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A Systematic Review Of Health-Related Quality Of Life Scales In Chronic Venous Disease Of The Lower Limb.

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### **Burden of disease**

- Chronic Venous Disease (CVD): any long duration abnormalities in morphology and function of the venous system
- Chronic Venous Insufficiency (CVI): the more severe form of CVD
- Severity Stratification: according to the Clinical-Etiology-Anatomy-Pathophysiology (CEAP) scale
- Risk factors: family history, smoking, inactivity, increasing age, genetic predisposition, being female, current and previous pregnancy for younger women, obesity
- Prevalence: Up to 65% of women and 50% of men age ≥50yrs in developed countries
- Argument: should receive more attention than it currently does



# **Quality of Life: A Buzz Word?**

- **HRQoL:** "Individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards & concerns" (WHO).
- Broad, multi-dimensional and subjective
- Usually assessed by HRQoL is a subset of Patient Reported Outcomes (PROs)
- 2 types of scales: Generic and Disease-specific
- Many scales available in CVD, which should we recommend?
- No comprehensive systematic review to summarize the statistical validation of the available disease-specific scales



## **Objectives**

- To identify the respective advantages and lacunae of the scales that have been used
- To document how they were validated both psychometrically and linguistically
- To document the contexts in which these scales have been used
- To confirm the factor structure of the most used and most validated among the documented scales using confirmatory factor analysis
- To confirm the evidence of the effect of Chronic Venous Disease on Quality of Life



# **METHODS**



# **Systematic Review**

#### **Systematic Review**

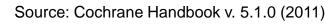
- 1. Determine question
- 2. Determine eligibility criteria
- 3. Population, intervention, comparator, outcome
- 4. Literature search
  - At least two databases needed
- 5. Selection of Studies
  - 2 Independent reviewers
- 6. Critical appraisal
  - Quality assessment

#### **Data Extraction**

7. Summary of Findings (SOF) + Plain Language Summary (PLS)

#### **IF APPROPRIATE – Meta-analysis**

(judged inappropriate in this case due to large heterogeneity – 11 different scales)





### **Literature Search Strategy**

- **Guidelines:** Cochrane handbook (2011, V 5.1.0), QUORUM (1999) and PRISMA (2009), PICOS criteria
- Database: EMBASE, CINHAL, Cochrane, VEIN CONSULT
- Software: EndNote® Version X3
- **Inclusion Criteria:** Systematic reviews, RCTs, prospective comparative studies, psychometric/linguistic validation studies in English and French
- Exclusion Criteria: Non-original articles, narrative reviews, editorials, abstract-only
- **Screening Procedure:** Titles → Abstracts → Full article



# **Summary of Findings**

Original Article	Author Country Year									
	Lamping, D.L., et al.		France, Belgium, Italy	2003						
Title	Evaluation of outco	valuation of outcomes in chronic venous disorders of the leg: Development of a scientifically rigorous, patient-								
Title	reported measure o	f symptoms and qualit	y of life							
Journal	ournal of Vascular Surgery. 37(2): p. 410-419									
Objective of the study	To develop a practical and scientifically rigorous patient-reported outcome measure to evaluate QoL and sy									
Objective of the study	chronic venous disorders of the leg									
Qol Instrument and version	VEINES-QOL/Sym	VEINES-QOL/Sym								
Language of translation	French, Italian, French Canadian									
Method of validation	Standard Psychometric validation									
CEAP range covered	C0-C6									
Target Population	Patients with chroni	Patients with chronic venous disorders of the leg								
(Total number)	615	615								
Mean[SD] age of the subjects	54 (20-75)*									
Number of items modified	Added Removed Updated									
Number of items mounted	N.A.	N	I.A.	I	N.A.					
Method of administering	Auto questionnaire									
Listed use	To evaluate QoL and	d symptoms in chronic	venous disorders of th	e leg						
Inclusion Criteria	18-75 years of age,	written informed cons	ent							
Exclusion criteria	Not having given wr	itten infromed consen	t, age <18 or >75 years	5						
Follow up Period	12 months									
Conditions for validation Checked	Relevance	Acceptability	Reliability	Sensitivity	Construct validity					
Conditions for validation checked	Yes	Yes	Yes Yes		Yes					
Length of questionnaire	26 items									
Time required to fill questionnaire	≈ 10 minutes									
Acceptability	Good acceptability for all four language versions, low proportions of missing data (<5%)									
Results from the study	The VEINES-QOL/Sym was reported to be a practical and scientifically sound instrument to measure outcomes in chronic venous disorders of the leg									

