

LE SCALE DI VALUTAZIONE DELLA QUALITÀ DELLA VITA: ASPETTI TEORICI E METODOLOGICI

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*QdV, Qualità della Vita
(QoL, Quality of Life)*

- ▶ la percezione soggettiva che un individuo ha della propria posizione nella vita, nel contesto di una cultura e di un insieme di valori nel quale egli vive, anche in relazione ai propri obiettivi, aspettative e preoccupazioni

*Qualità della Vita Correlabile alla
Salute
(HRQL, Health Related Quality of
Life)*

- ▶ l'insieme dei vari aspetti di salute fisico-funzionale, psicologico-emotiva e sociale che sono influenzati dalle esperienze, credenze e aspettative degli individui; include i sintomi, la percezione dello stato di salute e la qualità della vita dell'individuo

Stato di salute (Health Status)

- ▶ la dimensione oggettiva di benessere o malessere individuale che considera le disfunzioni biologiche e fisiologiche, i sintomi e le menomazioni funzionali.

Stato di salute percepito dal paziente (Perceived Health Status)

- ▶ è una dimensione soggettiva correlata allo Stato di Salute

Stato Funzionale (Functional Status)

- ▶ la capacità dell'individuo di esplicitare le normali funzioni quotidiane richieste per le necessità di base, compiere i gesti usuali, mantenere uno stato di salute e di benessere.
- ▶ Comprende: Capacità Funzionali e Performance Funzionali.

Capacità Funzionale (Functional Capability)

- ▶ la massima possibilità che l'individuo ha di eseguire attività quotidiane negli ambiti sociale, fisico, psichico e spirituale della vita
- ▶ valutata mediante test

Performance Funzionale (Functional Performance)

- ▶ l'insieme delle attività che l'individuo esplica nella vita di tutti i giorni
- ▶ valutata mediante diario

Umore (Mood)

- ▶ uno stato emozionale che può variare in risposta alle variazioni dello Stato di Salute; è una reazione alle esperienze della vita e rappresenta l'espressione dello stato d'animo dell'individuo.
- ▶ alcuni stati di umore possono influenzare la Performance Funzionale, i Sintomi, la Percezione dello Stato di Salute e, globalmente, la Qualità della Vita

Sintomi (Symptoms)

- ▶ percezioni del soggetto malato in relazione a una menomazione fisica, emozionale, cognitiva

Dimensioni (ambiti, domini) della QoL

- ▶ *Dimensioni Funzionali:*
 - Sociali (es. abilità al lavoro)
 - Fisici (es. mobilità)
 - Emozionali (es. stabilità, autocontrollo)
 - Intellettuali (es. indipendenza decisionale, memoria)
- ▶ *Dimensioni Percettive:*
 - Soddisfazione della vita
 - Stato di salute percepito dal paziente

Caratteristiche di un questionario

- ▶ *Modalità di somministrazione*
- ▶ *Numero di domande (items)*
- ▶ *Tempo di compilazione*
- ▶ *Scala utilizzata nelle risposte agli items:*
 - Scale Binarie*
 - Scale di Likert*
 - Scale Visuo-Analogiche (VAS, Visuo-Analogue Scales)*
- ▶ *Requisiti psicometrici:*
 - attendibilità
 - validità
 - responsività
 - minima differenza clinicamente rilevante

SCALE VAS

Dolore
insopportabile



Dolore
assente



Attendibilità

- ▶ la capacità di un questionario di fornire stime ripetibili e riproducibili di ciò che si assume essere il valore vero del misurando.
- ▶ valutata mediante test-retest

Validità

- ▶ la capacità di un questionario di di misurare proprio ciò che intende misurare.
- ▶ 3 tipi di validità:
 - validità di facciata (credibilità)
 - validità di contenuto (comprensibilità)
 - validità legata al criterio (v.concorrente e v.predittiva)

Responsività

- ▶ la sensibilità al cambiamento

Minima Differenza Clinicamente Rilevante

- ▶ la più piccola differenza che abbia un interesse clinico, ovvero la più piccola differenza del punteggio nel dominio di interesse che i pazienti percepiscono come un beneficio

Validazione Cross-Culturale

- ▶ procedura per validare un questionario dopo traduzione dalla lingua originale

KARNOFKSY PERFORMANCE STATUS

General Category Description	Specific Criteria	Index
able to carry out normal activities; no special care required	normal; no evidence of disease and no physical complaints	100
	able to carry on normal activities but has minor signs or symptoms of disease	90
	normal activity with effort; some signs or symptoms of disease	80
unable to work; able to live at home and care for most personal needs; varying amounts of assistance needed	unable to carry on normal activities or to work, but able to care for self	70
	requires occasional assistance from others but able to care for most needs	60
	requires considerable assistance from others and frequent medical care	50
unable to care for self; requires institutional or hospital care or equivalent; disease may be rapidly progressing	disabled; requires special care and assistance	40
	severely disabled; death not imminent; stay in hospital indicated	30
	very sick; necessary to be in hospital; active supportive treatment necessary	20
	moribund	10
	dead	0

BADL (Basic Activities of Daily Living)

Physical Function (Activities of Daily Living, or ADL)

Basic ADL: During the past month have you had difficulty with
 (1) Taking care of yourself, that is, eating, dressing or bathing?
 (2) Moving in or out of a bed or chair?
 (3) Walking indoors, such as around your home?

