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Health-Related Quality of Life in Patients with Mild Cognitive Impairment and Dementia and Their Caregivers in Thailand: A Cross-Sectional Study

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INTRODUCTION

- Thailand's rapid population ageing is heightening the dementia or mild cognitive impairmentn (MCI) burden, with functional decline, comorbidities, and reduced Health-related quality of life (HRQoL)[1].
- Caregivers face substantial psychological, physical, and social strain. However, HRQoL evidence in Thailand remains limited, underscoring the need for context-specific care and policy.

OBJECTIVE

- This study aimed to assess HRQoL in Thai patients with MCI and dementia at different severity levels, and their primary caregivers, using the EQ-5D-5L instrument to produce dimension-level profiles and index scores for comparative analysis.

METHOD

- This cross-sectional study was performed at five super-tertiary university hospitals across the geriatrics, neurology, and psychiatry departments.
- We enrolled 289 patients with dementia and cognitive impairment (MCI; dementia of mild, moderate, or severe stage) and 278 caregivers.
- HRQoL was measured using the EQ-5D-5L under standard procedures. Data were collected via self-report and proxy-report to enable comparisons by respondent types.

RESULTS

- Among the 289 patients, the majority were female (73.49%) with a mean age of 78.4 years. Alzheimer's disease was the most common diagnosis across dementia severity levels. The Charlson Comorbidity Index increased with dementia severity.
- Utility scores decreased with increasing disease severity: patient self-reported utilities ranged from 0.91 (MCI) to unavailable (severe dementia), while proxy-reported utilities ranged from 0.87 (MCI) to 0.33 (severe dementia). Overall, the mean utility were 0.92 (self-reported) and 0.69 (proxy-reported) (*Figure 1*). While caregivers reported a relatively high mean utility score (0.92), their quality of life showed a declining trend as the severity of dementia in patients progressed (*Figure 2*).
- Problems in the EQ-5D-5L dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) increased with dementia severity in both patients and caregivers, particularly in moderate to severe stages (*Figure 3,4*). (*Note: 1 = No problems; 2 = Slight problems; 3 = Moderate problems; 4 = Severe problems; 5 = Extreme problems or unable to perform activities in that health dimension*)

