

**LETTER**

# Relatives' evaluation in older patient's quality of life

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See related research by Tabah *et al.*, <http://ccforum.com/content/14/1/R2>

We would like to congratulate Tabah and colleagues for their study concerning the quality of life (QOL) after intensive care unit (ICU) discharge in older patients [1]. One could assume that obtaining information from the patient at ICU admission was rarely possible (due to critical illness or decreased consciousness) and that mostly family members provided responses. On the contrary, QOL 1 year after ICU discharge was evaluated directly from the patient. This change in evaluators, however, could be identified as a potential weakness. The tendency of relatives to underestimate the mental health of older patients has been observed [2]. Scales and colleagues found agreement between acute respiratory distress syndrome survivors and their substitute decision-makers to be poor for all the domains of the Short Form-36 [3]. Rothman and colleagues concluded that the agreement of relatives was so poor in the psychosocial aspects of patients' QOL they could not be used as reliable proxies [4].

Tabah and colleagues represent the highest concentration of expertise in the area of older ICU patients in France, and the authors have carried out a very interesting study. The ideal comparison would involve estimates of QOL obtained from survivors prior to ICU admission and after discharge. Unfortunately, this would only be possible in a small number of older ICU patients (those admitted following elective surgery) and this might limit the generalizability of the findings to the older

population. Further investigation of QOL for older patients, prior to and following ICU admission, could compare data obtained from a unique source: family members.

**Abbreviations**

ICU, intensive care unit; QOL, quality of life.

**Competing interests**

The authors declare that they have no competing interests.

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