STUDY OF THE USE OF QUALITY OF LIFE QUESTIONNAIRES IN CARDIAC DISEASES IN POLAND

Jan Sieluk, Szymon Zawodnik, Tomasz Hermanowski
Department of Pharmacoeconomics, Faculty of Pharmacy, Medical University of Warsaw, Poland
Contact details: jan.sieluk@gmail.com

OBJECTIVE

The aim of this study was to assess the use of quality of life questionnaires in Polish cardiac patients, as well as research methods used by Polish authors in terms of international quality of life research guidelines.

METHODS

Systematic literature review was performed in order to collect publications assessing quality of life in cardiac patients in Poland. Medical databases and the most important health agencies websites were searched for HRQoL assessment guidelines. Inclusion criteria:
• Studies carried in the Republic of Poland;
• Studies in which authors were using HRQoL questionnaires in cardiac patients;
• Studies estimating HRQoL among patients with cardiovascular diseases;
• Case reports;
• Researches and review papers without HRQoL assessment;

Exclusion criteria:
• Studies carried outside of Poland;
• Studies in which authors were not using HRQoL questionnaires in cardiac patients;
• Studies using HRQoL questionnaires for any objective other than cardiac patients;
• Researches and review papers with HRQoL assessment.

Based on the international guidelines, „checklist” (Table 1) consisting of 19 statements and questions was created as a basis for data extraction from accessed publications.

RESULTS

1. The most popular tool to assess HRQoL in Polish cardiac patients was SF-36 (Short-Form 36 questionnaire, 17% of studies) and EQ-5D (EuroQol 5D, 5% of studies).
2. The most rarely evaluated HRQoL was after rehabilitation and pharmacological interventions (15 studies, 11%; 16 studies, 12%, respectively).
3. Most often, Polish authors assessed patients’ HRQoL in observational studies, which means no intervention was applied (53 studies, 41%). The most rarely evaluated HRQoL was after rehabilitation and pharmacological interventions (15 studies, 11%; 16 studies, 12%, respectively).
4. Most common, Polish authors assessed patients’ HRQoL in observational studies, which means no intervention was applied (53 studies, 41%). The most rarely evaluated HRQoL was after rehabilitation and pharmacological interventions (15 studies, 11%; 16 studies, 12%, respectively).

CONCLUSIONS

• Complexity of HRQoL assessment guidelines - subjective choice of the most important – not all aspects of HRQoL analysis have been addressed in this analysis;
• Analysis performed for the last 16 years.

LIMITATIONS

• Polish studies assessing HRQoL in cardiac patients usually do not meet international criteria issued by EMA, FDA, ISPOR or Oxford University;
• Significant differences on the methodology and HRQoL results reporting; need to harmonize practices related to HRQoL assessment by creating Polish guidelines;
• Polish authors most often use tools developed by their own and usually not validated;
• Lack of HRQoL assessment among 3 basic domains as well as „under-reporting” are two basic mistakes of Polish investigators.