Health-Related Quality of Life in Patients with Permanent Pacemaker at the University of Santo Tomas Hospital: A Cross-sectional Correlational Study

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Abstract

Introduction:The evolution of cardiac pacing is expected to decrease the cardiovascular morbidity and mortality but this type of intervention might affect the health-related quality of life (HRQOL) and eventually the overall prognosis of the patient. This study assessed the HRQOL in patients with permanent pacemaker using Philippines (Tagalog) Short Form (SF)-36v2 health survey.

Methods: A cross-sectional correlation study was conducted. Philippines (Tagalog) SF-36v2 health survey was administered among patients with permanent pacemaker who had their pacemaker analysis at the University of Santo Tomas Hospital from October to December 2015. The higher the score the better HRQOL and many studies used a cut-off point of 50. Pearson Correlation and Non-Parametric Mann-Whitney Tests were used in this study.

Results: Forty-two patients were enrolled in this study. There were 24 male and 18 females with mean interval of age

71.48+12.3. Most of the HRQOL scores were lower than 50. The highest HRQOL scores were vitality and mental health aspect while the worst were role emotional and physical functional aspect. Age, educational attainment, type of permanent pacemaker, pacemaker dependency, NYHA (New York Heart Association) functional capacity and presence of co-morbidities particularly diabetes mellitus type 2 were significant factors for poor HRQOL.

Conclusion: This study showed that overall the HRQOL in patients with permanent pacemaker was below average. A comprehensive management in order to improve the HRQOL should be considered among patients with permanent pacemaker.

Keywords: health-related quality of life; HRQOL; permanent pacemaker; philippines (tagalog) SF-36v2 health survey; cross-sectional correlational study; pacemaker analysis

ntroduction

Cardiac pacemaker has become a therapeutic tool used worldwide with more than 250.000 pacemaker insertion per year. Following the advances in pacemaker technology, several studies have been done to assess the quality of life of patients since it can affect the overall prognosis. This consideration is important especially if the treatment such as permanent pacemaker can restrict their daily activities. Pacemaker insertion is often a difficult condition for the patient, considering the expensive cost of the pacemaker, the insertion procedure, the possible complication after the pacemaker insertion, and the awareness that the pacemaker can interference with the patient's social environment. The quality of life can affect the outcome of patients with permanent pacemaker.

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The World Health Organization (WHO) defines quality of life as "individuals" perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. This definition emphasizes that the quality of life is subjective, includes both positive and negative facets of life and is multi-dimensional.⁴ Several instruments have been developed to assess the quality of life of the patient. The General Health Survey of the Medical Outcomes Study (MOS) by Stewart and colleagues developed the Short Form 36 (SF-36) health survey. It is a multi-purpose, short-form survey which contains 36 questions. It has demonstrated sensitivity to significant treatment effects in a variety of population. The International Quality of Life Assessment (IQOLA) Project was established in 1991 to translate the SF-36 health survey and to validate, norm, and document the translations as required for their use internationally.⁵ In 1996, version 2.0 of the SF-36 (SF-36v2) health survey was introduced which has simpler instructions and questionnaire items.⁶ The SF-36 health survey has been translated to over 140 languages.5 Philippines (Tagalog) SF-36v2 health survey was already validated in a study done by Castillo-Carandang NT et al.7

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This study aimed to assess the HRQOL and its clinical correlation among patients with permanent pacemaker using the newest version of SF-36 in Tagalog language.

Methods

A cross-sectional correlation study was conducted. A total of 42 patients with permanent pacemaker who had their pacemaker analysis at the Cardiovascular Catheterization and Intervention unit of the University of Santo Tomas (UST) Hospital from October to December 2015 were included in this study. We utilized the Philippines (Tagalog) SF-36v2 health survey. After explaining the objective of the study and securing consent from the patients, a short interview was conducted by the investigator before the survey was self-administered.

Clinical profile of the patients was gathered using a case report form which included: socio-demographic data (age, sex, civil status, educational attainment, and employment status), rhythm disorder prior to the permanent pacemaker insertion, permanent pacemaker insertion time span, type of permanent pacemaker (single/dual chamber pacemaker), pacemaker dependency (pacemaker dependent/non-pacemaker dependent), ventricular lead placement (right ventricle septum/right ventricle apex), pacing rate (A and V pace), NYHA functional capacity and presence of comorbidity disease/s. The clinical profile of the patients was then correlated with the HRQOL score.

During the self-administered survey, patients were asked to give mark sign (x) for each answer. The investigator offered assistance to the patient with a limitation in completing the survey, such as difficulty reading. The investigator encouraged the patient to choose answers based on symptoms they had experience and asked them to provide spontaneous answers without excessive reflection. After the patient finished answering the survey, the investigator checked the survey for the completeness. The interview took about five to 10 minutes and another 10-15 minutes for answering the survey.

The SF-36 health survey has no single overall score. It has eight subscales and two summary scores. The two summary scores are the Physical Health Score (PHS) and Mental Health Score (MHS). The PHS consists of four subscales as follows physical functioning, role-physical, bodily pain, and general health scores. The MHS also consists of four subscales as follows vitality, social functioning, role-emotional, and mental health. The physical functioning, role-physical, and bodily pain contribute most to the scoring of PHS while the social functioning, role-emotional, and mental health contribute most to the scoring of MHS. The HRQOL score range from zero to 100 with higher score representing better HRQOL status. 5.7.8 The score of the survey was computed automatically by

the online SF-36v2 health survey calculator. This calculator is available free in the internet. $^{\circ}$

Pearson correlation test was used to determine the correlation between the HRQOL score and the continuous variable (age, permanent pacemaker insertion time span, pacing rate and co-morbidity disease/s). Non-Parametric Mann-Whitney test was used for the categorical variables (gender, civil status, educational attainment, employment status, rhythm disorder prior to permanent pacemaker insertion, type of permanent pacemaker, pacemaker dependency, ventricular lead placement and NYHA functional capacity). We performed sub-analysis study among patients with co-morbid hypertension and or diabetes mellitus (DM) type 2. We also did sub-analysis for patients with pacing rate of >70% versus <70% and pacing rate of >50% versus <50%. If the p-value is <0.05, we conclude significance at 95% level of significance. We used SPSS software version 21 in computing the results.

