



MEASUREMENT OF QUALITY OF LIFE USING THE EQ5D3L SCALE, IN PATIENTS WITH DIFFERENT DIAGNOSTIC GROUPS

De Castro, Tatiana - Head of Outcomes Measurement Unit
Calderón, Paula - Health Outcomes Manager

INTRODUCTION

Health-related Quality of Life (HRQoL) denotes how perceived health, including ongoing illnesses and treatments, affects one's capacity for a fulfilling life (1). Current research trends of this topic primarily focus on patients' quality of life within specific diseases or procedures; however, comprehensive cross-sectional studies are rare. This study aims to assess HRQoL using the EQ5D3L scale among hospitalized patients at Fundación Santa Fe de Bogotá across different clinical conditions including spinal degenerative diseases, burn or trauma injuries, and central nervous system tumors during the acute phase of their condition (between diagnosis or clinical event and initial medical/surgical treatment).

METHODS

- One thousand two hundred sixty-eight patients were included: 543 with trauma injuries, 289 with burns, 282 with degenerative diseases of the spine, and 154 with central nervous system tumors, who were in the acute stage of their condition.
- Patients with previous treatment for the same condition were excluded.
- All measurements were performed with the patient's consent and were administered in person during hospitalization.

RESULTS

Pain/discomfort was the most affected QoL dimension among patients with degenerative diseases of the spine, trauma and central nervous system tumors, with rates of 98%, 89% and 66%, respectively. In the case of burn patients, the most affected dimension was daily live activities (85%), as shown in Figure 1.

Figure 1. Comparison of problems reported in the EQ-5D-3L dimensions by patients with different clinical diagnoses at Fundación Santa Fe de Bogotá.

