

Living with cancer: Good days and bad days - What produces them? Can the McGill Quality of Life Questionnaire distinguish between them?

S. Robin Cohen, Balfour M. Mount. Cancer 2000;89:1854-65.

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Abstract:

Background: To determine the impact of care on quality of life (QOL), or to detect a change in QOL over time, measures of QOL must remain stable when QOL is stable (test-retest reliability) and change when QOL changes (responsiveness). This study addresses these issues for the McGill Quality of Life Questionnaire (MQOL). Unlike other studies that use disease status to indicate whether QOL has remained stable or changed, in this study the patient determines QOL stability or change. The authors also sought to clarify the determinants of good and bad days for oncology patients.

Methods: Patients attending an oncology outpatient clinic or who were being treated by a palliative care service were asked to complete MQOL 4 times: on days they judged to be good, average, and bad and 2 days after the first completion. They also were asked to directly rate the change in their QOL during the intervals between MQOL completion and to report the most important determinants of their good and bad days.

Results: The test-retest reliability of MQOL as measured by an intraclass correlation coefficient ranged from 0.69 to 0.78. All MQOL scores were significantly different on good, average, and bad days, except for the support subscale, in both clinical settings. Five domains were determinants of QOL: physical symptoms, physical functioning, psychologic well-being, existential well-being, and relationships.

Conclusion: MQOL's reliability and responsiveness suggest it can be used to determine changes in the QOL of groups. The results allow interpretation of changes in MQOL scores with respect to meaning of the change to oncology patients. This in turn is helpful to determine the sample size required in future studies. Some of the domains important to the QOL of oncology patients are not included in widely used measures of QOL.

Comments:

Strengths/uniqueness: Excellent paper intended to further determine test-retest reliability and responsiveness of the McGill Quality of life (QoL) questionnaire. The latter represents a good example of "preference-based" QoL instrument specifically developed for terminally ill cancer patients. Through a rigorous methodology the authors demonstrate that this type of assessment is suitable for measuring both QoL and its change over time for this population group.

Furthermore they provide extremely useful "parameters" to calculate sample sizes in future studies that may look at the impact of different intervention on QoL.

Weaknesses: Relatively small sample size and convenience sampling as typical of this kind of studies considering terminally ill cancer patients. A comparison of certain characteristics among accrued and not accrued patients in the two settings would have been helpful in determining whether this sample was at least representative of these two patients groups.

Relevance to Palliative Care: Although the MQOL still requires some refinements (i.e. better trade-off between

comprehensiveness of its content and time for completion), it represents a subjective and feasible approach to assess QoL in terminal cancer patients. This should promote the routine assessment/consideration of some QoL components (i.e. relationship, existential) that are usually confined to research rather than clinical practice in Palliative Care.