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CASE STUDY

The role of diagnostic tools in the assessment and treatment of chronic tonsillitis

Rola narzędzi diagnostycznych w ocenie i terapii przewlekłego zapalenia migdałków podniebiennych

Authors' Contribution:
A – Study Design
B – Data Collection
C – Statistical Analysis
D – Data Interpretation
E – Manuscript Preparation
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ABSTRACT:

Introduction: While remaining evidence-based, modern medicine acknowledges that good treatment outcomes must be defined in terms of value and significance for the individual patient. The introduction of tools to measure health-related quality of life (HRQoL) is revolutionizing the way the effectiveness of therapy is being assessed.

Aim: The aim of this article is to review the available diagnostic instruments for the assessment of the quality of life in patients with chronic palatine tonsillitis, both before and after tonsillectomy.

Material and method: The search for relevant articles was pursued within the MEDLINE, PubMed, and Scopus databases.

Conclusions: In modern-day otolaryngology, the effectiveness of therapy is assessed on the basis of both objective and subjective criteria. Quality of life should be assessed using readily available, standardized, validated tools, both universal and disease-specific. The integration of psychological tests within the HRQoL assessment allows for a more holistic approach to patients so that their treatment can be better tailored to their actual, both medical and psychological, needs.

KEYWORDS: chronic tonsillitis, quality of life, questionnaire, tonsillectomy

STRESZCZENIE:

Wprowadzenie: Współczesna medycyna opiera się na dowodach naukowych (ang. *Evidence-Based Medicine*), ale równocześnie uznaje, że dobry wynik leczenia musi być definiowany w kategoriach wartości i znaczenia dla indywidualnego pacjenta. Wprowadzenie narzędzi do pomiaru jakości życia związanej ze zdrowiem (HRQoL) rewolucjonizuje sposób oceny skuteczności terapii.

Cel: Celem niniejszego artykułu jest przegląd dostępnych narzędzi diagnostycznych do oceny jakości życia u pacjentów z przewlekłym zapaleniem migdałków podniebiennych oraz w okresie przed i po zabiegu tonsillektomii.

Materiał i metoda: Do przeglądu artykułów wykorzystano bazy: MEDLINE, PubMed oraz Scopus.

Wnioski: Współczesna otolaryngologia winna opierać się na obiektywnych oraz subiektywnych kryteriach skuteczności terapii. Ocena jakości życia powinna być prowadzona przy użyciu łatwo dostępnych, ustandaryzowanych, popartych walidacją narzędzi, zarówno ogólnych, jak i specyficznych dla jednostki chorobowej. Integracja testów psychologicznych z oceną HRQoL pozwala na holistyczną ocenę pacjenta i lepsze dopasowanie leczenia do realnych potrzeb, zarówno somatycznych, jak i psychologicznych.

SŁOWA KLUCZOWE: jakość życia, kwestionariusz, przewlekłe zapalenie migdałków podniebiennych, tonsillektomia

ABBREVIATIONS

15D – 15-Dimensional Health-Related Quality of Life measure scale
CI – confidence interval
COPD – chronic obstructive pulmonary disease
COPE – Coping Orientation to Problems Experienced inventory
ENT – ear, nose, and throat
GBI – Glasgow Benefit Inventory
HR – hazard ratio
HRQoL – health-related quality of life
Mini-COPE – Shortened Polish version of the COPE inventory
SF-36 – Short Form Health Survey
SOWC – Disease-Related Appraisals Scale
TAHSI – Tonsil and Adenoid Health Status Instrument
TIPI-PL – Polish version of the Ten-Item Personality Inventory
TOI-14 – Tonsillectomy Outcome Inventory-14
WHO – World Health Organization
WHOQOL-BREF – World Health Organization Quality of Life – BREF (short version)

INTRODUCTION

In recent years, the health-related quality of life (HRQoL) assessments have grown in importance as an important indicator of the effectiveness of therapeutic management in ENT practice and research.