Response	Points
usually did with no difficulty	4
some difficulty	3
much difficulty	2
usually did not do because of health	1
usually did not do for other reason	0

Quality of Life after Myocardial Infarction (QLMI)

Items (26) - How much/often during the last 2 weeks:

- (1) Have you felt frustrated, impatient or angry?
- (2) Have you felt worthless or inadequate?
- (3) How much time did you feel very confident, and sure that you could deal with your heart problem?
- (4) In general, how much of the time did you feel discouraged or down in the dumps?
- (5) Did you feel relaxed and free of tension?
- (6) Have you felt worn out or low in energy?
- (7) How happy, satisfied, or pleased have you been with your personal life during the past 2 weeks?
- (8) How often have you felt restless, or as if you were having difficulty trying to calm down?
- (9) How much shortness of breath have you experienced while doing your day-to-day physical activities?
- (10) Have you felt tearful, or like crying?
- (11) Have you felt as if you are more dependent than you were before the heart attack?
- (12) Have you felt you were unable to do your usual social activities, or social activities with your family?
- (13) Have you felt as if others no longer have the same confidence in you as they did before the heart attack?
- (14) Have you experienced chest pain while doing your day-to-day activities?
- (15) Have you felt your heart problems limited or interfered with sexual intercourse?
- (16) Have you felt unsure of yourself or lacking in self-confidence?
- (17) Have you been bothered by aching or tired legs?
- (18) How much have you been limited in doing sports or exercise as a result of your heart problem?
- (19) Have you felt apprehensive or frightened?
- (20) Have you felt dizzy or lightheaded?
- (21) How much have you been restricted or limited as a result of your heart problem?
- (22) Have you felt unsure as to how much exercise or physical activity you should be doing?
- (23) Have you felt as if you are no longer a real man/woman?
- (24) Have you felt as if your family is being overprotective towards you?
- (25) Have you felt as if you were a burden on others?
- (26) Have you felt you could manage your chest pain or discomfort when, or if, it occurred?

Quality of Life after Myocardial Infarction (QLMI)

Blue card: 1, 2, 4, 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 22, 23, 24, 25

Yellow card: 3, 5, 26

Pink card: 18, 21

Grey card: 7

Green card: 9

Blue Card	Yellow Card	Pink Card	Points
all of the time	none of the time	extremely limited	1
most of the time	a little of the time	very limited	2
a good bit of the time	some of the time	limited quite a bit	3
some of the time	a good bit of the time	moderately limited	4
little of the time	most of the time	somewhat limited	5
hardly any of the time	almost all of the time	limited a little	6
none of the time	all of the time	not limited	7

Grey Card	Green Card	Points
very dissatisfied, unhappy most of the time	extreme shortness of breath	1
generally dissatisfied, unhappy	very short of breath	2
somewhat dissatisfied, unhappy	quite a bit shortness of breath	3
somewhat satisfied, pleased	moderate shortness of breath	4
generally satisfied, pleased	some shortness of breath	5
happy most of the time	a little shortness of breath	6
very happy most of the time	no shortage of breath	7

Abbreviated Mental Test

Item	Score
age	1
time to the nearest hour	1
year	1
name of place	1
recognition of 2 persons	1
birthday (date and month)	1
date of World War I	1
name of your country's Ruler, President or Prime Minister	1
able to count from 20 to 1 backwards	1
address - 42 West Street	1

Roland and Morris questionnaire

- (1) I stay at home most of the time because of my back.
- (2) I change position frequently to try and get my back comfortable.
- (3) I walk more slowly than usual because of my back.
- (4) Because of my back I am not doing any of the jobs that I usually do around the house.
- (5) Because of my back, I use a handrail to get upstairs.
- (6) Because of my back, I lie down to rest more often.
- (7) Because of my back, I have to hold on to something to get out of an easy chair.
- (8) Because of my back, I try to get other people to do things for me.
- (9) I get dressed more slowly than usual because of my back.
- (10) I only stand up for short periods of time because of my back.
- (11) Because of my back, I try not to bend or kneel down.
- (12) I find it difficult to get out of a chair because of my back.
- (13) My back is painful almost all the time.
- (14) I find it difficult to turn over in bed because of my back.
- (15) My appetite is not very good because of my back pain.
- (16) I have trouble putting on my socks (or stockings) because of pain in my back.
- (17) I only walk short distances because of my back pain.
- (18) I sleep less well because of my back.
- (19) Because of my back pain, I get dressed with help from someone else.
- (20) I sit down for most of the day because of my back.
- (21) I avoid heavy jobs around the house because of my back.
- (22) Because of my back pain, I am more irritable and bad tempered with people than usual.
- (23) Because of my back, I go upstairs more slowly than usual.
- (24) I stay in bed most of the time because of my back.