

Quality of Life after Trauma

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Quality of Life

- That attribute of *human existence* that is judged in terms of *each person's own values* and that reflects current *functional status* and *achievement*.
- Nothing to do with a surgical value judgement or a surgeon's value judgment

Patient-centered

Important Domains in HRQOL

- Physical symptoms
- Psychological symptoms
- Cognition
- Social relationships
- General health/health change
- Economic demands
- Hopes and expectations
- Spirituality

Challenges with QOL assessment

- Which instrument?
- When to measure?
- What is “normal”?
- What is modifiable?
- Overall or specific target areas?
- Requires follow-up

Which instrument?

■ General

- Populations
- Less responsive to change
- Better psychometric properties
- Better comparisons

■ Disease-specific

- Individuals
- More responsive to change

SF-36

Domains

Physical
Function
(PF)

Role
Physical
(RP)

Bodily
Pain (BP)

General
Health
(GH)

Summary Measures

Physical
Component
(PCS)

Mental
Component
(MCS)

Domains

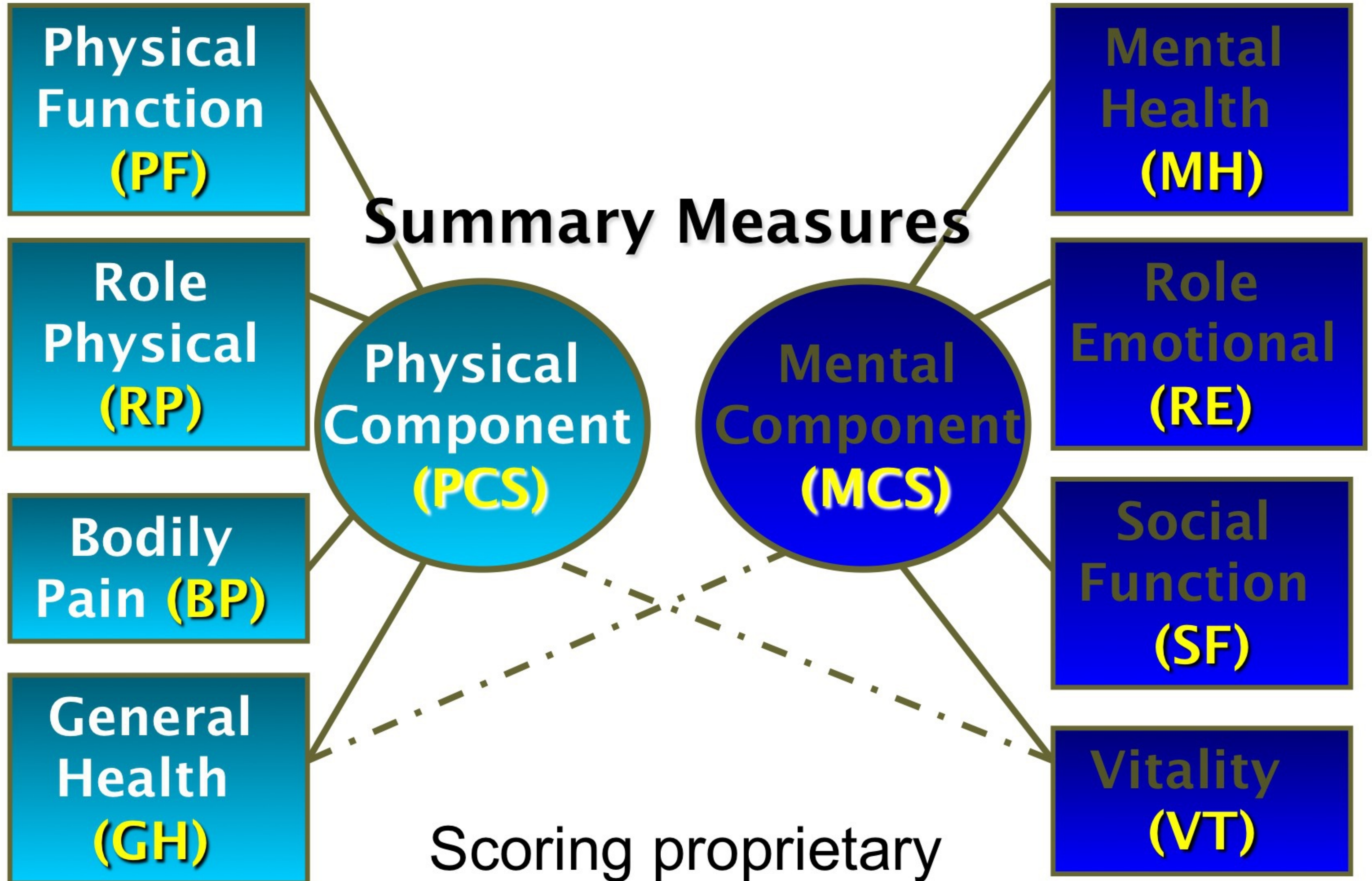
Mental
Health
(MH)

