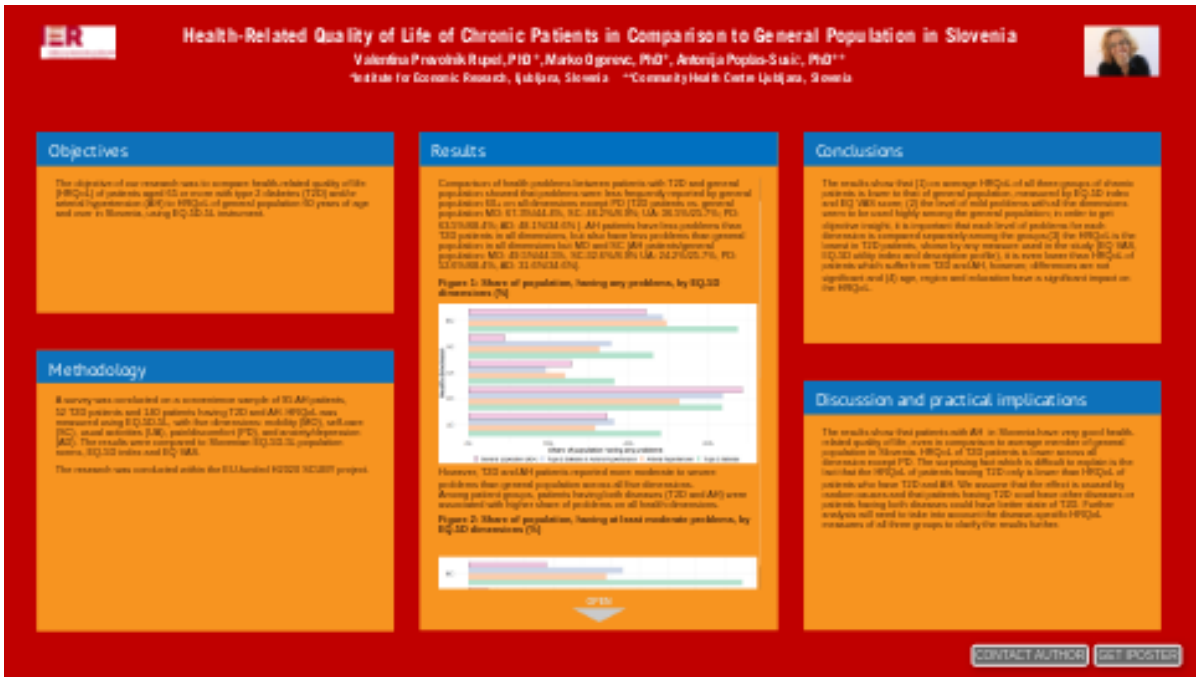
Health-Related Quality of Life of Chronic Patients in Comparison to General Population in Slovenia



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PRESENTED AT:

OBJECTIVES

The objective of our research was to compare health-related quality of life (HRQoL) of patients aged 65 or more with type 2 diabetes (T2D) and/or arterial hypertension (AH) to HRQoL of general population 60 years of age and over in Slovenia, using EQ-5D-5L instrument.

