Reviewer’s report

Title: Functional health state description and valuation by people aged 65 and over; a pilot study

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Reviewer: Paul Kind

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Valuing and describing hypothetical health states in people aged 65 and over; a pilot study comparing QoL and functionings

This paper conflates a number of separate research questions into a single report:

Does a capability questionnaire generate self-reported information that supplements / duplicates / corresponds with responses to a generic measure of HrQoL?

Are older respondents able to complete valuation of hypothetical health states?

Is such valuation more or less "successful" if TTO or VAS methods are used?

Do results in South Africa correspond with those from the Netherlands?

This would be an ambitious target in the best of circumstances. However, incomplete information about procedures and materials limits a proper understand of WHAT was actually done.

The manuscript could benefit from restructuring to limit the scope and provide space for a more thorough account of the research that was performed.

COMMENTS

The authors discuss the so-called capability approach which they say has
two major components of this approach, functionings and capabilities, are one's achieved doings and beings (functionings) and one's ability to achieve certain functionings (capabilities). The idea is to look at what people can do rather than what they actually do.

This tautology is very difficult to accept. The capability approach involves … well, capabilities. Surely it would be better to simply distinguish between achieved functioning and functional "aspirations" - CAN do / ACTUALLY do are not the same as WOULD LIKE TO do.

The capability approach …. incorporates non-health aspects such as attachments, role, security, control and enjoyment, which will influence health and ultimately overall wellbeing.

Could/should we therefore expect that capabilities forms a superset that includes health / functioning or is it a separate construct that sits outside health (and HrQoL)?

In this confusion EQ-5D is described as a HrQoL measure that records "can do" aspects of health status. This is perhaps correct with regard to the initial 3 dimensions of EQ-5D but not so regarding the latter 2 - pain/discomfort and anxiety/depression are hardly functional domains.

The authors recognise the conceptual "messiness" of this conceptual area. It remains unclear in comparing (say) ICECAP and EQ-5D as to the extent to which they overlap and to what extent the dimensions/domains would be double counted using the two instruments.

This seems to be a fair comment which rather emphasises the need for a much clearer statement setting out this conceptual minefield. Is this simply a way of juxtaposing a generic HrQoL measure that claims to record information on health status and a so-called functioning questionnaire that measures … well something else. This would at least help orientate the reader.

The study has two reported aims

(a) To test feasibility of two valuation methods (TTO and VAS)
(b) To examine extent to which questionnaires provide comprehensive insight and complimentary information on quality of life and health state valuations for use in a study among elderly.

This last statement describes an objective that is overblown to say the least - comprehensive and complimentary information. This would be a study in its own right.

Reference to the CAF is rather difficult to locate. PUBMED for example returns no hits. Please identify a definitive reference for the CAF. If it is difficult for potential readers to access then please consider providing an appendix or online additional material to clarify its structure and content.

On the other hand, perhaps the authors used the ICECAP-O developed by Coast and her team, in which case all references to CAF need to be revised. This uncertainty about EXACTLY what questionnaire was used is fundamental and fatally reduces credibility in the study.

The authors indicate that EQ-5D+C was included

… to investigate how the elderly thought of and understood these domains when compared to the functionings questionnaires.

It completely escapes my understanding as to how the mere act of reporting problems on EQ-5D could produce such information unless there was some additional prompting/questions relating specifically to "thought and understanding". Please provide some explanation of how this additional information was obtained.

By now my patience as a reviewer was becoming somewhat pressurised. The account of what ACTUALLY the respondents did in respect of the valuation tasks is very hazy. There is reference to Appendix A and B but the additional material attached to the manuscript seems only to refer to the ethical approval. The EXACT form of TTO task must be described - it is critical to any sort of understanding of the consequential values and must be included.

The description of the VAS method demonstrates why such an account is necessary. The authors indicated that the worst health state was set to DEAD which is rather different to the form used
in the EQ-5D. Constraining VAS scores in this way is in marked contrast to the normal TTO procedure that permits the possibility of negative health state values.

Which raises the interesting question as to where exactly are the TTO data reported?

The descriptive statistical analysis could and should be drastically and critically reviewed in any further iteration of this manuscript. With such a small number of respondents it is highly questionable as to whether any of this can be subdivided (repeatedly). Please consider removal of much of the supposed detail here.

Finally, to the best of my knowledge the terminology "EQ-6D" is not an officially recognised instrument. The addition of cognition resulted exclusively from a Dutch initiative and the term "EQ-5D+C" has been tolerated in the literature. For the record it is worth noting that there was originally a 6D version - in fact this existed only for some months during the early development of what is now recognised as EQ-5D. I strongly recommend that the EQ-6D reference is clarified with the Business Office of the EuroQoL Group in Rotterdam (www.euroqol.org) as there may be TM infringement issues which ought to be avoided.

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If not, please specify what is required in your comments to the authors.

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