Results

A total of 42 patients were enrolled in this study. Of these, 24 patients (57.14%) were male and 18 (42.86%) were female with gender ratio of 1.3:1. The mean interval of age was 71.48 ± 12.3 . Hypertension was the most common comorbid found in this study (73.81%) followed by DM type 2 (33.13%). Table I described demographic characteristic of study population.

The most common indication for pacemaker insertion was sick sinus syndrome in 24 patients (57.14%). Table II shows the baseline characteristics of the study population. Among 42 patients included in this study, 33 had their pacemaker insertion at the UST Hospital.

The overall mean scores for PHS and MHS were 40.96 ± 7.48 and 45.92 ± 9.49 . Analyzing the highest and lowest scores across all aspects assessed by the Philippines (Tagalog) SF-36v2 health survey, the highest HRQOL was vitality aspect (51.7 ± 8.32) followed by mental health aspect (47.86 ± 9.92) while the lowest HRQOL was role emotional aspect (35.66 ± 12.21) followed by physical functioning aspect (36.01 ± 11.28) .

Among the socio-demographic factors, age and educational attainment were significantly correlated with the HRQOL score. (Table III and IV) Age was significantly correlated with the PHS and physical functioning score with p-value of 0.010 and 0.041, respectively. With r of -0.392 and -0.317, the older the patient, the lower the HRQOL related to PHS and physical functioning aspect. Those who had tertiary level of education had higher HRQOL than those with lower educational attainment when it came to the mental health aspect (p-value of 0.013).

Table I. Demographic char	acteristic of pati	ents
	No	Percentage
Gender		
Male	24	57.14
Female	18	42.86
Age		71.48 ± 12.3 SD
Civil status		
Single	5	11.90
Married	34	80.95
Disrupted	3	7.14
Educational attainment		
Non high school	9	21.43
High school	4	9.52
Technical	10	23.81
College	19	45.24
Employment status		
Not working	33	78.57
Working	9	21.43
Co-morbidity disease		
Hypertension	31	73.81
DM type 2	14	33.33
COPD	1	2.38
CKD	5	11.90
Cancer	3	7.14
Bronchial asthma	1	2.38

Table II. Baseline characte	ristics of patient	ts
	No	Percentage
Rhythm disorder		
Sick sinus syndrome	24	57.14
Complete heart block	14	33.33
High grade AV block	4	9.52
Type of pacemaker		
Single chamber	19	54.76
Dual chamber	23	45.24
Ventricular lead placement		
Right ventricle septum	11	33.34
Right ventricle apex	22	66.66
NYHA functional capacity		
Class I	15	35.71
Class II	24	57.14
Class III	3	7.14

Female patients had higher scores of the PHS and MHS but they were not significant compared to male patients (p-value of 0.492 and 0.360, respectively). Married and working patients had also higher scores of the PHS and MHS however there were no significant difference across

Table III. Correlation o	f age and HRQOL (n=42)	
	Pearson correlation coefficient	P-value
Physical functioning	-0.392	0.010
Role-physical	-0.185	0.240
Bodily-pain	0.027	0.863
General health	-0.200	0.204
Physical health score	-0.317	0.041
Vitality	-0.122	0.440
Social functioning	-0.012	0.940
Role emotional	-0.098	0.537
Mental health	-0.091	0.566
Mental health score	0.002	0.992

Table IV. Correlation of	of educational atta	ainment and HRO	QOL
	College Level (n=19)	Others (n=23)	<i>P</i> -value
Physical functioning	37.14 ± 7.93	35.07 ± 13.56	0.694
Role-physical	41.58 ± 6.19	36.96 ± 10.66	0.098
Bodily-pain	44.06 ± 8.65	44.19 ± 10.34	0.807
General health	47.97 ± 6.75	46.01 ± 8.3	0.274
Physical health score	40.99 ± 5.51	40.93 ± 8.92	0.456
Vitality	52.41 ± 8.83	51.13 ± 8.02	0.547
Social functioning	41.05 ± 7.47	40.95 ± 9.84	0.718
Role emotional	38.91 ± 9.53	32.99 ± 13.67	0.146
Mental health	52.08 ± 9.05	44.37 ± 9.39	0.013
Mental health score	48.97 ± 8.36	43.4 ± 9.8	0.063

Table V. Correlation of	of type of permane	nt pacemaker an	d HRQOL
	Single (n=18)	Dual (n=24)	<i>P</i> -value
Physical functioning	33.81 ± 11.42	37.66 ± 11.14	0.366
Role-physical	37.01 ± 9.55	40.58 ± 8.67	0.299
Bodily-pain	41.7 ± 6.41	45.95 ± 11.06	0.267
General health	44.01 ± 6.89	49.07 ± 7.53	0.030
Physical health score	39.13 ± 7.48	42.33 ± 7.34	0.204
Vitality	48.25 ± 7.91	54.3 ± 7.79	0.011
Social functioning	38.35 ± 5.95	42.98 ± 10.03	0.068
Role emotional	33.21 ± 12.09	37.5 ± 12.22	0.293
Mental health	43.43 ± 10.64	51.18 ± 8.05	0.009
Mental health score	42.23 ± 10.16	48.68 ± 8.1	0.026

all aspects of the HRQOL score of the Philippines (Tagalog) SF-36v2 health survey (p-value of >0.05).

