

P106 Estimating PROMIS Global-10 severity thresholds among community dwelling and hospitalized adults with multiple chronic conditions

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Objective: Previous research established thresholds across 5 severity groupings from Poor to Excellent for PROMIS Global-10 Profile mental and physical health related quality of life scores based on the general US adult population. Although these were developed to facilitate clinical interpretation, their generalizability to clinical samples is not established. This study estimates Global-10 mental and physical health score thresholds for two adult samples with multiple chronic conditions (MCC) and compares them to those for the US adult population.

Methods: Sample 1 (N=340) was drawn from a study of adult (≥ 21 years) MCC patients admitted to a major tertiary care hospital between 2/22 and 9/23. Sample 2 (N=1013) was a subset of older adults (≥ 60) with MCC drawn from a back pain study that included a large probability-based internet panel. We grouped respondents into 5 severity groups based on their response to item Global01 "In general, would you say your health is: (5=Excellent – 1=Poor)" and calculated mean Global-10 mental and physical summary scores for each severity group. Thresholds were derived as the mean score mid points between each adjacent severity category for each sample and compared with the general adult population thresholds.

Results: Participants for samples 1 and 2 respectively were 41% and 50% male, 66% and 77% White, and had an average (SD) of 5.4 (2.2) and 3.1 (1.3) chronic conditions. Sample 1 patients had a mean (SD) age of 58 (16) and an average length of stay of 11 days. The severity distribution for samples 1 and 2 respectively was: excellent 4% and 3%, very good 9% and 29%, good 21% and 46%, fair 39% and 19%, and poor 27% and 4%. Correspondence of thresholds was close between the general population and community dwelling sample. However, the hospitalized patient cohort tended to have lower thresholds, especially for physical health.

Conclusions: Severity thresholds for Global-10 summary scores based on the US general population may not be applicable to adult samples with more disease severity, especially those recently hospitalized. Future research should identify patient groups for whom unique threshold estimates are required to facilitate clinical interpretation.