

Sense of coherence in adolescents with congenital heart disease in the transition to adulthood.

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Introduction: Some studies have found that the quality of life (QOL) of patients with congenital heart disease (CHD) is better than that of healthy peers. At first sight, this finding is counterintuitive. However, it is hypothesised that this better QOL in patients with CHD is explained by a higher sense of coherence (SOC). SOC is a key concept of the salutogenic theory, which explains how individuals manage stress and stay healthy. Indeed, previous research in various patient populations concluded that SOC is positively associated with QOL. In the present study, we aimed (i) to test the hypothesis that the level of SOC in adolescents born with CHD is higher than in healthy peers, and (ii) to explore the association between SOC and QOL in patients with CHD.

Methods: This cross-sectional study was part of a 4-wave longitudinal study on transfer and transition in adolescents with CHD. A total of 429 adolescents (14-18 years) with CHD participated (response rate: 86%), 403 of which were matched on gender and age to healthy controls (1:1 matching). The level of SOC was determined using the 13-item version of Antonovsky's SOC-scale (SOC-13). All items are scored on a 7-point Likert scale (i.e., total scale score ranging from 13 to 91). Higher scores indicate a higher level of SOC. Overall quality of life was measured using a Linear Analogue Scale (LAS) ranging from 0 (worst imaginable quality of life) to 100 (best imaginable quality of life).

Results: The median score on the SOC-13 scale was 61 (Q1=53; Q3=71) in adolescents with CHD. This score was significantly higher than the median score of 52 (Q1=46; Q3=60) in healthy controls ($Z=-9.503$; $p<0.001$). A Pearson's correlation showed that SOC was positively associated with QOL ($r=0.474$; $p<0.001$). **Conclusions:** This study showed that, as expected, adolescents with CHD have a higher level of SOC. Furthermore, SOC was confirmed to be associated with QOL. Hence, the present study corroborates the hypothesis that patients with CHD can have a better QOL due to a higher SOC