



ORIGINAL ARTICLE

Application of EQ-5D-5L questionnaire in patients suffering from urinary incontinence[☆]



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KEYWORDS

Utility;
EQ-5D;
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Abstract

Background: Urinary incontinence is associated with reduced quality of life and given the high prevalence of people with this condition, it could be useful to know the impact of having urinary incontinence on physical, psychological and social aspects. The Spanish value set of EQ-5D was used to assign single scores to the EQ-5D-5L health states. EQ-5D-5L is a health-related quality of life questionnaire, which allows assessing health status. The aim of this study was to provide normative values of EQ-5D-5L in a population sample with urinary incontinence.

Study design: Cross-sectional study.

Methods: A total of 965 people with urinary incontinence (297 men and 668 women) were included in this study. EQ-5D-5L index, VAS and health status are showed in the current study considering gender, age group, region, marital status, smoking status, net monthly incomes of household and educational level.

Results: Higher prevalence was observed in women (69.22%) compared with men (30.78%). Mean (SD) EQ-5D-5L utility index and VAS score were 0.58 (0.40) and 53.91 (22.16), respectively, for overall population. The 16.1% (155 people) reported perfect health status (11111). The utility equivalent to set values 55555 was not reported by anyone.

Conclusion: This study provides normative values of EQ-5D-5L in a Spanish population sample with urinary incontinence.

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PALABRAS CLAVE

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salud;
España

Aplicación del cuestionario EQ-5D-5L en pacientes que padecen incontinencia urinaria

Resumen

Antecedentes: La incontinencia urinaria es una patología que afecta a distintos aspectos físicos, psicológicos y sociales. Dada su prevalencia, sería útil conocer su impacto sobre la calidad de vida de las personas que la padecen. El conjunto de valores del EQ-5D desarrollado para la población española fue utilizado para asignar utilidades a los estados de salud definidos por el EQ-5D-5L. El objetivo fue proporcionar valores de referencia del EQ-5D-5L en una población con incontinencia urinaria.

Diseño de estudio: Estudio de corte transversal.

Métodos: Un total de 965 personas con incontinencia urinaria (297 hombres y 668 mujeres) fueron incluidas en el estudio. La utilidad del EQ-5D-5L, VAS y los estados de salud fueron analizadas en base a varias variables sociodemográficas.

Resultados: Mayor prevalencia en mujeres (69,22%) que en hombres (30,78%). La puntuación media y SD del índice EQ-5D-5L y VAS fueron 0,58 (0,40) y 53,91 (22,16), respectivamente, para la población general. El 16,1% (155 personas) comunicaron salud perfecta (11111). El peor estado de salud (55555) no fue comunicado por nadie.

Conclusión: Este estudio proporciona los valores de referencia en una muestra de población española con incontinencia urinaria.

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Introduction

There are important aspects that should be considered before determining the concept of urinary incontinence (UI), such as: type, frequency, severity, precipitating factors, social impact, or effect on hygiene and quality of life. However, the International Continence Society tends to homogenize these criteria and defines UI as the complaint of any involuntary leakage of urine¹ which is a social or hygienic problem and which is objectively demonstrable.

The prevalence of UI has been the subject of several studies in the recent years. Due to methodological differences, studies can seldom be compared. In the systematic revision by Buckley et al.,² the prevalence was presented by age range. Results showed higher prevalence in women than in men for all age groups. To our knowledge, there is not any recent study on economic costs in these patients. The article headed by Hampel et al.³ describes the results from a review of the economic burden of stress UI in 5 countries of Europe (France, Germany, Italy, United Kingdom and Spain) between 1990 and 2001. Stress UI is one of the types of UI, alongside urgency and mixed. The economic burden is a common concern of these patients and when the quality of life is reduced, the cost is higher.

The quality of life can be measured through health-related quality of life (HRQoL) instruments. These tools consist of several dimensions related to physical, psychological and social well-being aspects. Dimensions must be associated to different levels of answer. The different levels reflect the degrees of problems or severity. EQ-5D⁴ is a questionnaire designed to assess the HRQoL and validated to be used in both Spanish general and specific population. Sarah Davis and Allan Wailoo⁵ published in 2013 a paper based on a review of EQ-5D in patients with UI. According to this study, EQ-5D seems to be a reasonable questionnaire when

considering the psychometric measures of construct validity, responsiveness and reliability. A new version of EQ-5D was developed by Herdman et al.,⁶ this new questionnaire was EQ-5D-5L. The Spanish version for this instrument has been available since 2011 and it was used for this study. It maintained 5 dimensions (mobility, self-care, usual activities, pain or discomfort, and anxiety or depression), but the options of answer were increased from 3 to 5 levels (no, slight, moderate, severe, and extreme problems), i.e. ranging from 1 to 5. It allows 3125 health status (5⁵) and, therefore, the new psychometric properties may suggest better discriminatory power of EQ-5D-5L in this population.

The information generated from HRQoL instruments may be useful for health-care providers. The normative values from a specific population make it possible, among others, to follow the development of health status over time and subgroups. Therefore, this study aims to provide the normative values of EQ-5D-5L in Spanish patients suffering from UI.

Methods

Design and participants

This study is a cross sectional study that used the data from the Spanish National Health Survey⁷ (2011/2012). The EQ-5D-5L instrument was included in the survey. EQ-5D-5L index, visual analog scale (VAS) and health status are shown in the current study considering gender, age group, region, marital status, smoking status, net monthly incomes of household, and educational level.

The variable selected to know who the patients are was "Medical diagnosis: Urinary Incontinence". The options of answer were yes or no. Of a representative sample of the

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