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DO DIFFERENT DISEASE-SPECIFIC QOL INSTRUMENTS MEASURE THE SAME THING?

Hypothesis / aims of study

Symptoms of incontinence are common and are acknowledged to have a major impact on social function [1]. Over the last 10 years there has been increasing realisation that it is important not only to assess symptom severity using objective investigations, but to also evaluate the impact of these symptoms on Quality of Life (QoL). A number of different disease-specific QoL questionnaires have been developed for use in incontinent women and validated for this purpose. Although these have been shown to have appropriate individual psychometric properties, they differ significantly in their design and length.

'Patient-centred' outcome measures are gaining importance in clinical trials, yet we know very little about how different questionnaires compare against each other. The aim of this study was to compare the results of two different but widely-used disease-specific QoL instruments, to determine their correlation and to compare their relative scores in women with different urodynamic diagnoses.

Study design, materials and methods

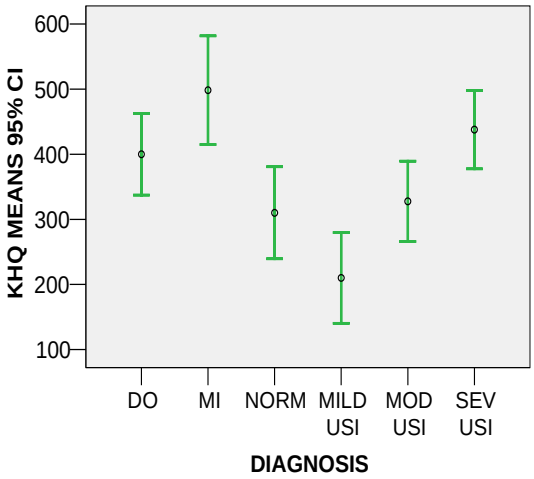
Women complaining of urinary incontinence were recruited from a tertiary referral centre one-stop urodynamic assessment clinic. They were asked to fill out the Kings Health Questionnaire (KHQ) and the International Consultation on Incontinence Questionnaire – Short Form (ICIQ-SF). These were given out in random order and the patients were asked to time how long it took to complete each questionnaire. They then underwent comprehensive videourodynamic assessment using a Laborie Acquarius 120. On the basis of this they were diagnostically categorised into normal (N), detrusor overactivity (DO), urodynamic stress incontinence (USI), and mixed incontinence (Mi). Patients with USI were further divided into mild, moderate and severe USI on the basis of the quantity of leakage observed on simultaneous fluoroscopy.

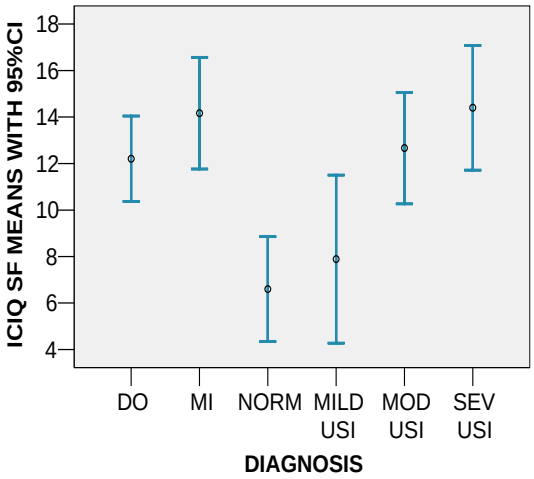
The data were analysed using SPSS version 13.0 (Chicago, Illinois). The mean KHQ and ICIQ-SF questionnaire scores for different urodynamic diagnoses were compared and the results of the two questionnaires correlated with each other.

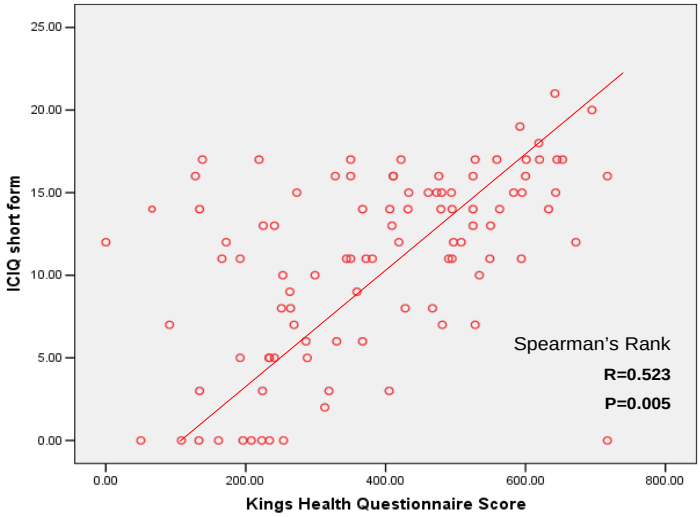
Results

There was a significant variation in QoL scores between women with the same urodynamic diagnosis. The two questionnaires both showed the highest impact in women with MI. Using the KHQ, there was a significantly higher impact score in women with MI and DO, than with USI. This trend was also observed when comparing ICIQ-SF scores but the difference is no longer statistically significant

Urodynamic diagnosis	**ICIQ-SF score**	**KHQ score**
N =99	Mean (SD)	Mean (SD)
Normal (n=25)	6.6 (5.5)	310.0 (171.2)
DO (n= 34)	12.2 (5.3)	399.0 (180.0)
Mild USI (n= 9)	7.9 (4.7)	210.0 (90.7)
Mod USI (n= 9)	12.7 (3.1)	327.7 (80.3)
Sev USI (n=10)	14.4 (3.7)	437.8 (84.2)
Mixed (n=12)	14.2 (3.8)	498.4 (131.3)







There was a weak correlation in questionnaire scores between the KHQ and ICIQ-SF, with a Spearman's Rank Correlation coefficient of 0.523. It was interesting to observe that there were some striking individual discrepancies in questionnaire scores for example who was above the 50th centile for KHQ scores was below the 10th centile for ICIQ scores

Interpretation of results

It is not surprising that the diverse design and emphasis of different QoL questionnaires is reflected in the divergent scores observed in this study. A greater proportion of the KHQ score is constituted by bothersomness rather than symptom scores.

It is already known that objective clinical severity parameters correlate poorly with QoL scores [2]. These results suggest that different QoL questionnaires measure different but related facets of QoL. The ICIQ-SF is weighted towards symptom severity. This may explain some of the differences observed.

Concluding message

Not all QoL instruments are the same. Different disease-specific questionnaires measure subtly different aspects of QoL. Although we found a broad agreement in scores between the two systems, we would suggest that this is not sufficient to allow comparison of different QoL indices between studies, in the way that standardised objective measures such as pad loss can be. The increased use of validated QoL instruments both in research and clinical practice is commendable. However, caution should be exercised in comparing data from studies using different questionnaires.

References:

1. BJOG 1997;104:1374-1379
2. Urology 2000;55:506-511

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