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Letter to the editor

Heroin Addict Relat Clin Probl 2008; 12(1): 33-36

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Quality of Life As a Means of Assessing Outcome in Opioid Dependence Treatment

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TO THE EDITOR: The World Health Organization (WHO) (21) has defined quality of life as the “individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”. This presupposes six dimensions: 1) physical, 2) psychological, 3) degree of independence; 4) social relationships, 5) environment and, 6) spirituality. The concept of ‘Quality of Life’ continues to be so wide in scope that it needs to be considered in the entire health context, whereas in clinical assessments it is the more specifically health-related Quality of Life (HRQoL) that seems to be most useful. HRQoL refers to the patient’s subjective evaluation oriented outside himself/herself; it focuses on the impact of perceived health status on the patient’s potential to carry out a subjectively satisfactory life. HRQoL reflects a subject’s self-perception of his/her health, and offers a different viewpoint for the study of health status

The assessment of the HRQoL of chronically ill patients has become a focus of increasing interest. The development of health-related quality-of-life means of assessment has allowed comparisons between the impact of disease and the outcomes of treatment in various different conditions (e.g. chronic obstructive pulmonary disease, coronary artery disease) (12). The changes discovered in HRQoL constitute a way of measuring treatment effectiveness and are an important tool in evaluating treatment programmes. HRQoL

has been investigated in many populations, including the general population, and populations with specific diseases, especially chronic ones (1,2).

HRQoL may be measured through different rating scales. There are already over 200 of these (11). These instruments can be subdivided into two classes – according to whether they are *generic* or *specific*. The *generic* instruments for assessing HRQoL consider overall health status, without being focused on any concrete problem. The most widely used generic instruments are: Nottingham Health Profile (10); SF-36 (18); SF-12 (19); EUROQoL (7) and WHO (Five) Well-Being Index (4). The *specific* instruments assess problems related to a particular disease. In the case of opioid dependence, only one instrument designed to measure HRQoL in opioid-dependent subjects is currently available, the Injection Drug User Quality of Life (IDUQoL) (5)

Opioid dependence is recognized as a chronic disease for which patients need to stay in treatment for many years. Adding to the adversities usually associated with opioid dependence, health-related problems may lead to a significant deterioration in the quality of life of these patients. Recently, a number of studies on opioid-dependent subjects seeking treatment have documented that these subjects show a very poor HRQoL (6, 13-16). Thus, in addition to the classical means of assessing the effectiveness of opioid dependence treatments: reduction in illicit opioid use, mortality, criminal activities and risk behaviours (3), over the last few years evaluation of the improvement in the health-related quality of life has come to constitute an interesting means of assess-

ing treatment effectiveness, and, therefore, an important tool in choosing between various opioid dependence treatment programmes (9,16,17,20).

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Role of funding source

This letter was supported in part by grants from Instituto de Salud Carlos III (FIS - Red de Trastornos Adictivos, RD 06/0001/1009).

Conflict of Interest

The author has no relevant conflict of interest to report in relation to the present letter.

Received and Accepted May 23, 2009

