

## Correspondence in response to paper by Thomas, M. et al. 2021: Predicting the EQ-5D from the Kansas City Cardiomyopathy Questionnaire (KCCQ) in patients with heart failures

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We congratulate Thomas et al.<sup>1</sup> for developing algorithms mapping Kansas City Cardiomyopathy Questionnaire (KCCQ) to EQ-5D health-utility scores for patients with heart failure (HF). EQ-5D is a standard tool for assessing cost-effectiveness (QALYs) across disease areas. However, such generic health-utility measures may fail to capture key health states relevant to heart failure (such as breathlessness and fatigue). There is a need for a disease-specific utility measure for heart failure.<sup>2</sup>

Mapping disease-specific, patient-reported outcomes like KCCQ to EQ-5D has limitations, as the authors acknowledge.<sup>1</sup> However, the potential insensitivity of EQ-5D to changes in health state should be considered.<sup>2–4</sup>

EQ-5D may be sensitive to the effects of interventions in advanced heart failure (New York Heart Association (NYHA) III–IV), but perhaps less so for milder disease.<sup>4,5</sup>

Thomas et al. used EuroQoL-5 Dimension (EQ-5D) data from the HF-ACTION trial ( $n = 2331$  HF patients) but do not mention that no difference was observed at 12 months in either EQ-5D index score or visual analogue scale (VAS) with exercise-based rehabilitation compared with control (VAS: Rehab:  $1 \pm 17$  vs. control:  $2 \pm 17$ ;  $P = 0.15$ ).<sup>3</sup> Was the intervention ineffective or was the tool insensitive to change? Mapping KCCQ to a tool that is not sensitive to change could undervalue the effects of the intervention.

**Conflict of interest:** none declared.

### References

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