# A head-to-head comparison of the EQ-5D-5L and 15D descriptive systems and index scores in a general population sample 

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## OBJECTIVES

The EQ-5D-5L and 15D are generic preference-accompanied health status measures with similar dimensions. In this study, we aim to compare the measurement properties of the EQ-5D-5L and 15D descriptive systems and index scores in a large general population sample.

## METHODS

In August 2021, an online cross-sectional survey was conducted in a nationally representative adult general population sample in Hungary ( $\mathrm{n}=1887$ ). The EQ-5D-5L and 15D descriptive systems and index scores were compared in terms of ceiling and floor effects, informativity (Shannon's evenness index), agreement, convergent validity and known-groups validity for 20 different chronic physical and mental health conditions. Danish value sets were used to compute index scores for both instruments.

## RESULTS

Among the corresponding dimensions, both the ceiling and floor effects were smaller for the EQ-5D-5L in most dimension pairs (exceptions: EQ-5D-5L anxiety/depression vs. 15D distress for the floor effect, and EQ-5D-5L anxiety/depression vs. 15D depression for the ceiling effect) (Table 1). For the rest of the 15D dimensions, the floor varied between 0.2 and $3.9 \%$, while the ceiling between 50.3 and $94.4 \%$.

Table 1.
Floor and ceiling of EQ-5D-5L and 15D among the corresponding dimensions

| EQ-5D-5L dimensions | Ceiling, <br> $\%$ | Floor, <br> $\%$ | 15D dimensions | Ceiling, <br> $\%$ | Floor, <br> $\%$ |
| :--- | :---: | :---: | :--- | :---: | :---: |
| Mobility (walking) | 66.0 | 0.4 | Mobility (walking, <br> moving about) | 78.0 | 0.7 |
| Usual activities (e.g. <br> work, study, housework, <br> family or leisure <br> activities) | 73.8 | 0.2 | Usual activities (e.g. <br> employment, studying, <br> housework, free-time <br> activities) | 77.7 | 0.4 |
| Pain/discomfort | 50.8 | 0.5 | Discomfort and <br> symptoms (e.g. pain, <br> ache, nausea, itching <br> etc.) | 68.2 | 0.5 |
| Anxiety/depression | 60.8 | 1.2 | Depression (sad, or <br> melancholic <br> depressed) | 68.6 | 1.1 |
| Distress (anxious, <br> stressed or nervous) | 55.9 | 1.7 |  |  |  |

The 15D index scores showed a smaller ceiling effect than the EQ-5D-5L ( $21 \%$ vs. $36 \%$ ). The average informativity was better for the EQ-5D-5L dimensions ( 0.56 vs. 0.49 ). A strong correlation was found between the EQ-5D-5L and 15D index scores (Pearson's $r=0.671$ ), while their agreement was poor (ICC=0.363, $95 \% \mathrm{Cl}$ : $0.342-0.385)$. We found that corresponding dimensions correlated strongly and moderately, while the non-corresponding dimension pairs were correlated mostly weakly (Figure 1).

Heatmap showing Spearman's rank correlation between EQ-5D-5L and 15D dimensions

| Sexual activity | 0.374 | 0.268 | 0.428 | 0.430 | 0.334 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Vitality | 0.380 | 0.275 | 0.460 | 0.541 | 0.492 |
| Distress | 0.218 | 0.168 | 0.293 | 0.416 | 0.642 |
| Depression | 0.218 | 0.228 | 0.309 | 0.410 | 0.690 |
| © Discomfort and symptoms | 0.411 | 0.308 | 0.447 | 0.583 | 0.472 |
| O- Mental function | 0.240 | 0.293 | 0.299 | 0.322 | 0.372 |
| $\stackrel{0}{\text { ® }}$ | 0.480 | 0.459 | 0.619 | 0.481 | 0.357 |
| $\stackrel{\text { ® Excretion }}{ }$ | 0.274 | 0.229 | 0.296 | 0.340 | 0.264 |
| - Speech | 0.154 | 0.285 | 0.230 | 0.191 | 0.277 |
| $\bigcirc$ Eating | 0.115 | 0.300 | 0.179 | 0.122 | 0.165 |
| Sleeping | 0.280 | 0.209 | 0.311 | 0.446 | 0.431 |
| Breathing | 0.388 | 0.301 | 0.412 | 0.372 | 0.293 |
| Hearing | 0.236 | 0.288 | 0.258 | 0.230 | 0.176 |
| Vision | 0.295 | 0.271 | 0.310 | 0.310 | 0.260 |
| Mobility | 0.558 | 0.459 | 0.534 | 0.405 | 0.220 |
|  | Mobility | Self-care EQ- | ual activities <br> 5 L dime | Pain/ iscomfort ions | Anxietyl depression |

