

Examining the incremental impact of long-standing health conditions on subjective well-being – is there anything missing from the EQ-5D?

RELATED RESEARCH

Mengiun Wu¹, John E. Brazier¹, Joanna Blackburn², Cindy L. Cooper¹, Clare Relton¹ and Christine Smith²

School of Health and Related Research, University of Sheffield, Sheffield, UK., 2Research & Development Department, Barnsley Hospital NHS Foundation Trust, Barnsley, UK.

Introduction

Generic preference-based measures (GPBMs) such as the EQ-5D and SF-6D are commonly used to obtain health utility scores for economic evaluations. Previous studies examining the way that subjective well-being (SWB) might value health using GPBMs did not explore whether aspects of health important to patients in terms of the impact on SWB were not being picked up by the EQ-5D.

Our intention is to examine whether the EQ-5D is adequate in reflecting the impact of health conditions on SWB by examining whether long-standing health conditions have an incremental impact on SWB alongside the EQ-5D.

Methodology

Data from the South Yorkshire Cohort (SYC) were used to undertake all the analyses. Two regression models were used to examine the impact of additional input of long-standing health conditions on life satisfaction.

- Ordered logit model was used when the proportional odds assumption held.
- Partial proportional odds ordered logit model namely generalised model was employed when the assumption did not hold.
- Regression models estimate:
 - I. Odds ratios the coefficients of the independent variables in terms of the sign and the magnitude II. Model performance: AIC, BIC and McKelvey &
 - III. Threshold cuts: the estimates on life satisfaction to differentiate respondents choosing from one level to the next

Contact

Contact: Mengjun Wu

Zavoina's R2

Postal address: School of Health and Related Research, Regents Court, 30 Regent Street, Sheffield, S1 4DA, UK.

Email: m.wu@sheffield.ac.uk Website: www.shef.ac.uk/heds

* This study was funded by the NIHR. This poster presents independent research. The views expressed in this poster are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Table 1 Ordered logit regression: EQ-5D & long-standing

health conditions							
Explanatory variables	Model 1		Model 1				
	EQ-5D dimensions + health		EQ-5D score +				
	conditions		health conditions				
•	Odds ratio	SE	Odds ratio	SE			
Mobility 2	0.927	0.053					
Self-care 2	0.793***	0.068					
Usual activities 2	1.056	0.062					
Usual activities 3	1.027	0.162					
Pain/discomfort 2	0.925**	0.035					
Pain/discomfort 3	0.860	0.088					
Anxiety/depression 2	0.728***	0.029					
Anxiety/depression 3	0.603***	0.077					
EQ-5D score			1.971***	0.162			
Tiredness/fatigue	0.949	0.049	0.914*	0.046			
Insomnia	0.877*	0.061	0.840**	0.058			
Diabetes	0.973	0.067	0.976	0.067			
Breathing problems	0.917*	0.048	0.915*	0.048			
High blood pressure	1.028	0.044	1.038	0.044			
Heart disease	1.098	0.077	1.114	0.078			
Osteoarthritis	0.970	0.058	1.003	0.058			
Stroke	0.873	0.105	0.868	0.104			
Cancer	0.960	0.093	0.953	0.090			
Control variables							
Age	0.952***	0.005	0.952***	0.005			
Age ²	1.001***	5E-05	1.001***	5E-05			
Male	1.039	0.032	1.041	0.032			
White	1.152*	0.097	1.155*	0.097			
GCSEs	1.054	0.056	1.043	0.055			
A levels	1.029	0.024	1.023	0.023			
Degree	1.016	0.016	1.013	0.016			
White collar	1.001	0.035	0.998	0.035			
Currently employed	0.933**	0.030	0.932**	0.030			
Threshold 1	-3.285***	0.155	-2.592***	0.169			
Threshold 2	-1.853***	0.153	-1.163***	0.167			
Threshold 3	-0.947***	0.152	-0.260	0.167			
Threshold 4	0.220	0.152	0.904***	0.167			
Threshold 5	1.215***	0.153	1.899***	0.168			
Observations	13591		13591				
Likelihood ratio χ^2	642.88		596.00				
McKelvey & Zavoina's	0.045		0.042				
R^2							
AIC	46288		46320				
BIC	46521		46501				
* p < 0.1, ** p < 0.05, *** p < 0.01.							

Results

Ordered logit:

- Anxiety/depression had the largest negative impact on life satisfaction, followed by self-care and pain/discomfort.
- People with better health-related quality of life were likely to report higher levels of life satisfaction.
- People with insomnia/breathing problems were likely to report lower levels of life satisfaction.
- Age had a negative association with SWB but age squared had a positive correlation with SWB.

