Six-minute walk test and quality-of-life in heart failure
A correlative study with a Brazilian sample

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Background. Quality-of-life and functional capacity in heart failure are, actually, between the most investigated topics in the scientific community. Patient’s self perceptions and exercise capacity can help health professionals with prognosis and decisions in heart failure treatment. Specifically in Brazil, the research on quality-of-life still needs to focus on the differences in the multifactor aspects of heart failure. The aim of this study is to investigate the correlation between quality-of-life and functional capacity in a sample of Brazilian heart failure patients.

Methods. 30 male heart failure patients were included in the study. Quality-of-life was assessed by the Brazilian version of the Minnesota Living with Heart Failure Questionnaire and the functional capacity through the six-minute walk test. Differences in quality-of-life among the functional classes were evaluated through the analysis of variance and the association between the variables was assessed through Pearson’s coefficient.

Results. Quality-of-life decreased significantly according to functional class (functional class I= 20±1, class II= 35.9±18 and class III= 58.3±24) and correlated significantly to the distance (r=-0.62, p=0.004).

Conclusions. Longer distances obtained in the six-minute walk test can be interpreted as a better quality-of-life in Brazilian heart failure patients.

Keywords: Heart Failure - Six-minute walk test - Quality-of-life

Introduction

Heart Failure (HF) is an alteration in the myocardium global state secondary to any pathological state that affects the heart muscle. This reduces the ability of the heart to pump enough amounts of blood to assist the metabolic demands of the organism or make it work with high filling pressures1. Prevalence of HF in Brazil is in ascension, due to the increase in the population life expectation and larger effectiveness of new medicines for treatment, prolonging life2. In spite of the therapeutic progress that have happened in the last decades, HF is a disease with a bad prognostic, showing an annual mortality from 30 to 50% in more critical patients3. Patients with HF have their lives impaired by the disease, and even with optimal treatment it seems to have different impacts on their Quality-of-Life (QOL)4. It is marked by fatigue, dyspnea, decrease of functional capacity, adverse cardiac events and the necessity of repeated hospitalizations5. The Six-Minute Walk Test (6MWT) has been suggested as a simple, easy to apply (submaximal test) and low cost test designed to objectively evaluate functional limitations6,7 and the prognosis of HF8,9.

The aim of the present study was to evaluate the correlation of the 6MWT and QOL in Brazilian HF patient sample.

Methods

From July through September 2006, we studied 30 male patients who had stable chronic HF secondary to ischemic (46%) and hypertensive (54%) heart disease. All patients underwent optimal treatment for stable heart failure for at least 4 weeks. The mean age was 63±11 years. All patients had left ventricular ejection fraction (LVEF) ≤ 0.45, and all were in New York Heart Association (NYHA) functional class I (16%), II (52%) or III (32%) of heart failure. Table 1 summarizes the patients’ clinical characteristics. We excluded from the study patients who had decompensated heart failure, limitation of physical activity due to factors other

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than exertional dyspnea and fatigue (such as orthopedic limitations), psychiatric disorders that could keep the patients from understanding the examination, anemia, and any febrile condition or infectious disease. We also excluded patients who had experienced unstable angina, myocardial infarction, coronary revascularization, or stroke within the previous 2 months.

The study followed the recommendations of the Declaration of Helsinki and the protocol was approved by our local ethics committee. Informed written consent was obtained from all patients before enrollment.

The 6MWT was performed in an indoor corridor 25 m long, according to the recommendations of Guyatt and colleagues63. Patients were instructed to walk the corridor from one end to the other, as many times as possible within the permitted time. The test was performed under the control of the physical therapist, which encouraged the patients with remarks such as “you are doing well”. At the end of the 6 min, the total distance walked by the patient was measured.

QOL was measured using the Brazilian version of the Minnesota Living with Heart Failure Questionnaire (MLHF), a disease-specific measure that assesses patients’ perceptions of the influence of HF on physical, socioeconomic, and psychological aspects of life10. Another important consideration about this instrument is that it comprehensive, easy to apply and is validated for Brazilian population11. Participants respond to 21 items using a 6-point response scale (0-5). The total summary score (Global Score) can vary from 0 to 105; a lower score reflects better QOL. This instrument is also suitable for older patients12.