Role
Emotional
(RE)

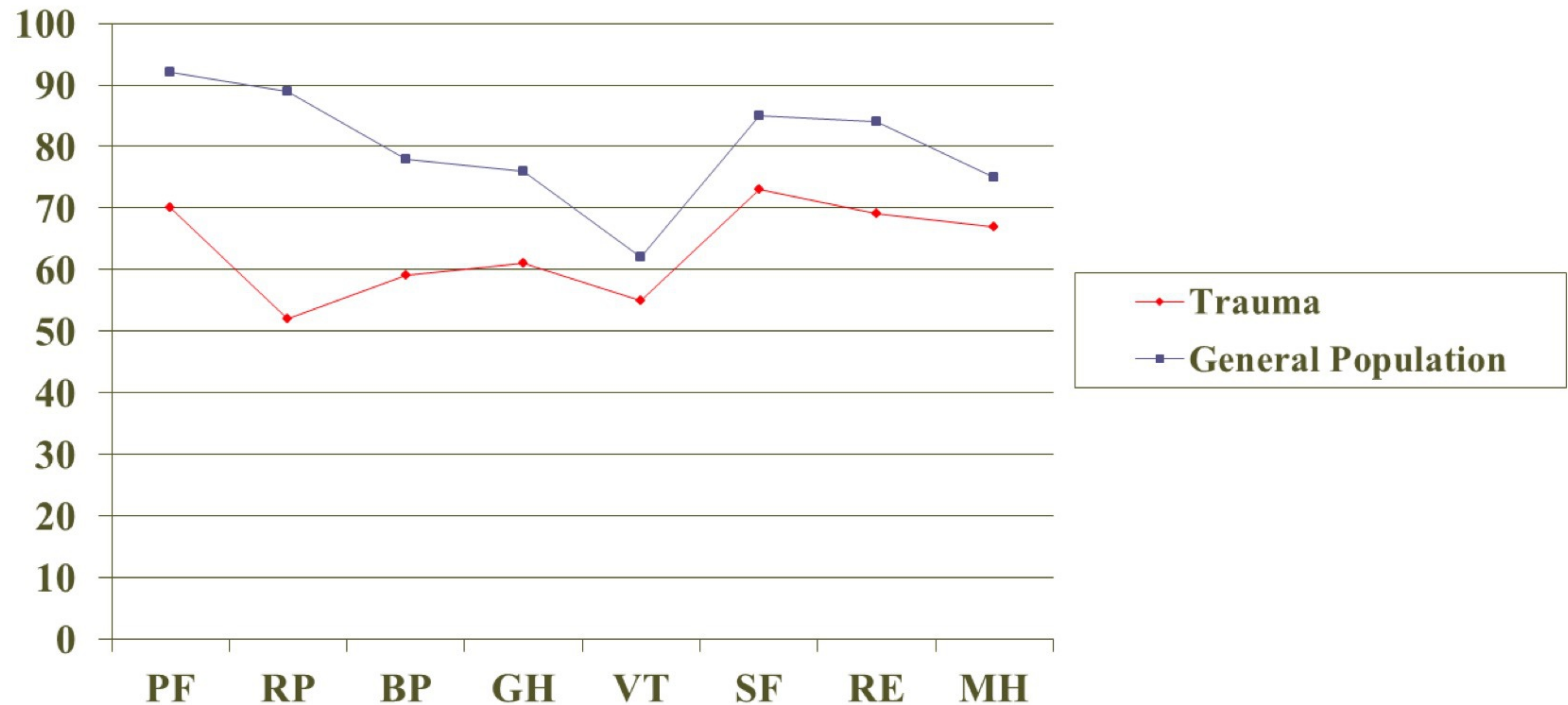
Social
Function
(SF)

Vitality
(VT)