## **Psychometric Validation**

#### Reliability (Precision):

- Do answers to the same questions remain unchanged over time in clinically stable patients?
- Measured by the Cronbach's alpha, Values ≥0.70 acceptable

#### **Construct Validity (Accuracy):**

- Within-scale analysis: Are individual items more highly correlated with their own dimension compared to others?
- Known group mean differences: Are QoL scores significantly different across groups known to be different (i.e. different disease severity) at a given point of time?
- Convergent validity: Do QoL correlations with clinical criteria and/or other validated quality of life scales fit expected results?

#### Responsiveness (Sensitivity):

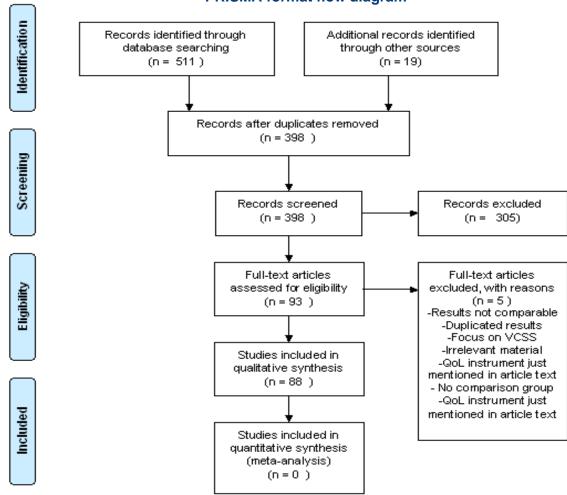
- Do QoL scores change over time, beyond the noise caused by measurement error, in clinically non-stable patients?
- Measured by the effect size, Values ≥0.70 are acceptable



# RESULTS

# **Identification & Screening**

#### **PRISMA-format flow diagram**



Moher D;, Liberati, A., Tetzlaff J., et al. and the PRISMA Group: Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement Ann Intern Med. 2009;151(4): 264-269

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### **Scale Characteristics**

	For	r all CVD patie	ents	For	For CVD patients without ulcers				For CVD patients with ulcers			
Author	Guex	Garatt	Lamping	Launois	Augustin	Guex	Klyscz	Smith	Hyland	Palfreyman	Hareendran	
Year	2010	1993	2003	1996	1997	2007	1998	2000	1994	2008	2007	
Country	France	U.K.	-Various-	France	Germany	France	Germany	U.K.	U.K.	U.K.	U.K.	
Scale	ABC-V	AVVQ	VEINES- QOL/Sym	CIVIQ	FLQA	SQOR-V	TLQ-CVI	ccvuq	LFUQ	SPVU-5D	VLU-QOL	
Indication	All	All	All	No ulcer	No ulcer	No ulcer	No ulcer	Ulcer	Ulcer	Ulcer	Ulcer	
Domains	6	2	3	4	6	5	4	4	3	5	3	
Items	36	13	35	20	83	46	-	32	34	16	34	
Time (min)	-	<u>-</u>	10-15	<5	20	-	-	≈ 10	-	<u>-</u>	_	
Best Score	0	0	max	0	min	0	min	0	12	0	0	
Worst Score	90	100	Min	100	max	100	max	100	max	80	100	
Field of Use	VS	VS, A, SS	GM, A, VS, SS	VS, A, B, P, I, GM, Gy	VS	VS	VS	A, N, W	A, W	N, W	N, W	

ABC-V – Assessment of Burden in Chronic disease-Venous, AVVQ – Aberdeen Varicose Vein Questionnaire, VEINES-QOL/SYM – VEINES Quality of Life/ Symptoms questionnaire, CIVIQ – ChronIc Venous Insufficiency Questionnaire, FLQA – Frieburg Life Quality Assessment, SQOR-V – Specific Quality of life and Outcomes Response-Venous, Tübingen – Tübingen questionnaire, CCVUQ – Charing Cross Venous Ulveration Questionnaire, LFUQ – Leg and Foot UlcerQuestionnaire, SPVU-5D – Sheffield Prefference-based Venous leg Ucer-5D, VLU-QOL – Venous Leg Ulcer Quality Of Life.

