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Abstract:

Introduction: Proxy-reporting has been proposed as an alternative to self-report of health-related quality of life (HRQoL) for patients with poor cognition. There are two possible perspectives from which to complete a proxy-report, answer as the proxy believes the patient would (proxy-patient) or from the proxy’s own perspective (proxy-proxy). Little research to date has differentiated between perspectives. Agreement between patient and proxy reports from either perspective has not yet been investigated using the EQ-5D amongst elderly hospital patients undergoing rehabilitation. This study aimed to identify levels of agreement between clinician proxy and patient self-report of the EQ-5D and investigate interaction effects of perspective (proxy-patient versus proxy-proxy), timing (admission versus discharge) and basic cognition (intact versus not intact).

Procedure: This study was a repeated measures, inter-rater agreement investigation of clinician proxy-report and patient self-report incorporating 2 data collection phases. Proxy-patient reports in Phase-A and proxy-proxy reports in Phase-B. Geriatric rehabilitation inpatients (n=272) and their proxies (treating physiotherapists n=29) participated. The EQ-5D was used for HRQoL and Mini Mental State Examination for cognition.

Results: 150 (89\%) Phase-A and 130 (98\%) Phase-B datasets were complete, 51 Phase-A and 52 Phase-B patients did not have basic cognition intact. Proxy-patient assessments agreed strongly with patient assessments at discharge across all levels of cognition, but only agreed strongly amongst patients with better cognition at admission. Proxy-proxy assessments demonstrated only poor to moderate agreement with patient assessments amongst the cognitively impaired across both assessment points and were generally lower than patient assessments. Proxy-proxy assessments had good agreement with patient assessments amongst patients with better cognition.

Conclusions: Clinician (physiotherapist) proxy reports amongst this population generally had good agreement with patient self-report though the accuracy of proxy reports were affected by proxy perspective, timing and patient cognition. Investigations using proxy reporters should clearly instruct proxies which perspective to use and describe these instructions when disseminating findings.