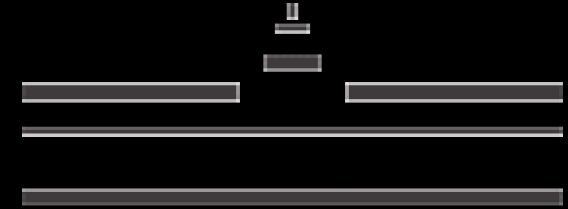


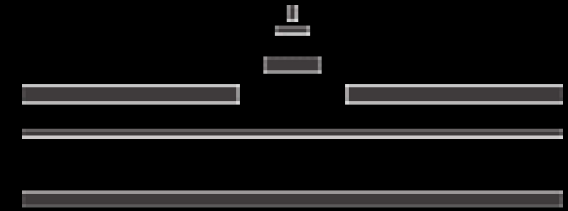
Lebensqualität - ein Surrogat für „gelingendes Leben“?

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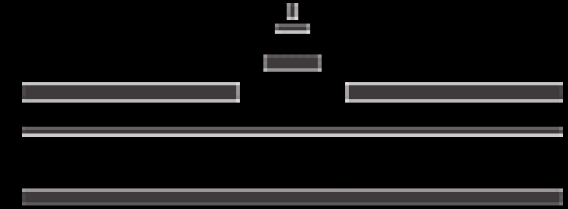




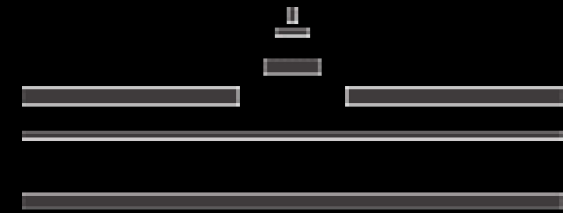
- LQ – Surrogat für „gelingendes Leben“?
 - Nein
- LQ – Fortschritt für die Medizin?
 - Ja



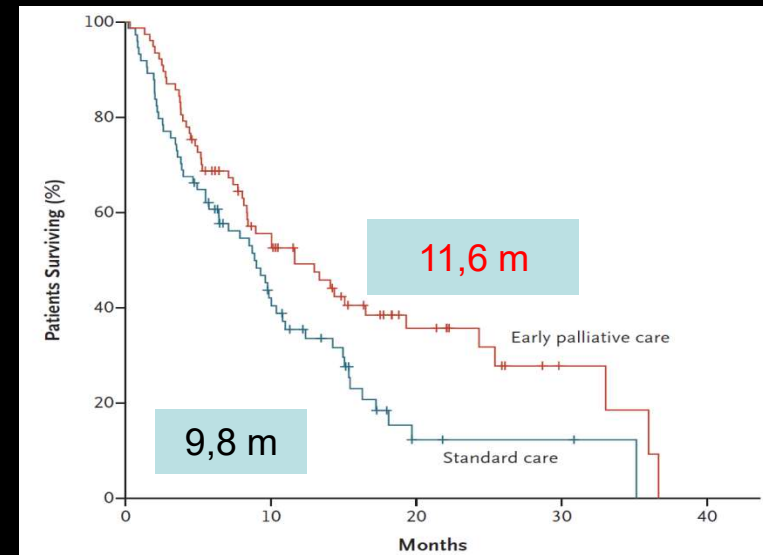
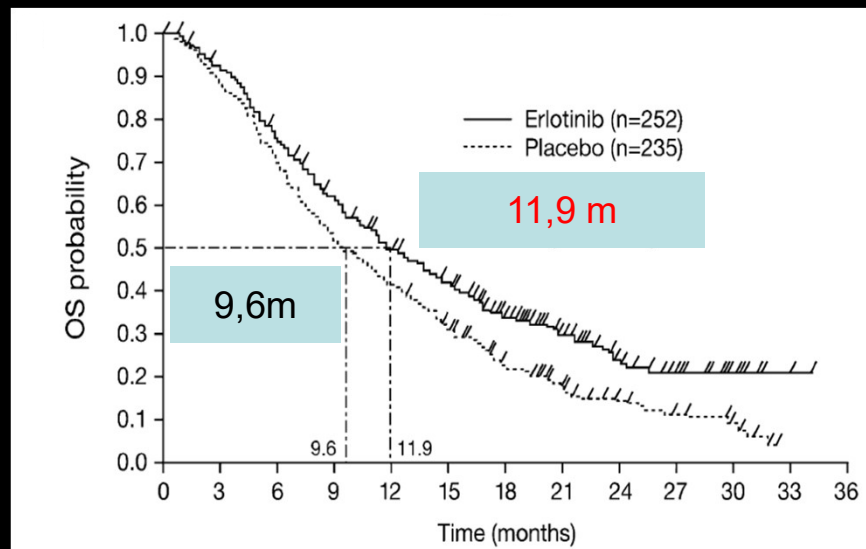
- Thesen
- Aufwärmen
- LQ
 - Idee
 - Operationalisierung
- Kontexte
- Probleme



