Response to Letter to Editor Re: Mehta T, Venkata Subramaniam A, Chetter I, McCollum P. Assessing the validity and Responsiveness of Disease-specific Quality of Life Instruments in Intermittent Claudication. Eur J Vasc Endovasc Surg 2006;31:46–52

We would like to thank Mr Chong and colleagues for their comments. The main point of their comments, seem to relate to the fact that we did not include their instrument, the ICQ, in our paper assessing disease specific instruments for claudication. We chose the instruments for study early in 2002 before the ICQ was published. We were, however, aware of the ICQ from published abstracts and did approach the authors for permission and assistance in including the ICQ in our studies. We did not receive a timely response.

A small number of claudicants will deteriorate and progress to critical ischaemia thus we are of the opinion that any disease specific QOL instrument should be able to detect this change. The sensitivity to negative change of any instrument not assessing critical ischaemia needs to be closely examined. We are not aware of any publications comparing the ICQ to other disease specific QOL instruments (we consider the WIQ to be a paper treadmill test rather than a QOL measure) thus to claim the ‘ICQ is currently the best condition specific instrument’ requires further justification.

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acceptable to another patient. Treatment should aim to improve overall QOL in patients and walking speed, walking distance or stair climbing ability as assessed by the WIQ form only aspects of that improvement.

Our reservations about the recommendation of the VASCUQUOL as the disease-specific instrument of choice in IC stem from the fact that it is methodologically flawed at its inception as Mehta et al. correctly observe that it is ‘designed for use across the whole spectrum of patients with peripheral vascular disease, i.e. claudicants and patients with critical ischaemia’. The VASCUQUOL’s suitability and validity as a specific outcome measure for IC trials is debatable as claudicants are not primarily concerned by the problems of tissue loss, rest pain and limb loss present in the critically ischaemic. Four out of 25 questions in the VascuQol probe problems of rest pain and tissue loss that are not relevant to IC. Therefore, its ability to detect small but important changes in QOL impairment in claudicants over time and following treatment is questionable.

The ICQ was developed in response to the lack of a suitable disease specific QOL instrument in IC. The ideal instrument for measuring health related QOL outcome in IC should be self-administered, easily comprehensible with a brief completion and scoring time, reliable (able to measure the impact of IC on QOL in a reproducible manner), valid (measures the effect of IC on QOL) and responsive (able to detect small but important changes in health due to IC over time or treatment). The ICQ is currently the best condition-specific instrument rigorously tested for all these properties that assesses the effect of IC on QOL from a patient’s perspective. We recommend that future trials of IC should include measurement of QOL and that the ICQ should be considered when considering outcome assessment for health related QOL.

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