In comparing the rhythm disorder prior to the permanent pacemaker insertion, patients with sick sinus syndrome had lower PHS and MHS. However, this was not statistically significant compared with other rhythm disorder as indication (p-value of 0.291 and 0.760, respectively). There was also

Table VI. Correlation of	pacemaker depe	ndency and HRC	QOL
	Dependent (n=16)	Not dependent (n=26)	<i>P</i> -value
Physical functioning	36.66 ± 10.97	35.61 ± 11.67	0.876
Role-physical	40.24 ± 10.16	38.32 ± 8.55	0.548
Bodily-pain	47.64 ± 10.73	41.97 ± 8.14	0.082
General health	49.34 ± 7.66	45.4 ± 7.32	0.109
Physical health score	42.72 ± 7.49	39.88 ± 7.42	0.260
Vitality	51.89 ± 9.3	51.59 ± 7.84	0.990
Social functioning	44.22 ± 9.06	39.01 ± 8.09	0.046
Role emotional	37.54 ± 13.31	34.51 ± 11.59	0.388
Mental health	49.49 ± 8.68	46.86 ± 10.65	0.334
Mental health score	47.76 ± 8.38	44.79 ± 10.1	0.430

Table VII. Correlation o	f NYHA Function	nal Capacity and H	RQOL
	Class I (n=15)	Others (n=27)	P-Value
Physical functioning	40.52 ± 11.16	33.5 ± 10.74	0.027
Role-physical	41.03 ± 8.98	37.95 ± 9.18	0.368
Bodily-pain	46.79 ± 10.76	42.65 ± 8.58	0.311
General health	49.57 ± 6.85	45.41 ± 7.72	0.059
Physical health score	44.23 ± 8.12	39.14 ± 6.58	0.019
Vitality	52.29 ± 8.31	51.38 ± 8.46	0.489
Social functioning	45.55 ± 8.36	38.46 ± 8.02	0.018
Role emotional	38.65 ± 10.71	34.01 ± 12.85	0.194
Mental health	49.45 ± 8.85	46.98 ± 10.52	0.397
Mental health score	47.77 ± 7.39	44.89 ± 10.47	0.237

Table VIII. Correlation of HRQOL	of presence of co-morbidity d	lisease/s and
No of Co-Morbidity Disease/s	Pearson Correlation Coefficient	P-Value
Physical Functioning	316	.041
Role-Physical	115	.470
Bodily-Pain	026	.870
General Health	.144	.364
Physical Health Score	287	.066
Vitality	.165	.296
Social Functioning	050	.751
Role Emotional	099	.533
Mental Health	305	.049
Mental Health Score	.222	.158

no significant correlation across all aspects of the HRQOL compared with the time span of pacemaker insertion (p-value of >0.05).

In terms of the type of permanent pacemaker, patient with dual chamber pacemaker had significantly higher HRQOL scores of general health (p-value of 0.03), vitality (p-value of 0.011) and mental health aspect (p-value of 0.009) and also MHS (p-value of 0.026) compared to patient with single chamber pacemaker. (Table V)

As to the pacemaker dependency, there was significant difference in the HRQOL score of social functioning aspect with *p*-value of 0.046. Dependent pacemaker patients had higher HRQOL compared to non-dependent pacemaker patients in relation with social functioning aspect. (Table VI)

In comparing the pacing rate of the A and V pace, there was no significant correlation between the pacing rate and all aspects of the HRQOL score. We also did subanalysis comparing patients with pacing rate of V pace of >70% versus <70; and comparing patients with pacing rate of V pace of >50% versus <50% which all showed no statistically significant difference in HRQOL scores.

As to the ventricular lead placement, patients with ventricular lead placement at the right ventricle apex had higher PHS and MHS compared to those with ventricular lead placement at the right ventricle septum. However, this was not statistically significant (p-value of 0.789 and p-value of 0.894).

In terms of the NYHA functional capacity, there was significant difference in the HRQOL scores of physical and social functioning aspects and also PHS. Patients with NYHA class I had higher HRQOL compared to NYHA class II and III in relation with physical and social functioning aspects (*p*-value of 0.027 and 0.018, respectively) and also PHS (*p*-value of 0.019). (Table VII)

The number of co-morbidity was significantly correlated to HRQOL score. The higher the number of co-morbidity the lower the HRQOL in terms of physical functioning (p-value of 0.041) and mental aspect (p-value of 0.049). (Table VIII) The sub-analysis study among patients with hypertension showed that there was no significant difference among patients with hypertension than those without hypertension across all aspects of the HRQOL score. However, those without DM type 2 showed significantly higher HRQOL scores of physical functioning (p-value of 0.028), general health (p-value of 0.027); vitality aspect (p-value of 0.04) and; PHS (p-value of 0.031) compared to those with DM type 2. (Table IX)

Discussion

The first artificial pacemaker was designed by Albert S. Hyman in 1932. He used a magneto generator to produce direct current voltage for supplying power to the electrodes. Since that time, there have been tremendous advances in the pacemaker technology which have improved the cardiovascular outcome. 1,10 Pacemaker insertion may influence the quality of life of the patient considering the pacemaker itself can interfere with the patient's social environment and also the expensive cost of the pacemaker implantation. 2,3,11

