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Editorial

Living Longer and Better: Health-Related Quality of Life

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In cardiology and medicine in general, doctors and health professionals usually focus on increasing patient survival. However, for many individuals, quality of life is a more important factor than how lifespan. Thus, the concept of health-related quality of life (HRQoL) emerges, and one of the aspects included in what is called health status, or the variation of the impact that disease has on the life of an individual, as expressed by him/herself.[1] Health status can be assessed, as shown in Figure 1, by symptom manifestation, physical limitation, and quality of life.

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In Brazil, relatively few studies have addressed this important issue. Recently, our group evaluated the HRQoL in patients with stable coronary syndromes through the Seattle Angina Questionnaire, identifying predictors of improvement and their distribution in a local population of patients undergoing percutaneous coronary intervention.[2] In other studies, patients with unstable coronary syndromes were evaluated using the same tool, which has been validated for the Brazilian population.[3,4]

Some specific studies that analysed HRQoL in hypertensive patients have been performed in Brazil.[5,6] In general, they identified an important negative impact of hypertension on HRQoL.

In this issue of the **Revista Brasileira de Cardiologia Invasiva (Brazilian Journal of Invasive Cardiology)** Armaganijan et al.[7] report their pioneering experience in the effect of percutaneous renal denervation in the quality of life in patients with chronic hypertension. Evaluating ten patients through the EuroQol tool, it was observed that the magnitude of blood pressure reduction was not associated with better HRQoL, but those who experienced a reduction in the number of antihypertensive drugs reported better health status. The authors suggest that the renal sympathetic denervation may be a promising adjunct strategy in the treatment of systemic hypertension, and further studies with larger numbers of patients are needed to confirm these results.

The report by Armaganijan et al.[7] is a further step both in the study of HRQoL and the performance of renal artery denervation in patients with drug-resistant systemic hypertension in our country. The authors should be congratulated for their initiative in both areas, and certainly further analysis should be undertaken to explore and clarify pending issues. Some limitations of the study, such as the sample size, were adequately addressed by the authors. Another important aspect is the device used for the renal denervation.[7] This information is not available in the manuscript, but it is relevant for the interpretation of the results, as the analysis of a treatment effect on HRQoL cannot be separated from how it is performed and its clinical outcomes.

The main studies that demonstrated the benefits of the renal denervation procedure to control drug-resistant hypertension used catheters dedicated to this purpose.[8] Some authors have suggested that cardiac ablation catheters could also be used for renal denervation procedures.[9] However, these catheters have been developed to produce lesions in the ventricular myocardium, and the renal ablation catheter validated in the Symplicity Trial uses significantly lower power than that employed in cardiac ablation procedures. Although it is possible to adjust the power of use, it remains unknown whether the positive results with catheters used in the Symplicity Trial can be extrapolated to procedures with cardiac ablation catheters.[10] The latter may result in better, equivalent, or worse outcomes than the catheters that have already been validated; this answer can only be achieved through randomized clinical trials with an adequate numbers of patients.

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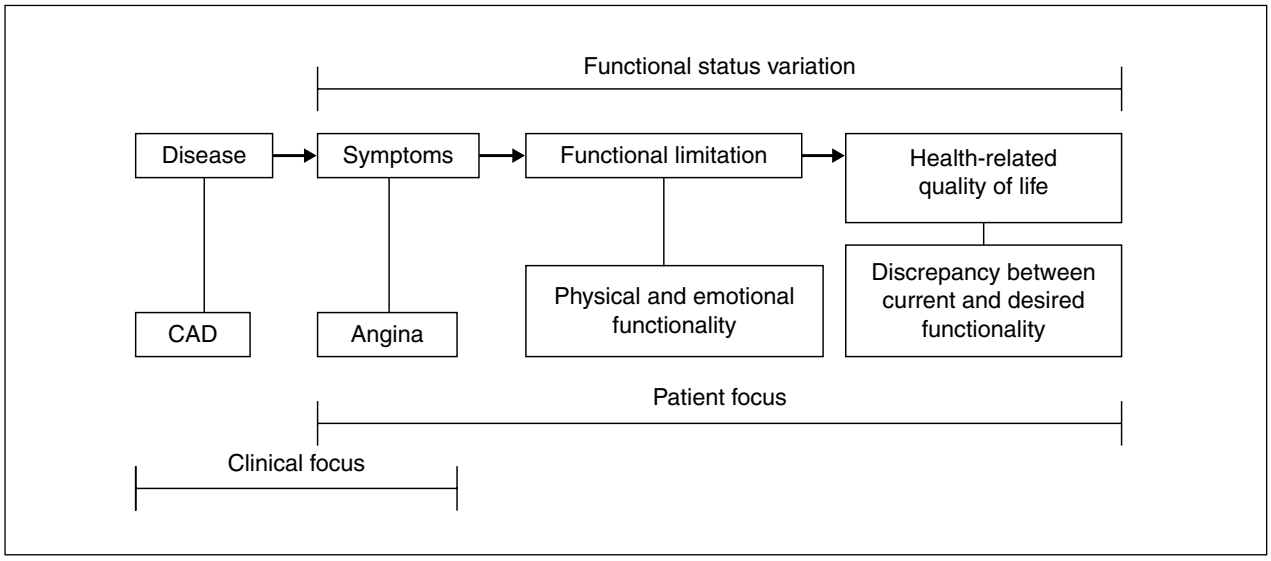

Figure – Functional status and health-related quality of life in a model of coronary artery disease (CAD).

In conclusion, renal denervation in patients with refractory systemic arterial hypertension has generated great interest in the interventional and cardiology communities, due to the treatment potential of a condition that is highly prevalent and associated with significant morbidity and mortality. HRQoL assessment is certainly one of the key aspects of the evaluation of this new technology, and many studies evaluating this question are forthcoming. The responses regarding the effectiveness of renal denervation in the long-term control of systemic hypertension, durability, and the effect on cardiovascular complications and HRQoL will soon emerge with the results of the Symplicity 3 Trial and others.

CONFLICT OF INTERESTS

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