

SCREENERS & TOOLS FOR CLINICAL PRACTICE

Mapi Values Experience

Mapi Values is the global leader in the international development, validation, and analysis of patient-reported outcomes (PROs), and has extended its leading position in PRO instruments to include the development of decision-making tools.

DELPHI MAPI
Excellence
Alliance

Revealing the patient reality

HRQoL in haemophilia	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Clinicians lack a tool to provide consistent assessment of haemophilia patients' perceptions throughout their whole life</p> <p>To develop a measure that can monitor health-related quality of life (HRQoL) of haemophilia patients from early childhood to adult life</p> <p>Development and validation of the QUAL-HEMO®, a haemophilia age-group specific HRQoL questionnaire</p> <p><i>Trudeau E, et al. ISPOR, 2003.</i> <i>Guérois C, et al. Hemophilia, 2006.</i> <i>Guérois C, et al. ISOQOL, 2007.</i></p>
Assessment of the severity of stress urinary incontinence	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publication 	<p>Frequency of urinary leakage is not sensitive to treatment in stress urinary incontinence</p> <p>Adjustment factors, such as anticipation, limitations and other adaptation behaviours, are important to describe the patient's health status and to detect changes in severity</p> <p>Development of a questionnaire assessing the control of urinary leakage risk in activities of daily life</p> <p><i>Arnould B, et al. ISPOR, 2006.</i></p>
HRQoL in GERD	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Patient complaints are a key determinant of care decisions in the management of gastroesophageal reflux disease (GERD), but clinicians lack tools to assess them</p> <p>Use a brief HRQoL questionnaire to monitor the impact of symptoms on patients' lives</p> <p>Development and validation of the short form of REFLUX-QUAL®, a GERD-specific HRQoL questionnaire</p> <p><i>Amouretti M, et al. JFPD, 2002. Amouretti M, et al. JFPD, 2004. Amouretti M, et al. AGA, 2004.</i> <i>Amouretti M, et al. Gastroenterol Clin Biol, 2005.</i></p>
HRQoL in COPD	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Existing HRQoL questionnaires in chronic obstructive pulmonary disease (COPD) are not adapted for use in clinical practice and large real-life studies</p> <p>A new, short tool covering all domains of HRQoL is needed</p> <p>Development and validation of the Visual Simplified Respiratory Questionnaire (VSRQ®)</p> <p><i>Tonnel AB, et al. ERS, 2005.</i> <i>Arnould B, et al. SMDM, 2005.</i> <i>Perez T, et al. Int J Chron Obstruct Pulmon Dis, 2009.</i></p>
Shortness of breath in COPD	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publication 	<p>Spirometry parameters do not adequately reflect the actual severity of shortness of breath in patients with COPD</p> <p>Assess the limitations in patients' everyday activities resulting from shortness of breath</p> <p>Development of a shortness of breath in daily activities severity scale to monitor patients' disease evolution and the impact of treatment on shortness of breath</p> <p><i>Arnould B, et al. ISPOR, 2005.</i></p>
HRQoL in glaucoma and ocular hypertension	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Glaucoma is a silent disease and the majority of patients treated for ocular hypertension complain about the treatment, not about the disease</p> <p>Provide the ophthalmologist with a way to detect abnormal distress levels in their patients</p> <p>Development of a short version of the Glau-QoL® questionnaire to assess the psychological as well as functional impact of the disease</p> <p><i>Brouquet Y, et al. ISOQOL, 2002.</i> <i>Zanlonghi X, et al. J Fr Ophthalmol, 2003.</i> <i>Béchetolle A, et al. Acta Ophthalmol, 2008.</i></p>

Standardising the assessments

Assessment of treatment outcome in stress urinary incontinence	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>The assessment of treatment success in stress urinary incontinence is difficult in clinical practice because of the multiplicity of criteria and the importance of the patient's subjective view</p> <p>Standardise and elicit the clinician's global impression</p> <p>Development of a composite scale (symptom, functional impact and satisfaction) for global guided assessment</p> <p><i>Arnould B, et al. SMDM, 2005.</i> <i>Costa P, et al. AFU, 2006.</i></p>
Description and diagnosis of ocular pain	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Inadequate interpretation of acute or chronic ocular pain may result in inappropriate treatment and permanent eye damage</p> <p>Standardised description of pain perceptions can improve diagnosis and treatment</p> <p>Development and validation of the ODEON® questionnaire to assess and describe ocular pain</p> <p><i>Colin J, et al. SFO, 2002.</i> <i>Bassols A, et al. SFO, 2003.</i> <i>Colin J, et al. J Fr Ophthalmol, 2004.</i> <i>Arnould B, et al. ISPOR, 2005.</i></p>
Pain assessment in people with visual impairment or blindness	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>The standard assessment of pain is routinely performed with visual analogue scales (VAS), which are not suitable for patients with visual impairment or blindness</p> <p>Adapt the concept of VAS: switch from a visual scale to a scale using the sense of touch</p> <p>Development and validation of the Sensscale®, a sensitive analogue scale measuring pain intensity</p> <p><i>Giniès P, et al. Douleurs, 2003.</i> <i>Giniès P, et al. Congrès Douleur, 2003.</i></p>

