

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

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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

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