VS – Vascular surgery, A – Angiology, GM – General medicine, SS – Sports science, B – Balneotherapy, P – Phlebology, I – Insurance, Gy – Gynaecology, N – Nursing and W – Wound management.

# **Study Types**

	For all CVD patients			For	CVD patient	ts without ulce	ers	For CVD patients with ulcers				Total
Author	Guex	Garatt	Lamping	Launois	Augustin	Guex	Klyscz	Smith	Hyland	Palfreyman	Hareendran	
Year	2010	1993	2003	1996	1997	2007	1998	2000	2003	2008	2007	
Country	France	U.K.	-Various-	France	Germany	France	Germany	U.K.	U.K.	U.K.	U.K.	
Scale	ABC-V	AVVQ	VEINES- QOL/Sym	CIVIQ	FLQA	SQOR-V	TLQ-CVI	CCVUQ	LFUQ	SPVU-5D	VLU-QOL	
Versions	1	1	1	3	1	1	1	1	1	1	1	
Psychometric validation	1	2	6	10	2	2		2	1	1	1	28
Linguistic validation	2	2	5	14	1	2	1	3	1	1	1	
Non-validated translations	0			11		0	0	1	0	0	0	
Application studies		16	9	27		1	1					54
Systematic review												6
Number of article included												88
Correlations with	CES-D, SQOR-V (1)	SF-12, SF- 36, EQ5D (2)	SF-36 (3)	SF-36, SF-12 (4)	NHP (5)	SF-12, CES- D (6)		SF-36 (7)		EQ-5D (8)		

ABC-V – Assessment of Burden in Chronic disease-Venous, AVVQ – Aberdeen Varicose Vein Questionnaire, VEINES-QOL/SYM – VEINES Quality of Life/ Symptoms questionnaire, CIVIQ – ChronIc Venous Insufficiency Questionnaire, FLQA – Frieburg Life Quality Assessment, SQOR-V – Specific Quality of life and Outcomes Response-Venous, Tübingen – Tübingen questionnaire, CCVUQ – Charing Cross Venous Ulveration Questionnaire, LFUQ – Leg and Foot UlcerQuestionnaire, SPVU-5D – Sheffield Prefference-based Venous leg Ucer-5D. VLU-OOL – Venous Leg Ulcer Quality Of Life

(1) Guex, J.J., et al. The patient's burden of Chronic Venous disorders: Construction of a questionnaire. Phlebology . 2010: 25:280–285; (2) Samuel, N., et al. Endovenous laser ablation in the treatment of small saphenous varicose veins: Does site of access influence early outcomes? Vascular and Endovascular Surgery 2012. 46(4): p. 310-314; Shepherd, A.C., et al. Randomized clinical trial of VNUS (registered trademark) ClosureFAST (trademark) radiofrequency ablation versus laser for varicose veins British Journal of Surgery 2010. 97(6): p. 810-818 (3) Lamping, D.L., et al. Evaluation of outcomes in chronic venous disorders of the leg: Development of a scientifically rigorous, patient-reported measure of symptoms and quality of life. Journal of Vascular Surgery. 2003. 37(2): p. 410-419. (4) Biemans, A.A.M., et al. Validation of the chronic venous insufficiency quality of life questionnaire in Dutch patients treated for varicose veins European Journal of Vascular and Endovascular Surgery. 2011. 42(2): p. 246-253; Lorenz, D., et al. Randomized clinical trial of the chronic venous insufficiency quality of life of patients with chronic venous disease: Health status of a population and care impact on this health status through quality of life questionnaires. International Angiology. 2005. 24(3): p. 258-264; Andreozzi, G.M., et al. Effects of elastic stocking on quality of life of patients with chronic venous insufficiency. An Italian pilot study on Triveneto Region. International Angiology. 2005. 24(4): 325-329. (5) Darvall, K.A.L., et al. Changes in health-related quality of life after ultrasound-guided foam sclerotherapy for great and small saphenous varicose veins Journal of Vascular Surgery 2010. 51(4): p. 913-920. (6) Guex J.J., et al. Construction and validation of a patient-reported outcome dedicated to chronic venous disorders: SQOR-V (specific quality of life and outcome response-venous). Journal des Maladies Vasculaires. 2007; 32: p. 135-147. (7) Smith J.J., et al. Measuring the quality of life in patients