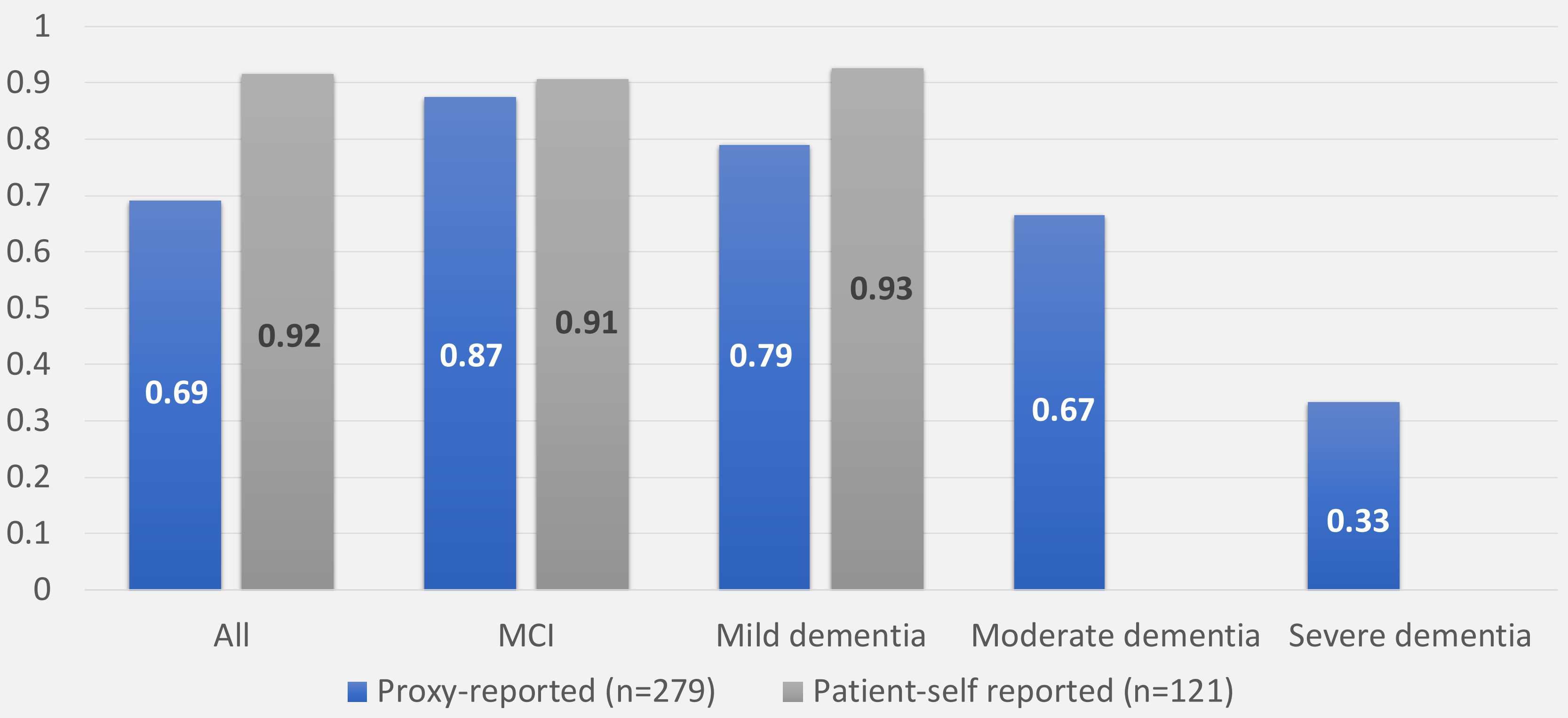

Figure 1. Utility scores among patients with dementia and MCI, stratified by disease severity.

