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Original article

Predictors of quality of life in patients with relapsing-remitting multiple sclerosis: A 2-year longitudinal study

Facteurs prédictifs de la qualité de vie de patients présentant une sclérose en plaque rémittente : étude longitudinale sur 2 ans

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ABSTRACT

Introduction. – Knowledge of which factors are determinant of quality of life (QoL) in patients with multiple sclerosis (MS) would assist clinicians in choosing the most appropriate interventions. The aim of this study was to determine the contribution of sociodemographic and clinical factors in the predicting QoL in a 2-year cohort of patients with relapsing-remitting MS (RR-MS).

Methods. – The study had a multi-center, multi-regional, and longitudinal design. Main inclusion criteria were: patient with a RR-MS subtype (McDonald criteria) and an Expanded Disability Status Scale (EDSS) score lower than 7.0. Sociodemographic (age, gender, education level, marital and employment status) and clinical (disability, disease duration, relapse) data were recorded. The QoL was assessed using the MusiQoL (disease-specific) and SF-36 (generic) questionnaires. Each patient was investigated at baseline and 24 months post-inclusion (ClinicalTrials.gov identifier: NCT00702065).

Results. – Five hundred and twenty-six patients were enrolled in the present study. The 24-month MusiQoL index score was significantly inversely correlated with the disease duration. Baseline EDSS score impacted in both ‘physical-like’ and ‘psychological-like’ dimensions. At least one relapse during the follow-up period was associated with lower physical scores. Occupational status and marital status were associated with 24-month scores of MusiQoL and SF-36.

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Étude longitudinale
Paramètres
SF-36

Conclusion. – After adjusting for disability and relapse occurrence, sociodemographics (age, marital status, and occupational status) and baseline QoL scores were also independent QoL predictors in MS patients. Special attention should be given to subgroups to ensure optimal management.

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R É S U M É

Introduction. – Améliorer les connaissances sur les déterminants de la qualité de vie des patients présentant une sclérose en plaques est primordial pour aider les cliniciens dans le choix des prises en charge. L'objectif de cette étude est de documenter le poids de différents paramètres sociodémographiques et cliniques dans la prédiction des niveaux de qualité de vie à deux ans auprès d'une population de sujets présentant une forme rémittente de la maladie.

Méthodes. – Il s'agit d'une étude longitudinale, observationnelle, associant 32 centres de 12 pays différents (ClinicalTrials.gov : NCT00702065). Les critères d'éligibilité : présenter une sclérose en plaques à partir des critères de McDonald et un score EDSS ≤ 7 . La qualité de vie était renseignée à l'aide des questionnaires MusiQoL et SF-36. Le score EDSS et la notion de rechute ont été systématiquement recueillis. Les sujets étaient évalués tous les six mois pendant deux ans.

Résultats. – Un total de 526 sujets a été inclus. L'index de MusiQoL en fin de suivi était inversement corrélé avec la durée de la maladie. La survenue d'une rechute impacte les scores physiques de qualité de vie quand le score EDSS initial impacte à la fois aux scores des dimensions physiques et psychologiques. Le statut professionnel et le statut marital sont des facteurs significativement liés aux scores de qualité de vie à deux ans.

Conclusion. – Après ajustement sur le handicap et la survenue de rechute, les paramètres sociodémographiques et les niveaux de qualité de vie initiale.

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1. Introduction

Multiple sclerosis (MS) is a debilitating neurological disease that affects young people and has substantial consequences for their daily lives and quality of life (QoL). Apparent functional disabilities do not fully reflect the disease impact as experienced by the patient [1]. Patient-perceived health status and health-related QoL are important measures of patient condition and treatment outcomes. Assessing self-reported QoL, focusing on MS patients as a whole, provides information that traditional outcome measures used in MS studies fail to deliver, and it extends physicians' knowledge of the impact of the disease on the patient's overall state [2]. Knowledge of which factors are determinants of QoL in patients with MS would assist clinicians in choosing the most appropriate interventions. In recent years, there has been an increase in the number of studies examining factors associated with QoL in MS.

Several determinants of QoL have been identified with varying strengths of association; these factors include disease-related variables (disability status [3–5], disease duration [5,6], fatigue and depression [4,7–9], cognition [5], disease-modifying drug therapy [10]), sociodemographic variables (age and sex [11–13], level of education, and marital status [5,14]). The majority of these findings are based on single cross-sectional research studies that cannot show direction of association and may not provide definite information about cause and effect relationships. Evidence regarding middle- and long-term QoL predictors is lacking.

To our knowledge, seven significant longitudinal studies, which provide more information regarding the likely sequence of events, have explored this issue. Initial stage of MS [15,16], change in Expanded Disability Status Scale (EDSS) score [17], fatigue and depression [18], cognition [18], and immunomodulating treatments [19] have already been found to be QoL predictors.

Although important information is provided by these previous studies, their potential weaknesses include small sample size [18], heterogeneity of the sample (i.e., including all MS subtypes), short follow-up time [19,20], use of only self-assessment clinical evaluations [16], inappropriate study design (such as a randomized clinical trial) [17], and lack to simultaneously consider multiple QoL predictors [15].

The aim of this study was to determine the contribution of sociodemographic and clinical factors in the predicting QoL in a 2-year cohort of patients with relapsing-remitting multiple sclerosis (RR-MS).

2. Methods

2.1. Design and patients

This study had a multi-center, multi-regional, and longitudinal design. A total of 32 sites from the following 12 countries participated in this study: Argentina, Australia, Austria, France, Germany, Israel, Italy, Norway, Spain, Turkey, United Kingdom, and the United States. Patients included in the study

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