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Sir,

We read with interest the recent publication by Clement et al.¹

We congratulate the authors on a timely paper that seeks to quantify the effect of delay using the EuroQol five-dimensional three-level (EQ-5D-3L) descriptive system.² While criticized by some authors, citing issues such as “the main problem is the quite legitimate refusal of most normal people (respondents) to rate death on the same scale as health states”,³ this is a widely used approach.

It is well established that EQ-5D is responsive in hip and knee surgery,⁴ but additional consideration should be given to other condition-specific metrics to ensure the effectiveness of the measurements.⁴ There is also evidence that other versions of the same metric, i.e. EQ-5D-5L is more appropriate for this population,⁵ and is more responsive than the EQ-5D-3L in identifying health-related quality-of-life changes in this group of patients. However, the National Institute for Health and Care Excellence (NICE) recommends that the 3L value set should be used for reference-case analyses as the quality and reliability of valuation sets for EQ-5D-5L are not yet established, and may create inconsistencies.⁶

We would like to ask the authors whether measuring both generic and condition-specific patient-reported outcome measures (e.g. EQ-5D-3L and Oxford Score) of patients who are on the waiting list for joint replacements, at specific time intervals, would provide a more responsive approach to calculate deterioration.

B. Mishra, MBBS, MS, MRCS, FRCS (Ortho),
Post CCT Shoulder and Elbow Fellow,
B. Roy,
Consultant Orthopaedic Surgeon,
Manchester Foundation Trust (MFT),
Manchester, UK.


Conflict of Interest: None