects the individual's physical, emotional, and social well-being. Patients with stable angina frequently experience limitations in everyday activities, recurrent chest discomfort, reduced exercise tolerance, and psychological distress, all of which negatively influence treatment outcomes. These changes are often not fully reflected by laboratory or instrumental investigations alone. Standardized questionnaires have therefore become valuable tools for measuring patient-reported outcomes and monitoring the effectiveness of medical care. The EQ-5D questionnaire is widely used because it provides a simple and reliable evaluation of mobility, self-care, daily activities, pain or discomfort, and anxiety or depression. Identification of factors associated with impaired quality of life may help clinicians recognize patients requiring more intensive medical and psychosocial support. Furthermore, evaluation of gender-related differences contributes to a better understanding of disease perception and individual treatment needs. Integrating quality-of-life assessment into routine cardiology practice supports a patient-centered approach, facilitates individualized rehabilitation programs, and may improve adherence to therapy. Consequently, systematic evaluation of health-related quality of life has become an important element of comprehensive management for patients with chronic coronary artery disease.

Aim of the study: To assess health-related quality of life and analyze gender-related differences in patients with stable coronary artery disease using the EQ-5D questionnaire in combination with routine clinical evaluation.

Materials and methods. A cross-sectional observational study was conducted in 130 patients with clinically confirmed stable coronary artery disease and functional class II–III angina pectoris. The study population included 75 men and 55 women who underwent comprehensive clinical examination in a specialized cardiology department. Patient selection was based on established diagnostic criteria, while individuals with severe heart failure, significant valvular disease, malignant disorders, advanced renal or hepatic insufficiency, and acute cardiovascular events were excluded. Demographic characteristics, cardiovascular risk factors, medical history, and current treatment were documented for every participant. Resting blood pressure, heart rate, and 12-lead electrocardiography were performed according to standard clinical protocols. Health-related quality of life was evaluated using the validated EQ-5D questionnaire, which included assessment of mobility, self-care, usual daily activities, pain or discomfort, and anxiety or depression. Participants also completed the visual analogue scale for self-rated health status. Data collection was performed by trained investigators under identical conditions. Statistical analysis included descriptive statistics, comparison of continuous and categorical variables, and evaluation of gender-related differences. Quantitative variables were expressed as mean ± standard deviation, whereas qualitative variables were presented as absolute values and percentages. Statistical significance was accepted at $p < 0.05$.

Results. Analysis of the questionnaire demonstrated that reduced quality of life was common among patients with stable coronary artery disease. Most participants reported at least one limitation affecting daily functioning, although the severity of impairment differed between individuals. Difficulties with mobility and routine physical activities were observed in a considerable proportion of patients, reflecting the influence of chronic myocardial ischemia on functional capacity. Pain or chest discomfort represented the most frequently reported symptom and

remained the principal factor reducing overall well-being. Psychological manifestations, particularly anxiety and mild depressive symptoms, were also common and were closely associated with lower self-perceived health status. Women reported significantly greater limitations in mobility, higher levels of discomfort, and more frequent emotional distress than men, whereas self-care and performance of everyday activities showed comparable results between the two groups. Self-assessment of general health indicated that many participants considered their condition unchanged or worse during the previous year, emphasizing the persistent burden of chronic coronary disease despite ongoing treatment. Comprehensive evaluation using the EQ-5D questionnaire identified aspects of health that were not fully reflected by conventional clinical examination alone. These findings confirm that patient-reported outcomes provide valuable complementary information regarding disease burden and may assist clinicians in planning individualized rehabilitation, optimizing pharmacological therapy, and improving long-term quality of care for patients with coronary artery disease.

Conclusions: Patients with stable coronary artery disease frequently experience reduced health-related quality of life affecting physical performance, emotional well-being, and everyday functioning. Routine assessment using the EQ-5D questionnaire provides clinically relevant information beyond conventional diagnostic methods and facilitates comprehensive patient evaluation. Women tend to report more pronounced mobility limitations, pain, and psychological symptoms than men, highlighting the importance of individualized management. Incorporating quality-of-life assessment into routine cardiology practice may improve therapeutic decision-making, rehabilitation planning, patient adherence, and long-term clinical outcomes while supporting a more patient-centered approach to cardiovascular care.

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