OBJECTIVES: To examine associations between 1) hypertension treatment strategy; 2) demographic characteristics; and 3) change in utility scores for SF-6D dimensions with patients’ self-reported change in health status. METHODS: INVEST patients randomized to a calcium antagonist- or atenolol-led high blood pressure treatment strategy residing in the United States were surveyed between April 1 and October 31, 1999 (N = 2317). The survey contained the SF-36 HRQoL items. Baseline and 12 month SF-6D utility indices were calculated for study subjects who completed both surveys (n = 1010). Subjects who indicated that their health was better or worse compared to last year were classified as having an important change in their self-reported health status. Baseline and 1-year mean SF-6D indices and utility scores for each SF-6D dimension were compared within each treatment strategy using paired t-tests. Independent t-tests assessed differences between treatment strategy and utility scores for each SF-6D dimension and for change in SF-6D index. Hierarchical logistic regression models were used to identify variables associated with health status change. RESULTS: Mental health, role limitation, and pain utility scores were improved among those assigned to the verapamil-SR-led strategy; only mental health was improved among those assigned to the atenolol-led strategy (p < 0.05). Patients reporting worsened health status were more likely to have negative utility score changes on the physical and social functioning, role limitation, pain, and vitality domains. Patients reporting improved health status had positive utility score changes in the mental health, social functioning, role limitation, pain, and vitality domains. Treatment strategy was not associated with health status change. Non-Caucasians were more likely to report improved health status. CONCLUSIONS: Verapamil-SR hypertension treatment was associated with utility score improvements in multiple SF-6D domains. However, drug treatment’s effect was apparently not noticeable enough for it to be associated with patients’ judgments that their health improved or worsened.

SOCIODEMOGRAPHIC AND CARDIOVASCULAR RISK FACTORS INFLUENCES ON EQ-5D SOCIAL PREFERENCES SCORES AND SELF-REPORTED HEALTH: A GENERAL POPULATION SURVEY IN ARGENTINA

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OBJECTIVES: To evaluate the influence of demographic, socioeconomic, and risk factors variables on the EQ-5D time trade-off (TTO) and visual analogue scale (VAS) population values as well as in the self-reported health by VAS (VAS-SR) in Argentina. METHODS: We included data from 41,392 adults in the first National Risk Factor (RF) Survey (2005), a general population nationally representative sample. Survey variables included self-reported sociodemographic parameters and RF (diabetes [DBT], high blood pressure [HBP], dyslipemia [DLP], obesity [OB], smoking [SMK], healthy diet [HD], physical activity [PA], as well as the EQ-5D instrument (including the descriptive system and the VAS-SR item). TTO and VAS preference values were mapped from a local EQ-5D Value study. We assessed the independent relationships between EQ-5D scores (TTO and VAS) as well as the VAS-SR with sociodemographic variables and RF. We used multivariable linear regression modeling. We considered clinically meaningful a coefficient of > 0.02. RESULTS: Final models included 33,964 subjects, representing 17,586,759 Argentineans, and had an R² of 0.16–0.19. In fully adjusted models, the following variables were statistically, consistently, and clinically associated with both TTO and VAS EQ-5D scores as well as VAS-SR: age, gender, income, selected provinces, health coverage, DBT, HBP, DLP, PA, with coefficients ranging from 0.02 to 0.09. Though there were statistical differences among housing, household, education, employment status, gender of household head, SMK, OB, and HD subgroups, they had a small magnitude (coefficients < 0.02) or were not consistently associated with TTO/VAS/VAS-SR. CONCLUSIONS: In Argentina, in addition to sociodemographic factors, diabetes, hypertension, physical activity and dyslipemia, were significantly and strongly associated with scores on the EQ-5D as well as with self-reported VAS. This is, to our knowledge, the first study in Latin America that evaluates the determinants of EQ-5D weights and VAS-SR using a general population health survey as well as locally derived weights.