In most cases, the EQ-5D-5L was able to better discriminate between healthy respondents and those with chronic diseases; however, the difference in relative efficiency was insignificant in 36/41 condition groups (exceptions: dementia, other physical health conditions, bipolar depression, thyroid diseases and gastroesophageal reflux disease) (Table 2).

Table 2.
Known-groups validity of the EQ-5D-5L and 15D in some physical and mental health conditions

|  | $\mathbf{n}(\%)$ | $\mathbf{R E}^{\mathbf{a}}$ | $\mathbf{9 5 \%} \mathbf{~ C l}^{\mathbf{b}}$ |
| :--- | :---: | :---: | :---: |
| Healthy | $\mathbf{3 8 3}(\mathbf{2 0 . 3 )}$ | - | - |
| Hypertension | $527(27.9)$ | 1.071 | $0.884-1.365$ |
| Musculoskeletal diseases | $461(24.4)$ | 1.092 | $0.930-1.350$ |
| Smoking addiction | $381(20.2)$ | 1.096 | $0.896-1.442$ |
| Allergies | $318(16.9)$ | 1.119 | $0.893-1.517$ |
| Cardiovascular disease | $259(13.7)$ | 1.048 | $0.893-1.260$ |
| Gastrointestinal or hepatic disease | $241(12.8)$ | 1.111 | $0.924-1.389$ |
| Hyperlipidaemia | $240(12.7)$ | 1.056 | $0.869-1.334$ |
| Eye or visual diseases | $231(12.2)$ | 0.971 | $0.813-1.170$ |
| Diabetes | $205(10.9)$ | 1.152 | $0.930-1.502$ |
| Gastroesophageal reflux disease | $186(9.9)$ | 1.251 | $1.012-1.619$ |
| Respiratory diseases | $175(9.3)$ | 0.952 | $0.763-1.227$ |
| Arrhythmias | $172(9.1)$ | 1.112 | $0.913-1.389$ |
| Anxiety, phobia, or panic disorder | $172(9.1)$ | 1.075 | $0.910-1.308$ |
| Thyroid diseases | $171(9.1)$ | 1.269 | $1.007-1.689$ |
| Sleeping disorders | $169(9.0)$ | 1.164 | $0.969-1.440$ |
| Skin diseases | $166(8.8)$ | 1.074 | $0.867-1.402$ |
| Headache, migraine | $139(7.4)$ | 1.19 | $0.961-1.499$ |
| Hearing impairment | $133(7.1)$ | 1.174 | $0.959-1.515$ |
| Other physical health conditions | $92(4.9)$ | 1.448 | $1.075-2.008$ |
| Bipolar depression | $35(1.9)$ | 1.385 | $1.019-1.859$ |
| Dementia | $18(1.0)$ | 1.465 | $1.035-2.085$ |

Cl confidence intervals, RE relative efficiency.
a Relative efficiency compared to 15D.
b 2000 bootstrap samples with accelerated bias correction.

## 11) CONCLUSIONS

This is the first study to compare the measurement properties of the EQ-5D-5L and 15D in a general population sample. The EQ-5D5 L performs better than the 15D for most measurement properties. Our findings help to understand the differences between the EQ-5D-5L and 15D instruments and index scores and provide broad information for health economic evaluations and resource allocation decisions.

[^0] utility theory (MAUT). 2008: Syddansk Universitet.


[^0]:    References:
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