

# HUMANISTIC BURDEN IN DEMENTIA: WHICH TOOLS WERE MOST COMMONLY USED IN STUDIES PUBLISHED IN PUBMED IN 2014?



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# **Objectives**

To determine which patient-reported outcome (PRO) and caregiver quality of life tools were used in studies on dementia that were published in 2014.

# Methods

An evidence surveillance process was established based on a systematic search of PubMed, incorporating all studies published from 2010 and updated weekly, with a final search on 18 May 2015.

Abstracts that were published in 2014 and reported quality of life and patient-reported outcomes in dementia and memory impairment were selected from those identified by the search.

Articles were included if they reported results or a study protocol from a primary research study or were a systematic review. PRO tools were identified, where possible, from the abstract alone.

# **Search strategy**

("quality of life"[tiab] or QOL[tiab] OR HRQOL[tiab] OR "patient reported outcome"[tiab] OR PRO[tiab] OR 'patient-reported"[tiab] OR "clinician-reported"[tiab] OR "carer-reported"[tiab])

#### AND

(questionnaire[tiab] OR tool[tiab] OR instrument[tiab] OR survey[tiab] OR randomised[tiab] OR randomized[tiab] OR controlled[tiab])

#### Limits

The search was limited to studies indexed in the PubMed database, in humans, with abstract, published in English in the previous 5 years before the search date of 18 May 2015; study methodology was limited to clinical trial, comparative study,

#### Results

Of 1,980 articles published in 2014 identified by the search for PROs and quality of life, 32 were relevant to patients and/or caregivers of adults with dementia, cognitive impairment or memory loss. The PRO used was not specified in 17 abstracts, but 19 different PRO or caregiver-reported instruments were cited in the remaining 15 abstracts.

Dementia-specific instruments included the Quality of life-Alzheimer's disease (QoL-AD), cited in 6 abstracts, and the Alzheimer's Disease Assessment Scale - Cognition (ADAS-Cog), the Five-Cog test, the Metamemory in Adulthood Questionnaire and the Mild Cognitive Impairment Questionnaire (MCQ), cited in 1 abstract each.

Despite the substantial burden on caregivers, only 8 abstracts reported outcomes related to the humanistic burden in this population. Instruments used in caregivers included generic utility measures, the QOL-AD, and the Zarit Burden Interview, but were not specified in 5 abstracts.

Utilities were measured in only 3 studies, with Short Form (12 or 36) used in all 3 studies and EQ-5D in one. Depression was assessed in 2 studies of patients and one of caregivers.

#### Evidence map showing PRO tools used in studies on dementia and memory impairment, published in 2014

	QoL-AD	MMSE	ADL	ZBI	NPI	CES-D, BDI	WHOQOL	ADAS- Cog	MCQ	MIAQ	5-Cog	SF-12, SF-36	EQ-5D	No. of other PROs	PRO not specified
Studies of patients: all 24 studies	5	3	2		1	1	1	1	1	1	1	1		5	11
Validation study	1								1			1			
Primary research study	5	2	1		1	1	1		1	1	1	1		5	6
Systematic review		1	1					1							
Study protocol															
Studies of caregivers: all 7 studies	1		1	2	1	2						1			5
Validation study															
Primary research study	1		1	2	1	2						1			3
Systematic review															
Study protocol															
Studies of patients and aregivers: 1 study												1	1		
Validation study															
Primary research study												1	1		
Systematic review															
Study protocol															
<b>Key:</b> 5-Cog: Five-Cog test ADAS –Cog: Alzheimer's L ADL: Activities of Daily Li			CES-D: ( ition EQ-5D:		lemiological S lity of Life Qu		on Scale MMS imensions NPI:	SE: Mini-Menta Neuropsychiat	l State Examin ric Inventory	l questionnaire ation 's Disease scale	SI M	F-12: Short-for F-36: Short-for VHOQOL: WHC BI: Zarit Burde	m 36 D Quality of Lij	fe measure	

#### Numbers refer to number of abstracts citing each tool, each abstract may cite one or more tools

#### Conclusions

Most study abstracts reporting on the humanistic burden in dementia in 2014 did not specify use of a dementia-specific instrument. Only 25% of studies assessed burden on caregivers, and utility values were rarely reported.

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