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Comment on “Health-related quality of life as a prognostic factor of survival in critically ill patients”

Accepted: 21 February 2009
Published online: 3 April 2009
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An author's reply to this comment is available at:
doi:10.1007/s00134-009-1477-5.

To the Editor,

With great interest, we read the article by Iribarren-Diarasarri et al. [1] who made commendable efforts to investigate whether a patient's health status prior to intensive care unit (ICU) admission can be used as a prognostic factor to assess an individual's mid to long-term prognosis. The authors demonstrated a twofold higher risk for in-hospital ($P = 0.04$) mortality and 1-year mortality ($P = 0.001$) in case of moderate to severe impairment of a patient's quality of life (QoL) within the month prior to ICU admission [1]. Although we appreciate these interesting findings, we would like to raise some comments.

Considering cost restraints in health care, everybody involved in caring for patients will have to make decisions in terms of allocating

therapeutic efforts whether they want to or not. In this regard and consequently with the findings of Iribarren-Diarasarri et al., QoL may become more and more a factor to be considered when deciding to admit a patient, especially to the extensively resource-consuming ICU. However, as QoL, irrespective of the instrument used, is only rarely if ever assessed prior to admission, we would like to suggest comparing baseline characteristics of those patients who reported good (score <8) versus poor QoL (score ≥ 8). As such, the variables associated with impaired QoL can be identified and can be used by physicians as surrogate measures of poor QoL, which is especially important for specific cohorts such as cancer patients or patients with acute respiratory distress syndrome [2, 3]. Furthermore, based on these variables, the authors could consider making a propensity score, representing a patient's probability of experiencing poor perceived QoL upon admission, which can subsequently be included in the multivariable analysis model. Given the challenges we will have to deal with in the (near) future, economic issues including QoL will become inevitable in intensive-care research.

References

1. Iribarren-Diarasarri S, Aizpuru-Barandiaran F, Munoz-Martinez T, Loma-Osorio A, Hernandez-Lopez M, Ruiz-Zorrilla JM, Castillo-Arenal C, Dudagoitia-Otaolea JL, Martinez-Alutiz S, Vinuesa-Lozano C (2009) Health-related

quality of life as a prognostic factor of survival in critically ill patients. *Intensive Care Med* doi:10.1007/s00134-009-1418-3

2. Vandijck DM, Benoit DD, Depuydt PO, Offner FC, Blot SI, Van Tilborgh AK, Nollet J, Steel E, Noens LA, Decruyenaere JM (2008) Impact of recent intravenous chemotherapy on outcome in severe sepsis and septic shock patients with hematological malignancies. *Intensive Care Med* 34:847–855
3. Andrews P, Azoulay E, Antonelli M, Brochard L, Brun-Buisson C, De Backer D, Dobb G, Fagon JY, Gerlach H, Groeneveld J, Macrae D, Mancebo J, Metnitz P, Nava S, Pugin J, Pinsky M, Radermacher P, Richard C (2007) Year in review in *Intensive Care Medicine*, 2006. III. Circulation, ethics, cancer, outcome, education, nutrition, and pediatric and neonatal critical care. *Intensive Care Med* 33:414–422

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