Psychometric Properties of the Treatment Satisfaction with Medicines Questionnaire (SATMED-Q) in Patients with Refractory Epilepsy

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Objective: The psychometric properties of a recently developed questionnaire of Treatment Satisfaction with medicines (SATMED-Q) are assessed in a population of patients with refractory epilepsy.

INTRODUCTION

Treatment of epilepsy is still challenging to the scientific community. Usually, these patients require more than one drug. Hence, satisfaction with antiepileptic drugs becomes a major goal, as it is of crucial relevance for seizures control and patient well-being, particularly at the level of anxiety, depression, and quality of life. This study assessed the psychometric properties of a recently developed questionnaire of Treatment Satisfaction (SATMED-Q) in subjects with refractory epilepsy.

MATERIALS AND METHODS

Patients and Sample

Consecutive adult patients (above 18 years) with refractory epilepsy were enrolled in general neurology outpatient clinics and epilepsy outpatient clinics. A total of 169 neurologists geographically weighed participated in this study. The sample was designed to be representative of the national distribution in Spain.

Refractory epilepsy was considered as a patient not seizure-free after being treated with, at least, three different antiepileptic drugs, as monotherapy or in combination, for a minimum time of one year, and having, at the least, a seizure within last three months.

Method

A cross-sectional study was carried out. Sociodemographic and anthropometric data, the SATMED-Q (Treatment Satisfaction), and HAD (Anxiety and Depression) questionnaires were collected. SATMED-Q scores are computed in a 0-100 scale (better-better satisfaction). HAD cut points were used: Normal=0-7, Mild=8-10, Moderate=11-14, and Severe=15-21.

RESULTS

A sample of 768 consecutive patients were enrolled. Only 4.5% were not assessable and 659 (88.9%) were able to answer the SATMED-Q. Average age of patients was 40.6 (SD=13.5) years old, 50.8% were males and average of disease evolution was of 24.3 (SD=13.4) years. Average time from diagnosis to 23.8 years (SD=13.4), the average number of seizures in last 3 months was 18.6 (SD=6.6). 14.7% of patients had had at least one epileptic status, and 19.4% presented some acknowledged degree of mental deficit. Almost half of the sample (44%) were active or actively looking for work. 22% were housewives, 21% has in work invalidity. 8.5% were retired and 4.3% of cases the occupation was unknown.

The theoretical 6 factor solution explained 82.8% of the available variance; was well defined and matched the original proposed structure, composed by the domains effects, convenience, impact on QoL, medical care, general satisfaction, and unassisted side-effects. Factor loadings ranged between 0.41 and 0.93 (Table 1); and all communities were above 0.76. Five eigenvalues attained an a rotated value above 1 and the sixth was far above the following one.

Although the general known pattern of correlations between factors was reproduced, the effectiveness dimension showed a marked correlation with impact on QoL (r = 0.523) and general satisfaction (r = 0.488), which were higher than expected (Table 2).

Interaction of Treatment Satisfaction dimension average scores with Depression severity groups was more marked (p<0.001). A paradoxical result was exhibited by the medical care dimension in which patients with severe depression did not differ from no other group (p = 0.180), but those with normal levels did differ from the mild (p=0.001) and moderate (p=0.001) groups. Patients with normal depression levels differed from all other groups in the remaining dimensions and in the overall score (p=0.001), except from the mild group in the dimensions effectiveness (p=0.072) and impact (p = 0.082). Patients with a mild level of depression did not differ from those with a moderate level in any dimensions but did differ in the overall score (p = 0.072) differed from those with severe level in the dimensions impact (p = 0.047), convenience (p = 0.004), side-effects (p < 0.001), and the overall score (p < 0.001), and were close to significance in the side-effects dimension. Patients with a moderate level of depression only differed from the severe group in the impact on QoL dimension (p = 0.030).

CONCLUSION

- The psychometric properties of the SATMED-Q are good in this specific population. The original structure is valid and dimensional measurements are reliable.

- Significant differences in Treatment Satisfaction are found depending on the Anxiety and Depression level. As expected, patients with higher levels of depression tend to show less satisfaction with their treatment, except in the dimension of satisfaction with their medical care.