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Using Utility Instruments In The Evaluation Of Incontinence.

Abstract

For many people incontinence is a chronic health condition where there are limited treatment options, from pelvic floor exercises to surgery. Many people may find these interventions have limited outcomes, when assessed using self-report. Additionally, there are very few evaluations where the effect of incontinence has been measured on peoples' quality of life, or where economic evaluations have been performed. Cost-utility studies, along with cost-benefit studies, are regarded as the best of the economic evaluation methods; however, they require the collection of 'utility' data which may be either through the use of disease-specific vignettes or through using multi-attribute utility instruments.

This paper reviews the use of multi-attribute utility instruments within the context of incontinence. Five utility instruments are reviewed: the EQ5D, 15D, HUI3, AQoL and SF6D. The instruments are reviewed against the axioms of utility measurement. To identify publications where these instruments have been used in incontinence, a search of Medline, Psychlit and Econolit was undertaken. All identified articles were retrieved. Additionally, two Australian datasets with measures of incontinence and the SF-36 (from which the SF-6D is derived) and the AQoL were analysed.

Regarding utility instruments, the review showed there are important differences between the available instruments; however, no instrument appears to meet all the requirements of utility measurement. Those instruments which meet the utility axioms better are the EQ5D, HUI3 and AQoL (in order of instrument publication).

The review of studies revealed that very few studies using utility measures in incontinence have been published. When effect sizes and relative efficiencies were computed and assigned to the respective instruments, it was shown that the EQ5D was the least responsive instrument, followed by the SF6D, HUI3, AQoL and 15D. Possible reasons for these differences are discussed, as are the recommendations arising from the study regarding the selection of utility instruments in studies of incontinence.

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