

ORAL PRESENTATION

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A comparison of four different approaches to measuring health utility in depressed patients

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Background

A variety of instruments are used to measure health related quality of life. Few data exist on performance and agreement of different instruments in a depressed population. The aim of this study was to investigate agreement between, and suitability of, the EQ-5D-3L, EQ-5D Visual Analogue Scale (EQ-5D VAS), SF-6D and SF-12 new algorithm for measuring health utility in depressed patients.

Methods

The intraclass correlation coefficient (ICC) and Bland and Altman approaches were used to assess agreement. Instrument sensitivity was analysed by: plotting utility scores against one another; correlating utility scores and depressive symptoms (Beck Depression Inventory (BDI)); and using Tukey's procedure. Receiver Operating Characteristics assessed instrument responsiveness to change. Acceptability was assessed by comparing completion rates.

Results

The overall ICC was 0.57. Bland and Altman plots showed wide limits of agreement (except between SF-6D and SF-12 new algorithm). Utility score plots displayed 'ceiling-effects' in the EQ-5D-3L and 'floor-effects' in the SF-based instruments. All instruments showed a negative monotonic relationship with BDI, but the EQ-5D-3L and EQ-5D VAS could not differentiate between depression severity sub-groups. The SF-based instruments were better able to detect changes in health state over time. There was no difference in completion rates.

Conclusions

There was a lack of agreement between utility scores generated by the different instruments. According to the criteria of sensitivity, responsiveness and acceptability, the SF-6D and SF-12 may be more suitable for the measurement of health related utility in a depressed population than the EQ-5D-3L, which is the instrument currently recommended by NICE.

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