

Right Ventricular Dysfunction, Disease Acceptance, and Quality of Life in Patients with HFrEF: A Pilot Study

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Introduction. Right ventricular (RV) dysfunction may contribute to functional impairment in heart failure with reduced ejection fraction (HFrEF). Patient-reported outcomes, including illness acceptance, psychological well-being, and quality of life (QoL), are essential components of comprehensive assessment. This pilot study investigated associations between RV systolic function and patient-reported outcomes in HFrEF.

Methods. Forty adults with HFrEF were enrolled, of whom 32 had available tricuspid annular plane systolic excursion (TAPSE) measurements. RV dysfunction was defined as TAPSE <17 mm. Participants completed the Acceptance of Illness Scale (AIS), EQ-5D-5L, including its anxiety/depression dimension and visual analogue scale (EQ VAS), and WHOQOL-BREF. Associations were assessed using Spearman's correlation with false discovery rate correction, alongside comparisons between TAPSE groups.

Results. Among 32 patients, mean age was 53.8 ± 12.9 years, 25.0% were women, and median left ventricular ejection fraction was 34.0%. Mean TAPSE was 19.53 ± 4.68 mm, with RV dysfunction present in 34.4%. TAPSE was not significantly associated with AIS ($p=0.257$; $p=0.179$), EQ-5D-5L, EQ VAS, WHOQOL-BREF domains, or anxiety/depression. Patients with TAPSE <17 mm had numerically lower AIS scores (26.10 ± 7.36 vs 30.42 ± 6.38 ; $p=0.135$). Anxiety/depression problems were reported by 60.0% versus 50.0% ($p=0.709$). No statistically significant between-group differences were identified.

Discussion. RV dysfunction was not significantly associated with illness acceptance, anxiety/depression, or QoL in this pilot cohort. Findings should be interpreted cautiously given the small sample and missing TAPSE data. Larger prospective studies are needed to clarify these relationships.

Keywords: Heart Failure, Ventricular Dysfunction, Quality of Life, Adaptation, Psychological, Echocardiography

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