### Statistical analysis

The STATISTICA (data analysis software system), version 6 (StatSoft, Inc., 2001) was used for statistical study. Continuous variables are given as mean ± standard deviation, and categorical variables are given as percentages. An Analysis of Variance (ANOVA) was used to differentiate the QOL scores of the three functional classes followed by Tuckey’s Test to establish the differences among them. Finally, Pearson’s correlation coefficient was performed to analyze the relationship among QOL and the distance achieved in the 6MWT. A value of $P<0.05$ was considered statistically significant.

### Results

All patients completed the 6MWT. No clinical complications were recorded during the tests or within the 5-hour period after the tests. Differences in the QOL of the functional classes could be found through ANOVA. Post test revealed differences between classes I and III, but not in between classes I and II or II and III (Figure 1). QOL scores had significant negative correlation ($r=-0.62$, $p=0.004$) what reveals that the distance achieved in 6MWT is inversely proportional to QOL scores in the MLHF Questionnaire (Figure 2).

### Discussion

Even with the advances in the treatment of HF in the last decades, it remains being one of diseases with the highest morbidity and mortality indexes13. Specifically in Brazil, it brings a large amount of expenses to the patient and to the public health system2,14,15 and consequently, strategies for a fast, cheaper and effective assessment are extremely necessary.

In HF as other chronic conditions, small changes in clinical status must be promptly identifiable to monitor patients’ progress and to modify the treatment program, if necessary16,17. Numerous clinical indicators are employed to monitor HF patients’ health status over time, including physician assessments (e.g., NYHA classification system), exercise capacity (e.g., six-minute walk test, peak oxygen test), body weight changes, and biomarkers18. Often, however, patients’ own perceptions of their health status may not be clearly apparent to the health professionals or may not be manifested

### Table 1. Baseline characteristics of the subjects

<table>
<thead>
<tr>
<th>Clinical Characteristics</th>
<th>Values</th>
</tr>
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<tbody>
<tr>
<td>Number of patients</td>
<td>30</td>
</tr>
<tr>
<td>Mean age (years)</td>
<td>63±11</td>
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<tr>
<td>Time since diagnosis (%)</td>
<td></td>
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<tr>
<td>0-2 years</td>
<td>36</td>
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<tr>
<td>2 yrs and more</td>
<td>64</td>
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<tr>
<td>New York Heart Association Class (%)</td>
<td></td>
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<tr>
<td>I</td>
<td>16</td>
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<tr>
<td>II</td>
<td>52</td>
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<tr>
<td>III</td>
<td>32</td>
</tr>
<tr>
<td>Body mass index (kg/m²)</td>
<td>27±4</td>
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<tr>
<td>6-Minute walk test distance (m)</td>
<td>424.8±105.1</td>
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<tr>
<td>Left ventricle diastolic diameter (mm)</td>
<td>64.24±7.74</td>
</tr>
<tr>
<td>Left ventricle systolic diameter (mm)</td>
<td>55.12±6.12</td>
</tr>
<tr>
<td>Left atrial diameter (mm)</td>
<td>45.18±10</td>
</tr>
<tr>
<td>Minnesota Living with Heart Failure Questionnaire (points)</td>
<td>40±23</td>
</tr>
</tbody>
</table>

![Figure 2.](image) Correlation between the Six-minute walk test and quality-of-life scores.

6MWT= Distance in the six-minute walk test; MLHF= Minnesota Living with Heart Failure Questionnaire score.
in a manner that easily lends itself to these assessments. As a result, QOL measures are increasingly being used to provide complementary and additional insight into the patient’s health status-operative outcomes.

The MLHF Questionnaire’s capacity to evaluate QOL has been demonstrated in several studies-operative outcomes. This article showed a significant compromising level in QOL (40±23) as other previous studies-operative outcomes. Few studies with the Brazilian population have been made. Scatollin and colleagues (2007) showed similar scores for overall measure of QOL in Brazilian population (41.3±17.8)operative outcomes, another Brazilian study, showed basal values of QOL ranging about 31±20.6operative outcomes.

