The University Repository

Astin, Felicity, Horrocks, J., Mclenachan, J., Blackman, D. J., Stephenson, John and Closs, S. J.

The Impact of Transcatheter Aortic Valve Implantation on Quality of Life: A Mixed Methods Study

Original Citation


This version is available at http://eprints.hud.ac.uk/id/eprint/33800/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
The Impact of Transcatheter Aortic Valve Implantation on Quality of Life: A Mixed Methods Study

Purpose
TAVI is considered to be the gold standard of care for inoperable patients diagnosed with severe symptomatic acquired aortic stenosis. Little in known about patients’ views concerning how TAVI impacts on QoL during early recovery.

Methods
Mixed methods study design (QUAL-quant). Data from in-depth interviews with 43 subjects (39% male; mean age 81.7 years) at 1 & 3 months post-TAVI, from a regional UK centre, were analyses using framework method. QoL data (SF-36 and EQ5D) were collected concurrently before, 1 & 3 months post TAVI. Quantitative data were analysed using ANOVA.

Figure 1. Themes/categories

Extended Life
Survival: ‘I’m just thankful its over and done with and there is a light at the end of the tunnel where there wasn’t before’ (F, 86 yrs NYHA III). ‘I’ve got maybe a few more years to live’ (M, 87 yrs, NYHA III).

Shortened Life
Facing Mortality: ‘My son said can my Dad have his operation next year, and they said no. What happens if I don’t have it? He’d be dead within a year’. (M,88 yrs, NYHA III).
Deciding to have TAVI: ‘The quality of life I had was so poor by that time it was well worth the risk’ (F,91, NYHA IV).

Limited Life
Symptom burden: ‘It was pretty drastic really. I couldn’t breathe. I could only walk a few yards, I couldn’t breathe at all’. (F,87 yrs, NYHA III).
Functional and social restrictions: ‘Some days I wished it was all over, I really did, because it was so painful to breathe and well, your life isn’t the same, you can’t get out, can’t go shopping or anything’ (F,84 yrs, NYHA III).

Changed Life
Symptomatic relief: ‘Well I knew I was feeling better because I aren’t breathless (F, 86 yrs, NYHA III). ‘I do exactly what I used to do ten years ago. (M, 85 yrs, NYHA II).
Feeling Safe and Secure: ‘I want to feel as though I can do what I want, go where I want, not bother, not worry about anything, you know like chest pains or anything like that’ (M, 82 yrs NYHA III).

Results
Themes & Categories are shown in Figure 1. Quantitative data supported interview findings with gradual improvements in mean EQ-5D scores and SF-36 physical and mental component scores at 1 and 3 months compared to baseline.

Conclusion
TAVI had an impact on QoL in two ways. From a psychological perspective recipients had confidence that they no longer faced imminent death and that TAVI had extended their life. Most recipients experienced relief of physical symptoms enabling them to live fuller lives. Self-reported QoL improved in 70% of participants 3-months post TAVI compared to baseline.