Measuring Quality of Life in health – let’s do it!

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Physiotherapists in clinical practice have arguably been travelling a long road from a place and time where we traditionally determined the ‘outcomes’ of our physiotherapy management primarily in the measurement of change in the physical impairments which we addressed in that management. Increasingly, the differences in understanding of the notions of ‘impairment’ and ‘disability’ are being recognised (WHO ICF 2001); for example, ‘disability’ cannot be described primarily as the loss in a patient’s functional abilities arising from the cumulative effects of physical (or other) impairments. ‘Disability’ contains a quality of life perspective which has psychological and social constructions as well as the more visible or measurable physical ones. There is no straightforward, linear, cause and effect relationship between the constructs of ‘impairment’ and ‘disability’. That is, a particular level of impairment does not necessarily translate to a particular experience of disability and/or quality of life (Waddell 2004). And so, for physiotherapists whose mandate is the assessment and management of impairments relating to disorders of body movement, there remains the pressing need to continue to develop, as a matter of course, the skills and capacity to measure the outcomes of physiotherapy management with our patients in quality of life (and experience of disability) terms in addition to measures of change in impairment status.

Rod O’Connor’s book Measuring Quality of Life in Health makes an important contribution to assist clinicians such as physiotherapists to understand the issues (both theoretical and practical) attempting to measure patient status and program outcomes with a quality of life perspective. Importantly, this text is patient-centred. O’Connor prefaces his explanation of test theory, design, and methods with the recognition that the description and evaluation of health states varies according to whether this evaluation is made by a health practitioner, a patient, or a member of the general public. Explicitly including the patient perspective in health outcomes measurement is presented as an important step toward the ultimate provision of evidence which allows for informed choice by patients regarding their health management (including self management). The implications for test design of incorporating patient/carer perspectives in health related quality of life measurement (HQoL) are discussed well. These include: the subjective/objective continuum (patient self report and perception versus observer evaluation); disease-specific versus generic scales; tests measuring ‘utility’ (ie, measuring health states in relation to resource allocation and economic cost); tests measuring impact (or burden) as a human rather than economic cost; and tests measuring patient or consumer satisfaction with health care.

O’Connor takes the reader through the steps in selecting, assessing, developing and modifying a test. However, part of the value of this book is that there is a consistent concern for assisting practitioners to conceptualise carefully what it is that they wish to measure or evaluate and the sections are presented clearly to assist the practitioner in this regard. One example of such conceptualising, in this context of patient-centred measurement of HQoL, is ‘adaptation’ where patient self reports over time (as an endeavour on their part to minimise the impact of adverse states) may suggest a more positive state than they are actually experiencing. In considering the effects of ‘adaptation’ O’Connor articulates the need in test design to distinguish between changes in the experience of disease (one could also read ‘disability’) and changes in self report regarding the expectations of health.

The book has a level of sophistication in the treatment of its topic despite the user friendly layout and its ‘handbook’ format, where enunciated aims, key points, and summaries begin and end each chapter. For example, the author spends a significant amount of book space, and indeed the reader’s cognitive energies, in outlining the relative merits of modern test theory or latent trait models (notably Item Response Theory and the Rasch model) as compared to classical test theory. The content material and arguments are challenging for the uninitiated and, as user friendly and ‘handbook-like’ as the book is, budding test designers will undoubtedly need to seek supportive expertise. However, this should not discourage practitioners from approaching or obtaining this book. There is still much clarity in its description of what is a large and growing area of research. In fact it could be argued that the area of HQoL measurement provides a greater opportunity for practitioners with limited resources to add research skills to their clinical ones than do other forms of research. This book provides an excellent starting point and guide.

There is not a lot in this book about which to be critical. A short section describing the WHO ICF (2001) framework of factors influencing health states might have been more useful in grounding the scope and relevance of HQoL measurement than the existing references to the 1947 WHO definition of health, holistic as it might be. In summary Measuring Quality of Life in Health provides physiotherapists with another avenue to pursue evidence-based practice (EBP) not only by equipping them to generate further evidence of outcomes but also by including that third pillar of EBP, patient values, in this enterprise (Sackett et al 2000). I can recommend this book to physiotherapists. I intend to keep it at my clinic rather than in my university office.

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References
Measuring quality of life can be subjective and hard to pinpoint, but you can use several different methods. The Gross Domestic Product (GDP) and the Human Development Index (HDI) of your country or city can tell you more about quality of life. You can also use the Mercer Quality of Living Survey and other indicators like your personal relationships and your sense of purpose to determine quality of life. Note that there are gaps in the GDP measurement, since it does not focus on aspects of social, emotional, and physical well-being for individuals. You may need to look at other measurements in addition to the GDP to get a detailed picture of quality of life in your country or area.

Health-Related Quality of Life. HRQOL measures are a distinct type of PRO which yield multidimensional, profile measures in four core domains: (1) disease state and physical symptoms, (2) functional status (e.g., performing daily activities), (3) psychological and emotional functioning, and (4) social functioning. There are both generic- and disease-specific HRQOL measures. These measures have been shown to correlate with disease severity, discriminate between healthy and chronically ill populations, and can be used to compare across adolescents with different chronic illnesses. However, because they are general, they lack precision and sensitivity to change, and often do not provide specific information for treatment recommendations. Firstly, let's describe what we mean by Quality of Life. For those of you who think that the quality of your life is equivalent to your standard of living, you're wrong. Now, your standard of living, which essentially equates to your income, does have a marginal effect on your quality of life, but it isn't the full picture. Quality of life, as defined here, is the sum total of your health, happiness, vitality, leisure, and income. This formulaic approach helps to paint a better picture of the overall quality that people are subjected to. These are small disruptive and integrative behaviors to existing routines that help to boost the quality of your life in the long term. Good habits help to foster an increased level of happiness, vitality, health, income, and leisure. It just won't happen overnight.