

Paper Category:	Health Services
Paper Title: (Arial Font; 14 Pt Size)	Health-Related Quality of Life (HRQoL) Among Frail Older Patients: Patient Versus Proxy Reported Scores
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p>Background With the growing reliance on caregivers, caregivers' observations of frail older persons' health status could provide valuable insights beyond patient-reported outcomes.</p> <p>Objectives We examined the patient-proxy agreement in health-related quality of life (HRQoL) within a cohort of community-dwelling frail older adult patients (Clinical Frailty Scale scores [CFS] 4-6) planned for discharge from the Emergency Department (ED) of a 1700-bed tertiary hospital.</p> <p>Method Patients were recruited as part of the Emergency Department Interventions for Frailty (EDIFY) program, a quasi-experimental study evaluating the effect of a multicomponent frailty intervention (MFI).</p> <p>HRQoL was measured using the EuroQOL five-dimensional questionnaire (EQ-5D-5L) for patients and proxies. To ascertain patient-proxy agreement, we restricted sampling to concurrent (same timepoint) availability of dyadic-reported HRQoL. Inter-rater agreement was measured by intraclass correlation coefficients (ICCs). Multivariate regressions were conducted to determine associations of patient demographics and clinical measures with agreement.</p> <p>Results 140 participants were recruited, and 23 (16.4%) pairs of patient-proxy dyads had concurrent EQ-5D reported.</p> <p>There was poor inter-rater agreement between patient- and proxy-reported EQ-5D with an ICC of 0.18 [95% Confidence Interval (CI): 0.12, 0.50] and proxies perceived poorer average HRQoL than patients (0.57 vs. 0.82). There was poor agreement (-0.07; 95%CI: -0.32, 0.26) and (0.20; 95%CI: -0.12, 0.52) in self-care and pain</p>	

domains, where proxies perceived more problems than patients (1.52 vs. 1.04; 2.26 vs. 1.43).

In multivariate regressions, lower frailty and nutrition scores were associated with greater differences in EQ-5D score, (CFS 4: 0.85; 95%CI: 0.11, 1.60; MNA: -0.10; 95%CI: -0.18, -0.02).

Discussions and Conclusions

Our findings suggest differences between patient- and proxy-reported HRQoL outcomes among frail older adults, with less frail and more malnourished associated with discordance. The finding of discordance in patient- versus proxy-ratings in the less frail warrants further research. In conclusion, proxy-reported responses should be interpreted with care especially among patients who are less frail and more malnourished.

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Date of Submission: 2nd August 2023

Total number of words: 300

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