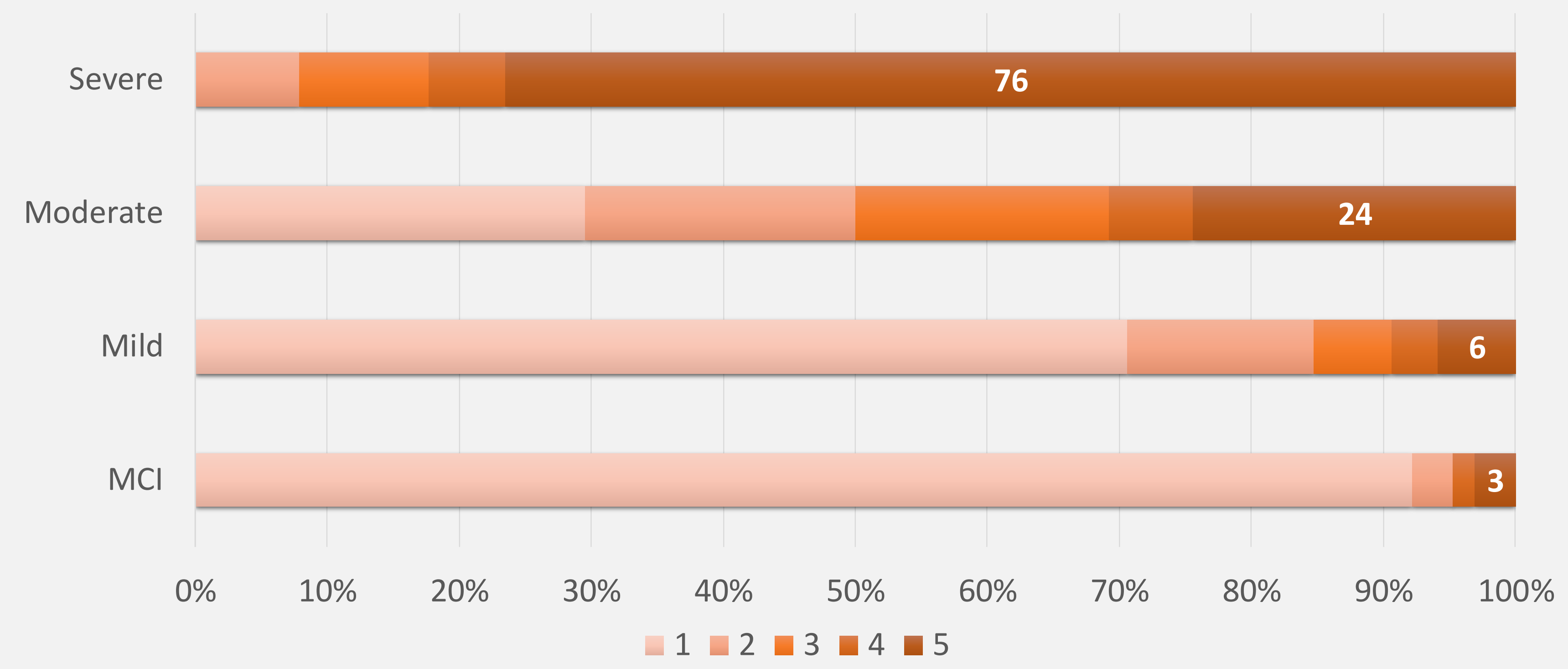

Figure 3. Proportion of patients with MCI and dementia experiencing problems in the self-care dimension (proxy-reported by caregivers).

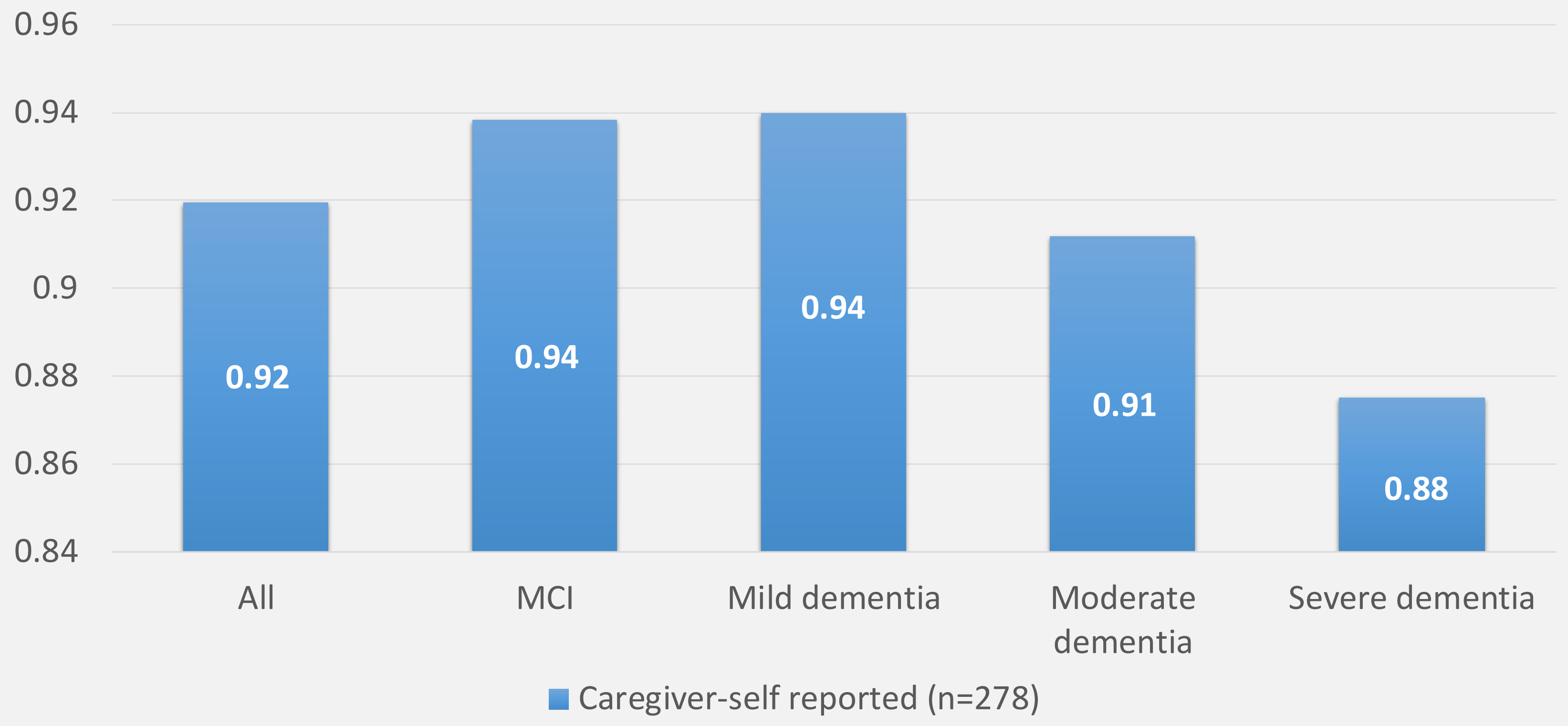

Figure 2. Utility scores among caregivers, stratified by disease severity.

