

Responsiveness and minimal clinically important difference of a specific health related quality of life (HRQoL) questionnaire for home enteral nutrition (HEN) patients: NutriQoL® questionnaire

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RATIONALE AND OBJECTIVE

Home enteral nutrition (HEN) is a nutritional support technique that complements the therapeutic approach of those whom, by their clinical status or underlying disease, are at risk of malnutrition. As a result hospitalizations and morbidities decrease and improve the patient's Health Related Quality of Life (HRQoL)^{1,2,3}. Specific instruments for assessing HRQoL in patients receiving HEN are not available. For this reason, developing a specific questionnaire for measuring HRQoL in patients receiving HEN became necessary.

The aim is to determine NutriQoL® responsiveness and minimal clinically important difference (MCID) in patients receiving HEN.

METHODS

NutriQoL®, a specific questionnaire, developed and validated in Spain, for the assessment of HRQoL in patients receiving HEN regardless of the underlying condition and administration route, was given to a prospective cohort from 4 Spanish hospitals. It includes 17 pairs of items of HENrelated HRQoL grouped into two dimensions:

- 1) physical functioning and activities of daily living
- 2) social life aspects

NutriQoL® score range from -51 (worst HRQoL) to 51 (best HRQoL).

In addition, a visual analogue scale (VAS) and one item of overall HRQoL were included to obtain a general perception of the health condition after the introduction of HEN, from the patient's perspective.

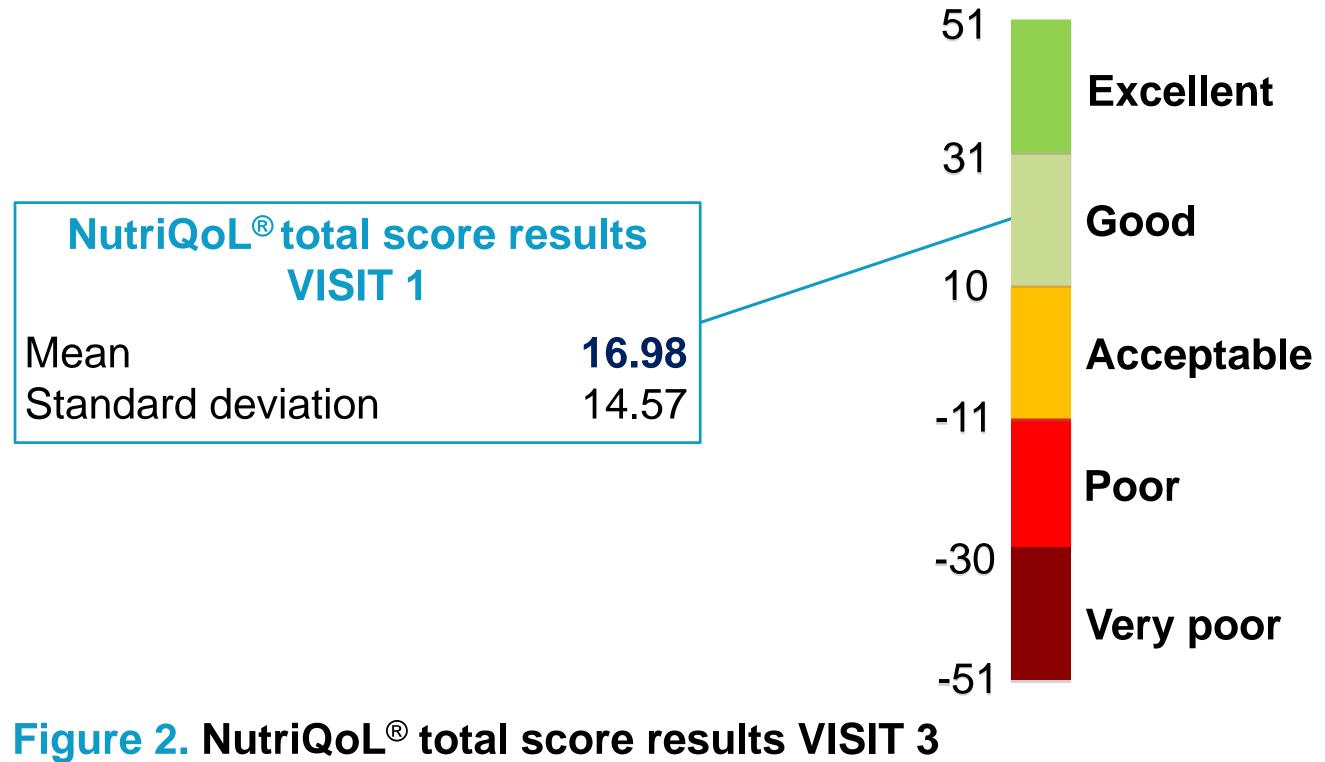
NutriQoL® was completed three times within 1-month (±15 days) intervals (visit 1/visit 2/visit 3). Responsiveness was assessed by estimating the effect size and the mean standardized response between visits 1 and 3 (≤0.20:low; 0.50:moderate; ≥0.80:high responsiveness). For MCID calculation an anchor-based approach was performed. Interquartile range NutriQoL® score change from patients, who reported modifications in their health-status (worse or better) between visits 2 and 3, was used.

