Multiple myeloma can have a significant impact on quality of life

It is difficult to define the term ‘quality of life (QoL)’ as it carries different meanings for everyone.\(^1\) Multiple myeloma (MM) can affect a patient’s QoL throughout their disease journey: at diagnosis, during treatment, remission, relapse and subsequent treatment and relapse (Figure 1).\(^{1-4}\)

Despite significant improvements in the treatment of MM, it remains a chronic, incurable disease that is associated with reduced QoL due to spontaneous fractures, spinal cord compression, osteolytic lesions, recurrent infections, renal failure, anaemia and psychological disorders and other related problems. In addition, patients may face reduced physical functioning and treatment side effects.\(^{1-6}\)

- Patients with MM experience a much lower QoL compared with the general population, irrespective of the number of years since diagnosis\(^6\)
- QoL deteriorates over time, with over a third of patients worrying about their future health\(^6\)

QoL issues may impact treatment goals and choices:\(^{1,2}\)

- Patients may not be able, or willing, to suffer the loss of QoL associated with some treatments and side effects
  - e.g. some patients, particularly elderly patients, may prefer a better QoL versus longer overall survival
- Patients may need to be able to fit treatments around family commitments

Reproduced from Osbourne et al. 2014, with permission of BMJ Cancer.
Multiple myeloma – quality of life

Why and how should QoL in MM be measured?

Deterioration in a patient’s QoL can cause many problems; it can reduce the likelihood of treatment adherence\(^1\) and can lead to depression and anxiety.\(^1\) By assessing a patient’s QoL regularly throughout their disease journey, clinicians can explore how the patient feels about their health and well-being, their levels of pain, and the impact of their disease or treatment on their physical functioning, and they can develop a treatment plan accordingly.\(^2\)

There are many different questionnaires that can be used to assess QoL – some are more detailed and have more questions that others, some are disease specific and others are more general (Table 1). However, existing QoL scales do not capture all that is important to patients with MM and are primarily designed for use in the research setting; in clinical practice ongoing partnership and communication is key.\(^3\)

Understanding and managing pain

Pain is frequently the predominant symptom of MM at diagnosis, and it is also a common indicator of relapse or progressive disease.\(^4\) Fractures, osteolytic bone lesions, spinal cord compression and neuropathy are the most common causes of pain in MM patients.\(^5\) Pain is a subjective experience and for sufficient treatment planning and assessment, pain scales should be used.\(^6\)

- If clinicians can understand patients’ pain levels and how these change during, before and after treatment, they can help to manage symptoms and adjust therapy so that pain does not lead to severely reduced QoL\(^7\)
- Pain should be assessed regularly, at all stages of the patient journey\(^8\)
- Pain is a subjective experience and for sufficient treatment planning and assessment, pain scales should be used\(^9\)
- Numerous scales are available, for example the Wong-Baker\(^10\) FACES\(^®\) pain scale (Figure 2) and the World Health Organization (WHO) pain ladder\(^11\)

![Figure 2. The Wong-Baker FACES\(^®\) scale\(^12\)](image)

Table 1. QoL questionnaires that may be used for patients with MM

<table>
<thead>
<tr>
<th>QoL scale</th>
<th>Description/use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health-related quality of life short form 36 (HRQoL SF-36)&lt;sup&gt;8&lt;/sup&gt;</td>
<td>A multi-purpose, non-specific, short form health survey, based on 8 sections: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, mental health</td>
</tr>
<tr>
<td>Functional living index cancer (FLIC)&lt;sup&gt;9&lt;/sup&gt;</td>
<td>22-item questionnaire for patient self-evaluation</td>
</tr>
<tr>
<td>Quality of life questionnaire-30 (QLQ-C30)&lt;sup&gt;10&lt;/sup&gt;</td>
<td>30-item, self-administered HRQoL patient questionnaire, including 5 functional scales: physical, role, emotional, social and cognitive functioning. Additionally there are 3 symptom scales: fatigue, nausea/vomiting and pain and a global health status scale</td>
</tr>
<tr>
<td>Quality of life questionnaire myeloma module (QLQ-MY20)&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Designed as a myeloma-specific adaption to QLQ-C30. It has a 1-week recall and addresses the following domains in myeloma: disease symptoms, side effects of treatment, body image and future perspectives</td>
</tr>
<tr>
<td>Functional assessment of cancer therapy (FACT) scale and FACT-multiple myeloma (FACT-MM)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>A 14-item disease-specific measure</td>
</tr>
</tbody>
</table>

The impact of therapy on QoL

The introduction of novel therapies for MM over the past few years has led to significant improvement in survival.\(^13\) Studies in patients with relapsed or refractory MM have demonstrated clinically relevant improvements in certain QoL and symptom scores with novel treatments,\(^14,15\) and in transplant setting studies response and improved long-term outcomes are associated with an overall improvement in QoL.\(^16\)

- However, a longer life expectancy has resulted in an increasing symptom burden due to both the disease itself and to the cumulative effects of treatments.\(^17\)\(^18\) As such, the current management of MM poses a significant challenge in matching the progress made in improved survival through disease control with optimising QoL through effective supportive care throughout the patient’s disease journey.\(^3\)
- The role of the physician in combining QoL and supportive care in MM patients is important because effective supportive treatment result in improved QoL\(^4\)
- In addition to treatment of the disease itself, prophylaxis and supportive treatment of bone destruction, pain, anaemia, renal failure, fatigue, infections, hypercalcemia, peripheral neuropathy and emotional distress, are essential parts of the therapeutic management of MM patients.\(^19\)\(^20\)
- Effective use of supportive therapies can significantly help to maximise the benefits of disease treatment and to improve the well-being of patients throughout all stages of their disease journey.\(^3\)
Multiple myeloma – quality of life

Summary points

• Patients’ QoL can be influenced by multiple aspects of MM and its management\(^{13}\)

• There are a number of tools available to assess QoL and pain in MM in order to guide treatment decision making\(^{8–10,16–18}\)

• A good QoL – the aim for most patients – depends on optimal pain relief, fatigue management, and treatments offering longer remissions\(^4\)

References


