Survivors of an Acute Coronary Syndrome with Lower Patient Activation Are More Likely to Experience Declines in Health-Related Quality of Life

Nathaniel A. Erskine
University of Massachusetts Medical School

Barbara L. Gandek
University of Massachusetts Medical School

Molly E. Waring
University of Massachusetts Medical School

See next page for additional authors
Presenter Information
Nathaniel A. Erskine, Barbara L. Gandek, Molly E. Waring, Rebecca L. Kinney, Darleen M. Lessard, Randolph S. Devereaux, Stavroula A. Chrystanthopoulou, Catarina I. Kiefe, and Robert J. Goldberg

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SURVIVORS OF AN ACUTE CORONARY SYNDROME WITH LOWER PATIENT ACTIVATION ARE MORE LIKELY TO EXPERIENCE DECLINES IN HEALTH-RELATED QUALITY OF LIFE

Nathaniel A. Erskine, BA1, Barbara Gandek, PhD1,2, Molly E. Waring, PhD1, Rebecca L. Kinney, MPH1, Darleen M. Lessard MS1, Randolph S. Devereaux PhD, MSPH3, Stavroula A. Chrysanthopoulou PhD1, Catarina I. Kiefe, PhD, MD1, Robert J. Goldberg, PhD1

1Department of Quantitative Health Sciences, University of Massachusetts Medical School; 2John Ware Research Group, Watertown, MA; 3Mercer University College of Medicine, Macon, GA

**Background:** Patient activation comprises the knowledge, skills, and confidence for self-care, and may lead to better health outcomes.

**Objectives:** We examined the relationship between patient activation and changes in health-related quality of life (HRQOL) following hospitalization for an acute coronary syndrome (ACS).

**Methods:** We studied patients from 6 medical centers in central Massachusetts and Georgia who had been hospitalized for an ACS between 2011 and 2013. At 1 month after hospital discharge, patients completed the 6-item Patient Activation Measure and were categorized into 4 levels of activation. Multinomial logistic regression analyses compared activation level with clinically meaningful changes (≥ 3.0 points generic, ≥10.0 points disease-specific) in generic physical (SF-36 PCS), generic mental (SF-36 MCS), and disease-specific (Seattle Angina Questionnaire, SAQ) HRQOL from 1 to 3 and 1 to 6 months after hospitalization, adjusting for potential sociodemographic and clinical confounders.

**Results:** Patients (n=1,042) were on average 62 years old, 34% female, and 87% non-Hispanic white. Overall, 10% were in the lowest level of activation. Patients with the lowest activation had 1.95 (95% CI: 1.05, 3.62) and 2.18 (95% CI: 1.17, 4.05) times the odds of experiencing clinically significant declines in MCS and SAQ QOL scores, respectively, between 1 and 6 months than the most activated patients. Patient activation level was not associated with meaningful changes in PCS scores.

**Conclusions:** Hospital survivors of an ACS with lower activation may be more likely to experience declines in mental and disease-specific HRQOL than more activated patients, identifying a group at risk of poor outcomes.

**Contact:**
Nathaniel Erskine MD/PhD Candidate, CPHR Program
University of Massachusetts Medical School
nathaniel.erskine@umassmed.edu