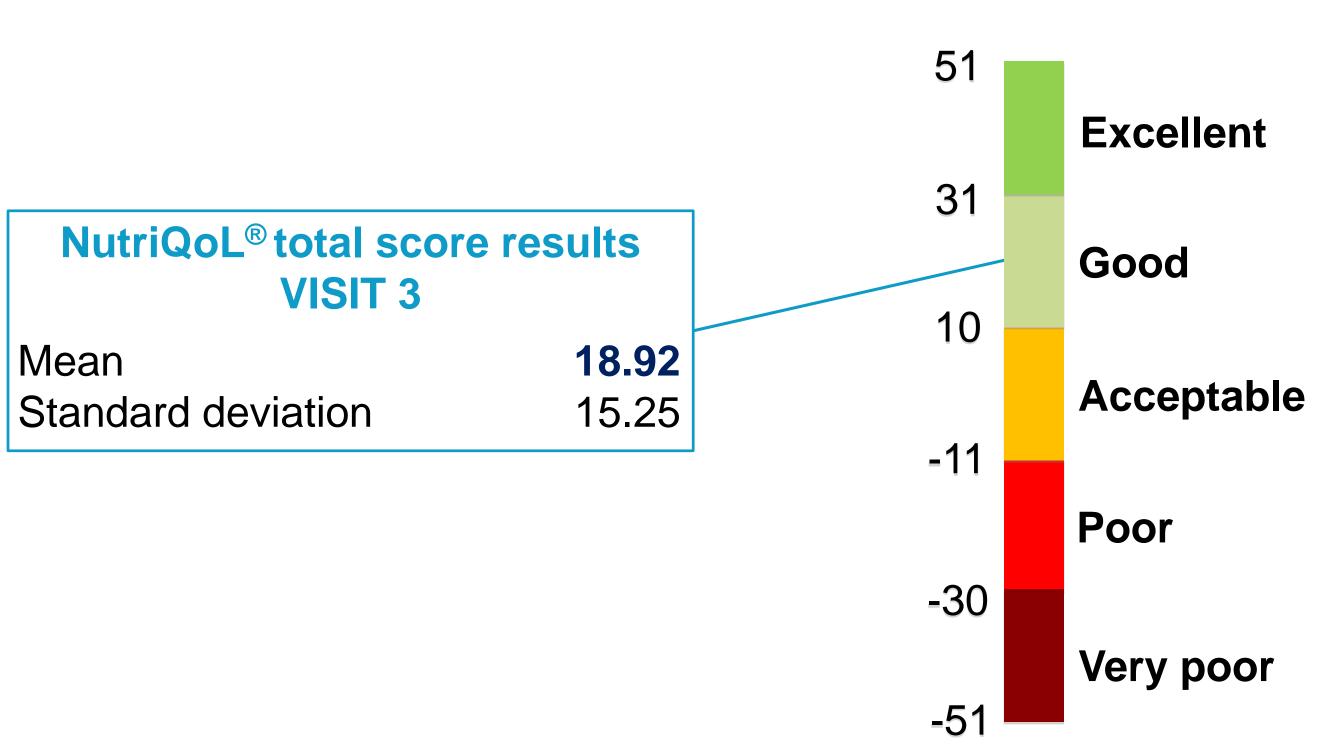
RESULTS

A total of 86 subjects who presented clinical changes between visits participated [63% male; mean (SD) age 61 (13)]. Cancer was the main diagnosis leading to HEN prescription (66.3%).

NutriQoL® scores were 16.98 (14.57), 16.63 (14.86) and 18.92 (15.25) for visit 1 (Figure 1), 2 and 3 (Figure 2), respectively, with significant differences between visit 1 and 3 (p<0.05).

