

Measuring quality of life in routine practice improves communication and patient well-being

A randomised controlled trial

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Background

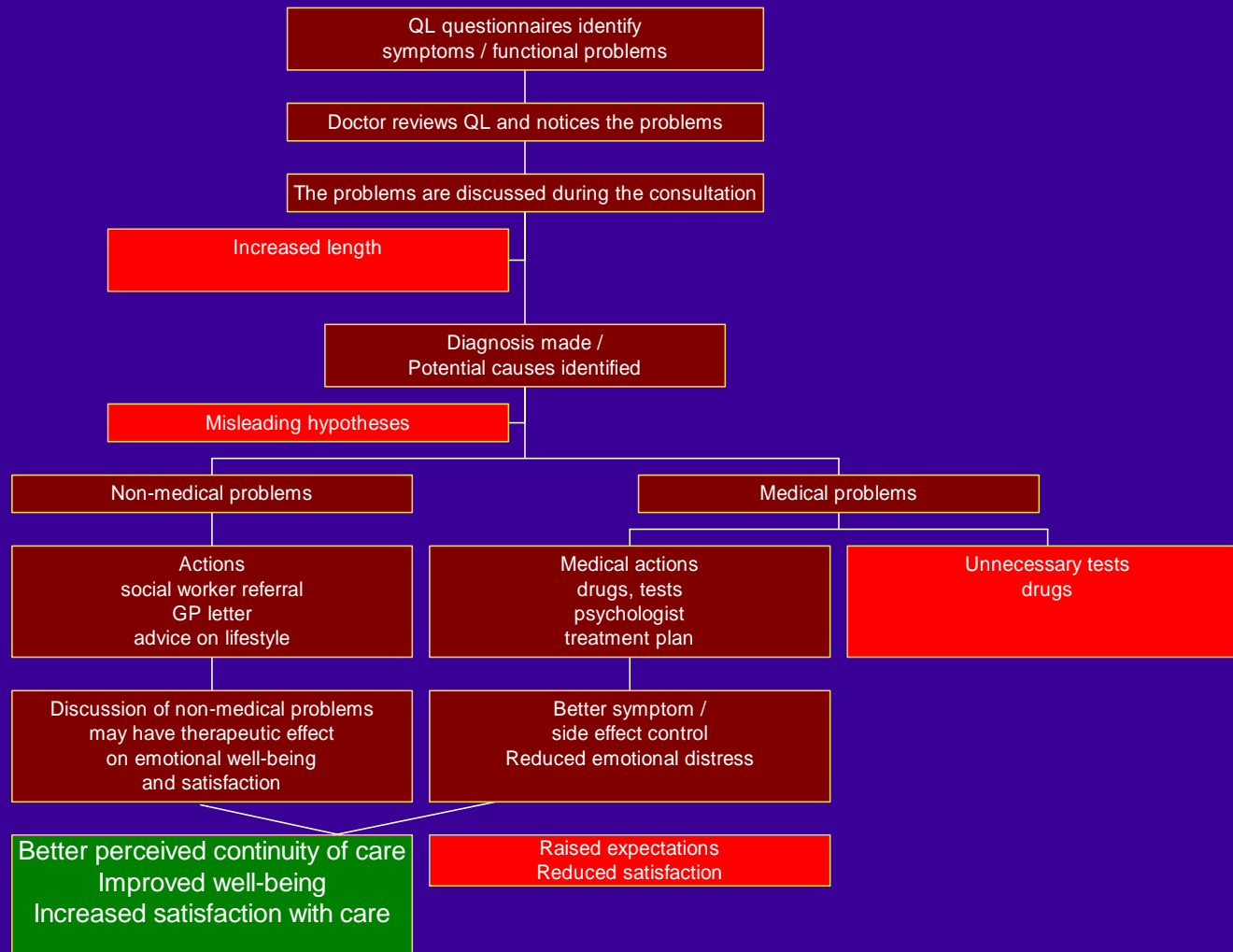
- Clinical method – medical interview
- Changing pattern of diseases-chronic conditions
- QL questionnaires
- Potential uses in clinical practice
 - Detect and monitor problems
 - Facilitate doctor-patient communication
 - Assess psychosocial outcomes (Lohr 1992)

Background

Previous studies in oncology and general medicine

- QL profiles provide useful information (Wagner 1997)
- Improve doctor-patient communication (Detmar 2003, Taenzer 2000)
- Uncertain impact on patient well-being (Detmar 2003, McLachlan 2001)
- Systematic reviews recommended further evaluation (Espallargues 2000, Greenhalgh 1999)
- Place of QL in the clinical interaction and decision-making process

Theoretical model of impact of QL results



- *Hypothesis* - the intervention will help detection of problems, improve doctor-patient communication and improve patient well-being

A Randomized Study of Using Regular Quality of Life Measurement in the Care of Individual Cancer Patients

- *Aim*
 - to examine the effects of regular **collection and feedback** of QL data to oncologists on process of care and patient outcomes
- *Primary outcomes*
 - Patient QL over time
 - Process of care: content of doctor-patient communication, decision-making
- *Secondary outcomes*
 - Continuity of care and patient satisfaction
 - Patients' & doctors' acceptance of routine QL assessment

Methods - Study Design

Patients starting chemo-/biological treatment

randomised

Intervention 50%

EORTC QLQ-C30

HADS on Touchscreen

Feedback

Attention-control 25%

EORTC QLQ-C30

HADS on TS

No feedback

Control 25%

No QL in clinic

Process outcomes: tape-recording of consultations – content analysis

Patient outcomes

FACT-G (QL Questionnaire)

Continuity & Co-ordination of Care

Satisfaction



@ baseline
post 3 interventions
@ 4 months
@ 6 months

Methods - The intervention

- Step 1



Step 2

