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Patients with cardiovascular risk factors were more likely to have lower life satisfaction.

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Background. Five years after coronary angiography, life satisfaction (LS) among patients may be related to incidents of cardiovascular diseases, risk factors and unhealthy behaviours and socioeconomic conditions but their respective influence remains unclear.

Our aim is to analyse LS and its relationships with those factors among patients who underwent coronary angiography in 2008/9 at the National Institute of Cardiac Surgery and Interventional Cardiology in Luxembourg.

Method. Among the 4,391 patients initially contacted, 547 deaths were reported and 209 had an invalid address. 3,635 completed a self-questionnaire assessing LS [1-10] and other covariates.

LS of 1,289 volunteers (69.2 years) was 7.3/10 (*higher than in Luxembourgish patients 7.1/10 living at home, two years after a stroke, and lower than the national indicator in Luxembourg in 2013, 7.8/10*). Most were men, employees and manual workers, had secondary education and an income of 36,000 euros or more per year. LS was lowest in female patients, and those with a low to middle income. Patients who lived in a couple had the best LS.

Patients with a history in the previous 5 years of physical inactivity (regression coefficient (rc): -0.903), angina pectoris (rc -0.843), obesity (rc -0.512), diabetes, or hypercholesterolemia, were more likely to have lower LS. The previous associations were mostly maintained on the second analysis, with the exceptions of diabetes and obesity.

Discussion. Patients suffering from angina pectoris in the previous 5 years had lower LS than patients with myocardial infarction and/or bypass surgery. A previous study found the same results; LS related to angina was probably principally responsible for this association. Previous work suggests that angina is a predictor of future cardiovascular events, but other investigations of psychological factors and coronary heart disease find that conventional risk factors explain little of the observed association. Of course, having a chronic illness or a disability is associated with reduced LS, and the effect is larger if this disability limits daily activities. Those findings accord with the conclusion of the last report of Eurofound, which observed that the most important predictor of LS is health.

Patients who were not physically active and suffered from obesity, diabetes and hypercholesterolemia were more likely to have low LS. Certain patient profiles linked with low LS: *'inclined abstainers'* intended to modify their behaviours, but could not do so, and *'disinclined abstainers'* had no intention of changing and were insufficiently concerned to do so.

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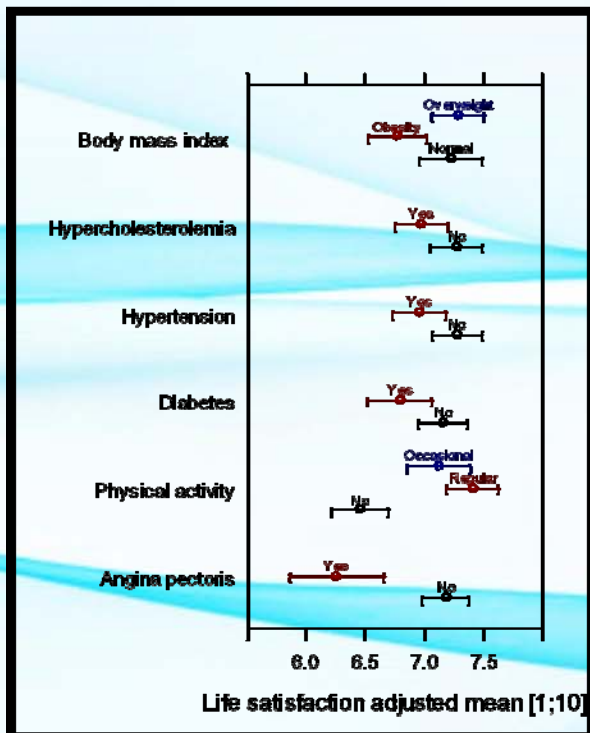


Figure 1: Impacts of CVRFs on Life Satisfaction (*multiple regression models adjusted initially on age, sex and income*). Adjusted means and 95% confidence intervals.

Conclusion. Health promotion programs would benefit from targeting factors that moderate the unfavourable intention-behaviour relationship.

Further research should examine whether therapeutic programs can reduce the distance between the ability to modify an intention and the ability to change behaviour.

Coaching patients with interventions that foster healthy attitudes can help enhance LS.