While remaining evidence-based, modern medicine acknowledges that good treatment outcomes must be defined in terms of value and significance for the individual patient. The introduction of instruments to measure HRQoL is revolutionizing the way the effectiveness of therapy is being assessed. At the same time, the collection and appropriate analysis of data contribute to the growing body of knowledge and the ability to objectively compare the treatment results in common as well as in rare diseases [1].

Chronic palatine tonsillitis is a common disease which usually develops in the population of children and young adults, especially as a consequence of repeated episodes of acute pharyngitis. According to epidemiological reports, the condition occurs in up to 25–26% of individuals presenting at ENT clinics, and the lifetime prevalence of recurrent palatine tonsillitis can exceed 11% in the general population, with a preponderance for females and patients aged 11–20 years. The most common etiological agents are viruses (70–90% of cases) and bacteria, primarily group A *beta-hemolytic streptococci*. The disease develops against the background of frequent infections, immune disorders, improper diet, or environmental factors, leading to permanent changes in the structure and function of the tonsils and the onset of symptoms such as recurrent sore throat, halitosis, fatigue, and chronic subfebrile condition [2].

From the standpoint of quality of life, chronic tonsillitis significantly reduces patients' physical, social, and psychological functioning. Prospective and retrospective studies confirm that the condition is associated with decreased HRQoL scores, increased school and work absenteeism, and extensive local as well as general symptoms. Tonsillectomy as a therapeutic procedure significantly improves the patients' quality of life; in particular, an increase in health utility value from 0.72 to 0.95 is observed within the first months after the procedure, along with the resolution of complaints such as chronic sore throat, discomfort, migraines, and sleep disturbances. Tonsillectomy also reduces the number of medical consultations and absenteeism from work and school, improving the patients' overall functioning and well-being [3]. In the context of chronic tonsillitis, the health utility value refers to a normalized index of a patient's health status on a scale from 0 (death-equivalent condition) to 1 (full health) as calculated from quality of life questionnaire responses.

Tonsillectomy (or tonsillotomy in children), that is the excision (or surgical reduction) of the palatine tonsils, is one of the most common surgical procedures in otolaryngology.

In physical terms, chronic sore throat and swallowing discomfort clearly reduce the patients' quality of life. The health utility value, defined as a normalized index of health status on a scale from 0 (death-equivalent condition) to 1 (full health), is 0.72 in acute inflammation, while improving to 0.95 6 months after tonsillectomy. In comparison, patients with diabetes or chronic obstructive pulmonary disease (COPD) present with health utility values of 0.78 and 0.76, respectively [4].

Adequate and proper qualification for tonsillectomy is also extremely important from the standpoint of psychological health. A retrospective study of 14,874 patients showed a 30% increase in the risk of depression at 5 years after tonsillectomy (HR = 1.29; 95% CI: 1.19–1.40). The risk is particularly high in those aged 18–64 (HR = 1.37; 95% CI: 1.26–1.49). This does not mean, however, that tonsillectomy does more harm than good. Rather than that, this finding indicates the need for mental status being simultaneously monitored and individual risk factors for depressive disorders being taken into consideration in some patients in the process of qualification and postoperative care, despite the documented improvement in quality of life after the procedure. Since chronic fatigue and weakness also affect the patients' mood, proper qualification and evaluation of indications for surgery, with the potential psychological consequences being taken into account, is extremely important.

In the social domain, patients experience social isolation due to halitosis and frequent infections, while, on the other hand, avoiding social contacts themselves for fear of infection. Consequently, interpersonal relations and family functioning are significantly affected. With regard to the occupational and educational domain, absenteeism from work before the treatment averages 6.3 days per year. Some patients report absenteeism of up to 30 days per year due to chronic tonsillitis, which affects their productivity and career advancement opportunities. School absenteeism and learning difficulties are observed in children [5].

