ASSESSING THE QUALITY OF LIFE MEASURES IN HEART FAILURE: A COMPARISON OF AVAILABLE INSTRUMENTS

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OBJECTIVES: To evaluate and compare the performance of available disease-specific health-related quality of life (HRQOL) instruments for use in heart failure. METHODS: A systematic review identified 5 disease-specific HRQL questionnaires for use in heart failure (Minnesota Living with Heart Failure questionnaire, Chronic Heart Failure Questionnaire [CHFQ], Kansas City Cardiomyopathy questionnaire [KCCQ], Left Ventricular Disease Questionnaire [LVQD]), and the Quality of Life in Severe Heart Failure Questionnaire (QLSHFQ). The 5 questionnaires were evaluated using EMPRO (Evaluating Measures of Patient Reported Outcomes), a tool for the standardization assessment of the psychometric properties and usability of patient reported outcome measures. Groups of four expert appraisers evaluated 8 attributes for each instrument and gave an overall recommendation after a consensus procedure. Scores ranged from 0 (worst possible score) to 100 (best possible score). Inter-rater agreement for the attributes was calculated. An overall recommendation was provided (highly recommended, recommended with provisos, not recommended, unsure).

RESULTS: Of the 5 instruments evaluated, 2 (MLHFQ, CHFQ) scored well on EMPRO and were recommended, whilst the others may be limited to use in particular types of study or require further investigation. This type of assessment can provide useful information for questionnaire selection. Funding: This work was supported by grants from Instituto de Salud Carlos III FEDER, (PI08/09724).

IMPACT OF HOSPITALIZATION ON HEALTH-RELATED QUALITY OF LIFE IN ATRIAL FIBRILLATION PATIENTS

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OBJECTIVES: Hospitalization is recognized as an important endpoint in atrial fibrillation (AF) clinical trials. The association between hospitalization and reduced health-related quality of life (HRQLQOL) has not been studied. Therefore, a large AF registry was established to characterize the impact of hospitalization on HRQOL.

METHODS: The FRACTAL study was an observational registry of patients enrolled in the United States and Canada with new-onset AF. HRQOL was assessed with the SF-12 and the AF Symptom Checklist at baseline, 3, 6, and 12, 24 and 30 months. Mixed linear regression models were fitted to estimate the impact of hospitalization on HRQOL. Summary scores (physical and mental component scores of SF-12, symptom frequency and severity, and utilities from the SF-12), adjusting for demographic and clinical variables known to influence HRQOL in this population. RESULTS: Of 933 subjects who completed HRQLQOL questionnaires and were not hospitalized during the baseline study visit, 303 (32%) were hospitalized a total of 490 times during an average of 2.0 years of follow-up. The majority (64%) of these admissions were for cardiovascular causes. The adjusted effect of any hospital admission (vs. none) on symptom frequency and severity scores over time was +1.3 and +1.1 points, respectively (p < 0.01 for both), with higher scores indicating greater symptom burden. The adjusted effect of any admission on the SF-12 physical score was -2.7 points (p < 0.0001) and a decrement on utility of 0.03 (p < 0.001). In contrast, hospitalization had little effect on longitudinal SF-12 mental scores (+0.7 points, p = 0.13), CONCLUSIONS: In a real-life longitudinal AF registry, hospitalization during follow-up were associated with significant increases in AF symptoms and decrements in generic physical HRQOL and utilities. Based on these results which may be limited by the study design, interventions that reduce hospital admissions in AF patients would be expected to improve or preserve HRQOL.

HEALTH-RELATED QUALITY OF LIFE AND RESOURCE USE IN PATIENTS WITH METABOLIC SYNDROME: A COMPARISON OF THE UNITED STATES, EUROPE, AND JAPAN

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OBJECTIVES: To compare health-related quality-of-life (HRQOL) and resource use in patients with metabolic syndrome across three geographies. METHODS: Data used from the 2008 National Health and Wellness Survey (NHWS), an annual internet survey of adults in the US, EU (Germany, Spain, Italy, UK, and France), and Japan (JPN). Metabolic syndrome was defined as having at least three of: diabetes, BMI ≥ 30, high cholesterol, or hypertension. Resource use included emergency room (ER) visits, hospitalizations, and visits to traditional health care providers. Linear regression was used to determine the effects of geography on HRQOL summary score (PCS) and mental component summary score (MCS) of the SF-12, and Poisson regression for resource use, controlling for age, gender and total number of comorbidities. RESULTS: Of the 11,111 patients with metabolic syndrome 2,503 (18% and 8,443 were from EU, JPN, and US, respectively. All prevalence numbers were significantly different from one another (p < 0.05). Mean MCS scores were 45.86, 45.84, and 47.39 for EU, JPN and US, respectively, with a significant difference between EU and US (p < 0.05). The PCS score for JPN (44.86) was significantly higher than both with Heart Failure questionnaire (MLHFQ) and Chronic Heart Failure questionnaire (CHFQ).}

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