- Der Fall
 - 60jährige Patientin
 - Nicht-kleinzelliges Lungenkarzinom (NSLC)
 - ansonsten nur eine Komorbidität: Hypertonie
- Die Behandlungsoptionen
 - (Second-line-)Therapie mit Erlotinib
 - Frühe palliative Betreuung mit Standardtherapie



- Die Behandlungsoptionen (Überleben)



(1) Coudert, B. et al. 2012. Survival benefit with erlotinib maintenance therapy in patients with advanced non-small-cell lung cancer (NSCLC) according to response to first-line chemotherapy. *Annals of Oncology* 23, Nr. 2 (1. Februar): 388–394. doi:[10.1093/annonc/mdr125](https://doi.org/10.1093/annonc/mdr125).

(2) Temel, Jennifer S. et al. 2010. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *New England Journal of Medicine* 363, Nr. 8: 733–742. doi:[10.1056/NEJMoa1000678](https://doi.org/10.1056/NEJMoa1000678).

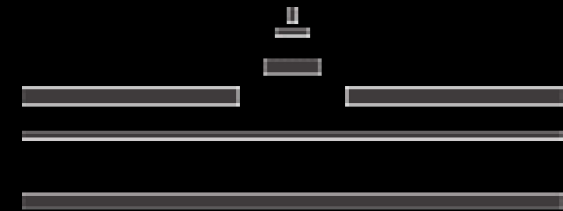


Table 2. Bivariate Analyses of Quality-of-Life Outcomes at 12 Weeks.*

Variable	Standard Care (N = 47)	Early Palliative Care (N = 60)	Difference between Early Care and Standard Care (95% CI)	P Value†	Effect Size‡
FACT-L score	91.5±15.8	98.0±15.1	6.5 (0.5–12.4)	0.03	0.42
LCS score	19.3±4.2	21.0±3.9	1.7 (0.1–3.2)	0.04	0.41
TOI score	53.0±11.5	59.0±11.6	6.0 (1.5–10.4)	0.009	0.52

- Functional Assessment of Cancer Therapy–Lung (FACT-L) scale
- Lung-Cancer Subscale (LCS)
- Trial Outcome Index (TOI)

Temel, Jennifer S., Joseph A. Greer, Alona Muzikansky, Emily R. Gallagher, Sonal Admane, Vicki A. Jackson, Constance M. Dahlin, u. a. 2010. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *New England Journal of Medicine* 363, Nr. 8: 733–742. doi:[10.1056/NEJMoa1000678](https://doi.org/10.1056/NEJMoa1000678), S. 738.

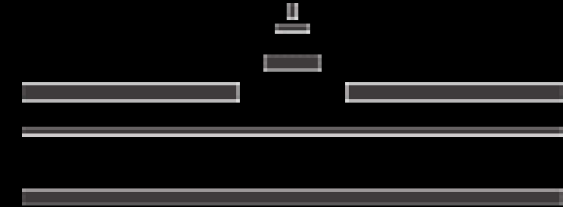


Table 1. FACT-L Items Included in the Lung Cancer Subscale and Trial Outcome Index, Version 4^{3,6}

Lung Cancer Subscale (LCS)

- I have been short of breath.
- I am losing weight.
- My thinking is clear.
- I have been coughing.
- I have a good appetite.
- I feel tightness in my chest.
- Breathing is easy for me.

Trial Outcome Index (TOI)*

Lung Cancer Subscale (LCS)

Physical Well-Being (PWB)

- I have a lack of energy.
- I have nausea.
- Because of my physical condition, I have trouble meeting the needs of my family.
- I have pain.
- I am bothered by side effects of treatment.
- I feel sick.
- I am forced to spend time in bed.

Functional Well-Being (FWB)

- I am able to work (include work in home).
- My work (include work in home) is fulfilling.
- I am able to enjoy life.
- I have accepted my illness.
- I am sleeping well.
- I am enjoying the things I usually do for fun.
- I am content with the quality of my life right now.

