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### Title

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### Permalink

<https://escholarship.org/uc/item/82c8v5xw>

### Journal

CIRCULATION, 106(19)

### ISSN

0009-7322

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### Publication Date

2002

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Peer reviewed

## Health Risks and Quality of Life of Female Heart Transplant Recipients

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Several studies suggest that female heart transplant recipients (HTR) are at an increased risk for rejection and death after surgery, but few studies have evaluated the potential reasons for this compromised outcome. The purpose of this study was to describe health risk behaviors (smoking, exposure to second hand smoke ( ESHS ) and alcohol use) and health risk indicators (obesity, hypertension, hyperlipidemia, and diabetes mellitus ( DM )) of female HTR and examine relationships between these health risks and indicators, demographic and clinical characteristics, and quality of life (QOL). **Methods:** Fifty-nine female HTR (age,  $54.3 \pm 12.7$ ; time since transplant,  $5.5 \pm 4.5$  years; predominantly Whites ( 59%), married ( 56%), unemployed ( 80%)), were enrolled from a single heart transplant center. Demographic and clinical data, risk behaviors and QOL were obtained through self-report and chart reviews. Urine cotinine, height and weight were measured to verify smoking and obesity. **Results:** Although one-third of women stopped smoking and drinking prior to transplant, some continued or resumed these high-risk behaviors after surgery (9% and 28%, respectively). Thirty-nine percent reported ESHS; 29% were being treated for DM; 40% were obese and hypertensive; and 53% had hyperlipidemia. Approximately half of the women reported their QOL as poor-fair; the remaining half reported good, very good, or excellent QOL. Race, marital status and employment status were associated with greater health risks; non-whites, married and unemployed women were more likely to have DM, obesity, and hyperlipidemia, respectively ( $p < .05$ ). Years since transplant was associated with increased risk for hypertension and hyperlipidemia ( $p < .05$ ). Smoking, drinking, and ESHS were all associated with lower QOL ( $p < .001$ ). **CONCLUSION:** Although a majority of female HTR has made healthy lifestyle changes, a substantial proportion has not. Health-risks related to immunosuppressive therapy increase with time since transplant. Our findings suggest the need for multiple risk factor interventions to decrease health risks and improve QOL; female HTR who have had their transplant beyond 5 years warrant increased scrutiny.