

IS THERE A DISCREPANCY BETWEEN PATIENT AND PHYSICIAN QUALITY OF LIFE ASSESSMENT?

Hypothesis / aims of study

Quality of Life (QoL) assessment remains integral to the investigation of women with lower urinary tract dysfunction. (1) Whilst there is considerable evidence to support differences in subjective and objective outcome measures, there are few studies looking at the discrepancy between patient and physician assessed QoL. Although there are a number of validated questionnaires available to assess QoL in incontinence, there is no standardized method to gather this information. Data may be obtained by physician interview, independent patient filled questionnaires or documentation in medical records. Previous work suggests that physicians tend to underestimate patients' symptoms and bothersomeness. (2)

The aim of this study was to assess the relationship between physician and patient assessed QoL results using the Kings Health Questionnaire.

Study design, materials and methods

This was a prospective observational study. Patients were recruited from a tertiary referral urodynamic clinic. All complained of troublesome lower urinary tract symptoms. Prior to their appointment patients were sent a Kings Health Questionnaire (KHQ); a validated Quality of Life questionnaire used to assess lower urinary tract symptoms (LUTS). (3) This was completed by the patients before attending the clinic. The physician was blinded to the patient responses. After taking a detailed urogynaecological history, a second KHQ was filled in by the physician, on the basis of the impression of the symptoms elicited during the interview. These data were analysed by an independent statistician. Concordance between patient and physician assessment for individual questions was assessed using weighted Kappa analysis (STATA Version 8). QoL scores were compared using Wilcoxon's signed rank test using SPSS (V.13 Chicago, USA)

Results

75 patients were recruited over a period of 5 months. Overall the weighted Kappa showed relatively poor concordance between the patient and physician responses; mean Kappa: 0.33, range 0.18-0.57. (Table 1) The agreement was particularly poor for all questions related to emotional distress caused by LUTS (Questions 6a-6c). The physician underestimated QoL score in 4/9 domains (GHP, II, E, SM) by a mean of 5.5% and overestimated QoL score in 5/9 domains (RL, PI, E, SE) by a mean of 6.86%. (Figure 2, 3) However there was a considerable variation from an overestimation of 100% to an underestimation of 100%. In particular, physicians underestimated the impact of LUTS on social limitations and emotions. ($p < 0.05$)

Table 1 Mean Kappa Scores

KHQ Question	Mean Weighted kappa	Patient-Physician Agreement
1 –General health perception (GHP)	0.47	Moderate
2 – Incontinence impact (II)	0.50	Moderate
3a,b – Role limitation (RL)	0.34	Fair
4a-d –Physical/social limitation (PL/SL)	0.26	Fair
5a-c – Physical relationships (PR)	0.40	Moderate
6a-c – Emotions (E)	0.18	Poor
7a-b – Sleep/Energy (SE)	0.36	Fair
8a-d – Severity measures (SM)	0.36	Fair

Figure 1 KHQ Domain Scores

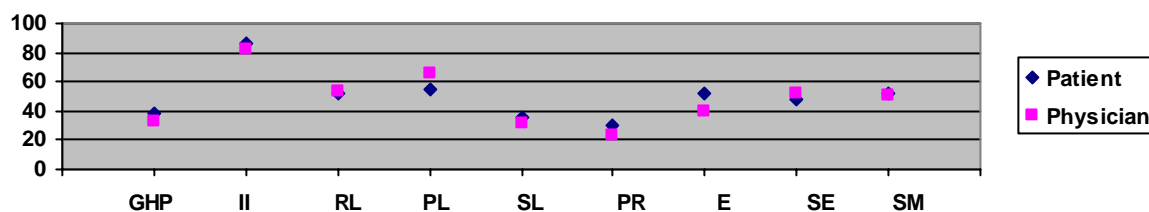
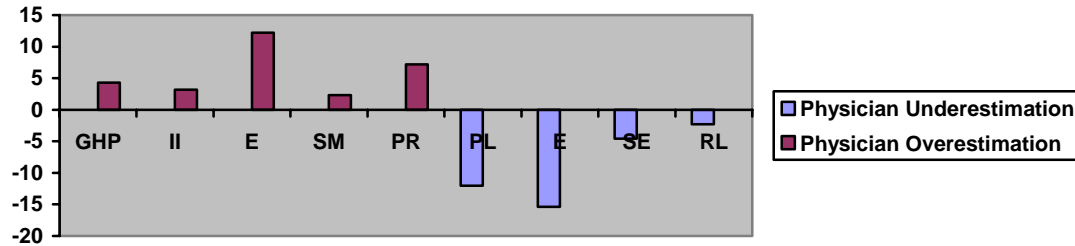


Figure 2 Physician Bother Estimation



Interpretation

This study confirms that QoL outcomes based on the physicians' perspective are usually not valid. In this study, physicians estimated patients bother incorrectly in the majority of questions on the KHQ and this may be due to inherent bias. The most significant underestimation of bother was seen in all questions and domain scores relating to emotional distress which may be due to a difference in patient-physician perception of "significant" LUTS during assessment. Hence physicians make poor proxies for patients own evaluation of QoL.

Concluding message

These results confirm that physicians underestimate the impact lower urinary tract symptoms have on a patient's QoL, despite using the same validated questionnaire. Hence QoL assessments must include patient self administered questionnaires.

References

1. Neurourol Urodynam 1998;17:249-253
2. Urology 2003;62:49-53
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