

Quality of life and functioning in chronic disease — what to assess in heart failure patients

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Health-related quality of life (HRQL) is a strong and independent predictor of all-cause death and hospitalization in heart failure (HF) patients with preserved and reduced ejection fraction. Therefore, assessment of HRQL is widely applied in clinical studies and clinical practice [1, 2]. Multiple questionnaires to assess HRQL are available. Some of them are dedicated to HF: the Kansas City Cardiomyopathy Questionnaire (KCCQ), the Chronic Heart Failure Questionnaire (CHFQ), the Chronic Heart Failure Assessment Tool, the Cardiac Health Profile of Congestive Heart Failure, the Left Ventricular Disease Questionnaire, the Quality of Life in Severe Heart Failure Questionnaire, and the Minnesota Living with Heart Failure Questionnaire (MLHFQ). Recently, Major et al. [3] highlighted that patients should be involved in decisions regarding proposed therapy to achieve optimal adherence treatment. Adherence to treatment is strongly related to the patient's beliefs regarding the possible impact on the course of illness and the impact of the disease on the patient's attitudes [7, 8]. Taking both of these considerations into account, it is worth considering the use of tools that allow for a broader assessment of HF patients that is not limited to assessing the quality of life. The Functioning in Chronic Illness Scale (FCIS) is a unique tool developed for comprehensive evaluation of various aspects of patient functioning with chronic disease [9, 10]. It allows the diagnosis of deficit areas in patients including physical efficiency, quality of life, and acceptance of the disease. Moreover, it refers to self-efficacy and the location of health control assessing patient's beliefs regard-

ing the possible impact on the course of illness and the impact of the disease on the patient's attitudes [9, 10]. The FCIS questionnaire was previously applied in patients with coronary artery disease [4] and in subjects with post-COVID syndrome [9]. It is also currently being used in the ELECTRA-SIRIO2 study — an ongoing large-scale randomized clinical trial in patients after acute coronary syndrome [10].

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