Quality of life reflects disease severity, but can they be improved.

Professor Alun H Davies
Section of Vascular Surgery
Charing Cross & St Mary’s Hospitals
London

Disclosures

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Assessment & outcomes in venous disease?

Measuring venous disease

- Anatomical
- Haemodynamic
- Clinical
- Functional

- Doppler
- Plethysmography
- CEAP

- Ambulatory Venous pressures
- VCSS

- Disease specific

What is meant by outcome?

• Improvement in clinical signs?

• Symptoms?

• Absence of truncal reflux?

• Patient satisfaction

Current Reporting Standards for endovenous ablation

• 2007- joint statement from the American Venous Forum publish recommended reporting standards for Endovenous ablation*

• “facilitate comparison between the results of different studies and to improve the overall quality of clinical research on venous disease”

Recommended reporting for outcomes: Summary

• Imaging
• Clinical Status
• Quality of life
• Complications
• Cost effectiveness-recommended
• Need for additional procedures

**Functional/Quality of life Assessment**

- Generic
  - SF36
  - SF12
  - EQ-5D
- Disease Specific
  - AVVQ
  - SQOR-V
  - CIVIQ-2
  - VEINES

**Unable to use AVVQ / SPOR – V to select patients with respect to subsequent outcome**

**Recommendations for QoL Measures**

**Modeling the effect of venous disease on quality of life**


**Comparison of disease-specific quality of life tests in patients with chronic venous disease**

Ming-Loon Kwek, Tristan RA Lane, Nazrul A Anwar, and Alan H Davies

**Conclusions**

- A study to compare disease-specific quality of life with clinical anatomical and hemodynamic assessments in patients with varicose veins

Functional/Quality of life Assessment

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CONCLUSIONS

Evaluation of the severity of venous disease and the optimal outcome measure remains controversial. The use of a range of outcome measures, including disease-specific questionnaires, is likely to be optimal and may replace surrogate outcome measures in the future. International consensus as to the most appropriate questionnaire to use for a particular patient group would aid comparison between clinical studies, although at present, no such consensus exists.
The Burden of Depression in Patients with Symptomatic Varicose Veins

K. Srinagar1, T.C.A. Lane2, A.H. Davies3

1Academic Unit of Vascular Surgery, Department of Surgery and Cancer, Imperial College London, Hammersmith Hospital, London W12 0NN, UK
2Academic Unit of Vascular Surgery, Department of Surgery and Cancer, Imperial College London, St Mary’s Hospital, London W2 1NY, UK
3Academic Unit of Vascular Surgery, Department of Surgery and Cancer, Imperial College London, Hammersmith Hospital, London W12 0NN, UK

WHAT THIS PAPER AIMS TO SHOW

A new scoring tool for use in repeat varicose disease is in clinical practice, and evaluate its impact on quality of life and symptoms.

The results of the present study highlight the morbidity associated with varicose veins and the generally positive impact of treatment. Despite the limitations of PROMs, data interpretation, assessing quality of life in addition to clinical and duplex measures provides a more comprehensive assessment of patients with varicose disease. This includes improvement not only to the impact of treatment for varicose veins, but also to highlight how concerns and expectations identified by the questionnaire may be used to improve patient experience.

Factors impacting on patient perception of procedural success and satisfaction following treatment for varicose veins

S. Onitsu, J. Shallcross, H. M. Moore, K. S. Head, T. B. A. Lane and A. H. Davies

Academic Unit of Vascular Surgery, Department of Surgery and Cancer, Imperial College London, Hammersmith Hospital, London W12 0NN, UK

Table 1: Changes in health-related quality of life after treatment for varicose veins

<table>
<thead>
<tr>
<th>No. of individuals</th>
<th>Lower extremity score</th>
<th>Upper extremity score</th>
<th>Health gain</th>
<th>Health gain (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>0.72</td>
<td>0.03</td>
<td>1.58</td>
<td>1.58</td>
</tr>
<tr>
<td>16</td>
<td>0.72</td>
<td>0.03</td>
<td>1.58</td>
<td>1.58</td>
</tr>
</tbody>
</table>

The VVSymQ2 instrument: Use of a new patient-reported outcome measure for assessment of varicose vein symptoms

Jean Paty1, Diane M Turner-Bowker2, Celeste A Elash3 and David Wright4

Table 1: Questions, response, and method of scoring in the VVSymQ2 questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;How bad is the pain?&quot;</td>
<td>0</td>
</tr>
<tr>
<td>&quot;A little of the time&quot;</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Some of the time&quot;</td>
<td>2</td>
</tr>
<tr>
<td>&quot;A good bit of the time&quot;</td>
<td>3</td>
</tr>
<tr>
<td>&quot;All of the time&quot;</td>
<td>4</td>
</tr>
</tbody>
</table>
Conclusions
Endothermal procedures would be cost-effective therapeutic options in adult patients requiring treatment in the upper leg for incompetence of the CVI. MOCV appears to be promising, but more RCT evidence on effectiveness and HRQoL is needed. At current prices, GAB is not a cost-effective option because it is</p>