BIBLIOGRAFÍA
DEL INSTRUMENTO

Índice de Actividad de DUKE versión reducida (DASI)

Versión española del Duke Activity Status Index (DASI), 1989 adaptada por J. Alonso, 1997.

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BiblioPRO

Biblioteca Virtual de Cuestionarios en español de Resultados Percibidos por los Pacientes

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Bibliografía de la adaptación española del DASI

1. Alonso J, Permanyer-Miralda G, Cascant P, Brotons C, Prieto L, Soler-Soler J. Measuring functional status of chronic coronary patients. Reliability, validity and responsiveness to clinical change of the reduced version of the Duke Activity Status Index (DASI). ***Eur Heart J*** 1997; 18: 414-419. [PMID: 9076377]

2. Permanyer Miralda G, Brotons C, Cascant P, Moral I, Alonso J, Soler Soler J. Valoración de la calidad de vida relacionada con la salud a los dos años de la cirugía coronaria. ***Med Clin (Barc)*** 1997; 108: 446-451. [PMID: 9235413]

3. Permanyer C, Brotons C, Ribera A, Alonso J, Cascant P, Moral I. Resultados después de cirugía coronaria: determinantes de calidad de vida relacionada con la salud postoperatoria. ***Rev Esp Cardiol*** 2001; 54: 607-616. [PMID: 11412752]

Bibliografía del desarrollo del cuestionario original

1. Hlatky MA, Boineau RE, Higginbotham MB, Lee KL, Mark DB, Califf RM et al. A Brief Self-Administered Questionnaire to Determine Functional Capacity (The Duke Activity Status Index). Am J Cardiol 1989; 64: 651-654. [PMID: 2782256]

Bibliografía relacionada con la versión española del DASI

(1) Alonso J, Permanyer-Miralda G, Cascant P, Brotons C, Prieto L, Soler-Soler J. Measuring functional status of chronic coronary patients. Reliability, validity and responsiveness to clinical change of the reduced version of the Duke Activity Status Index (DASI). Eur Heart J 1997; 18(3):414-419.
Abstract: AIMS: Health-related quality of life assessment may be useful for understanding the variability in functioning of patients with a similar level of clinical impairment. We assessed the reliability, validity and responsiveness to clinical change of a reduced version of the Duke Activity Status Index (DASI) in chronic coronary patients. METHODS AND RESULTS: The reduced version of the DASI, a measure of self-reported functional capacity, was administered twice to two groups of patients: 46 stable coronary heart disease outpatients were tested and re-tested 2 weeks after their initial visit; and 44 patients undergoing elective angioplasty for angina pectoris were evaluated the day before and one month after the procedure. The Canadian Cardiovascular Society (CCS) functional grade was assessed in all patients, and a treadmill exercise test was performed sequentially (before and after the procedure) in angioplasty patients. Cronbach's alpha reliability coefficients for reduced DASI scores were high (between 0.81 and 0.89). Correlations of the reduced DASI scores with CCS grade and exercise test duration were moderately high (r = -0.51 and r = 0.45, respectively). Improvement after angioplasty as assessed by the reduced DASI scores was important (effect size = 0.75, P < 0.001). CONCLUSION: The reduced DASI is reliable, valid and responsive to clinical changes. Health-related quality of life measures may be useful in monitoring coronary patients

(2) Hlatky MA, Boineau RE, Higginbotham MB, Lee KL, Mark DB, Califf RM et al. A Brief Self-Administered Questionnaire to Determine Functional Capacity (The Duke Activity Status Index). Am J Cardiol 1989; 64:651-654.

