

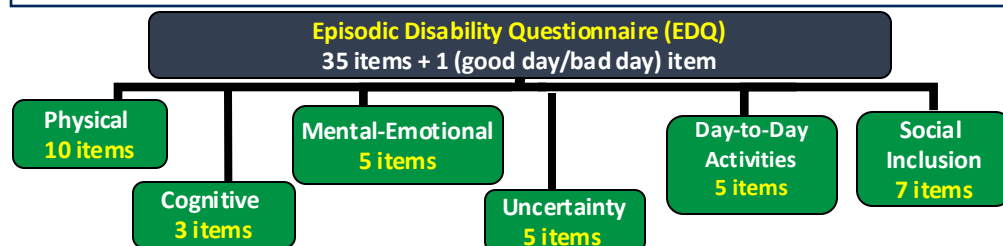
# Advancing Measurement of Episodic Disability: Assessing the Sensibility, Utility and Implementation Considerations of an Episodic Disability Questionnaire with Older Adults Living with Complex Health Needs

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## INTRODUCTION

- >1/3 of older adults experience multi-morbidity, leading to **disability**; defined as the multi-dimensional health-related consequences of health conditions (Gontijo et al. 2019).
- Patient reported outcome measures (PROMs)**: self-reported questionnaires that can be used to describe, predict or evaluate a change in health outcomes (Churruarín et al. 2021)
- Derived from the HIV disability questionnaire (HDQ), the **Episodic Disability Questionnaire**; generic PROM assessing **presence, severity and episodic** nature of disability (O'Brien et al. 2024)
- The Episodic Disability Questionnaire may show promise for use with older adults with complex health needs, however its properties are unknown.



## OBJECTIVES

- To assess **sensibility** (face and content validity, ease of use, format) of the EDQ with older adults with complex health needs.
- To explore **utility** of the EDQ for use in clinical practice from the perspectives of older adults with complex health needs.
- To identify **implementation considerations** for administration and communication of scores from the perspectives of older adults with complex health needs.

## METHODS

**Study Design:** Multi-methods cross-sectional study.

**Study Setting:** St. Michael's Hospital Academic Family Health Team (SMHAFHT).










**Inclusion Criteria:** Community dwelling older adults living with complex health needs, age  $\geq 65$  years, receiving care from the SMHAFHT, able to understand, read and speak English.

**Data Collection:** In person – home (n=10) or SMHAFHT clinic (n=1).

- EDQ:** Electronically or paper-administered.
- Sensibility Questionnaire:** Feinstein (1987) – face, content validity, format, ease of usage.
- Demographic Questionnaire**
- In-person semi-structured interview:** Sensibility, utility, implementation considerations.

**Data Analysis:** Interview transcripts: Group-based directed content analysis of interview, Questionnaires: Median, 25<sup>th</sup> & 75<sup>th</sup> percentiles, **Sensibility Questionnaire:** EDQ was sensible if  $\geq 80\%$  of items had a median score of  $\geq 5/7$ , and no items had a score of  $\leq 3/7$  (O'Brien et al. 2022)

## RESULTS

Participant Characteristics (n=11)				EDQ Key Findings:
 Median age: 83 years	 Lives alone (n=8)	 Uses mobility aid indoors (n=8)	Highest presence (78/100) & severity scores (38/100) in <b>day-to-day activities</b> domain	<b>Interviewer observations:</b>  Participants required ++ assistance to complete the EDQ (n=9)  Median time ~ 12 mins to complete
 Women (n=6) Men (n=5)	 Common health conditions: Diabetes (n=4), Osteoarthritis (n=5)	 Uses mobility aid outdoors (n=9)	 Highest episodic score (33/100) in <b>cognitive</b> domain	

### Sensibility Findings:

#### Questionnaire:

- EDQ demonstrated face and content validity, was easy to use with community dwelling older adults with complex health needs:

✓ **100%** of items had a median score of  $\geq 5/7$ , and no items had a score of  $\leq 3/7$ .

#### Interview:

- The EDQ is simple, comprehensive and captured episodic nature of disability.
- Participants highlighted the importance of the mental-emotional health domain in capturing their health challenges.

*"Mentally I'm having problems. And I think they (healthcare providers) should look into my mental state a lot..." (P1)*

*"...the questions helped me identify the health issues that I need to look at ...helped me to honestly admit the disabilities I have." (P13)*

### Implementation Considerations Interview Findings:

#### Mode, Timing and Location of Administration:

- Preference to complete EDQ **verbally** and for similar mode of administration in the future (n=8).
- Preference for administration **during** their medical appointment (n=5).

#### Communication of EDQ Scores:

- Preference for wanting their EDQ scores (n=5)
- Preference for **printed report** of EDQ scores in conjunction with a **conversation with HCP** (n=6).

### Utility Interview Findings:

#### Participants found the EDQ could:

- Provide a full picture of their health challenges to HCPs.
- Guide assessment and treatment planning for their HCP.
- Foster conversation between patients and their HCPs.
- Foster self-awareness of their disability and help track their health fluctuations.

*"...I talk more better than I can read to understand." (P4)*

## DISCUSSION

- The EDQ demonstrated **sensibility** and **utility** for use in older adults living with complex health needs.
- Participants had a preference for **interviewer administration of EDQ** and had difficulty understanding questions. Administration and communication of scores should be tailored to the individual.
- Strengths:** Multi-methods of data collection, strong conceptual frameworks and engaging older adults in community to inform process.
- Limitations:** Limited transferability of findings to the population at large or care settings.
- Future work:** Explore clinicians perspectives on the EDQ, establish strategies to facilitate the uptake and usage of the EDQ in this population, and exploring the application of the EDQ to other populations.
- Clinical Takeaways:** Expand on mental-emotional health domain, tailor application to specific patient, discuss results with patient