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TITLE

Evaluating the validity of the EQ-5D-3L and describing Health-Related Quality of Life (HRQoL) in people living with diabetes and with/without comorbid severe mental illness

AUTHORS: Jan R. Boehnke, PhD1, Jo Taylor, PhD2, Najma Siddiqi, PhD2,3

1School of Nursing and Health Sciences, University of Dundee

2Department of Health Sciences, University of York

3Hull York Medical School, University of York,

Emails:

j.r.boehnke@dundee.ac.uk

jo.taylor@york.ac.uk

najma.siddiqi@york.ac.uk

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AIMS

The life expectancy of people living with severe mental illness (SMI) is reduced by ~15 years compared to the general population. A higher prevalence of diabetes and its associated complications contribute significantly to this health inequality. While diabetes has significant psychosocial impact in the general population, little is known about the impact of diabetes for people with SMI. We evaluated the validity of the EQ-5D-3L and describe patterns of HRQoL in people living with diabetes (PWD) and comorbid SMI (PWD+SMI).

METHODS

We undertook a survey following the DAWN2 protocol (a global study of diabetes attitudes, wishes and needs in the general population) recruiting people living with SMI and diabetes (PWD+SMI; N=258; aged 55 years, range 22-87). These survey data were combined with data from UK participants of DAWN2 (PWD; N=500). Regression models and latent class analyses (LCA) were used to evaluate responses to the EQ-5D-3L’s dimensions and patterns of HRQoL across the two samples.

RESULTS

When using self-rated health (EQ-5D-VAS) and quality of life (QoL; WHOQOL general item) as reference standards and controlling for demographics, we found that only "self-care" was used in a consistent manner across the two samples. PWD+SMI tended to under-report impairment in the domains mobility, usual activities, and pain. PWD+SMI over-reported impairment due to mental health problems compared to their own assessments of health & QoL. The LCA identified four classes, largely describing a progression from high impairment (class 3; 13% of the combined sample; see figure 1), over medium impairment (class 2; 18%) to low impairment (class 4; 43%). Classes representing stronger impact are over-represented in PWD+SMI. One pattern was found (class 1) similar to class 2 but with strong impact on usual activities and pain, describing 36% of the PWD sample and 9% of the PWD+SMI sample. This pattern was differentially related to self-rated health and QoL.

CONCLUSIONS:

The EQ-5D-3L works as an instrument across both populations. PWD+SMI suffer from a larger impact of their chronic conditions. The domains of "usual activities" and "pain" seem especially important for further investigation of these populations, since their impact is felt less strongly by PWD+SMI.

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