

Measurement of generic compared with disease-specific quality of life after removal of mandibular third molars: a patient-centred evaluation

A.N. Beech^{a,*}, S. Haworth^b, G.J. Knepil^a

^a Gloucestershire Royal Hospital, Department of Oral and Maxillofacial Surgery, Gloucestershire Royal Hospital, Great Western Rd, Gloucester, GL1 3NN

^b University of Bristol, School of Oral and Dental Sciences, Bristol, UK

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Abstract

Our aim was to evaluate patients' perceptions and their responsiveness to a generic quality of life (QoL) scale after removal of mandibular third molars. We asked 40 consecutive patients who met NICE guidelines for removal of third molars to rank items from the generic EuroQol three-dimensional questionnaire (EQ 5D 3L) and the disease-specific Oral Health Impact Profile (OHIP-14) based on what they perceived to be important outcomes. Each item was then assigned a numerical value that depended on its rank, and an overall score calculated. Fifty consecutive patients were then invited to complete a paper-based EQ 5D 3L QoL questionnaire daily for seven days after removal of third molars. Most of the generic QoL items ranked more highly than disease-specific ones. The generic EQ 5D 3L questionnaire indicated an initial fall in QoL after removal of the teeth, before improving for all participants over the first seven postoperative days. The responses to questions about "overall QoL", "pain/discomfort", and "anxiety/depression" in the EQ 5D 3L tool were strongly correlated. The EQ 5D 3L is used to assess fluctuations in QoL during the early postoperative period after removal of third molars, and describes items that are perceived by patients to be more important than those recorded by the disease-specific OHIP-14 QoL questionnaire. It is therefore more relevant for counselling patients preoperatively. Development of measures of early outcomes after removal of third molars should incorporate generic items to remain useful.

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Keywords: Third molar extraction; Quality of life; Patient reported outcome measures

Introduction

The value of patient-reported outcome measures is increasingly recognised as part of improvement of quality, evaluation of services, research, and audit.^{1,2} In addition to traditional surgical outcome measures, patients' perceptions are increas-

ingly influencing the provision of health care, and informed consent,^{3,4} and they also allow us to inform our patients more accurately before operation, particularly about choice of technique, advice about return to work, and activities of daily living.

Quality of life (QoL), in particular health-related QoL, is defined as a patient's perception of the impact of their disease or treatment, or both, on their daily life and their physical, psychological, and emotional wellbeing.⁵ The emphasis of the multidomain focus of health-related QoL is important as it shows a fuller picture of a patient's health. QoL has been

* Corresponding author.

E-mail addresses: andrea.beech@glos.nhs.uk (A.N. Beech), shaworth6111@gmail.com (S. Haworth), greg.knepil@glos.nhs.uk (G.J. Knepil).

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

Self-Care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

Pain / Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Anxiety / Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

2

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Fig. 1. Part 1 of the EQ 5D 3L survey.

evaluated using generic QoL items (when the same questionnaire has been used to measure QoL for various diseases or treatments) and disease-specific QoL scales (which have been developed using items that are disease or anatomically specific).

Removal of third molars is the most common procedure done by oral and maxillofacial surgeons in the UK every year.⁶ It causes acute pain and swelling, and limits mouth opening. Previous studies have measured disease-specific

QoL after oral procedures, but with little evaluation of their impact on generic QoL.^{7–11}

A systematic review in 2010 described a variety of validated questionnaires that are suitable for use in oral and maxillofacial surgery,¹ and other authors also cited a study that concluded that the EuroQol three-dimensional questionnaire (EQ 5D 3L) was one of the most popular measures of overall health for the evaluation of health and healthcare.⁸ Despite this, to our knowledge, the EQ 5D 3L has not been

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