(3) Permanyer MC, Brotons CC, Ribera SA, Alonso CJ, Cascant CP, Moral P, I. [Outcomes of coronary artery surgery: determinants of quality of life related to postoperative health]. Rev Esp Cardiol 2001; 54(5):607-616.
Abstract: BACKGROUND AND OBJECTIVES: Little is known of the clinical and nonclinical determinants of health related quality of life after coronary artery bypass graft in routine clinical practice. The aim of this study was to assess the quality of life and its determinants after a first coronary bypass in a representative population of Catalonia, Spain. PATIENTS AND METHOD: Clinical and quality of life questionnaires were given to all the patients (n = 710) undergoing a first coronary bypass in private and public Catalan hospitals, prior to surgery and at six months and one year of follow-up. Quality of life was assessed with the DASI and the SF-36. RESULTS: The rate of clinical events at one year was 23%. The mean quality of life improved to levels slightly below those in general population; with greater changes reported in physical than in mental condition although the latter was less impaired. In 24%, the quality of life scores at one year were below 1.5 standard deviations of those in the general population. Females, patients with comorbidity and those with public health care insurance showed lower quality of life scores. Independent predictors of one-year quality of life included initial quality of life scores, public insurance, comorbidity, gender, age and chronic disease. Postoperative angina and dyspnoea were also associated with quality of life. CONCLUSION: The mean quality of life improves after coronary bypass, although up to one fourth of the patients may have unsatisfactory one-year clinical or quality of life outcome. Female patients, public insurance and comorbidity predict a worse quality of life

(4) Permanyer MG, Brotons C, Cascant P, Moral I, Alonso J, Soler SJ. [Assessment of quality of life related to health 2 years after coronary surgery]. Med Clin (Barc) 1997; 108(12):446-451.
Abstract: BACKGROUND: The determinants of quality of life after coronary artery surgery in well defined health care populations are still incompletely understood. The aim of the present study was to assess the health related quality of life associated with coronary artery bypass surgery as performed in a tertiary public hospital, and also to investigate its association with clinical variables. PATIENTS AND METHODS: All survivors of a first coronary artery bypass grafting operation performed during a calendar year in a single center (100 patients) were included for assessment two years after surgery. Assessment included a review of the clinical records, a structured clinical interview and the administration of three questionnaires of perceived health (Nottingham Health Profile, Duke Activity Status Index and SF-36 Health Survey). RESULTS: The mean scores of the administered questionnaires corresponded to a moderate overall impairment of perceived health, with wide individual variations. Chronic stable postoperative angina pectoris (28% of patients), worse clinical functional grade (either due to angina or to others causes), comorbidity (51% of patients) and female sex were significantly associated with worse scores. CONCLUSIONS: In the study population, postoperative angina, impairment of the clinical functional grade (due to angina or to other conditions), and female gender were the major determinants of impaired health related quality of life after coronary artery bypass surgery. As such determinants are associated with anatomoclinical variables in the population undergoing coronary bypass surgery and also with perioperative variables, appropriate effectively studies appear to be indicated for the assessment of this surgical procedure

(5) Permanyer MG, Brotons CC, Ribera SA, Cascant CP, Moral P, I, Pons JM et al. [The unequal clinical profile, quality of life and hospital mortality in patients undergoing aortocoronary bypass in the public and private centers of Catalonia. The CIRCORCA Study]. Rev Esp Cardiol 1998; 51(10):806-815.
Abstract: INTRODUCTION AND AIMS: The influence of the type of health care funding and management of hospital centres on hospital mortality in coronary artery bypass surgery (CABG) has not been analyzed in detail. We therefore assessed clinical and quality of life preoperative profiles and in-hospital mortality in public and private patients undergoing coronary bypass surgery in Catalonia. METHODS: Clinical questionnaires, Duke Activity Status Index (DASI) and SF-36 were preoperatively administered to all patients undergoing first coronary bypass surgery without associated procedures in Catalonia between November 1996-June 1997. In-hospital morbidity and mortality were recorded. RESULTS: Predictors of in-hospital death, including DASI, SF-36 and comorbidity scores, were significantly worse in public than in private patients. In-hospital mortality rate was more than ten times greater in public than in private patients (8.2% vs 0.7%; p < 0.001). Multivariate analysis identified private funding of health care, among others, as an independent predictor of in-hospital survival. Non evidence-based indications for surgery were significantly more common in private than in public patients (6% vs 0.7%, p < 0.001). CONCLUSIONS: a) In catalonia, the risk profile of public patients undergoing coronary bypass surgery was significantly higher than that of private patients, accounting, at least in part, for a remarkable mortality difference; b) non evidence-based indications for surgery were more common in private than in public patients; c) these unequal patterns raise questions about the adequacy of care and referral patterns in both private and public sectors

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