

[Cognitive and quality of life trajectory after either surgical or transcatheter aortic valve replacement in high-risk patients].

[Article in Italian]

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Abstract

RATIONALE:

The impact of transcatheter aortic valve implantation (TAVI) or surgical aortic valve replacement (AVR) on cognitive status and quality of life in high-risk patients has been incompletely investigated.

METHODS:

We conducted a prospective, multicenter study including all patients treated with TAVI and high-risk patients undergoing AVR (age ≥ 80 years or logistic EuroSCORE $\geq 15\%$) at participating centers. Multidimensional geriatric evaluation including Mini Mental State Examination (MMSE), EuroQol 5D (EQ5D) and Minnesota Living With Heart Failure Questionnaire (MLHFQ) were performed at baseline and at 3- and 12-month follow-up.

RESULTS:

A total of 518 patients (151 AVR and 367 TAVI) were enrolled in 10 Italian institutions. Patients receiving AVR were older (82.7 ± 2.4 years), with a lower logistic EuroSCORE ($12.5 \pm 7.1\%$) as compared with TAVI patients (81.5 ± 6.2 years and $19.6 \pm 14.0\%$, respectively, $p=0.001$ and $p<0.001$). Overall, 35.5% of patients showed some degree of cognitive impairment at baseline, with no differences between groups. No significant changes in the cognitive status were observed between baseline and follow-up and between groups at any time point. TAVI patients had a lower quality of life at baseline as compared with AVR patients. Generic and heart failure-related quality of life improved significantly after either procedure.

CONCLUSIONS:

In high-risk patients, both TAVI and AVR are associated with a significant improvement of quality of life up to 1 year without a detrimental effect on cognitive function.