* Trial Outcome Index (TOI) = LCS + PWB + FWB.

Cella, David. 2004. The Functional Assessment of Cancer Therapy—Lung and Lung Cancer Subscale assess quality of life and meaningful symptom improvement in lung cancer. *Seminars in Oncology* 31. Symptoms and Quality of Life in Advanced Non-Small Cell Lung Cancer (1. Juni): 11–15. doi:[10.1053/j.seminoncol.2004.04.008](https://doi.org/10.1053/j.seminoncol.2004.04.008), S. 13.

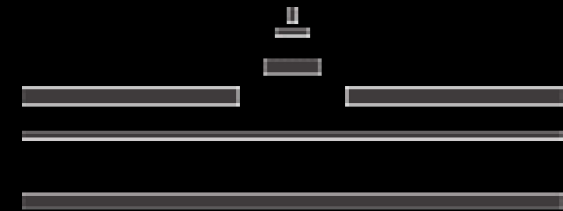
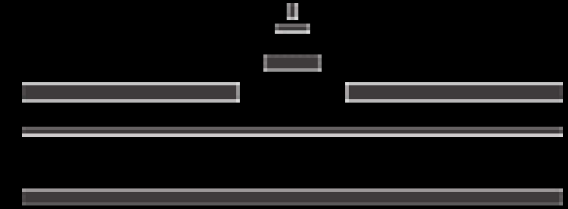


Table 2. Bivariate Analyses of Quality-of-Life Outcomes at 12 Weeks.*

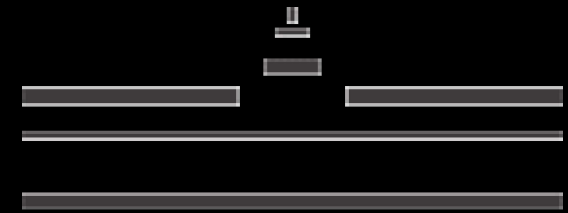
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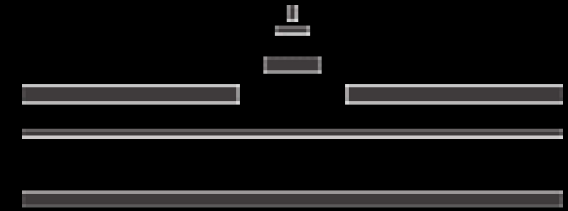
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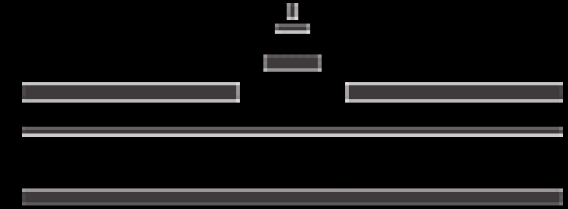
- Die Idee patientenrelevanter Zielgrößen?
 - Grundannahmen
 - Patienten wünschen gelingendes Leben
 - Ermöglichende Faktoren für gelingendes Leben
 - ...
 - Normallanges Leben
 - Körperliches und seelisches Wohlbefinden
 - ...



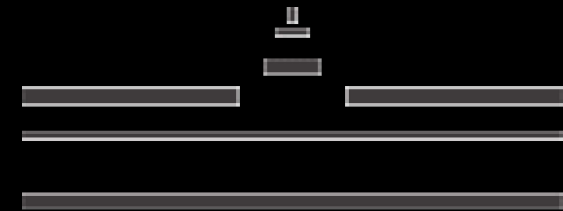
- Der Sinn medizinischer Maßnahmen?
 - PATIENTENDienlichkeit
 - PATIENTENrelevanter Nutzen
 - Senkung der Mortalität
 - Senkung der Morbidität
 - Steigerung der LQ
 - Warum patientenrelevante Zielgrößen?
 - Erfahrungen insbesondere aus früher Intensivmedizin



- **Wie misst man LQ?**
 - **Messinstrumente**
 - **krankheitsspezifische**
 - Quality of Life Questionnaire C30 (EORTC-QLQ-C30)
 - Functional Assessment of Cancer Therapy–Lung (FACT-L)
 - lung-cancer subscale (LCS)
 - ...
 - **krankheitsübergreifende (generische)**
 - Short Form-36 Health Survey (SF-36)
 - EuroQOL (EQ-5D)
 - Sickness Impact Profile (SIP)
 - ...