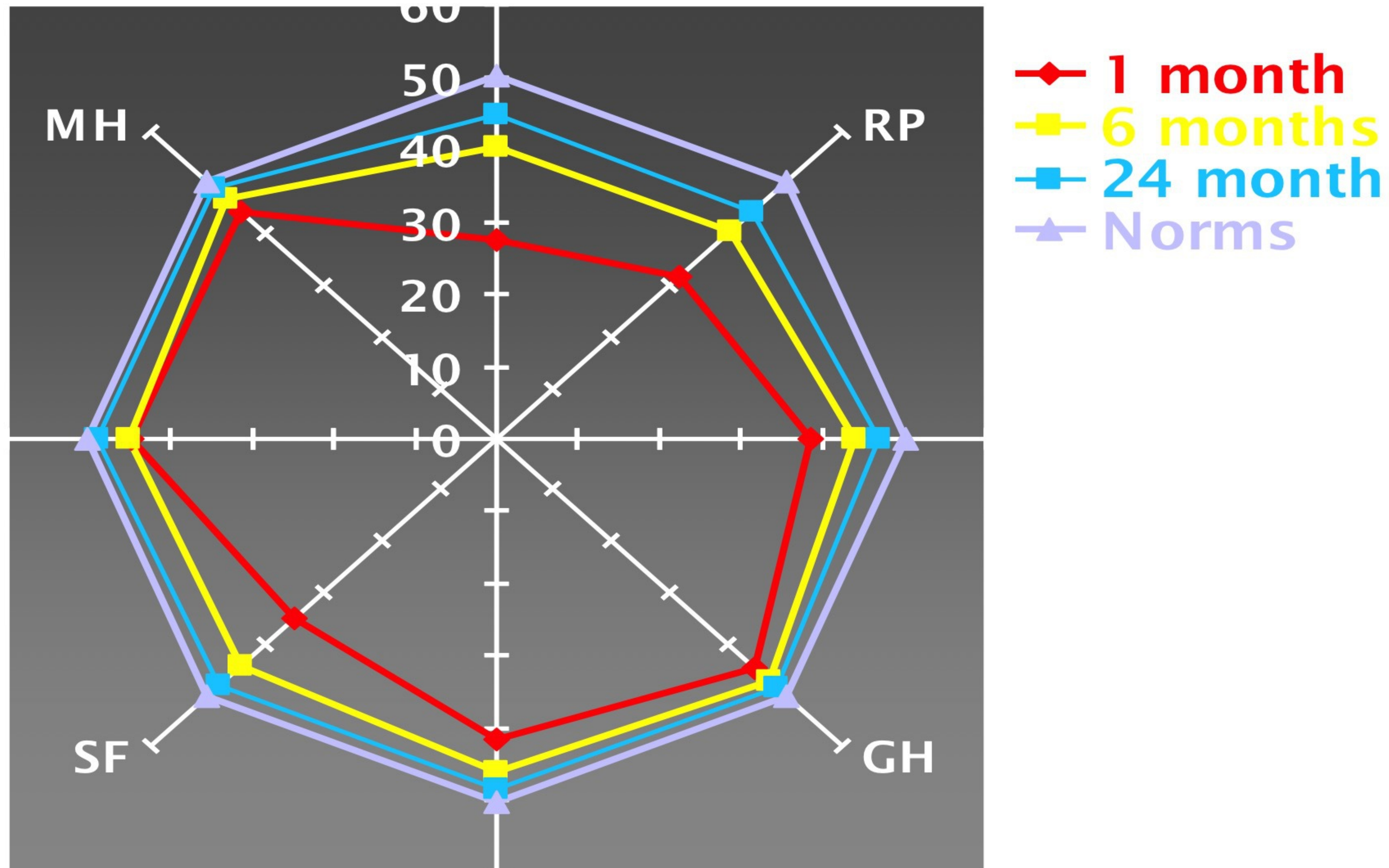
Scoring proprietary



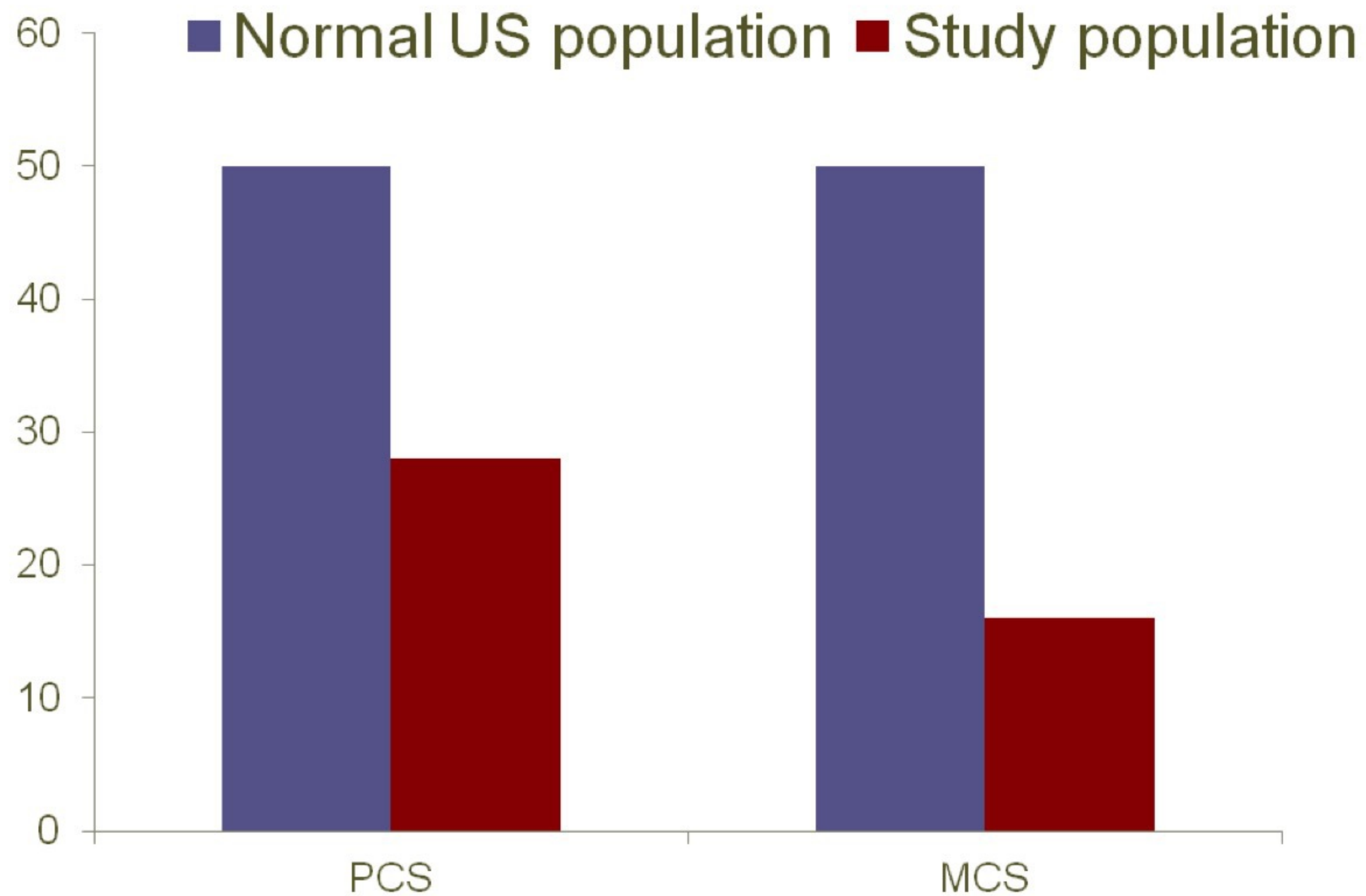
Quality of life after trauma



SF-36 Scores



Quality of Life



Long-term trauma survivors after prolonged ICU stay.

Measurement of correlates

■ PTSD

- PCLC—17 item self-administered questionnaire
 - Dichotomous cut-off (44)

■ Depression/Anxiety

- HADS—Hospital Anxiety and Depression Scale
- 14 items (7 each)
- Mild/moderate/severe

■ Pain

- Capturing what is already recorded

What is modifiable?