Contributing to clinical decision-making

Asthma control in children	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publication 	<p>Inappropriate asthma control in children increases the risk of hospitalisation</p> <p>Allow patients to self-assess their control level</p> <p>Validation of the paediatric form of the Asthma Control Test (ACT®)</p> <p><i>Liu AH, et al. J Allergy Clin Immunol, 2007.</i></p>
Disability in COPD	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>The treatment decision in COPD depends on multiple factors, including an assessment of needs</p> <p>Provide the general practitioner with a tool to detect disability in patients with COPD</p> <p>Development of the DIRECT®, a specific measure of disability in order to optimise the management of COPD</p> <p><i>Arnould B, et al. ISOQOL, 2007.</i> <i>Regnault A, et al. ISPOR, 2009.</i> <i>Gonzalez-Bermejo J, et al. CPLF, 2009.</i></p>
Symptom description in upper gastro-intestinal disorders	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publication 	<p>The response to proton pump inhibitors is not as good in real life as it is in clinical trials</p> <p>Improved treatment decisions by detecting patients with a higher level of response</p> <p>Development, scoring and validation of a detailed description of upper gastrointestinal disorder symptoms</p> <p><i>Arnould B, et al. ISOQOL, 2007.</i></p>
Differential diagnosis of urinary disorders	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Appropriate treatment decisions in urinary disorders depend on a correct diagnosis</p> <p>A standardised and comprehensive assessment of urinary symptoms can support differential diagnosis</p> <p>Development and validation of a unique, easy to use, urinary symptom scale for patients with urinary disorders (stress urinary incontinence, overactive bladder and low stream), the Urinary Symptom Profile (USP®), to assess severity and support differential diagnosis</p> <p><i>Arnould B, et al. ISPOR, 2005. Arnould B, et al. SMDM, 2006. Arnould B, et al. ISOQOL, 2007.</i> <i>Grise P, et al. SIFUD, 2005.</i> <i>Richard F, et al. AFU, 2005.</i> <i>Coloby P, et al. SIFUD, 2006.</i> <i>Haab F, et al. Urology, 2008.</i></p>
Validation of the Asthma Control Questionnaire (ACQ) using trial data	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Differentiation of patients with well-controlled and poorly controlled asthma is needed to adapt treatment, enrol patients in clinical trials and assess achievement of treatment goals</p> <p>Use a PRO questionnaire to score the level of asthma control</p> <p>Calibration of the ACQ® and categorisation of patients as 'well controlled' or 'not well controlled'</p> <p><i>Abetz L, et al. ACAAI, 2004.</i> <i>Juniper EF, et al. Respir Med, 2005.</i></p>
Convenience of anticoagulant therapy in atrial fibrillation	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publication 	<p>New anticoagulant treatments are expected to simplify the management of patient</p> <p>Identify patients who would benefit from new anticoagulant therapies</p> <p>Develop a questionnaire to predict success of switching from vitamin K antagonists to a new oral treatment in atrial fibrillation patients</p> <p><i>Arnould B, et al. ISPOR, 2005.</i></p>
Severity assessment and diagnosis of ocular surface disease (OSD)	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publications 	<p>Patients with dry eyes are frequently inadequately treated, mainly because of lack of recognition of the impact of the disease and difficulties in diagnosis</p> <p>Develop disease awareness and support diagnosis of OSD</p> <p>Development and validation of two questionnaires, OSD-QoL® and OSD-Med®</p> <p><i>Baudouin C, et al. ARVO, 2002. Baudouin C, et al. SFO, 2003.</i> <i>Rigeade MC, et al. SFO, 2002.</i> <i>Baudouin C, et al. J Fr Ophtalmol, 2003.</i> <i>Baudouin C, et al. J Fr Ophtalmol, 2008.</i></p>
Neuropathic pain sensations	<ul style="list-style-type: none"> > Challenge > Solution > Project > Publication 	<p>Under diagnosis of neuropathic pain results in inappropriate treatment decisions</p> <p>Differential diagnosis to discriminate between patients with neuropathic pain and non-neuropathic pain before a treatment decision is taken</p> <p>Validation of the Dutch version of the DN4® including assessment of its psychometric properties and predictive accuracy (on-going)</p> <p><i>In preparation</i></p>
Screening for fibromyalgia	<ul style="list-style-type: none"> > Challenge > Solution > Project : > Publications 	<p>Fibromyalgia (FM) diagnosis is difficult in general practice because of symptoms heterogeneity, co-morbidities and overlapping of FM symptoms with those of other disorders</p> <p>Identify the factors that may help primary care physicians (PCPs) to detect FM</p> <p>Development of a fibromyalgia screening tool for use in a primary care setting to support PCPs in detecting FM patients: the FibroDetect® questionnaire</p> <p><i>Baron R, et al. EFIC, 2009.</i> <i>Crucchi G, et al. EFNS, 2009.</i> <i>Dias-Barbosa C, et al. ISPOR 2009.</i> <i>Margaux J, et al. BCR, 2009.</i> <i>Serra E, et al. ISPOR, 2008.</i></p>

