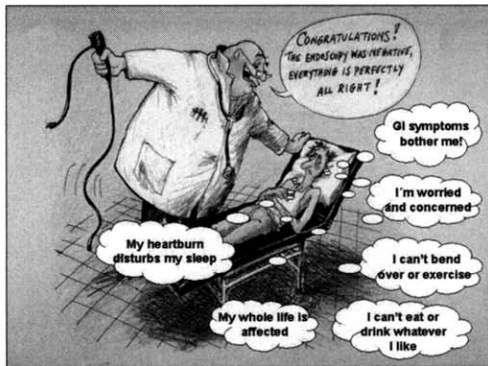


Quality of Life Assessment in Dialysis Patients

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Part I: Introduction

Health-related Quality of Life (HRQoL)

HEALTH

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

건강이란 “질병이 없거나 허약하지 않은 것만 말하는 것이 아니라 신체적·정신적·사회적으로 완전히 안녕한 상태에 놓여 있는 것”이라고 정의하고 있다

World Health Organization(WHO), 1948

WHAT IS HEALTH-RELATED QUALITY OF LIFE (HRQOL)?

Perception of one’s well-being based on multidimensional consideration of:

- Physical
- Mental
- Social
- General Health Status

WHY MEASURE HRQOL IN ADDITION TO TRADITIONAL CLINICAL ENDPOINTS?

In parallel with traditional clinical endpoints (i.e., mortality, disease symptoms), treatment effects may:

- be equivalent physiologically but differ in impact on functioning and well-being
- represent tradeoff between improvement in clinical parameter versus decrement in functioning and well-being

USES OF HRQOL MEASURES

- Increasingly used outcome measure in clinical trial research
- A primary objective of any health care intervention is the enhancement of quality of life and well-being
- Need to recognize the patient’s own perception of changes in their health status
- Individuals with a chronic condition where cure is not attainable, quality of life may be the essential outcome

HRQOL ASSESSMENT

- health profile questionnaires (generic or specific)
- health profile measures multiple health domains
- each domain is represented by a separate scale
- calculation of data from each scale produces a separate numerical value (score)

HRQOL CONSTRUCT

Health (WHO Definition)

- refers to the way in which individuals function and their perceived well-being in physical, mental, and social domains of life
- refers to patient's appraisals of their current level of functioning and satisfaction (Cella and Tulsky, 1990)

HRQOL MEASURES (1)

Generic versus Disease-specific Measures

- Generic:
measure is relevant to individuals generally rather than specific to one condition
- Disease-specific:
measure is tailored to a specific disease

HRQOL MEASURES (2)

Advantages of Generic vs. Disease-specific Measures

- Generic:
 - allow comparisons across different patients
 - 예: SF-36
- Disease-specific:
 - believed to be more sensitive to small but clinically important changes
 - 예: KDQOL

HRQOL MEASURES (3)

Recommendation regarding

Generic vs. Disease-specific measures

- Conservative strategy:
include generic core together with disease specific supplement

HRQOL EVALUATION (1)

Evaluation:

- Reliability
- Validity
- Responsiveness

HRQOL EVALUATION (2)

Evaluation (cont'd)

- Reliability
the measure yields the same results in repeated applications in an unchanged population
- Validity
an instrument measures what it is supposed to measure and does not measure what it is not supposed to measure

HRQOL EVALUATION (3)

Evaluation (cont'd)

- Responsiveness
 - a HRQOL measure should reflect (i.e., be responsive to) the effects of an intervention that changes HRQOL
 - requires:
 - o before and after intervention of known efficacy
 - o defining external criterion for clinically important change

Part II : QOL of Kidney Disease
KIDNEY DISEASE QUALITY OF LIFE
(KDQOL™)

KDQOL 개발

- The Kidney Disease Quality of Life Working Group이 AMGEN의 연구비로 KDQOL long form (134 items) 개발
- Baxter Renal Outcomes Study를 위하여 KDQOL short form (KDQOL-SF)이 불어, 스페인어, 이탈리아어, 독일어, 일본어 등으로 번역
- 그 이후 KDQOL Working Group은 longitudinal data를 수집하기 위한 활발한 연구 활동을 하고 있음

대표적인 KDQOL 연구 (1)

- The Renal Outcomes Study
 - Baxter Healthcare sponsored, randomized, prospective study
 - 30 hospitals and free-standing dialysis units
 - six countries (France, Germany, Italy, Japan, Spain, and the United States)
 - Purpose is to determine if differences in mortality exists between peritoneal dialysis and hemodialysis