Table 2 Generalised logit regression: EQ-5D dimensions & long-standing health conditions

Life satisfaction level	I	П	Ш	IV	V		
	Odds	Odds	Odds	Odds	Odds		
	ratio	ratio	ratio	ratio	ratio		
Mobility 2	0.865	0.893	0.912	0.960	0.993		
Self-care 2	0.881	0.791**	0.828*	0.779**	0.761*		
Usual activities 2	1.092	1.053	1.111	1.009	0.990		
Usual activities 3	0.847	1.038	1.072	0.944	1.215		
Pain/discomfort 2	0.997	0.952	0.911**	0.916*	0.939		
Pain/discomfort 3	0.869	0.966	0.832	0.858	0.827		
Anxiety/depression 2	0.646***	0.656***	0.700***	0.791***	0.912		
Anxiety/depression 3	0.253***	0.524***	0.694***	0.889	0.890		
Tiredness/fatigue	1.060	0.931	0.948	1.039	0.931		
Insomnia	0.812*	0.908	0.906	0.881	0.780**		
Diabetes	0.721**	0.938	0.982	1.039	1.061		
Breathing problems	0.864	0.900	0.905*	0.973	0.937		
High blood pressure	1.005	1.023	1.021	1.058	0.984		
Heart disease	1.199	1.218**	1.095	1.014	1.007		
Osteoarthritis	0.929	0.940	0.981	1.041	0.875		
Stroke	0.833	0.943	0.800	0.901	0.931		
Cancer	1.158	0.957	0.956	0.925	0.988		
Control variables							
Age	0.946***	0.963***	0.960***	0.951***	0.947***		
Age ²	1.001***	1.000***	1.001***	1.001***	1.001***		
Male	0.995	1.079*	1,030	1.028	1.024		
White	1.212	1.463***	1.312***	0.927	0.613***		
GCSEs	1.145	1.166**	1.103	0.990	0.892		
A levels	1.052	1.070**	1.051*	1.002	0.968		
Degree	1.092**	1.076***	1.046**	0.976	0.917***		
White collar	0.957	1.000	0.964	1.047	0.983		
Currently employed	0.917	0.935	0.900***	0.951	0.942		
Observations	13591						
Likelihood ratio χ^2	923.94						
P value	0.000						
* p < 0.1, ** p < 0.05, *** p < 0.01.							

Table 3 Generalised logit regression: EQ-5D score & long-standing health conditions

* p < 0.1, ** p < 0.05, *** p < 0.01.

Life satisfaction level	I	II	Ш	IV	V
	Odds	Odds	Odds	Odds	Odds
	ratio	ratio	ratio	ratio	ratio
EQ-5D score	3.143***	2.080***	1.911***	1.762***	1.477***
Tiredness/fatigue	1.022	0.880**	0.915	0.912	0.917
Insomnia	0.768**	0.851*	0.866*	0.862*	0.777**
Diabetes	0.733**	0.934	0.987	1.041	1.065
Breathing problems	0.893	0.897	0.904*	0.966	0.933
High blood pressure	1.043	1.040	1.029	1.060	0.983
Heart disease	1.308*	1.251**	1.116	1.009	1.007
Osteoarthritis	1.080	0.989	1.011	1.047	0.880
Stroke	0.859	0.939	0.801	0.887	0.911
Cancer	1.143	0.941	0.949	0.912	0.975
Control variables					
Age	0.945***	0.962***	0.960***	0.951***	0.946***
Age ²	1.001***	1.000***	1.001***	1.001***	1.001***
Male	1.007	1.084*	1.031	1.027	1.027
White	1.214	1.467***	1.319***	0.928	0.617***
GCSEs	1.114	1.148**	1.086	0.983	0.894
A levels	1.038	1.061**	1.043	0.998	0.966
Degree	1.073**	1.070***	1.043**	0.975	0.917***
White collar	0.951	1.001	0.963	1.043	0.984
Currently employed	0.922	0.938	0.900***	0.950	0.944
Observations	13591				
Likelihood ratio χ^2	823.42				
n 1					

Results Continued

White people were likely to report higher levels of life satisfaction but currently employed people were likely to report lower levels of life satisfaction.

Generalised ordered logit:

- People with more severe anxiety/depression were more likely to report lower levels of life satisfaction and people with the most severe anxiety/depression were likely to report the lowest level of life satisfaction.
- People with insomnia were likely to become completely dissatisfied or satisfied with their
- Males were likely to report higher levels of life satisfaction than females. People educated at GCSEs/A levels were likely to report higher levels of life satisfaction.
- The difference between people who reported lower levels and those who reported the highest levels of life satisfaction was significant for being white and educated at a degree level.

Discussion

- Similar findings about anxiety/depression as in the literature were confirmed - the largest negative association with SWB among five dimensions. Surprisingly, self-care tended to have the second largest negative impact.
- The coefficient of insomnia was significant and inclusion of insomnia had some impact on the EQ-5D dimensions particularly anxiety/depression and self-care. Therefore, insomnia could be considered as an additional 'bolt-on' dimension to the EQ-5D.
- An interesting finding was that all other health conditions had little or no impact on SWB.
- For further research, longitudinal data sets should be used for analysis to observe whether the association remains over time and establish a causality relationship.