Figure 1. NutriQoL® total score results VISIT 1

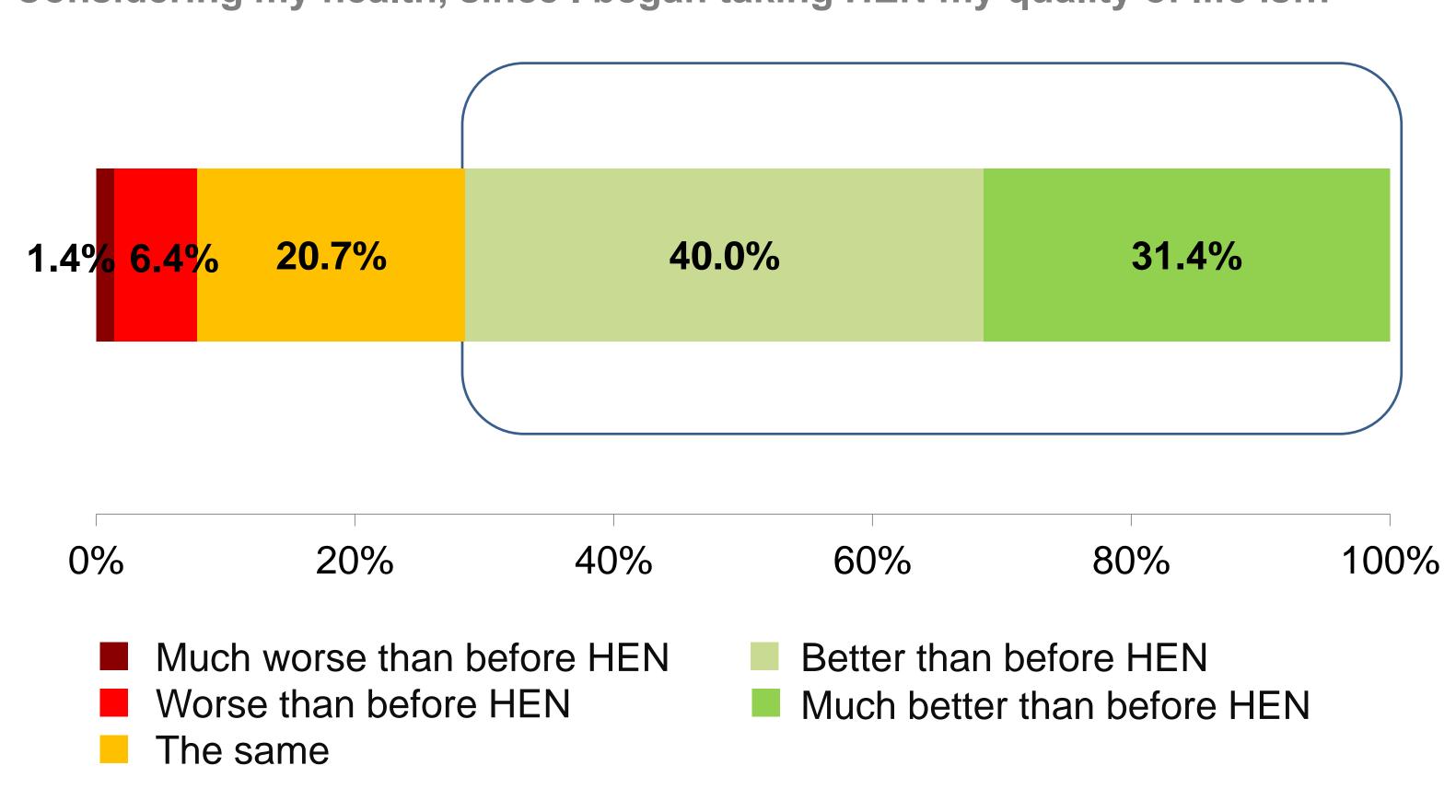




Up to 71.4% of patients referred HRQoL improvements since the introduction of HEN (Figure 3) according to the item of overall HRQoL.

Figure 3. NutriQoL® 1 item of overall HRQoL score results

Considering my health, since I began taking HEN my quality of life is...



NutriQoL® has a moderate capacity for detect real variations in patients' health condition (Table 1).

Table 1. NutriQoL® responsiveness tests results

NutriQoL Dimension	Effect size between visit 1 and 3	Mean standardized response between visit 1 and 3	
Physical functioning and activities of daily living	0.18	0.19	
Social life aspects	0.25	0.22	
NutriQoL®	0.23	0.24	

Regarding MCID, NutriQoL® total scores difference between visit 2 and 3 in those patients that perceived changes in their health status was between -3.75 and 4.25 (interquartile range) (Table 2).

Table 2. NutriQoL® MCID tests results

Visit 3-Visit 2	n	Mean	SD	Q1	Median	Q3
Worse	6	-5.17	10.52	-11.00	0.00	0.25
The same	12	2.00	11.21	-5.50	0.00	8.50
Better	24	2.08	11.50	-3.00	1.00	5.75
Reported changes	30	0.63	11.51	-3.75	0.00	4.25

CONCLUSIONS

NutriQoL® responsiveness is moderate. This may be due to the limited temporal period between visits since most of patients referred improvements in their condition. A difference of ±4 points on NutriQoL[®] total score regarding a previous administration demonstrates a clinical change that affects patients HRQoL.

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