대표적인 KDQOL 연구 (2)

- The Hospital Pharmacy Cooperative Study
 - Amgen sponsored, Randomized (Tx vs. Control), Prospective, Single-Blind Study
 - Conducted by pharmacist and physician co-investigators at over 30 hospital-based dialysis units across the United States

대표적인 KDQOL 연구 (3)

- The Dialysis Outcomes and Practice Study
 - Amgen sponsored, National, 5-year longitudinal study of treatment and outcomes for hemodialysis patients
 - PI: The University of Michigan
 - Random sample of 30 patients per dialysis facility in the US (160 facilities, 1800 patients)
 - KDQOL-SF surveys are completed at baseline and annually thereafter

Part III: QOL of Kidney Disease

Korean version of the
KIDNEY DISEASE QUALITY OF LIFE
(KDQOL™)

Korean Version of the KDQOL

Primary goal of translation effort is a translated version of the KDQOL that is linguistically and conceptually equivalent to the U.S. English version .

Translation Steps (1)

- 1 Contact
- 2 Forward Translation
- 3 Backward Translation
- 4 Field Testing

Translation Steps (2)

- 1 Contact
 - obtain approval for translation
- 2 Forward Translation
 - translate instructions, items, and response choices independently by at least two trained bilingual translators
 - the translators should compare their translations and reconcile discrepancies
 - the resulting translation should then be cognitively in a small sample (about 10) of dialysis patients

Translation Steps (3)

- 3 Backward Translation
 - the final forward translation should be back-translated into U.S. English by two other translators, both of these translators should be native English speakers
 - these two translators should compare their backward translators and come to agreement about discrepancies
 - a memo summarizing the back-translation will then be written and submitted to the KDQOL Working Group for review

Translation Steps (4)

- 4 Field Testing
 - at a minimum, the KDQOL-SF should be administered to a sample of 75 people with kidney disease
 - Scale equivalence should be assessed by performing standard reliability and validity testing and comparing these results to those obtained for the U.S. English sample
 - a final report should be written including the information in the forward and backward translation memos as well as results of the field test

KDQOL-SF Multi-Item Scales

- Symptom/Problem list
- Effects of kidney disease
- Burden of kidney disease
- Work status
- Cognitive function
- Quality of social interaction
- Sexual function
- Sleep
- Social support
- Dialysis staff encouragement
- Overall health
- Patient satisfaction
- Physical functioning
- Role-Physical
- Role-Mental
- Pain
- General health
- Emotional well-being
- Social function
- Energy / Fatigue

Pilot Study After Forward Translation

- 목적
 - To validate a Korean translation of the Kidney Disease Quality of Life (KDQOL) instrument
- 대상
 - 분당 차병원과 강남 가톨릭성모병원에 내원한 투석환자 15명
- 도구 (설문지)
 - 한국어로 번역된 KDQOL-SF

Pilot Study : Descriptive Statistics

Scale (Number of Items)	n	Mean ± SD
Symptoms/Problems (12)	15	65.45 ± 21.02
Effects of kidney disease (8)	15	59.85 ± 22.23
Burden of kidney disease (4)	15	31.67 ± 22.09
Work status (2)	15	30.00 ± 31.62
Cognitive function (3)	15	81.11 ± 18.76
Quality of social interaction (3)	15	63.11 ± 26.41
Sexual function (2)	9	52.78 ± 32.24
Sleep (4)	15	67.39 ± 21.81
Social support (2)	15	61.11 ± 16.27
Dialysis staff encouragement (2)	15	79.17 ± 14.69
Overall health (1)	15	46.00 ± 17.65
Patient satisfaction (1)	15	57.78 ± 18.76

Pilot Study : Reliability

Scale (Number of Items)	n	Cronbach's alpha
Symptoms/Problems (12)	15	0.87
Effects of kidney disease (8)	15	0.82
Burden of kidney disease (4)	15	0.77
Work status (2)	15	-0.14
Cognitive function (3)	15	0.60
Quality of social interaction (3)	15	0.78
Sexual function (2)	9	0.97
Sleep (4)	15	0.74
Social support (2)	15	0.39
Dialysis staff encouragement (2)	15	0.83
Overall health (1)	15	-
Patient satisfaction (1)	15	-

Pilot Study: Conclusions / Discussions

- The results of the cognitive testing support for the reliability of the Korean-translated KDQOL in its present form
- Further refinement for re-wording of the response choice (e.g., 'Most of the time' 'A good bit of the time'), and for providing conceptually equivalent meaning of 'Walking one block' is needed