

HEALTH-RELATED QUALITY OF LIFE IN ROMANIA: CROSS-SECTIONAL STUDIES USING EQ-5D-3L AND EQ-5D-5L

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OBJECTIVES

We aimed to determine for the first time in Romania the value sets and normative scores for the Romanian versions of the EQ-5D-3L and EQ-5D-5L.

METHODS

A three-stage sampling technique was used to select a sample representative of the general population in Romania with respect to age, sex and region (n=1,614).

Interviews were computer assisted and conducted by trained interviewers in respondents’ homes from November 2018 to September 2019.

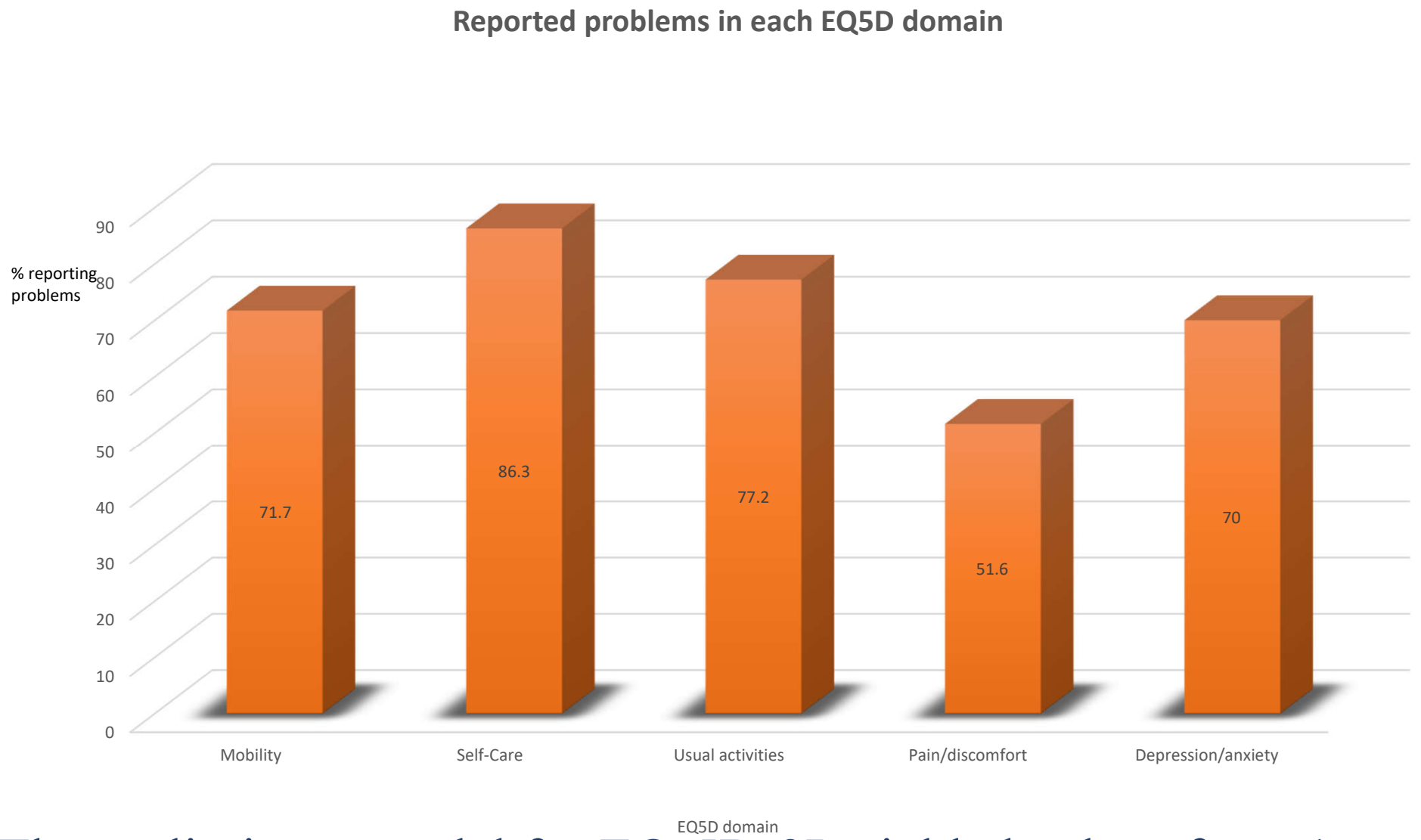
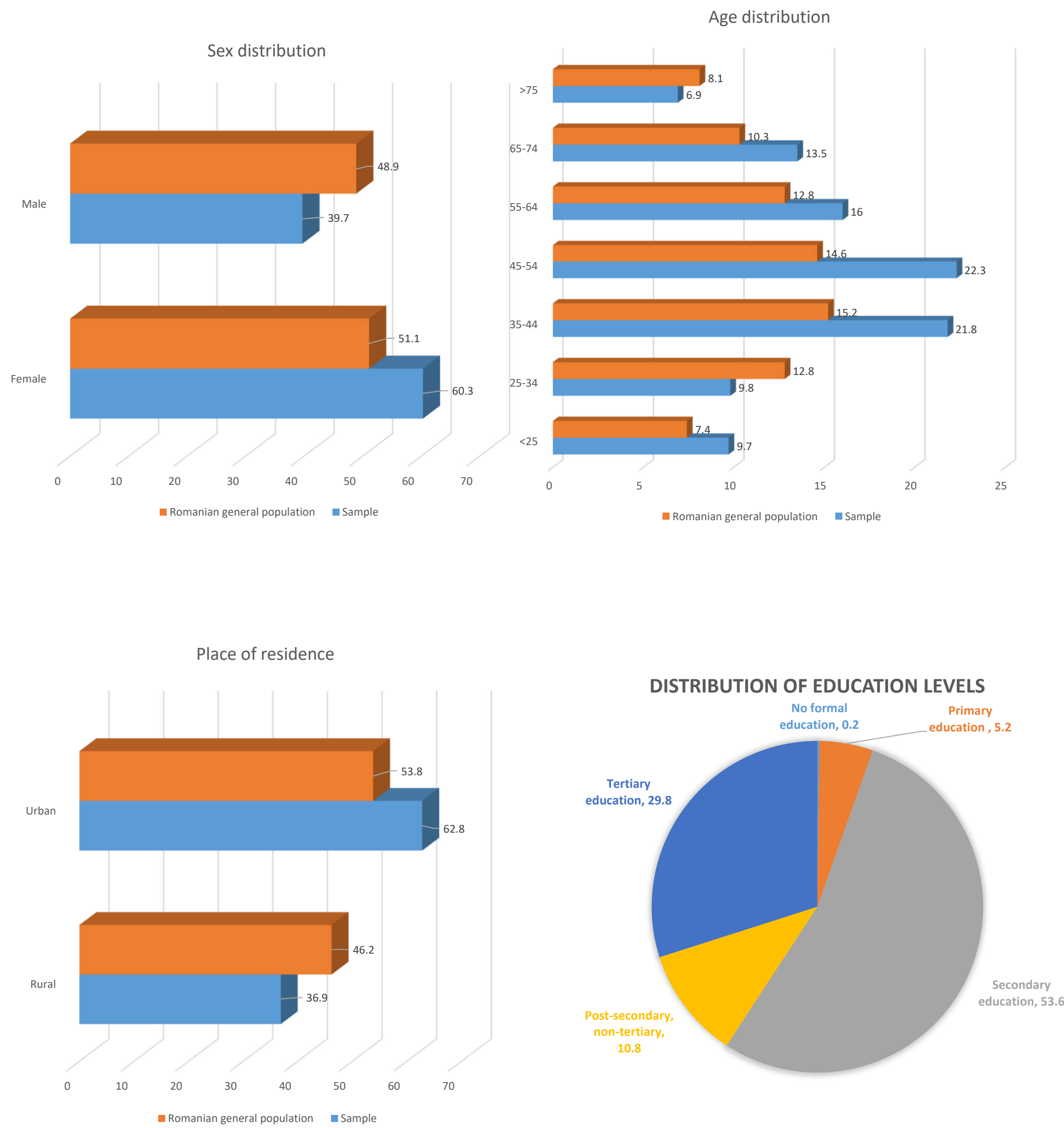
The interviews were standardized following the most recent version of the EQ-VT protocol developed by the EuroQoL Foundation.

The interview consisted of the EQ-5D-3L and 5L questionnaires, 13 composite time-trade-off (cTTO) tasks (ten for 5L and three for 3L version), seven discrete choice experiment questions (DCE) and a sociodemographic module.

Econometric modelling was used to estimate values for all 3,125 possible health states described by the EQ-5D-5L and 243 states described by the EQ-5D-3L.