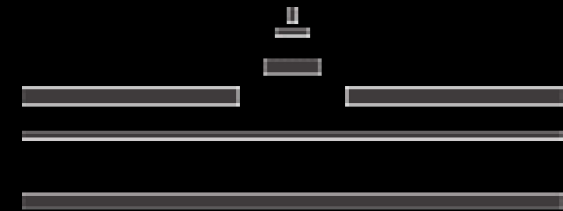


- Wo wird LQ eingesetzt?
 - Patientenversorgung
 - Messung Behandlungsbedürftigkeit
 - Messung Behandlungserfolg
 - Forschung
 - Messung der Wirksamkeit/des Nutzens
 - Gesundheitssystem
 - Bewertung unterschiedlicher Maßnahmen (HTA)
 - Entscheidungen über Leistungskatalog



QALY-Konzept	Intervention A	Intervention B
Überlebenszeit (Jahre)	+2	+1
LQ (zwischen 0 und 1)	0,5	1
QALY	1	1

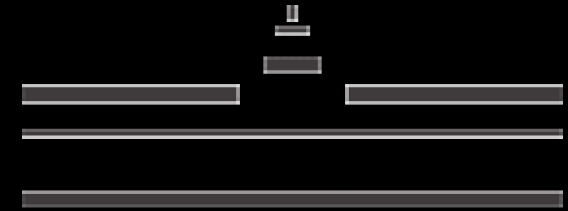
Patientenversorgung: LQ-Probleme



	Intervention A	Intervention B
Funktionsfähigkeit	+2	+1
Schmerzreduktion	+2	+2
LQ-Score	+4	+3

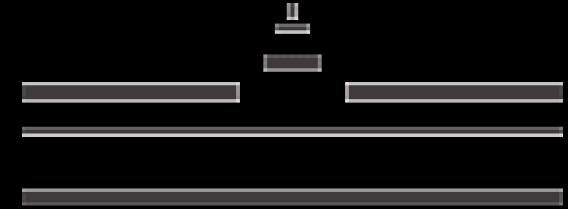
	Intervention C	Intervention D
Funktionsfähigkeit	+2	-1
Schmerzreduktion	-1	+2
LQ-Score	+1	+1

	Intervention E	Intervention F
Funktionsfähigkeit	+4	+1
Schmerzreduktion	-1	+1
LQ-Score	+3	+2



- **Autonomie trumpft...**
 - bei der Bewertung eines gelungenen Lebens
 - Daher: Patienten müssen verstehen, um informiert entscheiden zu können

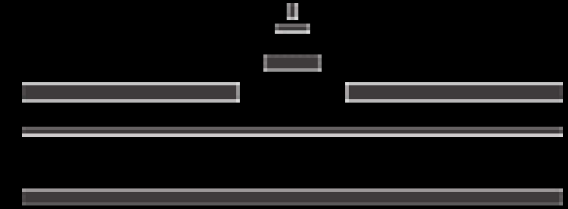
Aber: Patienten verstehen LQ-Scores nicht



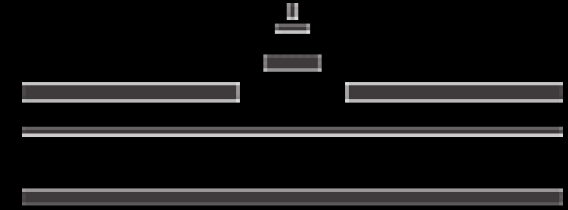
- **Möglicher Lösungsansatz:**
 - LQ-Konglomerate disassemblieren

Folge 1: LQ als mehrdim. Größe aufgelöst

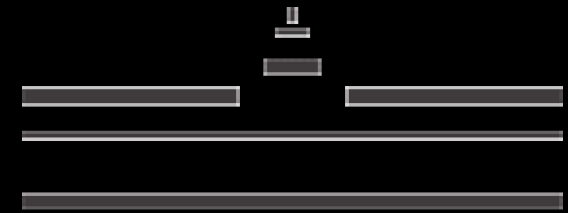
Folge 2: Das Patientengespräch wird wichtiger



- Nutzensgewinn trumpft...
 - bei der Bewertung einer neuen Intervention
- Unproblematisch wenn...
 - In allen Dim. besser oder zumindest gleich gut
- **Problematisch wenn nicht...**
 - **Offen, wie damit umzugehen ist**



- Nutzensgewinn wichtig...
 - bei der Bewertung einer neuen Intervention
- Unproblematisch wenn...
 - In allen Dim. besser oder zumindest gleich gut
- **Problematisch wenn nicht...**
 - **Offen, wie damit umzugehen ist**



<http://campus.uni-muenster.de/egtm.html>

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