EQ-5D-5L and ReQoL Measures in Adults With Severe Mental Illness in Secure Forensic Services

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Background

- People living with Serious Mental Illness (SMI) are more likely to have poor physical health (1).
- For people with SMI the inpatient environment offers fewer opportunities to be active due to restrictions on movement, reduced access to outdoor spaces, and increased access to unhealthy foods (2).
- Motiv8 is an intensive programme developed to improve the cardiovascular and metabolic health of people on secure inpatient units (3).
- The validity of generic health measures, such as the EQ-5D, has been questioned in the area of mental health. The Recovering Quality-of-Life (ReQoL) is a mental health recovery-focused quality-of-life outcome measure (4, 5).

Aim: to compare the use of the EQ-5D and ReQoL in a feasibility trial in adults with severe mental illness in secure forensic (inpatient) services.

Methods

- The Motiv8 cluster-randomised feasibility trial compared a multidisciplinary weight management intervention (Motiv8 plus treatment as usual) to treatment as usual.
- The aim of the health economic component was to collect preliminary economic data to inform economic evaluation methods for a definitive trial.
- In a definitive trial the primary economic outcome measure will be Quality-Adjusted Life Years (QALYs) derived from utility scores.
- Two measures were collected in the feasibility trial that can produce utility scores; the EQ-5D(-5L) and the ReQoL-10 at baseline, week 10 and month 3.
- Published algorithms/mapping functions were used to generate utilities from the measures (5, 6).
- Completeness and mean scores were compared. For the EQ-5D, values were compared to published population norms.
- Patient and Public Involvement (PPI) group feedback was also sought on the measures.
  - The group consisted of people with lived experience of secure mental health services.
  - The group provided oversight to the set up of the trial, the ongoing delivery and provided insight to the dissemination.
  - Sessions were co-facilitated by a peer mentor.

References

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Results

- Utility could be estimated using the EQ-5D for 55% of participants at all three time points.
  - The mean EQ-5D value at baseline was 0.732 (SD 0.243). As expected, this is lower than population norms (0.893, 35-44) (7).
- Estimating utility from ReQoL data uses a selection of the items available. Complete ReQoL-UI data was available for 45% of participants at all three time points.
  - The mean ReQoL-UI value at baseline was 0.846 (SD 0.146).
- PPI feedback favoured the ReQoL (Table 1).

Table 1 PPI feedback on measures

EQ-5D(-5L)	ReQoL
- Feels like a PIP[a] assessment (related to the mobility dimension) - Asking about health today does not feel as reflective as asking about health over a week (or longer) period) - Does not capture real quality of life - Usual activities is not meaningful (also noted that carrying out usual activities may not increase quality of life) - Not always clear what is being asked	- Easier to complete - Easier to understand what is being asked - Covers wellbeing in more detail - The questions are caring - The phrasing of questions is realistic as to how you may feel - Captures real quality of life - Asks about the last week which is more realistic

"I felt uncomfortable answering the questions on the EQ-5D form"

"(The ReQoL) encourages you to think positive"

a Personal Independence Payment (PIP) is a benefit to help with living costs for people with long-term physical or mental health condition or disability assessment.

Conclusions

- Comparing the EQ-5D and ReQoL derived utilities for participants who had complete data for both measures at baseline, there is a notable difference.
- PPI feedback was strongly in support of the ReQoL, however it was less complete and values appeared high compared to population norms.
- More work is needed to validate the ReQoL-UI in similar populations prior to using it in a full-scale trial.

Acknowledgements

FUNDED BY
NIHR | National Institute for Health and Care Research