Predictive variables for a larger improvement of lymphoedema-specific quality of life 6 months after participations in an intensive multidisciplinary treatment programme (IMTP) in patients with lower limb lymphoedema

Authors: An-Kathleen Heroes, PhD-student, KU Leuven: an-kathleen.heroes@kuleuven.be; Prof. Dr. Nele Devoogdt; researcher, physiotherapist and the coordinator of the centre for lymphoedema in UZ Leuven; UZ Leuven/KU Leuven; Prof. Dr. Inge Fourneau; vascular surgeon and medical head of department vascular surgery in UZ Leuven; UZ Leuven/KU Leuven; Prof. Dr. Sarah Thomis; researcher, vascular surgeon and lymphologist/responsible doctor in the centre for lymphoedema in UZ Leuven; UZ Leuven/KU Leuven; Dr. Tessa De Vrieze; researcher and physiotherapist; KU Leuven

Introduction: Complete Decongestive Therapy (CDT) provided by a multidisciplinary team is essential in the treatment of lower limb lymphoedema (LLL). During the intensive phase of CDT, patients with LLL receive daily treatment with multilayer bandages, exercises, skin care and education. It has shown to have a positive effect on the health-related and lymphoedema-specific quality of life (QOL). However, currently it is unknown which patients with LLL benefit the most of this IMTP.

Aims: To investigate in patients with LLL predictive variables for a larger improvement of lymphoedema-specific QOL 6 months after participation in an IMTP.

Methods: In this retrospective study, data were collected from patients with LLL, stage 2a, 2b or 3, who followed an IMPT during one to four weeks until maximal volume reduction and minimal pitting was achieved. Besides CDT, consultations by a dietician, social worker and psychologist were provided when necessary. After their participation in the IMPT, patients were instructed to perform self-management of lymphoedema through compression with a compression garment and/or bandages, skin care and performing exercises. If necessary, patients were further guided by a health care provider. All patients were evaluated at the start (baseline) and end of the IMPT and at 6 months follow-up. The change in QOL was assessed by difference of the total/ subdomain scores of the Lymph-ICF-LL questionnaire between 6 months follow-up and baseline. The following baseline predictive variables were investigated: (1) age; (2) gender; (3) BMI; (4) presence of lipoedema; (5) primary versus secondary LLL; (6) history of erysipelas; (7) swelling at the whole limb versus part of the lower limb; (8) duration of LLL; (9) score on six minute walking test; (10) presence of erosion of the skin; (11) cancer related LLL. Following predictive variables at 6 month follow-up were investigated: (12) whether or not to receive further physiotherapy treatment for LLL; (13) the number of days of wearing bandages the last month and (14) the number of days performing exercises the last month;

Results and conclusion: 259 patients with LLL were included in the analysis. From these 259 patients, 175 had bilateral LLL and 83 had unilateral LLL. Currently, bivariate and multi-variate analyses are performed. The results will be presented during the ILF conference.