

## BACKGROUND

Two quality of life (QoL) questionnaires have been developed for the assessment of the hereditary angioedema (HAE) patient's self-perception: the AE-QoL and the HAE-QoL. The aim of this study was to evaluate the influence of the characteristics of the attacks on their QoL.

## MATERIALS AND METHODS

24 HAE patients were asked to complete the HAE-QoL and AE-QoL questionnaires. 20 returned the fulfill documents. Statistical analysis was performed to detect any correlation between the QoL total scores and the annual number, average duration and location of the attacks.

	HAE -QoL	AE-QoL
APLICABLE IN HAE I & II	+	+
APLICABLE IN OTHER FORMS OF RECURRENT AE	-	+
ASSESSMENT	Retrospective	Retrospective
RECALL PERIOD	6 months	4 weeks
NUMBER OF ITEMS (questions)	25	17
NUMBER OF DIMENSIONS	7	4
TOTAL SCORE	25 (worst) – 100 (best)	0 (best) – 100 (worst)

Table 1. Characteristics of HAE – QoL and AE – QoL questionnaires

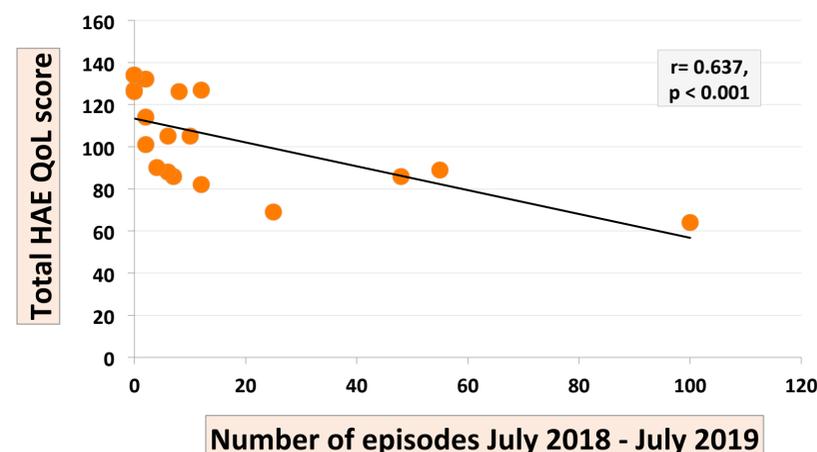
DIMENSIONS	HAE – QoL	AE-QoL
	- Treatment difficulties	- Functioning
	- Physical functioning and health	- Fatigue/Mood
	- Disease-related stigma	- Fears/Shame
	- Emotional role and social functioning	- Nutrition
	- Concern about offspring	
	- Perceived control over illness	
	- Mental health	

Table 2. Dimensions of HAE – QoL and AE – QoL questionnaires

## RESULTS

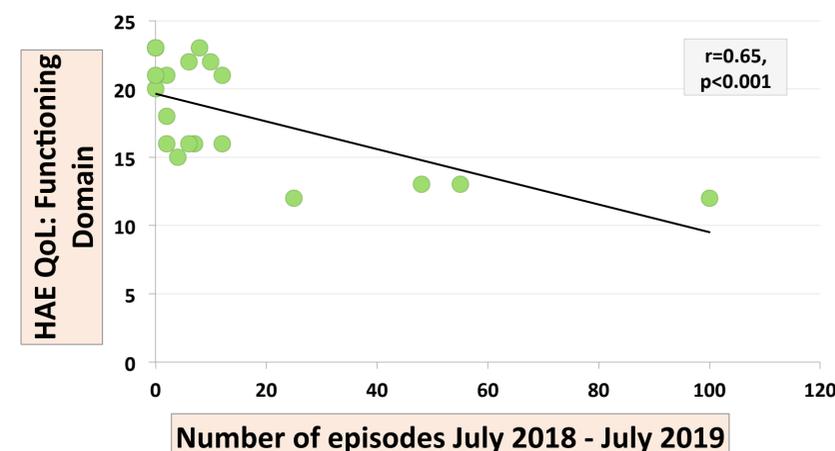
A significant, positive correlation between HAE-QoL total score and the annual number of HAE episodes (1) ( $r = 0.637$ ,  $p < 0.001$ ) was found, specifically on the functioning domain ( $r = 0.65$ ,  $p < 0.001$ ) (2).

