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## **NFTI-QOL**

The NFTI-QOL is a robustly constructed disease-specific QOL questionnaire for neurofibromatosis type 2. It correlates strongly and significantly with EuroQOL and all SF-36 domains (p < 0.01). It is straightforward and quick ( $\leq 3$  minutes) for patients to complete and easy to score. It is suitable as a quantitative method of assessing QOL in NF2 both in a clinical setting and as an outcome measure for treatment. The NFTI-QOL has been validated for adults (>16 years) in the United Kingdom, and could be adapted for use in other countries  $^{1}$ .

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Appendix 1: NFTI-QOL

Neurofibromatosis 2 Impact on QOL (English Version for the UK)

## INSTRUCTIONS FOR COMPLETING THE NFTI-QOL

Please complete the following information:

Age:	years	
Gender: Male □	Female □ 2	(please tick)

For each of the questions on the next page, please tick the one box that describes how you feel today

Usual activities include: work; housework; study; sport; social; family or leisure

activities		
Patient ID/Label:		
Q1. Do balance or dizziness problems stop you performing your u	sual activities?	
No balance problems or dizziness		
Balance or dizziness problems but no difficulties	DI DI	
Balance or dizziness problems cause me some difficulties		
Balance or dizziness problems stop my usual activities	D3	
Damiet of differences providing stop my down detrines		
Q2. Do hearing problems stop you performing your usual activitie	s?	
No hearing problems	□0	
Hearing problems but no difficulty	<b>1</b>	
Hearing problems cause me some difficulty	□2	
Hearing problems stop my usual activities	<b>I</b> 3	
Q3. Does facial weakness stop you performing your usual activities?		
No facial weakness	D0	
Facial weakness, but no difficulty	01	
Facial weakness causes some difficulty	C12	
Facial weakness stops my usual activities	<b>II</b> 3	
Q4. Do problems with your sight stop you performing your usual		
No problems with sight	□0	
Sight problems, but no difficulty		
Sight problems cause me some difficulty	□2	
Sight problems stop my usual activities	□3	
Q5. Do you have any problems in mobility and walking?		
No problems in mobility and walking	□0	
Some difficulty but can manage on my own	<b>1</b>	
Unable to walk around without some help	□2	
Unable to walk at all	□3	
Q6. Has your medical condition affected your role and outlook on life? (e.g., confidence, vulnerability, relationships, caring for family, career, having children)		
No effect or positive effect	□0	
Small negative effect		
Moderately negative effect	□2	
Large negative effect	□3	
Q7. Pain; throughout our lives, most of us have had pain from tim headaches, sprains and toothaches. Have you had pain <i>other than</i>		
None	□0	
Mild pain		
Moderate pain	□2	
Severe pain	<b>II3</b>	
Q8. Do you currently suffer from anxiety or depression?		
No	□0	
Mild anxiety or depression	□1	
Moderate anxiety or depression	□2	
Extreme anxiety or depression	□3	

If you have any further comments regarding the impact of NF2 on your QOL, please write them here:

You have now completed the NFTI-QOL. Thank you for your input.

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The aim of the study of Lawson McLean et al was to produce and validate a German version of the NFTI-QOL (NFTI-QOL-D) and to correlate QOL scores with a depression score (PHQ-9) and clinical disease severity.

The original English-language NFTI-QOL was translated into German and then back-translated in order to preserve the questionnaire's original concepts and intentions. A link to an online survey encompassing the NFTI-QOL-D and the PHQ-9 depression questionnaire was then sent to 97 patients with NF2 by email. The respondents' scores were compared to clinician-reported disease severity scores.

77 patients completed the online survey in full. Internal consistency among NFTI-QOL-D responses was strong (Cronbach's alpha: 0.74). Both PHQ-9 and clinician disease severity scores correlated with NFTI-QOL-D scores (Pearson correlation coefficient rho 0.63 and 0.62, respectively).

The NFTI-QOL-D is a reliable and useful tool to assess patient-reported QOL in German-speaking patients with neurofibromatosis type 2. The correlation of QOL with both psychological and physical disease parameters underlines the importance of individualized interdisciplinary patient care for NF2 patients, with attention paid to mental well-being as well as to somatic disease manifestations <sup>2)</sup>.

## Case series

1)

Data were evaluated for 288 NF2 patients (n = 464 visits) attending the English national NF2 clinics from 2010 to 2012. The male-to-female ratio was equal and the mean age was 42.2 (SD 17.8) years. The analysis included NFTI-QOL eight-item score, ClinSev graded as mild, moderate, or severe, and GenSev as a rank order of the number of NF2 mutations (graded as mild, moderate, severe). The mean (SD) 8.7 (5.4) score for NFTI-QOL for either a first visit or all visits 9.2 (5.4) was similar to the published norm of 9.4 (5.5), with no significant relationships with age or gender. NFTI-QOL internal reliability was good, with a Cronbach's alpha score of 0.85 and test re-test reliability r = 0.84. NFTI related to ClinSev (r = 0.41, p < 0.001; r = 0.46 for all visits), but weakly to GenSev (r = 0.16, p < 0.05; r = 0.15 for all visits). ClinSev related to GenSev (r = 0.41, p < 0.001; r = 0.42 for all visits). NFTI-QOL showed good reliability and ability to detect significant longitudinal changes in the QOL of individuals. The moderate relationships of NFTI-QOL with a clinician- and genetic-rated severity suggest that NFTI-QOL taps into NF2 patient experiences that are not encompassed by ClinSev rating or genotype  $^{3}$ 

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Lawson McLean AC, Freier A, Lawson McLean A, Kruse J, Rosahl S. The German version of the neurofibromatosis 2 impacts on quality of life questionnaire correlates with severity of depression and physician-reported disease severity. Orphanet J Rare Dis. 2023 Jan 6;18(1):3. doi: 10.1186/s13023-022-02607-z. PMID: 36604703.

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