Disease state adaptation and estimates of quality-of-life: A systematic literature review

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BACKGROUND

- In health economics, quality of life (QoL) is measured using health state utility valuation (HSUV).
- People with offered and long-term health conditions may adapt to their given health state and adjust their expectations (e.g., ‘habituation’). This may be due to several reasons, including the improvement or stabilization of their health, or the societal norms and expectations of them in their current state.
- Patients with chronic or persistent disease state adaptations (DSA) can affect the accuracy of HSUV and underpin the need for a better understanding of DSA.

OBJECTIVES

- Goal of the study was to assess existing evidence of DSA for the evaluation of chronic and persistent diseases and assess the impact of DSA on the valuation of health states.

METHODS

- A systematic search of 65 electronic and manual databases, including MEDLINE, EMBASE, and CINAHL, was conducted from March 2016 to March 2019 (1 year).
- Relevant information from 38 studies was identified as potential papers. A total of 41 studies were then excluded in the stage of full-text screening.
- Two reviewers independently screened studies according to pre-defined criteria. Disagreements were resolved by consensus of the research team.
- The state evidence for each study included the study design, research questions, characteristics of the study population, and study limitations.

RESULTS

- Of 450 papers and 364 articles, 38 studies were included for review of disease state adaptation studies (see Figure 1 for the Preferred Reporting Items for Systematic Reviews and Meta-Analyses diagram and Table 1 for study summary).
- DSA was most commonly assessed in chronic conditions, such as heart failure, cognitive conditions, and psychological traits. The most common adaptation effect was response shift (33/38). The second most common was response shift (23/38). A total of 58% of studies examined response shift (23/38). A total of 26% of studies employed other experimental designs, among which 38% reported DSA.
- Figure 2 shows 41 studies included in Table 2 in total (38/38), of which 10 reported DSA.

CONCLUSIONS

- This study review of 38 DSA studies was performed to understand the key factors that influence DSA and to provide a better understanding of the impact of DSA on the valuation of health states.

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REFERENCES