### 1. Correlation between HAE-QoL and the annual number of HAE episodes



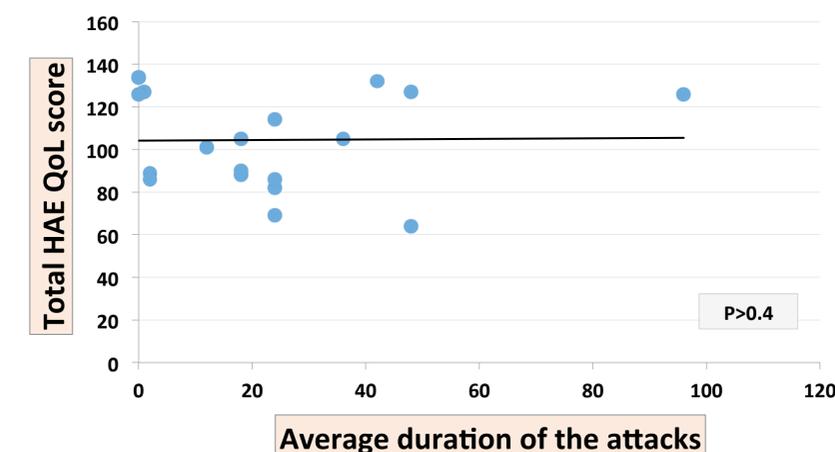
No significant correlation was obtained when using the AE-QoL ( $r = 0.265$ ,  $p > 0.128$ ), neither in its functioning domain ( $r = 0.6$ ,  $p > 0.2$ ).

### 2. Correlation between HAE-QoL functioning domain and the annual nº of HAE episodes



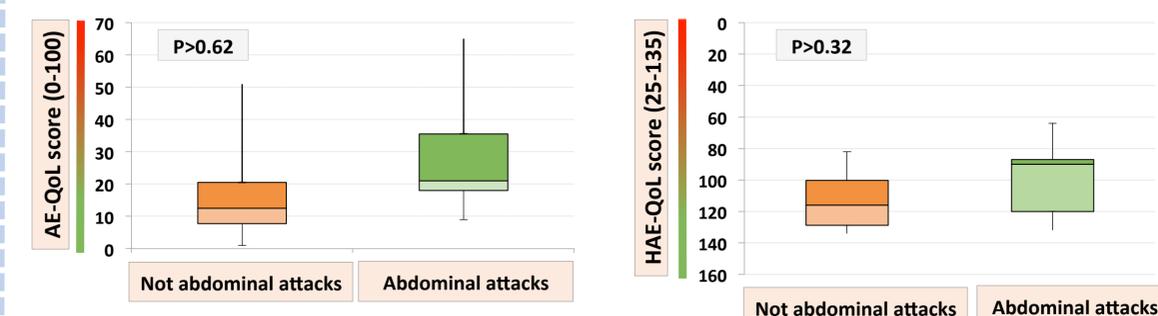
No correlation was found between the duration of the attacks in the last 12 months with the total QoL scores (3), (AE-QoL:  $r = 0.3$ ,  $p > 0.095$ ; HAE-QoL:  $r = 0.01$ ,  $p > 0.476$ ), or their functioning domains (AE-QoL:  $r = 0.06$ ,  $p > 0.38$ ; HAE-QoL:  $r = 0.09$ ,  $p > 0.34$ ).

### 3. Correlation between HAE-QoL and the average duration of the attacks



No significant differences were neither found between the presence or absence of abdominal, pharyngolaryngeal or neck attacks (4) with a lower total QoL score,  $> 50$  AE QoL (range 0-100) or  $< 80$  HAE QoL (range 0-135).

### 4. Correlation between AE-QoL/HAE-QoL and the presence or absence of abdominal attacks



## CONCLUSION

The number, rather than the duration or localization of attacks is the main characteristic related to the impairment of the QoL, specifically functioning domain, measured by the HAE-QoL.

No relation was found to any of the items measured by AE-QoL.