### **Validation Studies**

				:						•	
	For all CVD patients			Fo	or CVD patient	s without ulc	ers	For CVD patients with ulcers			
Author	Guex	Garatt	Lamping	Launois	Augustin	Guex	Klyscz	Smith	Hyland	Palfreyman	Hareendran
Year	2010	1993	2003	1996	1997	2007	1998	2000	2003	2008	2007
Country	Fr	U.K.	-Various-	Fr	Ger	Fr	Ger	U.K.	U.K.	U.K.	U.K.
Scale	ABC-V	AVVQ	VEINES- QOL/Sym	CIVIQ	FLQA	SQOR-V	TLQ-CVI	ccvuq	LFUQ	SPVU-5D	VLU-QOL
Content validity											
Relevance			$\checkmark$	✓	$\checkmark$	$\checkmark$		✓	$\checkmark$		$\checkmark$
Reliability											
Coherent Test Re-test		$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$		✓	$\checkmark$	✓	$\checkmark$
Construct validity											
Factorial validity				✓				✓	$\checkmark$		$\checkmark$
Within-scale analysis				✓							
Known-groups validity			$\checkmark$	✓	$\checkmark$	$\checkmark$		✓			$\checkmark$
Convergent validity	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$		✓	$\checkmark$		$\checkmark$
Responsiveness											
Effect size		✓	$\checkmark$	✓	$\checkmark$	✓		✓	$\checkmark$		$\checkmark$
Acceptability		✓	✓	✓	✓	$\checkmark$		✓		✓	✓

ABC-V – Assessment of Burden in Chronic disease-Venous, AVVQ – Aberdeen Varicose Vein Questionnaire, VEINES-QOL/SYM – VEINES Quality of Life/ Symptoms questionnaire, CIVIQ – ChronIc Venous Insufficiency Questionnaire, FLQA – Frieburg Life Quality Assessment, SQOR-V – Specific Quality of life and Outcomes Response-Venous, Tübingen – Tübingen questionnaire, CCVUQ – Charing Cross Venous Ulveration Questionnaire, LFUQ – Leg and Foot UlcerQuestionnaire, SPVU-5D – Sheffield Preference-based Venous leg Ucer-5D, VLU-QOL – Venous Leg Ulcer Quality Of Life

# **Application Studies**

Study Design	Number of Studies		
Randomized Control Trial (RCT)			
AVVQ	9		
CIVIQ	12		
VEINES-QOL/Sym	2		
Total RCT	23		
Observational Studies (OS)			
AVVQ	7		
CIVIQ	15		
SQOR-V	1		
VEINES-QOL/Sym	7		
TLQ-CVI	1		
Total OS	31		
Total Application Studies	54		

# DISCUSSION

## Limitations

- ➤ Focus on disease-specific scales, Foreign Language articles (n=22) and Grey literature
- Non-uniform validation procedure results (No meta-analysis), and lack of consensus on definitions
- Small time frame compared to standard time for systematic reviews
- ▼ Use of CEAP as assessment tool in some studies
- $\blacksquare$  Threshold of RMSEA ( < 0.06 vs < 0.08)

# Conclusion

- 11 disease-specific scales
- CIVIQ, AVVQ and VEINES-QOL/SYM most used and validated
- Choice depends on the purpose of the study
- Effect of CVD on HRQoL was confirmed
- Factorial structure of the CIVIQ-14 confirmed

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