Communicating to patients

Adherence in osteoporosis	> Challenge	Adherence to medication in osteoporosis is a major issue with around 50% of women discontinuing treatment within one year
	> Solution	Assess adherence in routine clinical practice and identify reasons for poor adherence
	> Project	Development and validation of a disease-specific questionnaire to evaluate adherence to treatment for osteoporotic post-menopausal women: the Adherence Evaluation of Osteoporosis treatment (ADEOS®) questionnaire
	> Publications	<i>Regnault A, et al. EULAR, 2010.</i> <i>Breuil V, et al. SFR, 2009. Breuil V, et al. ASBMR, 2009.</i> <i>Cortet B, et al. ISPOR 2009.</i> <i>Legrand E, et al. SFR, 2009.</i> <i>Roborel de Climens A, et al. ISPOR, 2008.</i>
HRQoL and satisfaction in female partners of men with ED	> Challenge	The patient's role is essential to successful management of ED
	> Solution	Allow female partners of ED patients to describe their perspective
	> Project	Development of the Index of Sexual Life® (ISL)
	> Publications	<i>Chevret-Méasson M, et al. SIR, 2002 (1 oral communication, 1 poster).</i> <i>Chevret-Méasson M, et al. J Sex Marital Ther, 2004 (2 articles).</i> <i>Chevret-Méasson M, et al. PRO Newsletter, 2009.</i> <i>Chevret-Méasson M, et al. J Sex Med, 2009.</i>
Beliefs and expectations regarding insulin therapy in type 2 diabetes	> Challenge	Although insulin therapy is well accepted by patients with symptomatic diabetes, initiation is often delayed in less severe patients
	> Solution	Assess patient barriers to insulin therapy and deliver appropriate messages to the patients
	> Project	Development and validation of SHIP, a questionnaire assessing the attitudes (positive and negative expectations regarding insulin and injection) of patients with type 2 diabetes
	> Publications	<i>Arnould B, et al. ISPOR, 2005. Arnould B, et al. ISPOR, 2006. Arnould B, et al. ISOQOL, 2007.</i> <i>Martinez L, et al. Health Qual Life Outcomes, 2007.</i>
Long-term adherence to specific immunotherapy treatment	> Challenge	Major limitations in long-term adherence to treatment hinders the efficiency of sublingual immunotherapy (SLIT) in allergic patients
	> Solution	Detect patients showing limited motivation to persist with treatment and take appropriate communication steps to restore compliance
	> Project	Development and validation of the QUARTIS®, a clinical tool to monitor allergic patients during SLIT (symptom severity, treatment expectations, satisfaction, and intentions)
	> Publications	<i>Arnould B, et al. ISPOR, 2005. Arnould B, et al. SMDM, 2005. Arnould B, et al. ISPOR, 2006.</i>
Compliance in hypertension	> Challenge	Compliance with medication is a limitation to treatment effectiveness, as patients often have negative attitudes towards taking medication, especially if they have asymptomatic diseases, such as hypertension
	> Solution	Detect noncompliant and nonpersistent patients and deliver appropriate messages to them
	> Project	Development of a compliance and persistence screener in patients with hypertension at risk for cardiovascular events
	> Publications	<i>Rosa K, et al. ISPOR, 2006.</i>

For more information, contact

Benoit Arnould, PhD

Director – France

Mapi Values, 27 rue de la Villette, 69003 Lyon, France

Tel. +33 (0)4 72 13 69 53 - Fax +33 (0)4 72 13 51 40 - Email: benoit.arnould@mapivalues.com