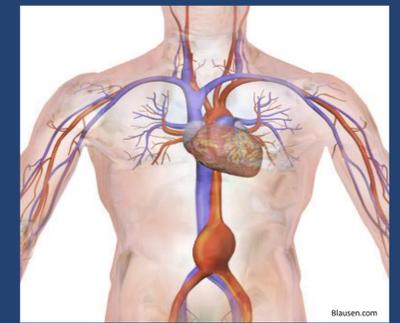


# Patient-reported outcome measures in patients with Abdominal Aortic Aneurysm



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## Introduction

Abdominal aortic aneurysm (AAA) is a swelling of the aorta within the abdomen. AAA is usually asymptomatic; however, if it becomes large, some people may develop pain or a pulsating feeling in their abdomen or persistent back pain. Generic, disease-specific and preference-based patient reported outcome measures (PROMs) can be used to assess the quality-of-life (QoL) of patients with AAA (including those under surveillance or undergoing endovascular or open surgery) in a clinical setting. However, these tools vary in terms of their reliability, validity and suitability for measuring the QoL of patients. The aim of this review was to identify and summarise PROMs that have been administered to patients with AAA with a view to generating a library of utility values.

## Methods

Several electronic databases including MEDLINE, PsychINFO, PROQOLID and CINAHL were searched from inception to October 2014. A two-stage search approach was used. The first stage utilised general terms for PROMs (QoL and condition terms) to identify studies. These were retrieved and the title and abstract examined for additional PROM terms. Stage 2 incorporated these terms with the preliminary search strategy and a methodological search filter for finding studies on measurement properties.<sup>1</sup> This was supplemented by hand-searching reference lists of included studies and relevant reviews. Studies were assessed for inclusion using the criteria presented in Table 1. Data were synthesised using a narrative synthesis approach.

**Table 1: Inclusion criteria**

<b>Population</b>	A defined population of participants with a diagnosis of AAA
<b>Intervention</b>	Screening or any treatment such as emergency, elective or supportive treatment including open surgery, endovascular aneurysm repair or medical treatment
<b>Outcome</b>	All English language instruments identified as PROMs for patients with AAA
<b>Publication type</b>	Published/unpublished full-text journal articles including structured abstracts with all relevant information
<b>Study design</b>	Any
<b>Language</b>	English only

## References, Funding and Disclaimer

1. Terwee et al. Qual Life Res 2009, 18(8), 1115-1123.

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## Results

A total of 1,232 records were identified, of which 64 full-text articles were considered eligible for inclusion. In all, 14 unique PROMs were identified which assessed QoL in AAA patients: 13 were generic and only 1 was disease-specific. The most commonly used PROMs to assess QoL in patients with AAA was SF-36, followed by EQ-5D. A summary of the PROMs that were used in patients with AAA are presented in Table 2. Of these, only 2 studies reported the validation of PROMs in this patient group: SF-36 and the Australian Vascular Quality of Life Index (AUSVIQUOL).

**Table 2: Patient reported outcome measures used to assess QoL in patients with AAA**

Measure/Tool/Instrument (No. of studies)	Generic	Disease specific	Preference-based
Australian Vascular Quality of Life Index (AUSVIQUOL) (n=1)		X	
EQ-5D (n=18)	X		X
EQ-VAS (n=2)	X		X
EQ-6D (n=1)	X		X
General Health Questionnaire (n=2)	X		
Health Index (HI) (n=1)	X		X
Life Satisfaction Instrument (LiSat-11) (n=1)	X		
Nottingham Health Profile (NHP) (n=2)	X		
Rosser Index (n=4)	X		
ScreenQL (n=1)	X		
SF-12 (n=2)	X		X
SF-20 (n=2)	X		
SF-36 (n=37)	X		X
WHO Quality of Life-BREF (WHOQoL-BREF) (n=1)	X		

## Conclusions

This review has highlighted a gap in the evidence for validated PROMs in AAA. Rigorous instrument development is important for creating valid, reliable, and responsive disease-specific questionnaires. As a result, rigorous evaluation of the performance of PROMs in this group is warranted and may include the development and validation of new preference-based PROMs for AAA.