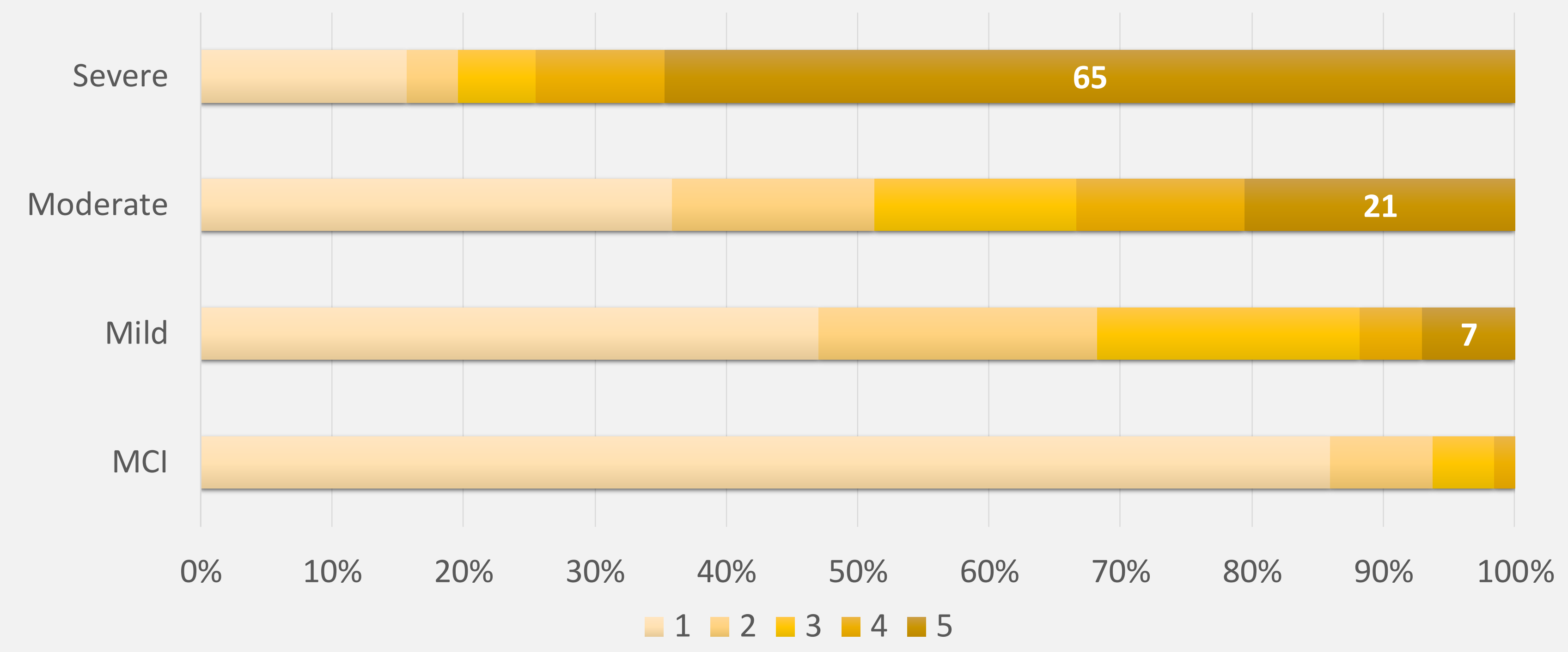

Figure 4. Proportion of patients with MCI and dementia experiencing problems in the usual activities dimension (proxy-reported by caregivers).

CONCLUSIONS

- Dementia severity is inversely associated with HRQoL in both patient and caregivers. Proxy-reported scores highlight the significant caregiving burden, especially in advanced dementia.
- Early detection and support may help preserve HRQoL for patients and caregivers. The utility data can support health technology assessments and guide resource allocation, particularly in caregiver support, dementia screening, and long-term care under Thailand's Universal Health Coverage system.

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