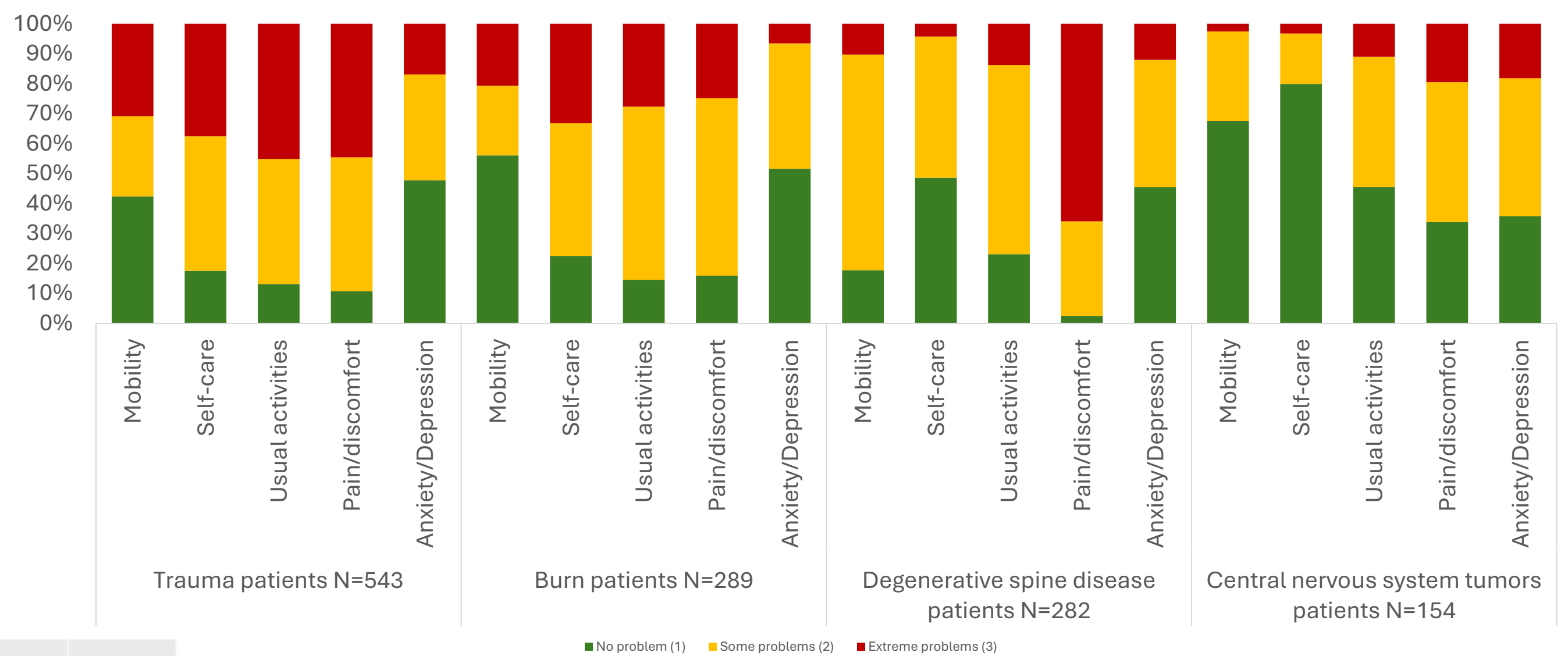
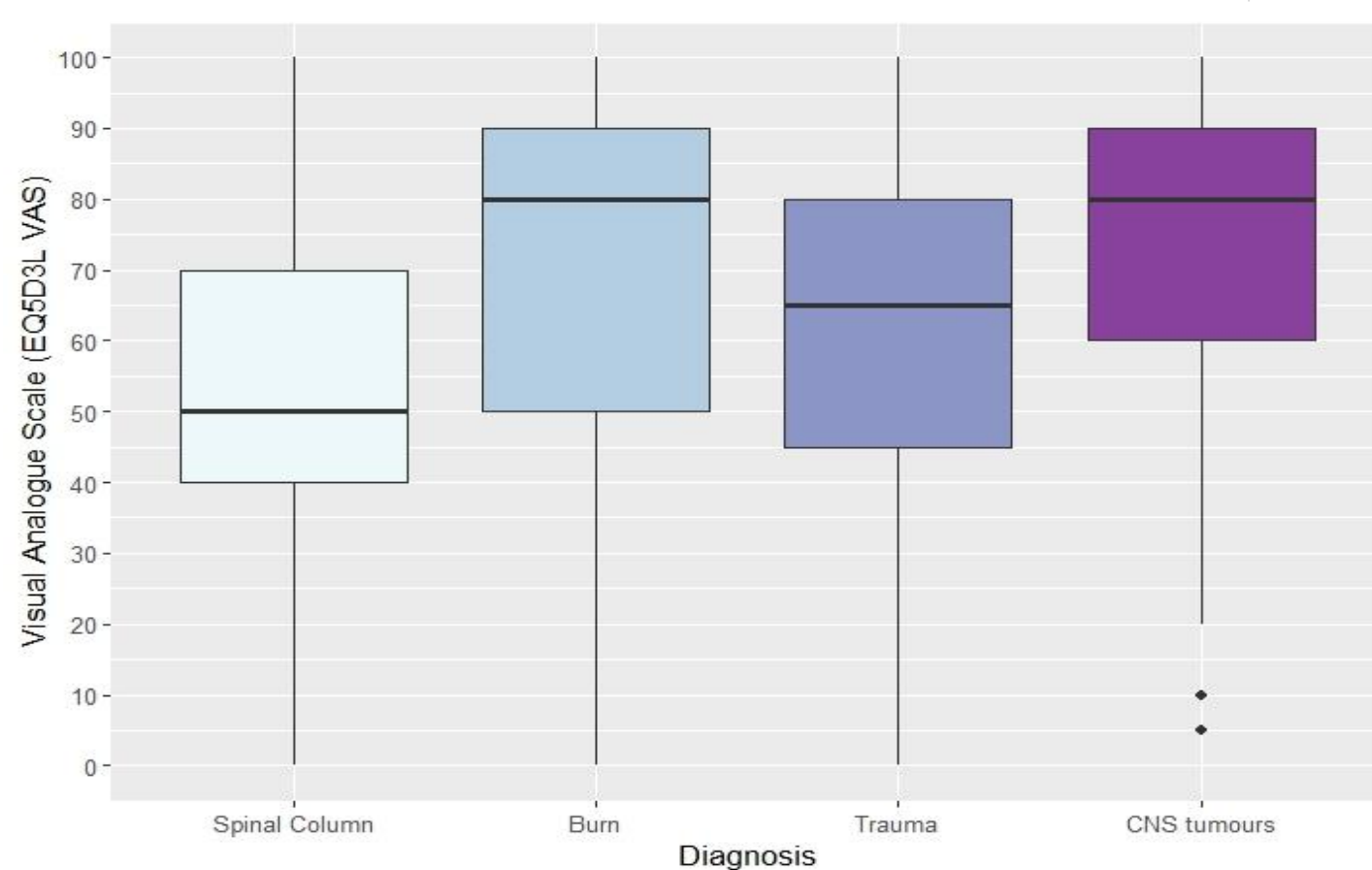


Figure 2. Median reported Health Status (EQ-5D-3L VAS)



In the Visual Analog Scale (EQ-VAS), which measures patients' perceptions of their health status on a 0-100 scale where 0 represents the worst imaginable health and 100 represents the best, the median scores were highest for burn patients and those with central nervous system tumors (80). In contrast, patients with spinal degenerative diseases reported the lowest median score (50) (Figure 2).

CONCLUSIONS

The identification of a common dimension, such as pain or discomfort, that is shared by patients across diverse clinical conditions, highlights the importance of considering it comprehensively to improve quality of life from the beginning of the patients' health journey, regardless of their specific diagnosis. Additionally, it facilitates the development of person-centered care interventions tailored to what truly affects and matters to them.

1. The LIVSFORSK network, Haraldstad K, Wahl A, Andenæs R, Andersen JR, Andersen MH, et al. (2019). A systematic review of quality of life research in medicine and health sciences. Qual Life Res, 28(10):2641-50.

