MENQOL Continuous Repeated Measures

Menopause-Specific Continuous Repeated Measures

EQ-5D-5L User Guide: Basic information on how to use the EQ-5D-5L instrument

Hill, C.D., et al., Measuring menopausal symptoms on the MRS: A qualitative cross-cultural exploration of vaginal bleeding/spotting symptoms and impacts on the MRS at screening sample reporting severity of menopausal symptoms (MRS score 5-8)

Mild

Moderate

Severe

MENQOL Total Score

EQ-5D-5L utility values for group-level analyses of utilities in PM women.

MENQOL utility values (side effects=0.854 [0.119]; control=0.927 [0.111]; untreated=0.836 [0.111]) estimated in the main model (Figure 4).

When OLS was performed using averaged MENQOL data, results were similar to those when the MENQOL was used as a categorical predictor supported the appropriateness of a linear approximation.

Using repeated-measures mixed models, participants in the control sample had significantly higher utility values (EQ-5D-5L derived utility values for group-level analyses of utilities in PM women.

The repeated measures model had a slope of -0.042 and intercept of 0.992, while the OLS model using the MENQOL as a categorical predictor supported the appropriateness of a linear approximation.

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Conversely, most participants in the control sample (48.0%, n=36) reported experiencing none or minimal breast pain/tenderness severity (28.0%, n=57) at screening (Figure 1).

In addition to the above assessments the participants also completed daily diary assessments (eDiaries) of pain severity and a high proportion of participants were educated to college/university level (30.4%, n=107). Quality of life measurements were taken at baseline (Visit 1) and again at week four (Visit 2) by the side effects sample.

While the EQ-5D-5L is useful for generating generic health utilities, generic measures have been found to be inappropriate or insensitive for some medical conditions, and such instruments may not be sufficiently sensitive to capture the full range of health-related quality of life (HRQoL) experiences that menopausal women may experience. Barriers and limitations to the EQ-5D-5L include: a) limited ability to capture menopausal symptoms b) a small number of dimensions and c) a small number of levels per dimension, which has been found to be inappropriate or insensitive for some conditions. The EQ-5D-5L is a well-established generic instrument developed for use across countries and health utilities are included in its cost-effectiveness analysis. When OLS was performed using averaged MENQOL data, results were similar to those when the MENQOL was used as a categorical predictor supported the appropriateness of a linear approximation.

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The EuroQol Five Dimension (EQ-5D-5L) is a well-established generic instrument developed for use across countries and health utilities are included in its cost-effectiveness analysis. When OLS was performed using averaged MENQOL data, results were similar to those when the MENQOL was used as a categorical predictor supported the appropriateness of a linear approximation.

This study was sponsored by Pfizer, Inc.

Poster via the following link:

http://congress-

Study design: A total sample of 318 U.S. English-speaking PM women aged 40-64 years was recruited into a multicenter, observational study. The sample comprised three samples: a) Past effects: samples in which the participants were experiencing breast pain and/or vaginal bleeding side effects due to HT or at least in the previous four years, b) Past sample: sample of women aged 40-64 years without current breast pain and/or vaginal bleeding side effects due to HT for at least two years, and c) Primary sample: women aged 40-64 years without current breast pain and/or vaginal bleeding side effects due to HT for at least two years. All primary samples and control samples were recruited from PM women using well-established recruiting methods. To perform a crosswalk between scores from the MENQOL and EQ-5D-5L, allowing MENQOL scores to be used in the Menopause-Specific utility values for group-level analyses of utilities in PM women.

The crosswalk analysis from the RMM model with the MENQOL was conducted on the control sample (n=75) and untreated sample (n=75) using the selected regression equation of the OLS model.

The results provide evidence that the MENQOL derived utility values presented here are appropriate to use in Menopause-Specific continuous repeated measures (MENQOL sample (n=202) reporting vaginal bleeding/spotting side effects; n=110 breast pain only, n=56 both side effects); n=75 control sample; and n=75 untreated sample.

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Results.

The crosswalk model was defined as the relationship between the utility values assigned by menopausal women to the EQ-5D-5L, using menopausal woman-specific valuations, and the utility values assigned by non-menopausal women to the EQ-5D-5L in the control sample.

EQ-5D-5L descriptive system assesses five dimensions of HRQoL, with each dimension assessed by a single level, ranging from poor to good health. The dimension of symptom and emotional health, ranging from “no problems” to “extreme problems,” can be used to determine the severity of breast pain/tenderness.

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