Six minute walking test is also a well established instrument for functional capability in HFoperative outcomes. Nowadays, it is used not only for assessing functionality but also for prognosis purposes-operative outcomes. Zueck et al. demonstrated that the prognostic power of the distance walked in 6MWT in HF is similar to the peak oxygen uptake of the ergospirometry, although, it demands more expensive methods and when the seriate evaluation is accomplished, the cost elevates even more, placing this test out of Brazilian daily reality. 6MWT doesn’t substitute the information that the ergospirometry supplies; however, it becomes important where it is impracticable.

Other investigators demonstrated correlation between QOL and functional, movement or daily activity measures. In the studies by Davies et al. (1992)operative outcomes and Houghton et al. (2002)operative outcomes, significant correlations \((r=-0.49, P=0.006)\) with a movement monitor on ankle and \((r=-0.47, P=0.04)\) with a pedometer on hip were found between the level of movement related everyday activity and quality of life in people with CHF. This study elucidates that 6MWT can explain the QOL of HF patients and this correlation was not yet well demonstrated in a Brazilian HF patient sample, considering that QOL is also influenced by emotional and social aspects that differ in distinct populations-operative outcomes. Demmers et al. (2001) showed significant correlation \((r=-0.26)\) between MLHF questionnaire and 6MWT with a Canadian sample.

Juenger et al. (2002) using a generic instrument for QOL measure Questionnaire (SF-36) evaluated 205 HF patients and found significant correlation in all instrument domains (mental, physical function, role- physical, bodily pain, general health, vitality, social function, role-emotional, mental health). This association could be explained by the fact that the 6MWT reflects most of the daily activity efforts-operative outcomes. In contrast to the 6MWT (sub maximal), peak oxygen consumption test do not seem to be related to QOL scores when it is evaluated by the SF-36operative outcomes.

**Conclusion**

In conclusion, this investigation suggests that the distance in 6MWT is related to the QOL scores assessed by the MLHF instrument in a sample of Brazilian patients with HF showing the 6MWT as a safe and inexpensive tool to measure functional status in HF. One limitation of this study was the reduced size of the sample. Other studies involving differences among etiologies, race, and sex are necessary to increase the knowledge in Brazilian HF patients.

**Resumo**

**Teste de caminhada de seis minutos e qualidade de vida na insuficiência cardíaca**

Um estudo correlativo com uma amostra brasileira

**Fundamentação.** Qualidade-de-vida e capacidade funcional na insuficiência cardíaca estão, atualmente, entre os tópicos mais investigados na comunidade científica. As auto-percepções e a capacidade de exercício dos pacientes podem ajudar as profissionais de saúde com o prognóstico e as decisões no tratamento da insuficiência cardíaca. Especificamente no Brasil, a pesquisa em qualidade-de-vida ainda precisa focar nas diferenças nos aspectos multifatoriais da insuficiência cardíaca. O objetivo deste estudo foi investigar a correlação entre qualidade-de-vida e capacidade funcional em uma amostra brasileira de pacientes com insuficiência cardíaca.

**Métodos.** Foram incluídos no estudo trinta pacientes masculinos com insuficiência cardíaca. A qualidade-de-vida foi avaliada pela versão brasileira do Questionário Minnesota Living With Heart Failure e a capacidade funcional pelo teste de caminhada de seis minutos. Foram avaliadas diferenças em qualidade-de-vida entre as classes funcionais pela análise de variância, e a associação entre as variáveis foi avaliada pelo coeficiente de Pearson.

**Resultados.** A qualidade-de-vida diminuiu significativa mente de acordo com classe funcional (classe I=20±11, classe II=35,9±18 e classe III=58,3±24) e correlacionaram-se significativamente com a distância \((r=0,62, p=0,004)\).

**Conclusões.** Distâncias mais longas obtidas no Teste de caminhada de seis minutos podem ser interpretadas como uma qualidade-de-vida melhor em pacientes de parada cardíaca brasileiros.
References