



## **Assessment of Quality of Life among Residents of Tehran: Results from a Large Cross Sectional Study**

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### **Dear Editor-in-Chief**

Quality of life is defined by WHO as people understanding of their position in life in terms of culture, goals, expectations, standards and priorities (1). As an aspect of health outcomes in a specific region, it is a concept used to map the development, welfare and well-being in a society (2, 3). In clinical and epidemiological studies, the importance of health and quality of life has been accepted by researchers like the importance of the diseases and their treatments; so that, parameters related to a society's quality of life are bases for making decision and health assessment (4). Moreover, due to increasing the life expectancy in most countries, the quality of life has become the subject of more attention (1, 3).

The quality of life is a subjective multidimensional issue in people's life affected by their physical health, mood, social relationships, economic and environmental status and life satisfaction (1, 2). Physical, psychological and social issues are introduced as the agents of change in people's quality of life. Based on the SF-12 questionnaire (adjusted form of the SF-36), the two main sections of quality of life scale are Physical Component Summary (PCS) and Mental Component Summary (MCS) measuring people's physical and mental health respectively (1, 5).

Therefore, assessment of quality of life and related factors were explored in a large population

based survey named Urban Health Equity Assessment and Response Tool-2 (Urban HEART-2), conducted on 31153 residents aged 20 yr and above among 22 districts of Tehran.

According the results, the average scores for MCS and PCS was  $43.64 \pm 9.74$  and  $46.15 \pm 11.13$ , respectively (Range 0-100). In addition, almost 39% of the participants were experiencing low quality of life both mentally and physically. According to the quantiles of PCS scores, the physical dimension of quality of life was good or very good in almost 40% of the participants and the average PCS score at quantiles ranking was statistically significant ( $P < 0.05$ ). Mental health of almost 60% of the participants was good and the average MCS score at quantiles ranking was statistically significant ( $P < 0.05$ ). Quality of life was higher among youngsters, men and people with university degrees ( $P < 0.05$ ).

Reduction of social and economic inequalities and the gap between rich and poor can enhance healthcare and quality of life. Planning, health policy makers should pay more attention to social and economic factors of the population under study.

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