Table IX. Sub-analysis s	tudy among pati	ents with hypert	tension and
	Yes	No	P-Value
Hypertension	(n=31)	(n=11)	
Physical functioning	34.93 ± 11.82	39.05 ± 9.46	0.447
Role-physical	38.81 ± 10.05	39.73 ± 6.09	0.795
Bodily-pain	44.93 ± 10.03	41.87 ± 7.78	0.459
General health	47.56 ± 7.93	45.04 ± 6.62	0.454
Physical health score	40.62 ± 8.52	41.91 ± 3.27	0.647
Vitality	51.67 ± 9.08	51.79 ± 6.02	0.850
Social functioning	41.88 ± 9.33	38.5 ± 6.58	0.262
Role emotional	35.38 ± 13.04	36.47 ± 9.98	0.817
Mental health	48.83 ± 9.86	45.14 ± 10.02	0.273
Mental health score	46.69 ± 9.71	43.75 ± 8.91	0.367
DM Type II	(n=14)	(n=28)	
Physical functioning	30.74 ± 12.09	38.64 ± 10.07	0.028
Role-physical	36.81 ± 10.59	40.17 ± 8.27	0.476
Bodily-pain	42.08 ± 9.14	45.15 ± 9.67	0.278
General health	44.99 ± 7.11	50.71 ± 7.37	0.027
Physical health score	38.36 ± 7.68	42.26 ± 7.17	0.031
Vitality	49.63 ± 7.38	55.86 ± 8.77	0.040
Social functioning	41.26 ± 6.72	40.86 ± 9.72	0.817
Role emotional	31.73 ± 14.32	37.63 ± 10.74	0.170
Mental health	51.02 ± 10.52	46.28 ± 9.4	0.192
Mental health score	48.41 ± 10.59	44.67 ± 8.82	0.401

Several studies showed that the quality of life of patients with a permanent pacemaker can affect the overall outcome of the patient. Those studies assessed quality of life relating it to gender, age, civil status and pacemaker implantation time span. In addition, this study also compared HRQOL with educational attainment, type of permanent pacemaker, pacemaker dependency, NYHA functional capacity and co-morbidities which showed significant correlation with quality of life.^{2,3,11}

Among the current instruments used to assess quality of life of pacemaker patients, SF-35 appeared to be the best among generic questionnaires because of its psychometric characteristics and experience of use.11 The SF-36 health survey is easy to administer and one of the most widely used generic measures of health-related quality of life.8 It is a structured, self-report questionnaire that patient can generally complete with little or no intervention from an interviewer.8,13,14

This study showed the overall mean scores for PHS and MHS were 40.96 ± 7.48 and 45.92 ± 9.49 . Although there was no single overall score for SF-36 health survey, the higher the score represents better HRQOL status and many literatures and studies used a cut-off point of 50 (average score) to determine the best and worst aspects since the final score ranges from zero to 100.3,12,13 In this study, most of the HRQOL scores obtained scored lower than 50, indicating that HRQOL of patients with permanent pacemaker was below average. Analyzing the highest and lowest scores across the aspects of the Philippines (Tagalog) SF-36v2 health survey; the highest HRQOL score referred to vitality aspect followed by mental health aspect while the lowest HRQOL referred to role emotional aspect followed by physical functioning aspect. Since vitality and mental health aspects had the highest scores, most of the patients felt full of pep and energy, peaceful, happy and calm all of the time. While the lowest scores referred to role emotional and physical functioning aspects. Most of the patients had problem with work or other daily activities as a result of emotional problem and they were very limited in performing most physical activities. In terms of socio-demographic factors, age and educational attainment were significantly correlated with the HRQOL score. Age had negative correlation with the PHS and physical functioning score. The older patients experienced more difficulty performing physical activities affecting the HRQOL. Those who had tertiary level education had higher HRQOL in term of mental health aspect while patients with lower educational attainment felt more nervous and depressed.

Patients with dual chamber pacemaker had higher HRQOL in relation with general health, vitality and mental health aspect and also MHS. They evaluated their personal health as excellent, felt full of energy, peaceful and calm most of the time. They had frequent positive affect and absence of psychological distress and limitations in usual social or role activities due to emotional problems.

Dependent pacemaker patients had better HRQOL in terms of social functioning aspect. They performed most all types of physical activities without limitation due to health. Patients with NYHA class I had higher HRQOL in relation with physical and social functioning aspects and in PHS. They were able to perform normal social activities without interference due to physical or emotional problems and most all types of physical activities without limitation due to health.

The presence of co-morbidity was also a significant factor. The higher the number of co-morbidities the lower the HRQOL in terms of physical functioning aspect and PHS. They had more limitation in self-care, physical, social and role activities. The sub-analysis study among diabetic patients showed that having diabetes was a significant factor for HRQOL in term of physical functioning, general health, vitality aspects and PHS.

Conclusion

The overall HRQOL scores of patients with permanent pacemaker included in this study was below the average. The HRQOL was worse in terms of role-emotional and physical functioning aspect and better in terms of vitality and general health aspect. Thus, a comprehensive management should be given in patients with permanent pacemaker particularly strategies that can improve the HRQOL since it can affect the overall outcome and prognosis of the patients.

