

**Abstract Submission No. 9998:**

## **Health-related Quality of Life: Advance and Challenge**

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Health-related quality of life (HRQOL) has been based on the World Health Organization definition of health as a complete state of physical, mental, and social well-being and not merely an absence of disease and infirmity. HRQOL is a multidimensional dynamic concept of individual perception that include health condition, symptoms of disease, treatment side effects, and functional status across physical, mental, and social health life domains. There are several reasons why HRQOL is important. First, HRQOL is useful in understanding the patient's point of view about the disease and the treatment. Second, HRQOL is an important consideration at shared decision making and patient-centered care. Third, HRQOL is a powerful predictor of mortality and morbidity. Fourth, HRQOL is the goal of health and the value of health care.

HRQOL is an amorphous concept and is characterized as individuals' subjective well-being. The reliable and valid measurement is essential. In the 1990s, the SF-36 was introduced as generic measure of HRQOL. The KDQOL was developed for dialysis-dependent patients. KDQOL was a disease-specific measure of HRQOL (SF-36 and 98 kidney-specific questions). In the 2000s, electronic health records (EHR) began to include clinical and non-clinical health information by health information technology. Patient-reported outcomes (PRO) was introduced by the US-FDA. PRO is any report of the status of patient's health condition that comes directly from the patients. HRQOL is currently a large subset of PRO measures.

Advances in public health and medicine have contributed to increase of life expectancy and prevalence in CKD. Patients with CKD or maintenance dialysis endure poor HRQOL. The patients with CKD or maintenance dialysis are prioritizing their outcomes which impact their HRQOL, but most clinicians are consistently giving higher priority to mortality and hospitalization. Despite the apparent need and benefits of HRQOL assessment in CKD, there are some limitations and challenges.

First, there are limitations to the translation of HRQOL from the research into the clinical practice. It may be difficult for health providers to understand the meaning of an individual's score on HRQOL. Second, KDQOL is the most widely used HRQOL instrument among dialysis-dependent patients. The number of dimensions of KDQOL are too small to capture the HRQOL in patients with CKD. Third, patients with CKD have complex comorbidity, various symptoms



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of physical and mental health. The valid, standardized measure for physical and mental symptoms are needed in CKD.

The HQQOL is the highest priority outcome in CKD. However, it is under-recognized and under-investigated issue in CKD. We should improve the HRQOL for our patients.