

Focus on quality of life

Qualidade de vida em foco

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Abstract

This article aims to discuss aspects concerning Health-related to quality of life concepts. This paper presents some piece of information regarding the quality of life instruments.

Descriptors: Quality of life. Treatment outcome. Prognosis. Sickness impact profile.

Resumo

Este artigo tem por objetivo discutir aspectos relacionados ao conceito de qualidade de vida em Saúde. Este artigo apresenta também informações relacionadas aos instrumentos de qualidade de vida.

Descritores: Qualidade de vida. Resultado de tratamento. Prognóstico. Perfil de impacto da doença.

INTRODUCTION

The President of the United States of America mentioned the term *quality of life* with a repercussion for the first time in 1964. At that time, Lyndon Johnson claimed, "The nation's goals cannot be measured merely by citizen's bank accounts, but first and foremost by the quality of life given to a nation's." [1].

Since then, the quality of life is undoubtedly one of the most commented and discussed topics in the news, in different forums. In the lay press and in various situations of the marketing related to products and services, the promise of improved quality of life is present. Similarly, in scientific publications it is often seen reference to the assessment of quality of life.

However, after all what is quality of life?

Initially, the term *quality of life* was associated with improvements in standards of living, particularly linked to

acquiring of material goods. Subsequently, the quality of life came to embody a sense of well-being, personal accomplishment, and quality of relationships, education, lifestyle, health and leisure. Finally, it embodied the psychological, physical, and social aspects, besides the economic ones [2]. Therefore, it is clear that the concept of quality of life is very comprehensive and includes objective and subjective aspects.

The Group Quality of Life at the Division of Mental Health from the World Health Organization (WHO) defined quality of life as "*the individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.*" [3].

Specifically, in the health care field, the improve on quality of life came to be regarded as an outcome to be achieved after care practices, as well as public policy actions in health promotion and disease prevention. Therefore, information about the quality of life has been used as

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indicators for assessing the effectiveness, efficiency, and impact of certain treatments in groups of patients [4].

If on one hand the increasing technological development of medicine made possible the treatment of various diseases, ensuring greater longevity to the population, in the other hand, it triggered a process of dehumanization. Thus, the concern with the concept of "quality of life" comes to rescue the concern with the broader aspects, such as the control of symptoms, reduced mortality or increased life expectancy.

This concern is very well illustrated by Fleck et al. [5]. Flack said: "*the Oncology was the specialty that, par excellence, was faced with the need to assess the conditions of the patients' life who had increased their survival due to treatments, given that many times in the searching of adding years to life, the need to add life to years was put aside.*"

Initially, the assessment of quality of life and its measurement was meant to complement the analysis of survival, by being added to other clinical parameters. Nevertheless, that review had its scope broadened when it joined the cost-effectiveness analyses.

Quality of life is an expression rooted in professional practice and is increasingly present in specialized publications. In our environment, such as an expression has been used in articles that apply questionnaires validated or not in order to measure them, or in studies simply discussing the impact of a particular procedure or intervention [6-55].

In a search on PubMed website, using the keywords "quality of life" and "cardiovascular surgical procedures", we could retrieve 3,704 specific articles concerning to the topic. Similar surveys on the Journal of Cardiovascular Surgery website, from 1997 to 2010, we could list 101 articles in which the term *quality of life* was used. Only in the last three years, there have been published 28 articles⁵⁶⁻⁸³. Likewise, in a search on PubMed website, using the descriptor "quality of life", we could identify in the Brazilian Archives of Cardiology the publication of 28 articles in the last three years as well [84-111].

Particularly, in cardiac surgery, more and more the possibility of improving the quality of life has been decisive in indicating the procedure.

Several decades ago instruments for assessing quality of life have been proposed, most of them developed in the United States. In parallel, several researchers have focused on translating these quality of life instruments for use in other countries. However, it is important to remember that a simple translation is insufficient. It is necessary an adjustment and validation in other languages and cultures. The process of translation and validation of a quality of life instrument requires more effort than merely idiomatic and semantics issues.

There are instruments for assessing generic quality of life and other for specific diseases.

The generic questionnaires are not specific to only one disease. In general, they are more appropriate for epidemiological studies, planning and evaluation of the health system. Among the questionnaires on quality of life, we may cite the generic *Short-Form 36-item (SF-36) health survey* and *EuroQoL (EQ-5D)*.

Os questionários genéricos não são específicos de uma única doença, em geral, são mais apropriados a estudos epidemiológicos, planejamento e avaliação do sistema de saúde. Dentre os questionários de qualidade de vida genéricos podemos citar o *Short-Form 36-item (SF-36) health survey* e o *EuroQoL (EQ-5D)*. In the field of Cardiology, for example, there are specific questionnaires, such as the *Seattle Angina Questionnaire (SAQ)* [112], *MacNew* [113] the *Myocardial Infarction Dimensional Assessment Scale (MIDAS)* [114], and the *Minnesota Living with Heart Failure (MLHF)* [115].

Normally, disease-specific instruments are clinically more sensitive to detect changes, though each has advantages and disadvantages. These instruments seek to evaluate, for the most part, the quality of daily life of people subsequent to diseases and medical procedures. Many instruments will include indicators to subjective aspects of living with illness.

Finally, the great importance of the instruments for assessing quality of life lies not in the fact of showing only whether the changes are statistically significant or not, but if they are clinically meaningful [116].

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