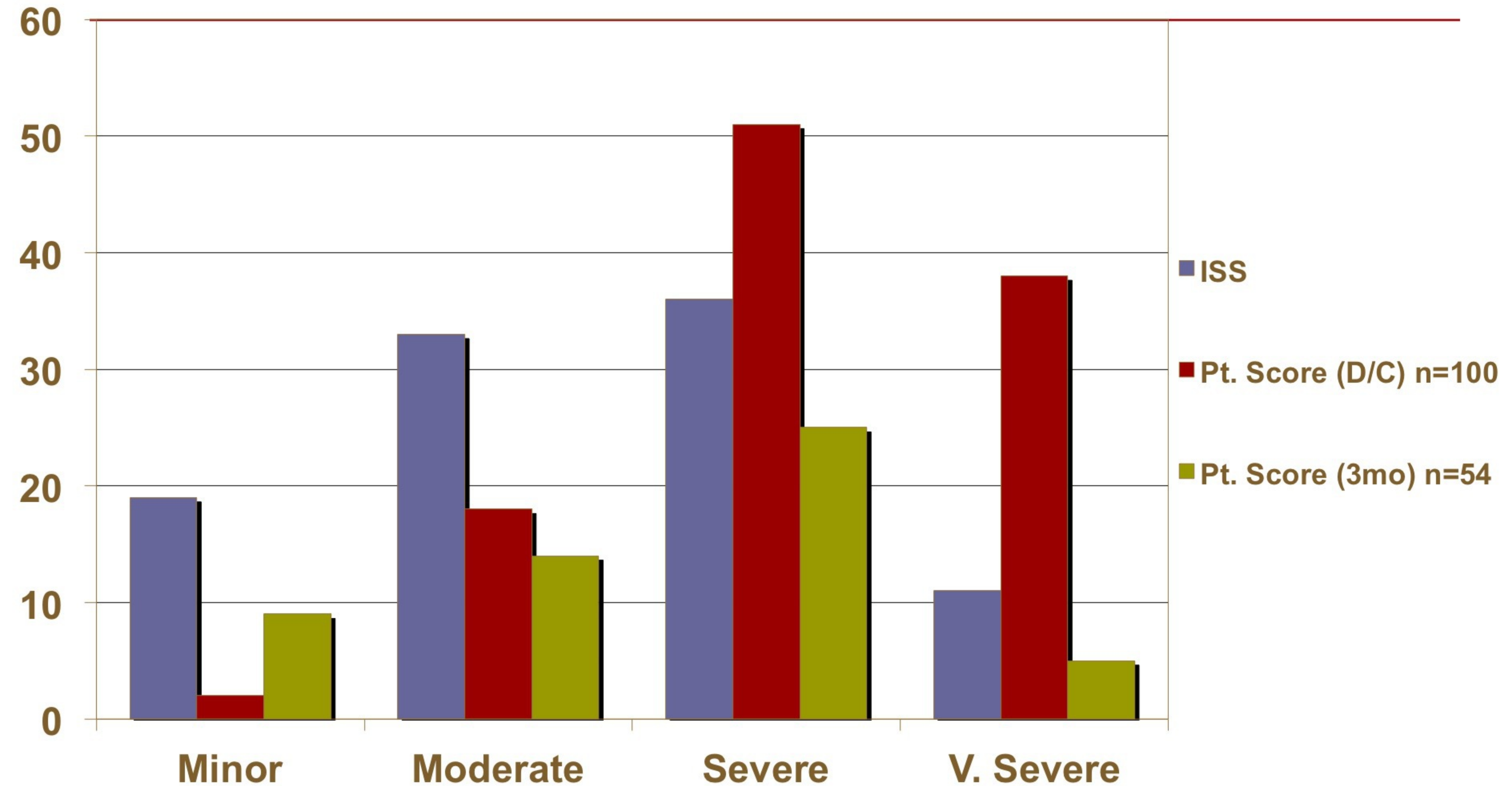
- QOL related to
 - ISS
 - Lower extremity injury
 - PTSD
 - Depression
 - Functional status
 - Social support
 - Gender
 - Age
 - LOS

QOL and modifiable factors

	B	SE(B)	β	Adj R ²	F
PCS				0.38	9.92*
PTSD severity	-0.34	0.13	-0.40*		
Perceived severity	-7.00	2.40	-0.44*		
MCS				0.44	12.77*
PTSD severity	-0.46	-0.13	-0.52*		
Perceived severity	-6.25	2.35	-0.38*		

* p < .01

Perceived injury severity



Perceived injury severity

	Before discharge	3 months
Underestimated severity, n (%)	14 (14)	19 (35)
Equivalent severity, n (%)	25 (25)	13 (24)
Overestimated severity, n (%)	61 (61)	22 (41)
Spearman correlation, statistic (p value)	0.13 (0.2)	0.15 (0.3)
Kappa, statistic (p value)	-0.0081 (0.6)	0.069 (0.14)

Non-significant

- Age
- Race
- SES
- ISS
- Complications
- Discharge destination
- Employment status

Implications

- Biopsychosocial model of disease
 - “Disease can not be accounted for solely by deviations from norm of measurable biological variables”
- ISS an inaccurate reflection of how patient perceives injury
- Those most at risk for poor outcome least able to get help
- Hypothesis-driven research should focus on patient-assessed factors as they influence QoL.

Recommendations--Clinical

- Understand it's a multidimensional construct
- Believe in the importance of patient-derived data
- Concentrate on one modifiable area
 - PTSD
 - Pain
 - Depression
- Do as much as you can on a shoestring...
build infrastructure for the future

Summary

- QoL after injury improves over time, never returns to baseline
- Long-term follow-up essential
- As clinicians, modifiable factors important
- Psychological factors **EXTREMELY** important
 - Early recognition and screening
- Complex, interdisciplinary care and research
- Your perception \neq your patient's perception