OBJECTIVE: An estimated 1.25 million Americans are chronically infected with hepatitis B virus, many of whom develop severe and potentially fatal liver diseases. Despite the high prevalence and serious health consequences, little is about the impact on quality of life of disease states resulting from chronic HBV infection. The objective was to estimate preferences (ratings and utility weights) for six hepatitis B-related disease states among infected persons. METHODS: Utility weights for six disease-related health states were elicited from a sample of 56 patients chronically infected with HBV in San Francisco using a standard gamble. Probability wheels with 2-color pie charts for the relative probabilities of perfect health and death were employed as props. RESULTS: The mean age was 51 y (standard deviation: 12, range: 20 to 77 y) and 77% were men. Mean utilities were: 0.72 (95% confidence interval: 0.68; 0.79) for chronic hepatitis B; 0.70 (0.65; 0.77) for compensated cirrhosis; 0.42 (0.35; 0.47) for decompensated cirrhosis; 0.48 (CI: 0.40; 0.52) for hepatocellular carcinoma; 0.62 (0.36; 0.67) in the first year after liver transplant; and 0.72 (0.65; 0.77) after first year post-transplant. CONCLUSION: These utility values, the first published on patients in the United States, indicate that health states resulting from chronic HBV infection substantially lower patients’ quality-of-life. These preferences (utility weights) for health states can be incorporated into many aspects of medical decision making, including summary measures of health related quality of life, monitoring population health, bedside clinical decision making, and in technology assessment. For all health states, the utilities collected here were lower than published estimates that are based on clinicians opinion.

PIN15

IMPACT ON QUALITY OF LIFE OF HEALTH STATES INDUCED BY CHRONIC HEPATITIS B INFECTION: ESTIMATES FROM UNINFECTED AND INFECTED PERSONS IN THE UK

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OBJECTIVE: Although the incidence of the hepatitis B virus in the UK is low, persons with chronic infection can develop severe and potentially fatal liver diseases. The objective was to estimate preferences (ratings and utility weights) for six hepatitis B-related disease states among uninfected and infected persons.

METHODS: Three hepatologists characterized the typical effects of symptoms on health-related quality of life. Standard gamble (SG) utility weights for six disease-related health states were elicited from a sample of 100 uninfected persons and 87 patients chronically infected with HBV in the UK. Probability wheels with 2-color pie charts for the relative probabilities of perfect health and death were used as props. RESULTS: The mean age of patients was 43 y and 46 y for uninfected persons; and 57% and 47% were men, respectively. For patients and uninfected persons, respectively, mean SG utilities were: 0.77 (95% confidence interval: 0.71; 0.81) and 0.82 (0.78, 0.85); for chronic hepatitis B; 0.73 (0.65, 0.77) and 0.83 (0.80, 0.87) for compensated cirrhosis; 0.34 (0.25, 0.39) and 0.36 (0.30, 0.42) for decompensated cirrhosis; 0.36 (0.28, 0.41) and 0.46 (0.39, 0.52) for hepatocellular carcinoma; 0.56 (0.49, 0.62) and 0.71 (0.65, 0.76) in the first year after liver transplant; and 0.67 (0.59, 0.73) and 0.82 (0.78, 0.86) after first year post-transplant. CONCLUSION: These utility values, the first published on patients or uninfected persons in the UK, indicate that health states resulting from chronic HBV infection substantially lower patients’ quality-of-life. The mean SG utilities were systematically lower for infected than for uninfected persons. These preferences for health states can be incorporated into many aspects of medical decision making, including summary measures of health related quality of life, monitoring population health, bedside clinical decision making, and in technology assessment.