



PEARL

Improving quality of life relies on valid outcome measures as well as drugs

Jones, Rupert C.; Masoli, Matthew; Lanario, Joseph W.; Hyland, Michael E.

Published in:

BMJ

DOI:

[10.1136/bmj.j4623](https://doi.org/10.1136/bmj.j4623)

Publication date:

2017

Link:

[Link to publication in PEARL](#)

Citation for published version (APA):

Jones, R. C., Masoli, M., Lanario, J. W., & Hyland, M. E. (2017). Improving quality of life relies on valid outcome measures as well as drugs. *BMJ*, *0*(0), j4623-j4623.

<https://doi.org/10.1136/bmj.j4623>

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Wherever possible please cite the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

“This is the author’s accepted manuscript. The final published version of this work (the version of record) is published by BMJ 12 Oct 2017 available at: <http://www.bmj.com/content/359/bmj.i4623>.

This work is made available in accordance with the publisher’s policies. Please refer to any applicable terms of use of the publisher.”

BMJ Rapid Responses

The authors of this review of managing difficult to treat asthma state that studies of novel biologic agents have shown marked improvements in exacerbation frequency, health care consumption, and reductions in oral steroid dosage, but that there is limited evidence to demonstrate benefits in quality of life. Failure to detect quality of life improvement amongst so many other improvements may be the fault of the quality of life instruments, not the drug. Current asthma quality of life scales were designed for patients with mild to moderate asthma but have not been designed to assess the burden of disease and treatment in the most severe asthmatics¹. In severe asthma oral corticosteroids impose a high level of adverse effects as perceived by patients. These adverse effects can be ameliorated by reductions in oral corticosteroids that can be achieved when patients start biologic a treatment. NICE has confirmed that important factors related to oral steroid burden had not been captured when calculating the quality of life adjusted life years (QALY).² The newly developed Severe Asthma Questionnaire (www.saq.org.uk) was developed specifically using the input of patients with severe asthma to meet current Food and Drug Administration standards on HRQoL questionnaire design.³ The SAQ is currently undergoing validation but represents a more content and construct valid HRQoL outcome measure for patients with severe asthma. Only if appropriate measures are used to assess the specific health deficits experienced by people with severe asthma can interventions that improve HRQoL be evaluated accurately.

1. Hyland ME, Whalley B, Jones RC, Masoli M. A qualitative study of the impact of severe asthma and its treatment showing that treatment burden is neglected in existing asthma assessment scales. *Quality of Life Research*. 2015 Mar 1;24(3):631-9.

2. National Institute for Health and Care Excellence. Omalizumab for treating severe persistent allergic asthma (2013). Technology appraisal guidance [TA278].
<http://www.nice.org.uk/guidance/ta278>

3. U.S. Department of Health and Human Services Food and Drug Administration (2009). Guidance for Industry Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims.
<https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm193282.pdf>