This study is not without limitation. We recommend a bigger population for future studies to confirm the results of this study. In this study, we used the Non-Parametric Mann-Whitney Test in the data analysis for the categorical variables due to limitation of the sample size. We also recommend future studies that assess the HRQOL in patients before and after the permanent pacemaker insertion, so we will be able to determine if there is any improvement in the HRQOL of those patients after the pacemaker insertion. Further research could also be proposed on HRQOL assessment over a longer period after the pacemaker insertion which could show the effectiveness and patients' tolerance to the treatment.

References

- Haddad Sandro AP, Houben Richard PM, Serdijn Wouter A; The Evolution of Pacemakers. IEEE Engineering in Medicine and Biology Magazine, 38-48, May/Juns 2006
- Kurucova R, Ziakova K, Gurkova E, et al; Quality of Life of Patients with a Permanent Pacemaker. Osetrovatelstvi a Porodni Asistence, 5(1):15-20, 2014.
- De Barros RT, de Carvalho SMB, Borges JBC, et al; Evaluation of Patients' Quality of Life Aspects after Cardiac Pacemaker Implantation. Rev Bras Cir Cardiovasc, 29(1):37-44, 2014.
- The World Health Organization Quality of Life Assessment (WHOQOL) Group. The WHOQOL: Position Paper from the World Health Organization. Soc. Sci. Med, 41(10):1403-09, 1995.
- Ware JE Jr, Gandek B; Overview of the SF-36 Health Survey and the International Quality of Life Assessment (IQOLA) Project. J Clin Epidemiol, 51(11):903-12, 1998.
- Ware JE Jr; SF-36 Health Survey Update. Spine, 25(24):3130-9, 2000.
- Castillo-Carandang NT, Sison OT, Grefal ML, et al; A Community-Based Validation Study of the Short-Form 36 Version 2
 Phillipines (Tagalog) in Two Cities in the Philippines. Plos One
 December 8(12):1-9, 2013.
- 8. Health Status Questionnaire SF-36 (serial online). Available from: URL: http://www.nationalmssociety.org/For-Professionals/ Researchers/Resources-for-Researchers/Clincial-Study-Measures/ Health-Status-Questionnaire-(SF-36).
- SF-36v2 (serial online). Available from: URL: http://www.SF-36. org/demos/SF-36v2.html
- **10. Mittal T.** Pacemakers-A Journey through the Years; Indian Journal of Thoracic and Cardiovascular Surgery, 21: 236-49, 2005.
- 11. Stofmeel MA, Post MW, Kelder JC, et al; Quality of Life of Pacemaker Patients: A Reappraisal of Current Instruments. Pacing Clin Electrophysiol, 23(6):946-52, Jun 2000.
- 12. Servelhere KR, Fernandes YB, Ramina R, et al; Aplicação da Escala SF-36 em Pacientes Operados de Tumores da Base do Crânio (Application of SF-36 Scale in Patients Operated on Skull Base Tumors). Arq Bras Neurocir, 30(2):69–75, 2011.
- Gandek B. Interpreting the SF-36 Health Survey. Canadian Association of Cardiac Rehabilitation, 2002.

Appendices

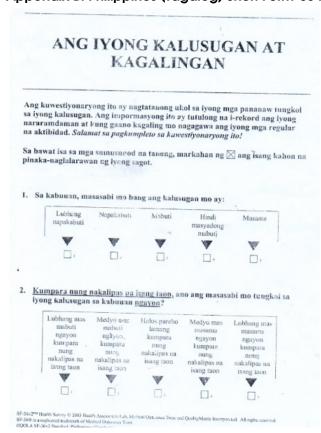
Appendix A: Short Form-36 Health Survey version 2

Your Hea	lth and	Well-I	Being			sult of your physi					
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		All of the time	Most of the time	Some of the time	A little of the time	None of the time
	Did you feel full of life?		2			5
	Have you been very nervous	?	2			5
	Have you felt so sad and low in mood that nothing could cheer you up?					
	Have you felt calm and peaceful?			;		
. 1	Did you have a lot of energy	?	2			
	Have you felt downhearted and depressed?		2	;		
: 1	Did you feel worn out?		2			5
h]	Have you been happy?		2			5
. 1	Did you feel tired?					
). I	, , , , , , , , , , , , , , , , , , , ,	, how much	of the time	e has your	physical he	alth
ľ	All of Mos			A little of	None of	7
	the time the ti	me the	time	the time	the time	1
		1, -1	7,	Π.		
		, . L				

		Definitely	Mostly	Don't know	Mostly false	Definitei false
	I seem to get sick a little easier than other people			,		
,	I am as healthy as anybody I know					
	I expect my health to get worse		2]		
	My health is excellent		1	,		
	Thank you fo	or comple	eting the	ese que	stions!	
	Thank you fo	or co mple	eting the	ese ques	stions!	
	Thank you fo	or comple	eting the	ese que:	stions!	
	Thank you fo	or comple	eting the	ese ques	stions!	
	Thank you fo	or comple	eting the	ese que	stions!	
	Thank you fo	or comple	eting the	ese que	stions!	

Appendix B: Philippines (Tagalog) Short Form-36 Health Survey Version 2



	Kung oo, gaano?			
		Oo, lubhang nalilimita- han		
	Nakakapagod na mga aktibidad, tulad ng pagtakbe, pagbuhat ng mga mabibigat na bagay, pagsali sa mga nakakapagod na laro		:	
	Katamtemang mga aktibidad, tulad ng paggalaw ng mesa, pagwawalis, pag-bowling, o katamtamang pagbibisekleta			
,	Pagbuhat o pagdala ng mga pinamili			
,	Pag-akyat sa <u>ilar.g</u> hagdanan		2	
c	Pag-akyat sa isang hagdanan			
ŕ.	Pagbaluktot, pagluhod, o pagyuke		2	
8	Paglakad ng mahigit isang kilometro			
h	Paglakad ng ilang daang metoo		2	
ı	Paglakad ng isang daang metro			
į	Pagpaligo o pagbihis sa iyong sarili		2	
	1.			

