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Impact of obesity on quality of life in patients with advanced heart failure

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$p = .000$) as well as with depression ($p < .001$). Gender, six-minute walk, New York Heart Association class, and BMI accounted for 27.0%, 26.4%, 21.9% and 19.7% of the variance in total, physical, emotional, and depressive symptoms, respectively. **CONCLUSION:** Our findings reveal that obese HF patients are more likely to have physical limitations and depressive symptoms compared with non-obese HF patients. Therefore, strategies to promote weight loss through behavioral interventions may be key to improving QOL in this population.

Living With Heart Failure

Subspecialty: Cardiovascular Nursing

Wednesday Afternoon

Ernest N Morial Convention Center, 352

Abstracts 3415-3423

3415

Impact of Obesity on Quality of Life in Patients with Advanced Heart Failure

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BACKGROUND: Obesity is known to increase cardiovascular risk and has been identified as a national public health concern. The effect of obesity on quality of life (QOL) in a number of disease states is well documented, but is still a matter of speculation in heart failure (HF) patients. **METHODS:** Comparative analyses of QOL (total, physical, emotional, and depressive symptoms) between obese (BMI ≥ 30 , $n = 154$) and non-obese (BMI < 30 , $n = 195$) patients were conducted to determine if body mass index (BMI) independently predicts QOL in patients with advanced HF. Participants completed the Minnesota Living With Heart Failure Questionnaire and Beck Depression Inventory and performed the six-minute walk test. Bivariate analyses were performed between the variables of interest. Stepwise linear regression was used to determine the independent contribution of BMI to QOL. Significance level for all analyses was set at $p < 0.05$. **RESULTS:** Obese and non-obese patients had similar demographic characteristics (age, 54.2 ± 11.5 vs. 57.1 ± 13.2 years; predominantly male, 77.4% vs. 79.9%; Caucasian, 73.3% vs. 70.7%; and married, 64% vs. 63%). The emotional and depression scores were significantly worse in obese compared to non-obese patients ($p < .005$); statistical differences were not observed in total QOL and physical scores. BMI was significantly correlated with all 3 scales of QOL (total, $p = .006$; physical, $p = .002$; and mental,