

# PCR 232: The Use of EuroQol EQ-5D in the Middle East and North Africa Region: A Systematic Review

**Abeer Al Rabayah**<sup>1,2</sup> Sibylle Puntcher<sup>2</sup>, Fatima Al Sayah<sup>3</sup>, Elly Stolk<sup>4</sup>, Judit Simon<sup>5</sup>, Mike Drummond<sup>6</sup>, Uwe Siebert<sup>7</sup>

<sup>1</sup>King Hussein Cancer Center, <sup>2</sup>UMIT - University for Health Sciences, Medical Informatics and Technology, Institute of Public Health, Medical Decision Making and Health Technology Assessment, Hall in Tirol, Austria, <sup>3</sup>Alberta PROMs & EQ-5D Research & Support Unit (APERSU), School of Public Health, University of Alberta, Edmonton, AB, Canada, <sup>4</sup>EuroQol Research Foundation, Rotterdam, Netherland, <sup>5</sup>Department of Health Economics, Center for Public Health, Medical University of Vienna, Vienna, Austria, <sup>6</sup>Centre for Health Economics, York, United Kingdom, <sup>7</sup>ONCOTYROL - Center for Personalized Cancer Medicine, Innsbruck, Austria, <sup>7</sup>Harvard T.H. Chan School of Public Health and Harvard Medical School, Boston, MA, USA

## Background

- The EuroQol EQ-5D is the most commonly used preference-based measure of health-related quality of life.
- There is limited evidence about the use of EQ-5D in the Middle East and North Africa (MENA) region.
- This study aimed to systematically review, summarize, and synthesize all published literature on the use of EQ-5D in various applications in this region.

## Methods

- A systematic literature review was conducted up to May 2021 with open start date. The study was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines<sup>1</sup>. (Figure1)
- Studies using any version of EQ-5D in adults or youth in the MENA region were included. Pilot studies, guidelines, study protocols, reviews were excluded. Four main databases were searched: PubMed, Cochrane, PsycINFO, and CINAHL. Language was limited to English, French and Arabic.
- Key aspects of EQ-5D use were tool version study design, clinical area, population type, and reference value set used, mode of administration (MoA) and type of EQ-5D data reported. Title/abstract screening was conducted independently by two reviewers to assess eligibility for inclusion.
- Two researchers completed the full text screening and extracted data using a standardized data extraction form. A third reviewer reviewed studies with uncertainty, and any disagreements was resolved by discussion.

## Results

- 37% of the studies were from Iran followed by Saudi Arabia (22%) and Jordan (13%).
- Endocrine diseases (mostly Type 2 Diabetes) were the most common studied disease area (33%). 62% of the studies applied an observation study design.
- The specific version of EQ-5D was not clearly mentioned in 19% of the studies. In studies with clear mention of the tool version: the 3L (44%) version was used more than the 5L version (28%).

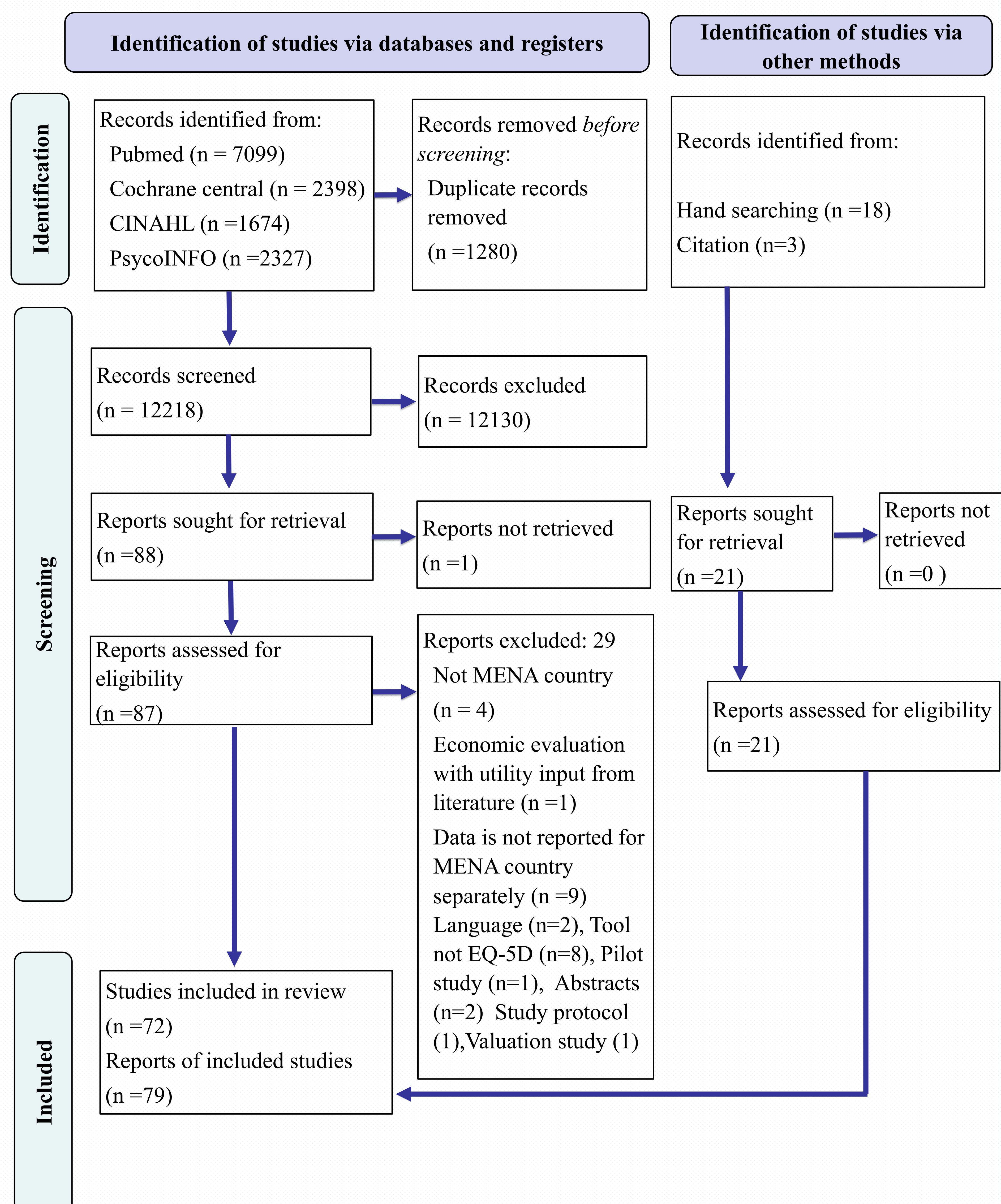


Figure1. PRISMA flow chart (reconstructed)

- 70% of the studies were published in the time period 2016-May 2021.
- 30% of the studies was funded by universities, while the source of funding was not reported in 38% of the studies.
- 25% of the studies applied a face to face (MoA) mode of administration and in 33% the MoA was not reported.
- 34% of the studies used the UK value set (TTO) to calculate utility scores, 10% used non-UK value sets, and in 43% of the studies the used value set was not reported.

## Conclusion

- There is an increased use of EQ-5D in the MENA region especially during the period of (2016-2021).
- Only Iran had a national value set, and more are needed in the region.
- Reporting of EQ-5D version, MoA and source of funding need further clarification in future studies.