Sa <u>nakaraang 4 na linggo</u> mga sumusunod na probl araw-araw na aktibidad <u>s</u>	ema sa iyo	ong gawain	o iba pan	g regular	na pang	ng	ikal o emosyo iyong pamily	a, mga kail	oigan, mga k	apitbahay,	o mga g	grupo?
	Lahat ng oras	Karamihan ng oras	Minsan- minsan	Bihira	Hirdi kahit minsan		Hindi kahit kaunti	Medyo	Katamtam	an Mal	aki V	Sukdulan
Bawasan ang <u>dami ng oras</u> na ginamit sa trabaho o ibu pang mga aktibidad	•	• • • • • • • • • • • • • • • • • • •	_	_	. •		<u>.</u>	,	ο.		j.	□ s
Nakatapos ng mas kaunti sa iyong ninanais												
Nalimitahan sa uri ng gawain						7 Ga	ano ang nagi	ng pananal	cit ng iyong l	atawan sa	nakara	ang 4 na li
o iba pang mga aktibidad Nahirapan sa paggawa ng	1						AND DESCRIPTION OF	Kaunting-			Matindi	Napakatino
trabaho o iba pang mga aktibida (halimbawa, nangailangan ito n dagdag na pagsisikap)	g.	2					•	kaunti	•	man	•	•
								2		□ *	_,	
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	Lahat ng oras	Karamihan ng oras	Minsan- minsan	Bihira	Hindi kahit minsan	ba	hay)?					
Bawasan ang <u>dami ng oras</u> na ginamit sa trabaho o iba	*	•	•	•	W		Hindi kahit kaunti	Medyo	Katamtan	en Ma	laki	Sukdulan
pang mga aktibidad Nakatapos ng mas kaunti sa		2	;	4	s			3□ 2	ο,		٠,	□,
iyong ninanais		2]									
Ginawa ang gawain o iba pang mga aktibidad na <u>kakaunti ang</u> pag-iingat gaya ng karaniwan	П			_	-							
SF-36v2 Standard, Philippines (Tagalog))	nist					SF-368 is (IQOLA S	Health Survey © 2003 a registered trademark o F-36v2 Sundard, Philipp no KA-TOTO	f Medical Outcomes pines (Tegalogi)	Trust.			
SF-36v2 Standard, Philippines (Tagalogi) Ang mga tanong na ito ay ano ang iyong naging kal tanong, ibigay ang isang	tungkol sagayan sa	sa kung ano nakaraang	ang iyong	pakiramd	lam at	SF-368 is (IQOLA S	a registered trademark o	of Medical Outcomes pines (Tegalogi) O o HINDI yo?	TOTOO ang	bawat isa	sa mga s	umusunod
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Appendix C

Case Report Form			
Name: (Optional)		Patient #:	_
Age	Sex	Civil Status: 0-single 0-married 0-widow/ separated	
Address		-	
Provincial add:			
City add:			
Educational Attainment:			
0 non-high school grad	0 high scho	ool grad	
0 vocational/technical	0 college g	graduate	
Occupation:			
0 not working			
0 working as			
Rhythm disorder prior to permaner 0 Sick Sinus Syndrome 0 Complete heart block 0 2:1 AV Block 0 High grade AV Block 0 Symptomatic sinus bradycardia	it pacemaker	rinsertion :	
Date of permanent pacemaker inse	ertion:		
Type of permanent pacemaker: 0 Single chamber pacemake 0 Dual chamber pacemake New York Heart Association (NYH/ 0 Functional capacity class II 0 Functional capacity class III 0 Functional capacity class IIII	r	capacity:	
0 Functional capacity class IV			
Pacemaker dependency:			
Pacemaker dependent Not pacemaker dependent			

Please mark (X) to corresponding answer (present/absent)

Co morbidity disease:	Present	Absent	Duration (years)	Medications/Chemotherapy/ Radiotherapy
Diabetes Mellitus				
Hypertension				
Pneumonia				
Chronic obstructive pulmo- nary disease				
Bronchial asthma				
Pre dialytic chronic kidney disease				
Chronic kidney disease in maintenance dialysis				
Carcinomatosis				
Cerebrovascular accident				
Others				

Appendix D: Informed Consent Form (English Version)

Department of Internal Medicine, Section of Cardiology UNIVERSITY OF SANTO TOMAS HOSPITAL Espana. Manila

CONSENT TO ACT AS A RESEARCH SUBJECT

Health-Related Quality of Life in Patients with Permanent Pacemaker: A Prospective, Cross-Sectional Study

You are invited to participate in this study. Please take time to read through the information provided in this sheet. The study will also be explained to you and you will be given the chance to ask questions. After you are satisfied that you understand this study, and wish to take part in the study, please sign this informed consent form. You will be given a copy of this informed consent form to take home with you. This study aims to determine the health-related quality of life in patients with permanent pacemaker. There will be a total of 36 participants from University of Santo Tomas Hospital.

STUDY PROCEDURES

First, the investigator/s will explain this study to you and ask you to read and sign this informed consent as evidence of your willingness to participate in this study.

If you agree to take part in this study:

- a. We will give you a short questionnaire, named Short Form 36 version 2.0 (SF-36v2). This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Please mark the box (with mark sign (x) for each answer of the questionnaire.
- b. You will not spend for any additional laboratory examination/s.

