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HRQOL And Consumers And Communication.

Abstract

Background: In this paper we present an analysis of the use of Health Related Quality of Life (HRQOL) measures in trials of communication interventions. The trials are a sample of trials in the specialised trials register of the Cochrane Consumers and Communication Review Group (the Group). The Cochrane Consumers and Communication Review Group is one of 50 review groups in the Cochrane Collaboration. The Group is responsible for the coordination of the production of reviews of interventions which affect consumers' interactions with different parts of the health system. The scope of the Group is to undertake systematic reviews of research on the effects of interventions (particularly those which focus on information and communication) which affect consumers' interactions with health professionals, health care services, and health care researchers. For the purposes of its work, the Group's scope categorises interventions into five broad areas: interventions relating to communication during consultations or episodes of care; interventions relating to health care decision making, support and education; interventions affecting consumer participation in health care planning, policy, and research; techniques and media for communicating information to consumers; and placebo effects.

One of the ways that Cochrane review groups assist reviewers to prepare their systematic review is by developing and maintaining a specialised register of published reports of relevant studies. For this Group, the register contains references to randomised controlled trials and controlled clinical trials. These trials examine the effects of communication-based interventions which may benefit consumers in their experience of the delivery of health care in the broadest sense. All reports of trials are coded for the type of intervention, the direction of the intervention (eg, from provider to consumer, from consumer to provider), and for all outcomes reported by the triallists.

Method: The register (3020 trials at 8 July 2003) was searched using an appropriate code to identify trials that measured psychosocial outcomes, including quality of life. This retrieved titles and abstracts (where available) of 318 records (sample A). The register was then searched using the codes for psychosocial outcomes, including quality of life, combined with a code that identifies that the intervention in the trial was directed from the consumer to the provider. This identified a subset of 51 records (sample B). Common or contrasting themes associated with the use of QOL were identified. An additional search of Medline was undertaken to see if there were any recent examples of trials where QOL had been used more pro-actively in a consultation setting to supplement the register sample.

Findings: We will present findings on the purpose of HRQOL usage in trials of communication interventions. Preliminary analysis (at 17 July) indicates that researchers are using QOL measures or QOL instruments to: assess the QOL of survivors of serious treatments/diseases/problems; assess the QOL of people with an ongoing health problem, eg chronic illness; and assess the QOL of family members who assist in the care of a person with a health problem. In addition, there are a small number of examples where researchers have used QOL measures, or instruments to attempt to find out why very ill people do not complete QOL surveys and to increase detection and management of QOL problems (eg by pro-active use of QOL instrument prior to consultation).

Discussion: The presentation will conclude with a short discussion of the implications of these findings for improvements in the practice of communicating with, informing, or supporting consumers of health care.

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