In conclusion, chronic palatine tonsillitis is not only an epidemiological challenge but also a key factor affecting the quality of life of a large segment of the population. Consequently, appropriately selected treatment strategies – with special focus on tonsillectomy – can significantly improve the health and daily functioning of patients [6].

The assessment of the quality of life is not limited to objective parameters; rather than that, it also takes into account the patient's subjective

feelings about their physical and social functioning as well as mental condition. From this perspective, tools such as validated questionnaires – both universal and tonsillitis/tonsillectomy-specific – provide a comprehensive overview of health benefits and treatment effects.

AIM

The aim of this article is to review the available diagnostic tools for the assessment of the quality of life in patients with chronic palatine tonsillitis, as well as before and after tonsillectomy. The principles behind the selection of questionnaires, their advantages and limitations, and the importance of proper HRQoL assessment in therapeutic decision-making in ENT practice will be presented.

MATERIAL AND METHOD

The purpose of this study was to identify and present the scientific tools (questionnaires, scales, and checklists) used to collect data in patients with chronic palatine tonsillitis as well as in patients before and after tonsillectomy as described in English-language articles published in peer-reviewed journals in the years 2000–2024. The search for relevant articles was pursued within the MEDLINE, PubMed, and Scopus databases using the following keywords: "quality of life", "chronic palatine tonsillitis", "tonsillectomy", "questionnaire", "checklist", as well as their synonyms.

Questionnaires and checklists play a key role in medical research, facilitating objective and reproducible assessment of clinical phenomena and patients' quality of life. Most often, the questionnaires take on the form of a set of questions to which answers are provided by the patient (e.g., on a Likert scale). Checklists, on the other hand, are a list of points to tick off, used mainly to systematically check for the presence of certain symptoms or events or to confirm the completion of specific elements of a procedure. Standardized tools facilitate the collection of data in a structured and comparable manner, the measurement of the impact of the disease on different functioning domains, and the monitoring of the effectiveness of treatment and medical interventions. Consequently, the obtained results are highly reliable, allowing for comparative analyses between patient and healthy subject groups as well as meta-analyses in different populations.

The use of validated questionnaires increases the scientific value of research, standardizes the process of diagnosis, and facilitates the detection of subtle changes in health status that might be unnoticeable in classic clinical measurements. Checklists additionally support the record-keeping and monitoring of adherence to clinical procedures, which translates to improved quality and safety of patient care. All this makes questionnaires and checklists an indispensable part of clinical research, medical practice, and the design of new therapeutic processes in evidence-based medicine.

RESULTS

This article singles out tools used in the diagnosis and evaluation of treatment of chronic tonsillitis, as well as selected tools and questionnaires used in the assessment of the overall quality of life and non-disease-specific self-reported assessments of patient's condition, which can be used to evaluate the disease of interest and its impact on the patient's life.

Questionnaires for use in the collection of data for scientific research should, above all, be transparent and intelligible to respondents, and the instructions thereto should be clear and unambiguous. A properly constructed tool consists of questions or statements tailored to the studied group and precisely described response formats (e.g., Likert scales), and has an overall structure that facilitates comparison of results between subjects and across clinical contexts [7].

The versatility of a questionnaire lies in its applicability to a variety of populations, medical conditions, and research settings. Any tool of this type should be validated, i.e. assessed for relevance and reliability of the measurement, cross-cultural adaptation, and standardization, so as to ensure proper comparability of results regardless of cultural context. It should be characterized by objective scoring, independence of the measurement settings, and high internal consistency (homogeneity). As a result, a validated questionnaire ensures high quality of measurements and real scientific value of the findings regardless of clinical or populational use.

NON-SPECIFIC/UNIVERSAL INSTRUMENTS

Standardized questionnaires such as the SF-36 (Short Form Health Survey), WHOQOL-BREF, and 15D are used to assess overall health-related quality of life.

The SF-36 is a popular standardized questionnaire used for HRQoL assessments. It consists of 36 questions and assesses 8 key domains of patient functioning using the physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health subscales.

