



ELSEVIER



CORRESPONDENCE

Letter to the Editor

We read with interest the recent article entitled “Clinical endpoints in peripheral endovascular revascularisation trials: a case for standardized definitions”.¹ We agree that there is a need to standardize outcome assessments but believe that the authors’ have given insufficient importance to health-related quality of life tools. Patients with intermittent claudication are the most common group to receive peripheral endovascular revascularisation at many centres, despite the current lack of clear evidence to show this approach is more beneficial than conservative treatment options that include exercise prescription.^{2,3} The primary reason to treat individuals with this problem is to improve their health-related quality of life, since the risk of limb loss is low. Treadmill walking and haemodynamic tests provide objective assessment of walking impairment but do not assess the effect that such limitations have on an individual patient’s life style, as discussed in detail in a previous editorial.⁴ Intermittent claudication specific health-related quality of life tools, such as the intermittent claudication questionnaire⁵ have been developed and we believe should be included (along with treadmill and haemodynamic testing) in uniform reporting guidelines such as this recent report. The authors’ mention the use of the EQ5D and the walking impairment questionnaire (WIQ) in baseline assessment only and not as outcome measures. EQED is a generic health-related quality of life tool and we would be interested in the reasoning for selecting this instead of the SF-36, which is preferred by many investigators,⁶ as it covers a wider range of health domains.⁶ The WIQ is not normally considered a quality of life tool since the questions relate specifically to walking distances and not their effects on health-related quality of life.⁵ We support further assessment of the value of endovascular therapy in randomised trials and encourage the inclusion of appropriate health-related quality of life tools as outcome measures.

References

1 Diehm N, Pattynama PM, Jaff MR, Cremonesi A, Becker GJ, Hopkins LN, et al. Clinical endpoints in peripheral endovascular revascularization trials: a case for standardized definitions. *Eur J Vasc Endovasc Surg* 2008;**36**:409–19.

- 2 Spronk S, Bosch JL, den Hoed PT, Veen HF, Pattynama PM, Hunink MM. Cost-effectiveness of endovascular revascularization compared to supervised hospital-based exercise training in patients with intermittent claudication: A randomized controlled trial. *J Vasc Surg*, in press.
- 3 Whyman MR, Fowkes FG, Kerracher EM, Gillespie IN, Lee AJ, Housley E, et al. Is intermittent claudication improved by percutaneous transluminal angioplasty? A randomized controlled trial. *J Vasc Surg* 1997;**26**:551–7.
- 4 Golledge J, Askew C, Leicht A, Oldenburg B. Outcome assessment for intermittent claudication. *Eur J Vasc Endovasc Surg* 2006;**31**:44–5.
- 5 Chong PF, Garratt AM, Golledge J, Greenhalgh RM, Davies AH. The intermittent claudication questionnaire: a patient-assessed condition-specific health outcome measure. *J Vasc Surg* 2002;**36**:764–71.
- 6 Beattie DK, Golledge J, Greenhalgh RM, Davies AH. Quality of life assessment in vascular disease: towards a consensus. *Eur J Vasc Endovasc Surg* 1997;**13**:9–13.

J. Golledge*
A. Leicht
R. Crowther
C. Askew
H. Gibbs
P.J. Walker

The Vascular Biology Unit,
School of Medicine and Dentistry,
James Cook University,
Townsville, Queensland 4811, Australia

*Corresponding author. Tel.: +61 7 4781 4730;
fax: +61 7 4796 1401.

E-mail address: jonathan.golledge@jcu.edu.au
(J. Golledge)

Available online 12 February 2009

© 2008 European Society for Vascular Surgery. Published by Elsevier Ltd. All rights reserved.

doi:10.1016/j.ejvs.2008.11.040

Response to Letter to Editor

Sir,

The purpose of DEFINE group’s initiative was to arrive at a broad-based consensus for baseline and end-point