Universidad de Alcalá

HEALTH-RELATED QUALITY OF LIFE IN MULTIPLE SCLEROSIS PATIENTS TREATED WITH DISEASE-MODIFYING THERAPIES

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BACKGROUND

The Multiple Sclerosis Quality of Life-54 (MSQoL-54) questionnaire is a multidimensional health-related quality of life (HRQoL) measure that combines both generic and MS-specific items into a single instrument. **It provides physical health composite score (PCS) and mental health composite score (MCS)** expressed on a scale of 0 (poorest QoL) to 100 (best possible QoL).

PURPOSE

To evaluate HRQoL calculating PCS and MCS.
To analyse differences in HRQoL considering Expanded Disability Status Scale (EDSS) and disease modifying therapies (DMTs).

Disability was considered mild with EDSS(0-3,5) and moderate with EDSS(4-6,5).

MATERIAL AND METHODS

Prospective study from March to September 2017.

MS patients treated with DMTs completed MSQoL-54. Clinical data were collected from electronic medical records.

DMTs were classified considering route of administration

- **Intravenous (IV, Natalizumab),**
- **Oral (Fingolimod, Dimethylfumarate, Teriflunomide)**
- **Intramuscular (IM)+subcutaneous (SC): Interferon (IFN)+Glatiramer Acetate (GA).**

Statistical analysis was made with Wilkinson Test and t-Student Test using SPSS® v15.0.

RESULTS

122 patients completed the questionnaire	
Female	74%
Median age	43,5 (IQR: 37-52,7)
Relapsing-Remiting MS	93%
Median disease duration	8,5 years (IQR:5-13)
Mild EDSS	80%
Moderate EDSS	20%

71 were treated with IM+SC DMT, 32 with oral and 19 with IV

DMT	MEDIAN EDSS	IQR
IM+SC	1,5	1-2
ORAL	2	1-2,5
IV	3	2-4,5

- Statistical significant differences in PCS ($p<0,003$) and MCS ($p<0,01$) were found in patients with mild and moderate EDSS in all groups of treatment.
- Differences were found in PCS ($p<0,03$) between IV and IM+SC and MCS ($p<0,01$) between the IV and the other groups.

Considering both EDSS and DMT route of administration, there were no differences in PCS; MCS significance was found just in mild EDSS ($p<0,01$).

CONCLUSIONS

1. Mild and moderate EDSS affected HRQoL in both PCS and MCS.

2.Considering the route of administration, there were differences in PCS between Natalizumab and IFN+GA group and in MCS between Natalizumab and the rest. This could be explained due to higher EDSS in Natalizumab patients

3. Analysis including disability and route of administration showed statistical significance just in MCS in patients with mild EDSS.

4. Disability degree negatively affected HRQoL independently of DMT route of administration.