METHODOLOGY

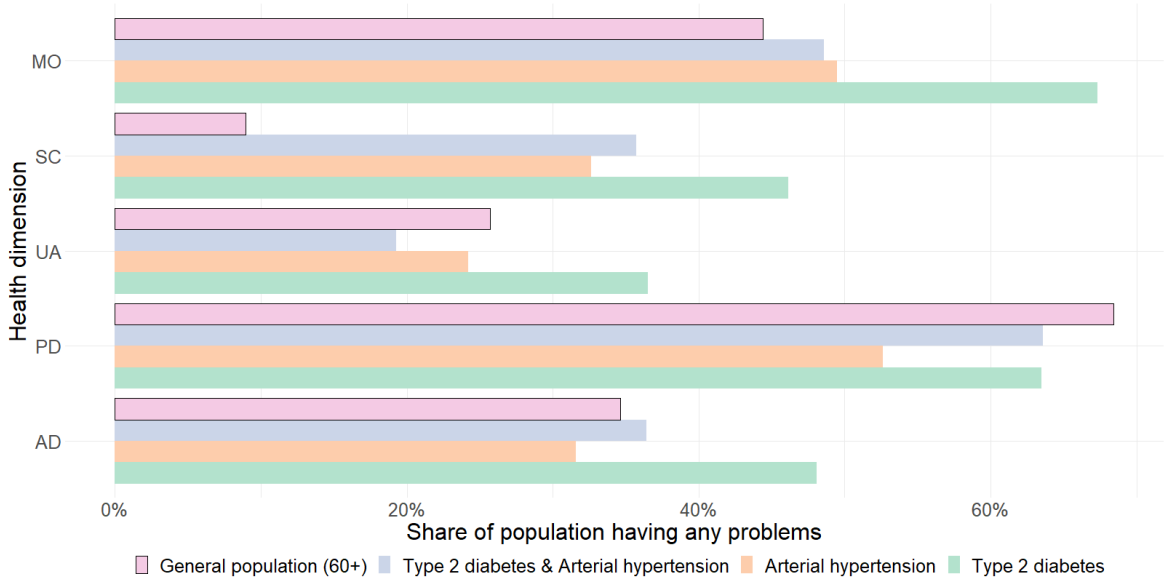
A survey was conducted on a convenience sample of 95 AH patients, 52 T2D patients and 140 patients having T2D and AH. HRQoL was measured using EQ-5D-5L, with five dimensions: mobility (MO), self-care (SC), usual activities (UA), pain/discomfort (PD), and anxiety/depression (AD). The results were compared to Slovenian EQ-5D-5L population norms, EQ-5D index and EQ VAS.

The research was conducted within the EU-funded H2020 SCUBY project.

RESULTS

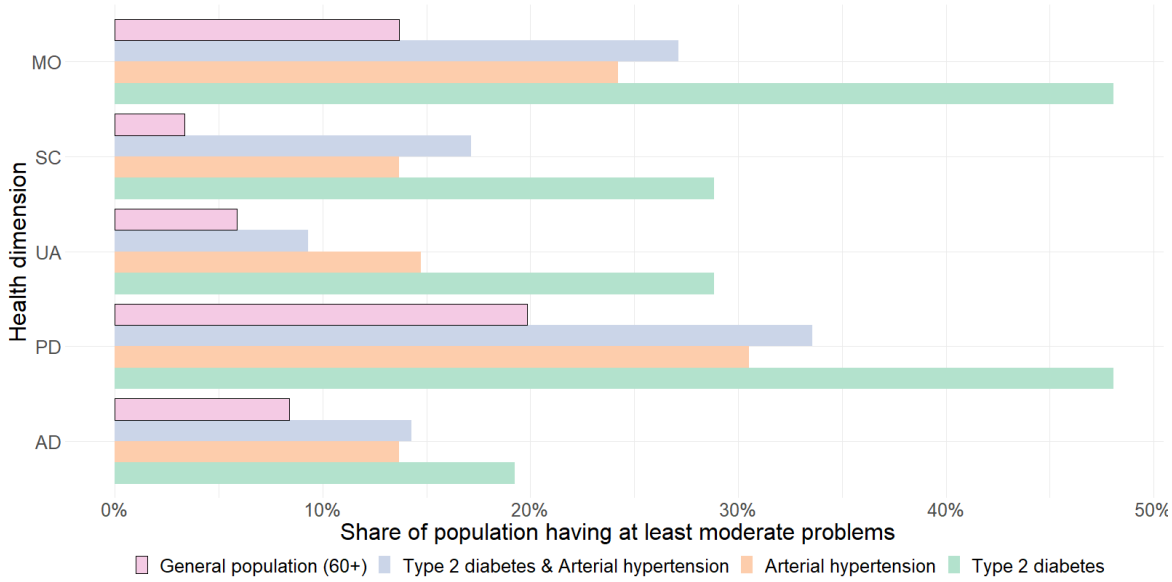
Comparison of health problems between patients with T2D and general population showed that problems were less frequently reported by general population 60+ on all dimensions except PD (T2D patients vs. general population MO: 67.3%/44.4%, SC: 46.2%/8.9%; UA: 36.5%/25.7%; PD: 63.5%/68.4%; AD: 48.1%/34.6%). AH patients have less problems than T2D patients in all dimensions, but also have less problems than general population in all dimensions but MO and SC (AH patients/general population: MO: 49.5%/44.5%, SC:32.6%/8.9% UA: 24.2%/25.7%, PD: 52.6%/68.4%, AD: 31.6%/34.6%).