The SF-36 questionnaire is used extensively in research, clinical trials, and medical practice to assess the impact of diseases and treatments on patients' health and well-being. It is a self-assessment instrument that is easy to administer and facilitates comparisons between different populations and the detection of changes in health-related quality of life [8].

The WHOQOL-BREF is an abbreviated version of the international standardized quality of life questionnaire developed by the World Health Organization (WHO). It consists of 26 questions and facilitates the assessment in 4 basic domains: physical, psychological, social, and environmental, as well as 2 general assessments of the subjective overall perception of the respondent's quality of life and health satisfaction.

The WHOQOL-BREF questionnaire facilitates quick, reliable detection of quality of life reductions in various populations of both healthy and chronically ill subjects. Scores within each domain are expressed using a response scale of 1 to 5 points, the higher numbers indicating a better quality of life in a particular area. Owing to its

simple design and the ability to compare results between different groups of patients, the instrument is commonly used in medicine, psychology, as well as population-based and clinical research [9].

The 15D questionnaire is a multidimensional tool that can be used to assess quality of life in both healthy individuals and those with various medical conditions. The questionnaire covers a total of 15 dimensions, including physical, mental, and social functions, the resulting score being expressed as a health utility value ranging from 0 to 1.0 (full health). The 15D questionnaire, as developed by Harry Sintonen, is an instrument used in assessing the health-related quality of life (HRQoL). The 15 dimensions (factors) of the questionnaire include mobility, vision, hearing, breathing, sleeping, eating, speech, elimination, usual activities, mental function, discomfort/symptoms, depression, distress, vitality, and sexual activity. Each dimension has 5 response levels that describe the patient's health status from best to worst; the survey takes about 5 minutes to complete.

The 15D questionnaire facilitates self-assessment of all relevant domains of life, and the resulting score allows a comprehensive analysis of HRQoL in diverse clinical and general populations. The total score is expressed as a value from 0 (worst possible health) to 1 (full health), translating to convenient comparison and interpretation of results. The tool is available in the Polish language version. It has been validated and is recommended for use in scientific research as well as clinical practice [10].

All of the above instruments are recommended for use in the research on the quality of life in chronic diseases as tools to provide a global perspective on patient functioning in all key domains of life.

DISEASE-SPECIFIC INSTRUMENTS

The specific forms and questionnaires developed to assess the quality of life and outcomes following tonsillectomy procedures take into account the patient's perspective as well as changes resulting from the treatment.

The Adult Pre-Operative Surgery Checklist is a standardized tool designed to increase patient safety before surgery. The checklist should be completed prior to the surgery to confirm the patient's identity, the type of surgery, the surgical incision site, and the patient's consent, as well as to assess the risks associated with the procedure, such as potential allergies, intubation difficulty, or blood loss [11].

The checklist facilitates verification of basic information (name, procedure, surgical site), anesthesia equipment, medications, vital signs, and the availability of necessary supplies. Another key objective is to ensure integration within the surgical team and anticipation of critical events during the procedure. The WHO Surgical Safety Checklist document (adult version) is one of the world's most widely used tools to promote global safety standards [12].

The Glasgow Benefit Inventory (GBI) is a validated questionnaire for the assessment of health benefits after otorhinolaryngological procedures, particularly tonsillectomy. It consists of 18 items and is used to assess changes in general, psychosocial, as well as physical health. The GBI facilitates the comparison of treatment effects as seen from the patient's perspective and is widely used in studies of chronic palatine tonsillitis.

The Tonsil and Adenoid Health Status Instrument (TAHSI) is a specific, validated questionnaire for the assessment of the quality of life and symptom severity in patients with diseases of the palatine and pharyngeal tonsils, particularly in the context of qualification for adenotonsillectomy or tonsillectomy. The TAHSI includes questions on throat infections, swallowing difficulties, respiratory complaints, halitosis, school/work absenteeism, health care use, and the impact of the condition on daily activities [13].

