Health-Related Quality of Life Measurement

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Introduction

Health-Related Quality of Life (HRQoL) assesses the impact of illnesses on the physical, mental and social well-being of individuals and its importance is increasingly recognized [1]. Some instruments are intended for general use, irrespective of illness and the condition of the patient. The generic instruments may often be applicable to healthy people too. Some of the earliest ones were developed initially with population surveys in mind, but later was extended to include clinical trial settings. These instruments are commonly described as Quality of Life (QoL) scales and they are measures of health status since the focus is mainly on physical symptoms. Whilst the generic QoL instruments measure QoL generally and assess the various health domains, the diabetes-specific QoL is more sensitive to changes and is specific to the disease per se [2]. There are many instruments that have been developed nowadays for survey studies as well as clinical trials [3]. The aim of this paper is to present a short review on QoL and Health-Related Quality of Life (HRQoL).

During the past few decades, the application of HRQoL measures has gained a rapid importance since there was a need to develop brief, self-administered and reliable questionnaires to capture the patients' view of their health [4-6]. This led to the development of two types of HRQoL questionnaires. The first type is the generic HRQoL instruments such as "Sickness Impact Profile (SIP)" [7], "36 item Short Form Health Survey (SF-36)" [6], and the "Nottingham Health Profile (NHP)" [7] which are used to assess various health conditions in a general population and the second type the disease-specific instruments, for instance "Problem Areas in Diabetes Scale (PAID)" [8], "Dialysis Quality of Life (DIA-QOL)", multiple sclerosis quality of life instrument [9] pertain to a specific illness or health condition. Since the generic instruments fail to focus on issues of particular concern to patients with disease, and may often lack the sensitivity to detect differences, this has led to the extensive use of disease-specific instruments.

Generally the generic HRQoL measures, such as the SF-36, contains the essential elements of HRQoL and it is also easily cross-culturally validated [10]. In contrast to the generic scales instrument allows HRQoL comparisons across several populations with different diseases to be made, the disease-specific instrument is precisely related to a specific disease [10,11]. Furthermore, using only one disease-specific instrument, it is more difficult to assess the HRQoL for patients having multiple diseases. Hence the choice of a HRQoL instrument is based on the specific health condition of a patient. Therefore, a combination of generic and disease-specific instruments may be more appropriate in measuring the patient's health status [10]. The majority of these HRQoL measures that have been developed are used predominantly in English-speaking countries such as USA and European countries. Healthcare professionals and researchers have evaluated different HRQoL measures in different countries across various cultural groups [4,12]. Because of the wide spectrum of cultural diversity involved in the evaluation process, therefore, great care need to be given in translation of the original HRQoL instruments, especially in Asian communities which need extensive psychometric analysis to test the translated instruments [12,13]. Cross-cultural comparisons, on the other hand, can lead to effective health intervention and facilitate the exploration of results in different countries [14].

In view of the discussion on QoL and HRQoL measures, it has become an important issue to be able to decide upon which measure is more appropriate especially in clinical trials. Therefore, the various factors associated with a certain illness should be well documented prior to the choice of any instrument to be administered to the patient.

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