Your participation will last for about 15-20 minutes. No additional visits will be required.

BENEFITS AND RISKS

Your participation in this study may add to the medical knowledge about health-related quality of life in patients with permanent pacemaker insertion. No blood testing or other procedures will be done.

SUBJECT'S RESPONSIBILITIES

It is important that you disclose all relevant medical history to the study doctor. You must carefully follow any instructions given to you concerning the study. By participating in this study, you will contribute significantly to the medical care of the community.

COSTS AND PAYMENTS IF PARTICIPATING IN THE STUDY

The cost of the data sheets that will be used in this study will be shouldered by the investigators. You will not be paid any money for participating in this study. STUDY PARTICIPATION AND WITHDRAWAL

Your participation in the study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or jeopardy to the medical care to which you are entitled. You may be removed from this study by the investigator without your consent if you do not follow the study procedures or if in the opinion of the study doctor, it is in your best interest. Dr. Muljadi has explained this study to you and answered your questions. If you have other questions or research-related problems, you may reach Dr. Muljadi at 09339577269.

CONFIDENTIALITY

All information obtained during this study, including hospital records, personal data and research data will be kept confidential. However, this information may be inspected by the appropriate governmental agencies and/or the Institutional Review Board of the University of Santo Tomas Hospital in accordance with the legislation in force. By signing written informed consent, you agree with these possible actions. This study was approved by the Institutional Review Board of the University of Santo Tomas Hospital.

If you desire or want any further information regarding your rights as a research patient, you may contact dr. Wilson Tan-De Guzman, the chairman of Institutional Review Board of the University of Santo Tomas Hospital at the 6th Floor Clinical Division Building with contact numbers 731-3001 at local 2610. A copy of this informed consent document will be given to you.

CONSENT STATEMENT:

- You will be received a copy of this consent document to keep.
- You agree to participate in this research study.

Name of Patient (Print)	Signature of Patient	Date
Name of Investigator/ Person administering (Print)	Signature of Investigator/ Person administering	Date
Name of Legally Acceptable Representative (LAC) (Print)	Signature of LAC	Date
Name of Witness (Print)	Signature of Witness	Date
Name of Attending Physician (Print)	Signature of Witness	Date

Appendix E: Informed Consent Form (Tagglog Version)

Department of Internal Medicine, Section of Cardiology UNIVERSITY OF SANTO TOMAS HOSPITAL Espana, Manila

Pahintulot sa Pagsali sa Isang Pagsasaliksik

Health-Related Quality of Life in Patients with Permanent Pacemaker: A Prospective, Cross-Sectional Study

Inaanyayahan kayong lumahok sa pag-aaral na ito. Maari po lamang na basahin ang impormasyong nakasaad sa talaang ito. Ipapaliwanag din sa inyo ang pag-aaral na ito at mabibigyan kayo ng pagkakataong magtanong. Kapag naintindindihan nyo na ang pag-aaral at nais ninyong sumali, maari po lamang na pirmahan ang katibayan ng pagpapayag sa hulihan. Upang matukoy ang kalidad ng kalusugan-kaugnay ng buhay sa mga pasyente na may permanenteng pacemaker. Magkakaroon ng 36 na kalahok mula sa University of Santo Tomas Hospital.

PARAAN NG PAGSISIYASAT

Una sa lahat, ipapaliwanag ng imbestigador ang pag-aaral sa inyo at tatanungin kayo na basahin at pirmahan ang informed consent bilang ebidensya na kusangloob kayong sumali sa pag-aaral na ito. Kung kayo ay papayag na lumahok sa pag-aaral:

- a. Bibigyan namin kayo ng maikling questionnaire, ang Tagalog Short Form 36 version 2 (SF-36v2). Ang kuwestiyonaryong ito ay nagtatanong ukol sa iyong mga pananaw tungkol sa iyong kalusugan. Ang impormasyong ito ay tutulong na i-rekord ang iyong nararamdaman at kung gaano kagaling mo nagagawa ang iyong mga regular aktibidad. Sa bawat isa sa mga tanong ng kuwestiyonaryo, markahan ng (X) ang isang kahon na pinaka-naglalarawan ng inyong sagot.
- Hindi ninyo kailangan magbayad para sa karagdagang laboratory exam.
 - Ang inyong partisipasyon ay aabot laman sa mga 10-15 na minuto. Hindi na kakailanganin ng karagdagang pagbisita.

MGA BENEPISYO AT PANGANIB O PELIGRO

Ang paglahok niyo sa pagaaral na ito ay makakatulong sa pagpapalawak ng medisina. Kayo ay tatanungin, eeksaminin, at sasagot ng isang questionnaire lamang. Hindi na kakailanganin ng karagdagang pagsusuri sa dugo o iba pang procedure.

MGA RESPONSIBILIDAD NG KASAPI

Importante na iyong mailahad ang lahat ng impormasyong nauukol at kailangan sa pagsisiyasat na ito. Ikaw ay kailangang sumunod sa mga patakaran at pamamaraan ng pag-aaral na ito. Ang iyong pagsali sa pag-aaral na ito, ikaw ay makakapagbigay ng karagdagang kaalaman at suporta sa larangan ng medisina.