RESULTS*

527 interviews have been conducted up to May 2019. The average age was 49 (SD=16).



The preliminary model for EQ-5D-3L yielded values from 1 to -0.1, mean 0.55 (SD=0.2).

The preliminary main effects hybrid model for EQ-5D-5L provided utility scores ranging from 0.33 (health state 55555) to 1 (health state 11111), mean 0.76 (SD=0.1).

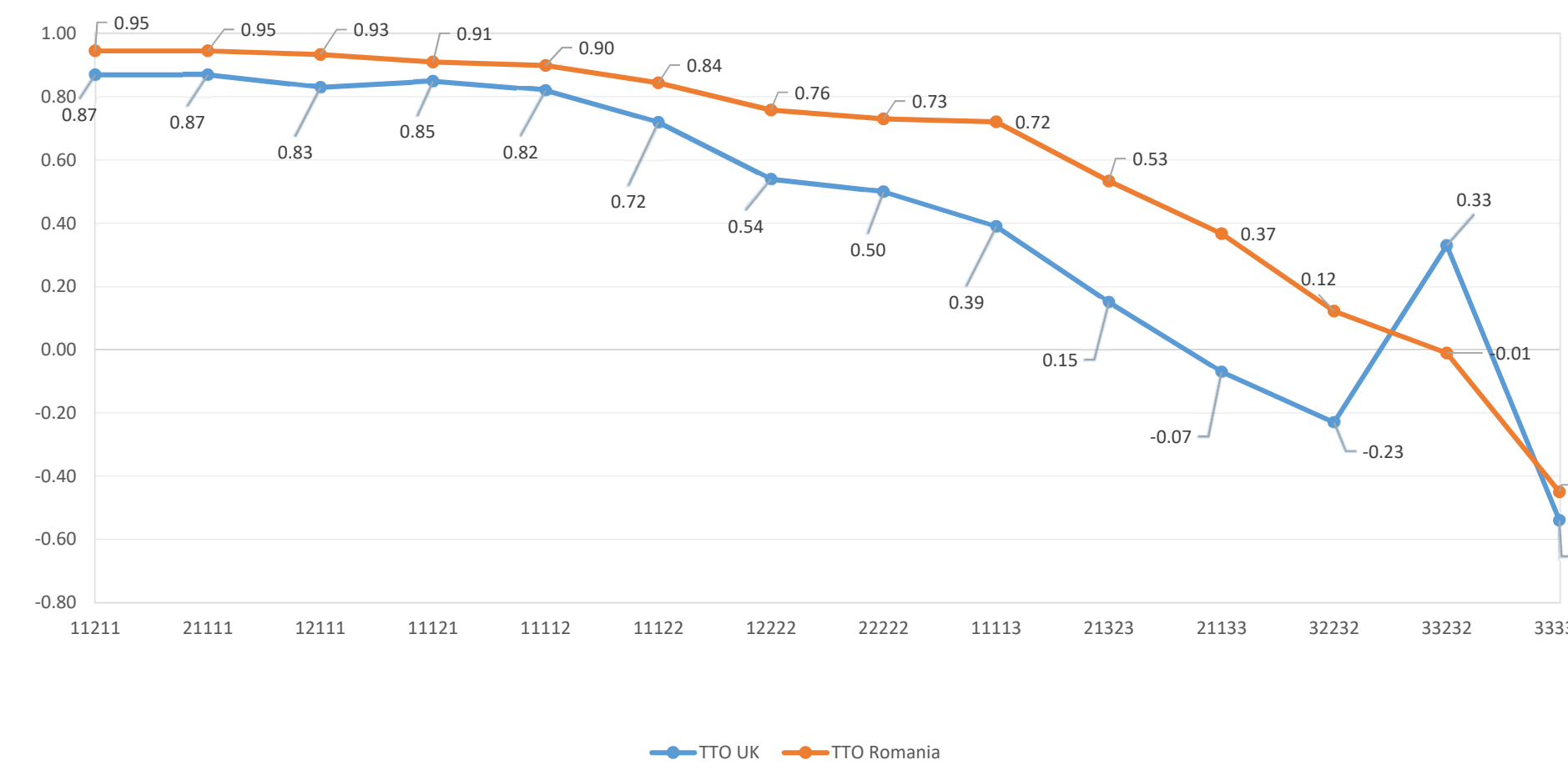
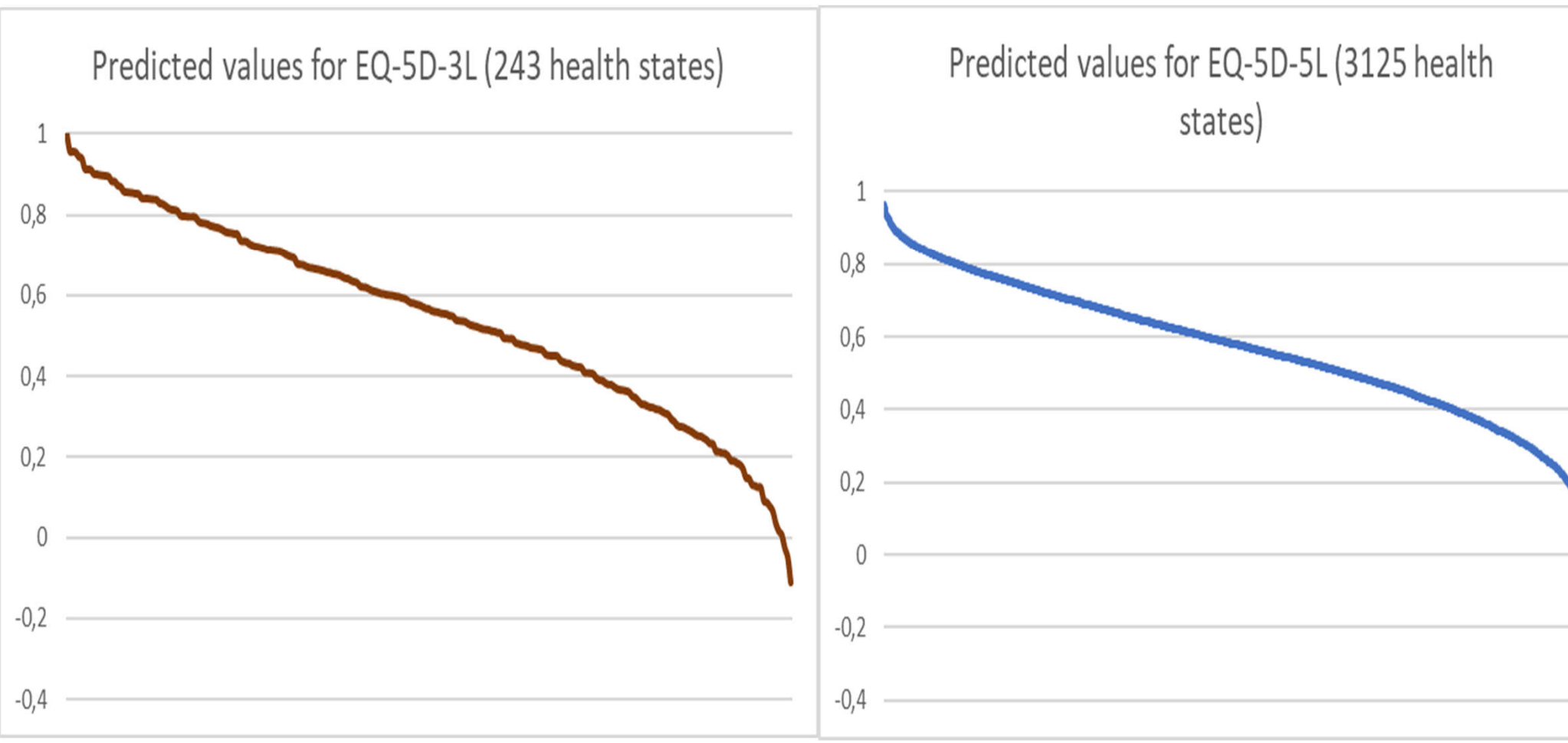


Fig. 1 – Comparison of the TTO mean values (represented in the y-axis) estimated on the 14 health states (specified in the x-axis) that were valued both in the Romania and UK valuation studies [Dolan, 1996]. The health states are ranked in decreasing order according to the mean values estimated for Romania and represented with the orange curve, compared with the UK values (blue curve).

Romanian TTO values were higher than the British from the MVH survey (compared using the 14 health states common in both studies, $p<0.0001$ in all cases).



CONCLUSIONS

These preliminary results can support reimbursement decisions in Romania and allow regional cross-country comparisons. Once completed, this study will provide the largest data set on health-related quality of life in Romania and lay a stepping stone in the development of a health-technology assessment process more driven by locally relevant data.

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