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QUALITY ASSURANCE IN QUALITY OF LIFE ASSESSMENT

Hypothesis / aims of study

Background

Quality of life [QoL] has often been used as a surrogate measure of patient satisfaction and success following treatment. QOL measures are increasingly used in conjunction with objective outcome tools to assess the needs of health care, effectiveness of intervention and level of service.[1]The Kings Health Questionnaire [KHQ] is one of the most widely validated disease specific questionnaire used in clinical practice to assess the impact of symptoms of urinary incontinence on QOL in women.[2] However, at present, there are no data on patient's perception of the KHQ, both in terms of usefulness and ease of completion. The QQ-10 is a tool used to measure patients' perception of questionnaires. It is a 10 item instrument which includes a 5-point Likert scale relating to a subject's agreement with statements on the patient experience of questionnaire use.[3] This produces two factors: 1)Value-(Communication, relevance, ease of use, enjoyableness, comprehensiveness, willingness to repeat) .2)Burden-Overlong, embarrassing, complicated, upsetting

Aim

The aim of the study was to evaluate patient's experience of completing the KHQ by using the QQ-10.

Study design, materials and methods

Material and Methods

This was a prospective observational study conducted at a tertiary Urogynaecology centre. Patients were recruited from a one stop urodynamics clinic. All patients were fully informed and gave verbal consent. All women over the age of 18 years who understood English were included in this study. As per our routine protocol, all women attending the one stop urodynamics clinic filled in the KHQ. Our trial participants were also asked to complete the QQ-10 questionnaire to evaluate their views on the KHQ.

Scoring

This produced two factors (1) Positive- 'Value' and (2) Negative- 'Burden'. Raw scores were transformed on a scale of 0-100 (0 being worst and 100 being the best possible view of the questionnaire).

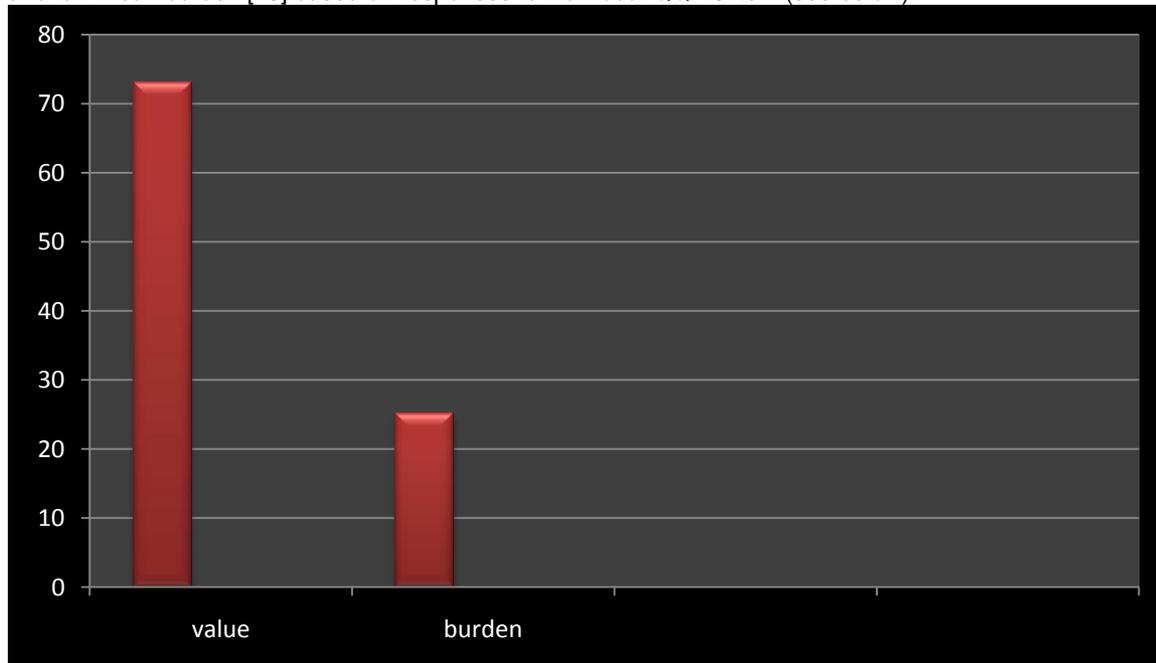
Statistical analysis

SPSS [Version 17, Chicago, Illinois] was used to calculate mean scores for both responses.

Free text comments Three free text boxes were provided for patient comments about the questionnaire and service provided at Kings College Hospital.

Results

Sixty women completed the questionnaire. [Mean age:45 years; Range 18-68]. KHQ was found to have high mean value [73] and low mean burden [25] based on responses to individual QQ-10 item (see below).



Interpretation of results

This demonstrates that patients perceived the KHQ to be a useful and valuable tool without being

Concluding message

Patient reported outcome measures are increasingly recommended for use in practice. The KHQ is still the most widely used questionnaire to assess the impact of urinary incontinence on quality of life. It would appear that patients appreciate the value of filling in the KHQ as well, based on the assessment using QQ-10. Therefore, the KHQ has proven high patient value and low burden when used in clinical practice. However, there are ways to improve its efficacy such as giving a free text box on the questionnaire to allow the patients to explain their symptoms.

References

1. BMJ 2001;322:1357-1360
2. Br J Obstet Gynaecol 1997 104: 1374-79
3. The QQ-10 UKCS 2009- DP25

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	It was a part of service evaluation.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes