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Correspondence in response to paper by Thomas, M. *et al.* 2021: Predicting the EQ-5D from the Kansas City Cardiomyopathy Questionnaire (KCCQ) in patients with heart failures

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We congratulate Thomas *et al.*[1] for developing algorithms mapping Kansas City Cardiomyopathy Questionnaire (KCCQ) toEQ-5D health-utility scores for patients with heart failure (HF). EQ-5D is a standard tool for assessing cost-effectiveness (QALYs) across disease areas. However, such generic health-utility measures may fail to capture key health states relevant to heart failure (such as breathlessness and fatigue). There is a need fora disease-specific utility measure for heart failure.[2]

Mapping disease-specific, patient-reported outcomes like KCCQ to EQ-5D has limitations, as the authors acknowledge.[1] However, the potential insensitivity of EQ-5D to changes in health state should be considered.[2–4] EQ-5D may be sensitive to the effects of interventions in advanced heart failure (New York Heart Association (NYHA) III–IV), but perhaps less so for milder disease.[4,5]

Thomas *et al.* used EuroQoL-5 Dimension (EQ-5D) data from the HF-ACTION trial ($n = 2331$ HF patients) but do not mention that no difference was observed at 12 months in either EQ-5D index score or visual analogue scale (VAS) with exercise-based rehabilitation compared with control (VAS: Rehab: 1 ± 17 vs. control: 2 ± 17; $P = 0.15$).[3] Was the intervention ineffective or was the tool insensitive to change? Mapping KCCQ to a tool that is not sensitive to change could undervalue the effects of the intervention.

Conflict of interest: none declared.

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