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# CAN THE EQ5D SCORE BE CONSIDERED REPRESENTATIVE FOR MEASURING UTILITY IN HAEMODIALYSIS PATIENTS?

## BACKGROUND & AIM

- Value based health care is gaining interest as an **ethically defensible method** to rationalise health care and to help make it **sustainable**.
- The **Standardised Outcomes in Nephrology Group (SONG)** reported which **outcomes** are of **importance to stakeholders**, including patients:

### Prioritised outcomes

- Social activities (work, travel, meet family and friends)
- Fatigue
- Anaemia

### Outcomes ranked at lower importance

- Anxiety
- Mortality

### Study Aim

We intended to investigate how haemodialysis patients judged their status for some of the outcome domains outlined by SONG using the EQ5D and PROMIS-29 surveys.

## METHOD

### Patients (N=121)

- 74 males
- Age: 67.7 ±15.8
- Hospital, satellite and home dialysis units
- Haemoglobin: 11.4±1.3g/dl

### Questionnaires

#### PROMIS-29

- Anxiety
- Depression
- Fatigue
- Pain interference
- Physical function
- Sleep disturbance
- Satisfaction with participation in social roles
- Ability to participate in social roles and activities

#### 7 point likert scale

- Patient's health as compared to age matched population
- QoL at the specific day of the interview

#### EQ5D

- Mobility
- Self-care
- Usual activities
- Pain/discomfort
- Anxiety/depression
- Visual analogue scale (VAS): self-rated health

- Patients were **surveyed** by trained nurses to avoid selection bias
- Data were collected and stored centrally using **Survey-Monkey**.

## RESULTS

- EQ5D utility index (range:0-1): **0.44±0.26**
- EQ5D VAS (range 0-100): **61.3±16.2**
- QoL at the specific day of the interview : **4.82±1.45**
- Health compared to aged matched population: **4.65±1.36**

### Correlation between EQ5D utility index and PROMIS domains representing prioritised outcomes

Domains	
Hb	0.07 (NS)
Fatigue	0.14 (NS)
Sociale role	-0.08 (NS)
Anxiety	0.14 (NS)

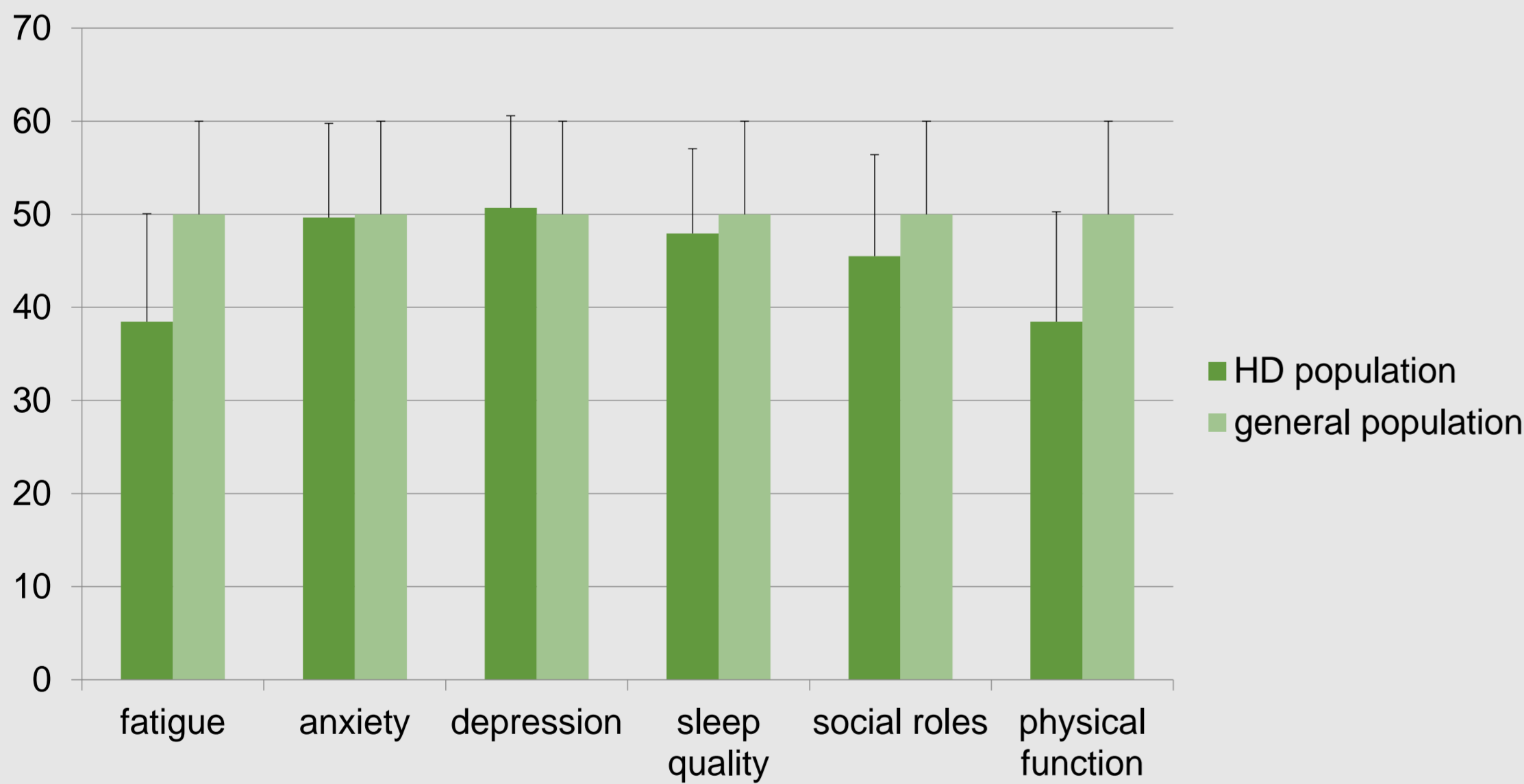
NS: not significant.

### Predictors for prioritised PROMIS domains:

Social roles	depression, fatigue, sleep (R <sup>2</sup> : 0.25)
Fatigue	depression (R <sup>2</sup> : 0.07)

Stepwise linear regression.

### Promis-29



### Correlation between Promis-29 domains and outcomes prioritised by SONG

	Fatigue	Anxiety	Depression	Sleep	Social role	Physical function
Hb	NS	NS	NS	NS	NS	NS
Fatigue	-	-.281	-.253	NS	.326	- 0.175
Social role	.326	-.208	-.405	-.266	-	NS

Correlation coefficient is only shown if significant (p<0.05). NS: not significant.

## CONCLUSION

- EQ5D utility index did **not correlate** with any of the **3 outcomes** reported as top 10 priorities (**fatigue, social role and anaemia**).
- HD patients scored **poorly** for the domain **fatigue**.
- Fatigue** was **linked** to **physical function**.

It can be **questioned** whether **EQ5D utility index** is a **representative** index to **characterise the value of an intervention** in HD patients.

**Appropriate physical rehabilitation** should be **explored** as a potential road to **improve fatigue**.

If we want to **improve social rehabilitation** of HD patients, **more insight** in the **role and management of depression** and **sleep quality** are needed.