

COMPARISON OF QUALITY OF LIFE SCALES AFTER STROKE IN HUNGARIAN AND INTERNATIONAL PRACTICE

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OBJECTIVES

The results of quality-of-life measurements can contribute to the organization of optimal patient pathways, the formulation of acceptable quality-of-life goals for the patient, and the evaluation and improvement of the effectiveness and efficiency of care. In Hungary and globally, rehabilitation after stroke is one of the leading public health problems. Stroke patients' quality of life needs to be measured with adequate tools to get adequate feedback of the rehabilitation process.

METHODS

Our review is based on the keywords "quality-of-life", "measuring" and "stroke" in PubMed and Google Scholar. To detect the applied scales in Hungary, researchers from stroke rehabilitation institutions were interviewed using the snowball method, and we collected the current professional protocols and their recommended scales. We aimed to provide a literature summary of the generic and stroke-specific quality-of-life questionnaires in use internationally and to compare them with generic and stroke-specific quality-of-life questionnaires in use in Hungary.

RESULTS

We found 44 stroke-specific questionnaires in international use, 2 of which are quality-of-life questionnaires (Stroke Specific Quality of Life and Stroke Impact Scale). In Hungary, we found a total of 54 scales and tests in rehabilitation care programs, but these are suitable for functional status assessment. We identified 3 generic questionnaires for measuring the quality of life (EQ5D, Q15D, and SF-36). No stroke-specific quality of life questionnaire was found in Hungarian practice.

CONCLUSIONS

In the literature summary study, we discovered a methodological gap: no disease-specific quality of life questionnaire was found in the Hungarian research toolkit. Among the questionnaires used in international practice, the Stroke Impact Scale was found to be more valid and reliable according to the reviewed comparative publications.

Questionnaire and domain	Floor-effect (%)	Ceiling-effect (%)	Internal consistency (Cronbach- $\alpha$ )
SIS, Strength	0,0	16,7	0,86
SIS, Memory and thinking	2,8	22,2*	0,95
SIS, Emotion	0,0	1,9	0,81
SIS, Communication	0,0	30,6*	0,90
SIS, ADL	0,9	18,5	0,89
SIS, Mobility	0,0	20,4*	0,92
SIS, Hand function	9,3	36,4*	0,96
SIS, Participating	0,9	14,8	0,91
SS-QoL, Energy	17	18	0,88
SS-QoL, Family roles	4	35*	0,79
SS-QoL, Language	1	37*	0,85
SS-QoL, Mobility	1	23*	0,86
SS-QoL,	1	30*	0,80
SS-QoL, Személyiség [35]	4	23*	0,77
SS-QoL, Önellátás [35]	3	51*	0,89
SS-QoL, Szociális szerepek [35]	9	14	0,85
SS-QoL, Gondolkodás [35]	4	13	0,73
SS-QoL, Felsővégtag funkció [35]	1	31*	0,83
SS-QoL, Látás [35]	1	63*	0,81
SS-QoL, Munka/produktivitás [35]	3	21*	0,75

SIS = Stroke Impact Scale

SS-QoL= Stroke-Specific Quality of Life

\* Means high ceiling-effect (>20%)

Table 1. Comparison of the ceiling effect, floor effect and reliability values of stroke-specific quality of life questionnaires used in the international literature based on the results of Williams LS et al. (SS-QoL) (1999) and Richardson et al. (SIS) (2016)

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