A survey of correlation between lifestyle and quality of life in women with coronary artery disease referred to Shahid Rajai Cardiovascular, Medical & Research Center

Abstract

**Background & Aim:** Coronary artery disease is currently the most common cause of death worldwide in the women and as a chronic disease than has been affected lifestyle, may effect quality of life. The aim of this study was to determine the relationship between lifestyle and quality of life in the women with coronary artery disease.

**Method:** In this descriptive correlational study, 222 women diagnosed with coronary artery disease who referred to Shahid Rajai Cardiovascular, Medical & Research Center were selected through convenience sampling with having inclusion criteria. The data were collected using personal data form, lifestyle questionnaire with dimensions of physical activity and exercise, stress and coping with stress and Ferrans and Powers' Quality of Life Index Cardiac Version. Data were analyzed by SPSS 14 and then processed using descriptive statistics, independent t-test, ANOVA, Kruskalwallis, Pearson correlation test and regression analysis.

**Results:** Most patients (42.7%) had adverse lifestyle in dimensions of physical activity and exercise, 40.27% experience high stress and 26.27% had good lifestyle in dimension of coping strategies with stress. Most patients had relatively good situation in most dimensions of quality of life and overall quality of life. Quality of life had a significant relationship with physical activity and exercise ($r=0.334, P<0.001$), stress ($r=0.363, P<0.001$) and coping with stress ($r=0.225, P<0.001$). There was the most correlation between quality of life and stress ($\beta=-0.348, P<0.001$). Patients with better economic and educational status had lower stress level and better coping with stress. There was a significant relationship between quality of life and marital status ($P=0.14$), educational level ($P=0.001$), economic status ($P<0.001$) and duration of disease ($P=0.04$); but there was no significant relationship between quality of life and age, occupational status or comorbidity ($P>0.05$).

**Conclusion:** According to the findings, concluded that knowledge in relation to association between lifestyle and quality of life, and related factors in the women with coronary artery disease can help nurses to improve training and supportive intervention aimed at improving the quality of life for patients they carried.

**Key words:** Coronary artery disease, Lifestyle, Quality of life, Women’s health