

Survey could help pediatricians better treat patients

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Pediatricians usually have about seven minutes to sit face-to-face with patients during a typical visit. It's barely enough time to perform an exam, let alone assess how a child is faring at school or at home.

But understanding how well children function emotionally and socially could help pediatricians pinpoint health problems that might otherwise go undetected. Now, University of Florida researchers have developed a way for doctors to measure and interpret quality of life to understand how it affects a child's health, according to findings published online last week in the journal *Value in Health*.

Led by I-Chan Huang, Ph.D., a UF assistant professor of epidemiology and health policy research, UF researchers have established a range of scores that will allow doctors to understand the results of a quality-of-life survey in the same way they understand a blood pressure test.

The survey, called the Pediatrics Quality of Life Inventory, is widely used by researchers to measure whether certain treatments improve quality of life for patients, but they had no way to do the opposite — find out if quality of life could be linked to certain health problems. Although researchers could measure whether their subjects' quality of life scores went up or down over time, doctors could not interpret whether test results were normal or red flags for hidden health problems because there was no baseline for normal.

For doctors, reading the survey results was sort of like trying to

understand a blood pressure test without knowing what normal blood pressure should be.

"We believe the use of this new method allows us to expand the usefulness of the pediatric quality of life survey to capture different aspects of health status," Huang said.

To establish baseline scores for the survey, the researchers interviewed 1,745 parents of children enrolled in two state-funded health programs, pairing quality of life results with previously recorded health information.

The survey includes questions about different aspects of children's lives, from how well they get along with peers to whether they have trouble walking around the block.

Although it won't replace a doctor's clinical exam, the survey could arm pediatricians with new information that could help them better treat their patients, says Lindsay A. Thompson, M.D., a UF pediatrician who collaborated with Huang on the study.

"It's complementary information, and it's going to reveal something different than what I can get from my clinical exam," Thompson said. "It's a new set of data that physicians can use in an easy way."

Aside from giving doctors a closer look at their patients, the survey could also help nurses and professionals working in community health settings determine whether they should refer patients to a doctor, said Elizabeth Shenkman, Ph.D., the senior author of the study and the director of the UF Institute for Child Health Policy.

But before doctors or nurses can use the survey in the clinic, more studies need to be done to test the research, particularly in different

populations of children. The children researchers studied were all enrolled in state-funded health programs, which could skew the results because lower socioeconomic status is often associated with poorer health outcomes, Huang said.

The researchers also need to make the survey as user-friendly as possible for busy pediatricians to incorporate into their practice, said James W. Varni, Ph.D., a professor of pediatrics and vice chairman for research at Texas A&M University. Varni, who was not involved with the UF study, developed the Pediatrics Quality of Life Inventory.

"What needs to happen next is this information should be incorporated into software for pediatricians," Varni said. "This is something kids could complete at home ... it could be downloaded into an electronic medical record."

Varni described UF's range of scores for the survey as an important step forward in helping doctors uncover "hidden morbidities."

"We don't know exactly how this is going to change things yet," Thompson said. "But this is another way to identify kids who may have problems that aren't being found in other ways."

Source: University of Florida

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