Figure 1: Share of population, having any problems, by EQ-5D dimensions (%)



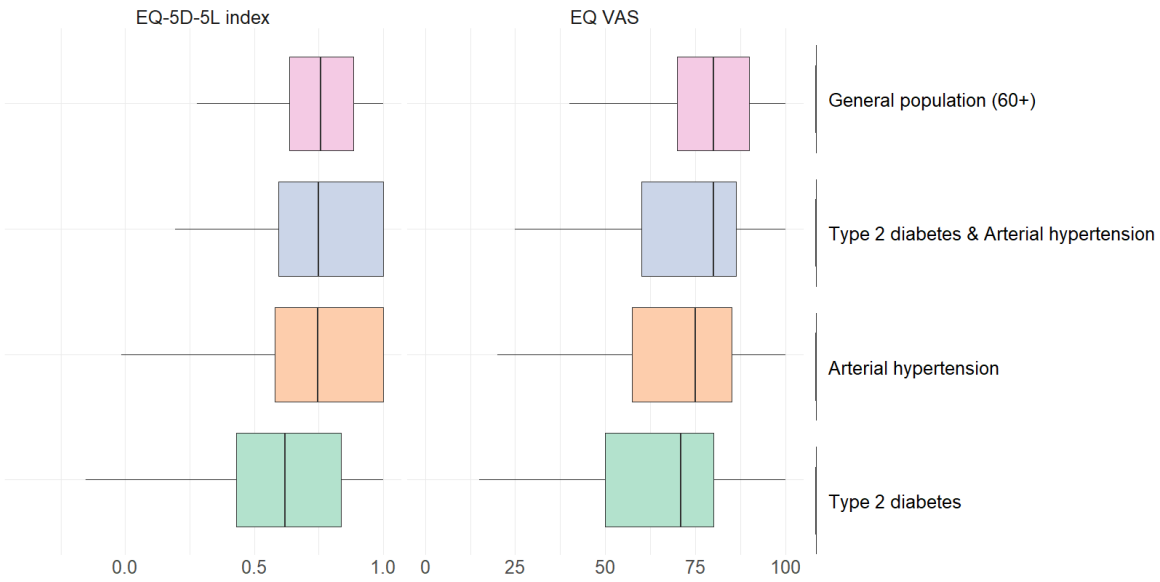
However, T2D and AH patients reported more moderate to severe problems than general population across all five dimensions. Among patient groups, patients having both diseases (T2D and AH) were associated with higher share of problems on all health dimensions.

Figure 2: Share of population, having at least moderate problems, by EQ-5D dimensions (%)



EQ VAS comparisons between all four groups show similar results (T2D: 67.2, AH: 70.7 , AH+T2D: 72.7, general population 60+: 76.2). The EQ-5D index results are similar for all groups, except T2D, where the utility index is significantly lower (T2D: 0.592, AH: 0.714, AH+T2D: 0.720 and general population 60+: 0.762).

Figure 3: EQ-5D index and EQ VAS in different populations



Age, education and region all had an impact on the HRQoL.: HRQoL was significantly higher in urban areas (p=0.00), for highy educated (p=0.00) and for younger (p=0.00).

CONCLUSIONS

The results show that (1) on average HRQoL of all three groups of chronic patients is lower to that of general population, measured by EQ-5D index and EQ VAS score; (2) the level of mild problems with all the dimensions seem to be used highly among the general population; in order to get objective insight, it is important that each level of problems for each dimension is compared separately among the groups;(3) the HRQoL is the lowest in T2D patients, shown by any measure used in the study (EQ VAS, EQ-5D utility index and descriptive profile), it is even lower than HRQoL of patients which suffer from T2D and AH, however, differences are not significant and (4) age, region and education have a significant impact on the HRQoL.

DISCUSSION AND PRACTICAL IMPLICATIONS

The results show that patients with AH in Slovenia have very good health-related quality of life, even in comparison to average member of general population in Slovenia. HRQoL of T2D patients is lower across all dimension except PD. The surprising fact which is difficult to explain is the fact that the HRQoL of patients having T2D only is lower than HRQoL of patients who have T2D and AH. We assume that the effect is caused by random causes and that patients having T2D coud have other diseases or patients having both diseases could have better state of T2D. Further analysis will need to take into account the disease-specific HRQoL measures of all three groups to clarify the results further.