



Effective Health Care

Risks and Benefits of the KDQOL-SF 36 Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Risks and benefits of the KDQOL-SF 36 is not feasible for a full systematic review due to the limited data available for a review at this time.

Topic Description

Nominator: Anonymous individual

Nomination Summary: The nominator is interested in the risks and benefits of the Kidney Dialysis Quality of Life and Short Form 36 (KDQOL-SF 36) instrument and would like a review of its current uses, applications, and misuses. S/he would also like to know what interventions are useful for improving patients' KDQOL-SF 36 scores and patient health outcomes.

Staff-Generated PICO: Impact of interventions on KDQOL score and health outcomes

Population(s): Dialysis patients with and without co-morbidities

Intervention(s): Interventions that improve KDQOL-SF 36 score

Comparator(s): Interventions compared to each other

Outcome(s): Improved health outcomes including reduced negative psychological effects of having reduced scores for patients with chronic severe co-morbidities

Staff-Generated PICO: Validity and reliability

Population(s): Dialysis patients with and without co-morbidities

Intervention(s): Scoring the KDQOL-SF 36 based on the original study that developed the KDQOL-SF 36 scoring system (the Dialysis Outcomes and Practice Patterns Study (DOPPS))

Comparator(s): Alternative scoring methodologies including: (1) using average scores instead of normal ranges; (2) not knowing the standard deviation of each variable in the scoring system; and (3) setting normal ranges based on a specific center's population without determining correlational probability of hospitalization and death

Outcome(s): (1) More accurate KDQOL-SF 36 score; (2) Appropriate use of the KDQOL-SF 36 instrument; (3) clinical correlation with health outcomes

Key Questions from Nominator: None

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- CMS has ruled that all dialysis clinics must assess patients annually or more often as needed, and there is an expectation by CMS that dialysis clinics use the KDQOL-SF 36 instrument (<http://edocket.access.gpo.gov/2008/pdf/08-1102.pdf>). There is a consistent literature that describes the validity and reliability of the KDQOL-SF 36; however, there is no literature regarding variation in implementation of the KDQOL-SF 36 and the use of different scoring methods. Strategies to improve KDQOL-SF 36 scores are quite heterogeneous, with only one published study for each type of intervention so data are not comparable. Moreover, these studies do not address subsequent patient health outcomes based on the use of the KDQOL-SF 36 as a management tool to guide clinical practice. Thus, the literature is currently insufficient to address the nominator's concerns.