Multiple sclerosis adversely impact patients’ health-related quality of life, especially with disability progression and clinical features that can be linked to more severe disease.

**INTRODUCTION**

Multiple sclerosis (MS) is a chronic, inflammatory, immune-mediated disease of the central nervous system. Disease onset usually occurs in young adults, and it is more common in females (2:1). In Brazil, its prevalence is estimated to be approximately 15,100 inhabitants. As a debilitating disease, it has a major impact on patients’ quality of life. Nevertheless, there is an acknowledged lack of information about health-related quality of life in Brazilian patients with multiple sclerosis.

**OBJECTIVE**

This study aimed to measure the health-related quality of life (HRQL) of multiple sclerosis (MS) patients and examine potential associations between HRQL and patients’ characteristics.

**METHODS**

This was a cross-sectional, multicenter study conducted in 8 Brazilian major MS treatment sites. HRQL was assessed using the Brazilian version of the EQ-5D and patients self-evaluated their HRQL and health status using five dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) and a visual analog scale (VAS). Descriptive statistics was planned to assess the distribution of measures of health-related quality of life (EQ-5D and EQ-VAS). Results were expressed through the proportion of patients at each level of quality of life impairment in each dimension of the EQ-5D and through the EQ-VAS mean scores. Multivariate analysis was used to establish which clinical or demographic characteristics of the patients were associated with the quality of life expressed through health profiles and EQ-VAS score. Each dimension of the EQ-5D (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) was treated as an explanatory variable.

Data obtained through the EQ-5D were also converted into a single index, a utility score (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) was treated as an explanatory variable. The utility data were analyzed by reference to the level of disability (by self-reported EDSS), fatigue (by cutoff points of the MFIS scores for fatigue) and other demographic and clinical characteristics of the patients.

**RESULTS**

The study enrolled 210 MS patients, of which the mean age (standard deviation [SD]) was 40.7 (±11.5) years and 70.7% were female. Patients with mild disability (according to self-reported Expanded Disability Status Scale [EDSS]) represented 40.4% of patients, 43.7% had moderate disability and 15.9% had severe disability. Among the 5 assessed HRQL dimensions, the ones with higher frequency of self-reported severe limitations were usual activities and anxiety/depression (11.0% each). The least impaired dimension was self-care, with 63.0% of patients reporting absence of limitation (Table 1).

Considering the self-reported evaluation of health status using the EQ-VAS, it was possible to observe that among all domains of the questionnaire, individual who reported absence of limitation (0-18) had averages ranging from 53.6 to 71.3. The mean (SD) VAS to observe that among all domains of the questionnaire, individual who reported absence of limitation (0-18) had averages ranging from 53.6 to 71.3. The mean (SD) VAS score was 71.6 (±18.9) (Table 1).

When patients’ EQ-5D index (utility score) was analysed according to fatigue level of impact, it was observed that individuals with no impact of fatigue and reduced severity of the disease showed values closer to perfect health, i.e., values closer to 1 (Figures 1 and 2). In the multivariate analysis, variables related to patients’ characteristics were explored and the following were associated with the presence of any limitation in at least one dimension: older age, unemployment/retirement, relapses in the previous year, emergency department visits in the previous 6 months and lower educational level (Table 2).

**CONCLUSION**

In the multivariate analysis, variables related to patients’ characteristics were explored and the following were associated with the presence of any limitation in at least one dimension: older age, unemployment/retirement, relapses in the previous year, emergency department visits in the previous 6 months and lower educational level (Table 2).

**REFERENCES**