

Correspondence

Guidance is also needed on how to choose from existing asthma-specific quality-of-life measures

To the Editor:

In response to a lack of adequate outcomes standardization for asthma clinical research, National Institutes of Health institutes that support asthma research, together with the Agency for Healthcare Research and Quality in the United States, have agreed to an effort for outcomes standardization. As a preliminary activity, the published documentation relating to asthma-specific quality-of-life (QOL) measures was reviewed.¹ This review identified 11 instruments for adults and 6 for children. The instruments were classified as “core,” “supplemental,” or “emerging.” None qualified to be classified as a core instrument because the instruments predominantly measured indicators of asthma control (symptoms, functional status, or both), failed to provide a distinct and reliable score that measured all key dimensions of the intended construct, and/or lacked adequate psychometric data. It was concluded that research is strongly needed to develop and evaluate instruments that provide a distinct and reliable measure of the patient’s perception of the effect of asthma on all of the key dimensions of QOL.

We welcome the effort that has been put into compiling this comprehensive review and fully agree that QOL needs to be conceptualized in a different way, namely as the perceived effect that asthma has on the patient’s QOL. It will take time to develop new QOL measurements for asthma, but unfortunately, the report does not provide any guidance as to how, in the interim, we should choose between the existing suboptimal measures, which are those classified as either supplemental or emerging. Our recently published structured review of QOL measures for asthma gives pragmatic advice for the short-term.² We concluded that choosing from existing questionnaires requires a compromise based on the rigor of the development process and the target patient group.² We recommend the use of measures that are solely designed for asthma, such as the Sydney Asthma QoL Questionnaire³ or the Living With Asthma Questionnaire.⁴ However, for use in

multinational studies, it might be convenient or practical to use questionnaires that have been linguistically validated in many different languages, such as the standardized Juniper Asthma Quality of Life Questionnaire⁵ or the St George’s Respiratory Questionnaire.⁶ Future research on asthma outcomes should go beyond a systematic assessment using review criteria and involve patients in assessing the questionnaires. The *de novo* development of a questionnaire should be inspired both by theoretic considerations and the patients’ voices/qualitative evidence generated by those whose QOL is actually affected.

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