KABAYARAN SA PAGI AHOK

Ang bayad para sa mga data sheet na gagamitin sa pagaaral na ito ay sasagutin ng mga tagapagsiyasat. Hindi kayo bibigyan ng kahit anong pera para lumahok sa pag-aaral na ito

PAGSASALI AT PAGTANGGI SA PAGSASALIKSIK

Ang pagsali mo sa pagsisiyasat na ito ay mula sa iyong kusang loob. Ikaw ay maaaring tumanggi at tumigil ng walang naaayong kaparusahan. Ikaw ay maaari ding tanggalin ng mga tagapagsiyasat kung ikaw ay hindi sumusunod sa mga patakaran at alituntunin ng pagsisiyasat na ito. Naipaliwanag sa iyo ng lubos ang pagsisiyasat na ito at nasagot ang iyong mga katanungan ni Dr. Muljadi. Kung ikaw ay mayroon pang karagdagang katanungan o mga problemang may kaugnayan sa pagsusuring ito, maaaring tawagan at ipagbigay-alam kay Dr. Muljadi sa telepono bilang 09339577269.

MANANATILING LIHIM

Lahat ng impormasyon ng pagsisiyasat na ito, kasama na ang dokumento sa ospital, personal at sa pag-aaral na ito ay mananatiling lihim. Subalit, anumang impormasyon ay pwedeng masuri ng mga taga-suporta ng pagsisiyasat na ito, ahensya ng gobyerno at Institutional Review Board ng University of Santo Tomas Hospital. Ang iyong pagpirma sa nakalaang kasulatang pahintulot na ito ay nagpapahiwatig ng iyong pagsang-ayon sa mga nasabing pamamaraan. Ang apgsisiyasat na ito ay inaprobahan ng Institutional Review Board ng University of Santo Tomas Hospital.

Kung nais mong karagdagang impormasyon tungkol sa iyong karapatan bilang kasali sa pagsisiyasat na ito, puwede mong lapitan dr. Wilson Tan-De Guzman, ang punong-tagapamahala ng Institutional Review Board ng University of Santo Tomas Hospital sa 6th Floor Clinical Division Building at sa numerong 731-3001 sa local 2610.

KASULATANG MAGPAPATOTOO SA IYONG PAHINTULOT SUMALI

- Ikaw ay makakatanggap ng sarili mong kopya ng dokumentong ito para sa iyong pag-iingat.
- Malaya mong ibinibigay ang iyong pahintulot para makalahok sa pagsisiyasat na ito.

Pangalan ng Pasyente	Lagda ng Pasyente	Petsa
Pangalan ng Tagapagsaliksik/ Tagapagsuri	Lagda ng Tagapagsaliksik/ Tagapagsuri	Petsa
Pangalan ng Lehitimong Kumakatawan sa Pasyente	Lagda ng Lehitimong Kumakatawan sa Pasyente	Petsa
Pangalan ng Saksi	Lagda ng Saksi	Petsa
Pangalan ng pangunahing doktor (Print)	Lagda ng pangunahing	Petsa

Appendix F: Summary of Information about SF-36 Scales and Physical and Mental Component Summary Measures

Overview of the SF-36 Health Survey and the IQOLA Project

909

TABLE 2. Summary of information about SF-36 scales and physical and mental component summary measures

	C		NI	L d-					Definition (% observed)			
Scales	PCS	MCS		ber of ^b Levels	Mean	SD^a	Reliability	CIc	Lowest possible score (floor) ^d	Highest possible score (ceiling) ^d		
Physical Functioning (PF)	.85	.12	10	21	84.2	23.3	.93	12.3	Very limited in performing all physical activities including bathing or dressing (0.8%)	Performs all types of physical activities including the most vigorous without limitations due to health (38.8%)		
Role-Physical (RP)	.81	.27	4	5	80.9	34.0	.89	22.6	Problems with work or other daily activities as a result of physical health (10.3%)	No problems with work or other daily activities (70.9%)		
Bodily Pain (BP)	.76	.28	2	11	75.2	23.7	.90	15.0	Very severe and extremely limiting pain (0.6%)	No pain or limitations due to pain (31.9%)		
General Health (GH)	.69	.37	5	21	71.9	20.3	.81	17.6	Evaluates personal health as poor and believes it likely to get worse (0.0%)	Evaluates personal health as excellent (7.4%)		
Vitality (VT)	.47	.65	4	21	60.9	20.9	.86	15.6	Feels tired and worn out all of the time (0.5%)	Feels full of pep and energy all of the time (1.5%)		
Social Functioning (SF)	.42	.67	2	9	83.3	22.7	.68	25.7	Extreme and frequent interference with normal social activities due to physical and emotional problems (0.6%)	Performs normal social activities without interference due to physical or emotional problems (52.3%)		
Role-Emotional (RE)	.16	.78	3	4	81.3	33.0	.82	28.0	Problems with work or other daily activities as a result of emotional problems (9.6%)	No problems with work or other daily activities (71.0%)		
Mental Health (MH)	.17	.87	5	26	74.7	18.1	.84	14.0	Feelings of nervousness and depression all of the time (0.0%)	Feels peaceful, happy, and calm all of the time (0.2%)		
Physical Component Summary (PCS)			35	567Þ	50.0	10.0	.92	5.7	Limitations in self-care, physical, social, and role activities, severe bodily pain, frequent tiredness, health rated "poor" (0.0%)	No physical limitations, disabilities, or decrements in well- being, high energy level, health rated "excellent" (0.0%)		
Mental Component Summary (MCS)			35	493Þ	50.0	10.0	.88	6.3	Frequent psychological distress, social and role disability due to emotional problems, health rated "poor" (0.0%)	Frequent positive affect, absence of psychological distress and limitations in usual social/role activities due to emotional problems, health rated "excellent" (0.0%)		