The questionnaire consists of 15–18 questions divided into several subscales (depending on the language version) rated on a Likert scale – the higher the score, the greater the severity of symptoms and the worse the quality of life. High validity, reliability, sensitivity to change, and ability to distinguish between sick and healthy patients were demonstrated for the tool in international studies. TAHSI is recommended for studying the tonsillectomy outcomes, evaluating the effects of chronic tonsillitis, and monitoring the progress of surgical treatment.

The Tonsillectomy Outcome Inventory-14 (TOI-14) is a specific questionnaire designed to assess the quality of life before and after tonsillectomy, focusing on 4 domains including physical health, mental health, social functioning, and local symptoms. The TOI-14 is sensitive to changes resulting from the treatment and has been used in the analyses of health utility values and treatment effects in international studies [14].

All of the aforementioned instruments are of great research and practical value with regard to the monitoring of tonsillectomy outcomes and the overall evaluation of health benefits.

Of the above, only the GBI questionnaire has been validated, culturally adapted, and recommended as a tool to assess subjective benefits following otorhinolaryngological interventions in Polish scientific literature. Other disease-specific instruments, such as TAHSI and TOI-14m have not yet been translated and validated for use in Poland, which significantly limits their availability and use in national publications and clinical practice [15].

As a result, specific questionnaires for the assessment of the quality of life in chronic ENT conditions are only sporadically used in Poland, their usefulness in everyday practice and research remaining limited due to the lack of language adaptation and psychometric validation [16].

THE ROLE OF PSYCHOLOGICAL SURVEY INSTRUMENTS AND QUESTIONNAIRES

The role and the potential applicability of psychological questionnaires which, due to their versatility, can be used in many fields, including the ENT disease group, should also be taken into account.

Numerous psychological tools are available, and their selection remains a case-by-case issue depending on both the characteristics of the patient group and the specifics of the diagnosed condition.

Each clinician can select an appropriate set of tools according to the diagnostic needs and objectives of the study, taking into account the heterogeneity of the population and the variety of clinical challenges, thus making it possible to pursue a targeted approach to assessing mental functioning and quality of life within a specific disease population.

A myriad of psychological scales and tools have been developed for universal use in a variety of disease entities – from chronic conditions through affective disorders to acute episodes requiring immediate intervention. Their essential role is to facilitate an insightful assessment of the patient's subjective perception of their health, the ways of coping with the disease, the level of social support, personality traits, or the process of adaptation to living with the disease.

Listed below are examples of universal questionnaires that can be used in virtually any disease entity to provide structured information about the disease's impact on the patient and the patient's own evaluation of their condition.

The Mini-COPE questionnaire is an abbreviated questionnaire for the assessment of stress coping strategies, based on the original COPE inventory. The tool consists of 28 items that reflect 14 strategies, including adaptive strategies such as active coping, planning, seeking emotional/instrumental support, acceptance, humor, turning to religion, and maladaptive strategies such as behavioral disengagement, denial, self-blaming or substance use [17].

Each strategy is represented by 2 statements, with responses corresponding to a four-point Likert scale (from "I almost never do that" to "I almost always do that"). The Mini-COPE is designed for psychological assessment of adult subjects – both healthy and sick – in research and clinical settings. It facilitates the prompt identification of dominant coping strategies, monitoring of the effectiveness of therapeutic interventions, and supporting the diagnostic and preventive management of patients.

The SOWC (Disease-Related Appraisals Scale) is a Polish questionnaire tool used to measure the subjective meaning a patient gives to his or her own illness. The instrument was developed by Janowski et al. and is based on the classic theories of cognitive appraisal of stressful situations – especially the Lazarus and Folkman's model and Lipowski's interpretation of illness perception [18].

The SOWC scale consists of 47 items across 7 dimensions of threat, benefit, obstacle/loss, challenge, harm, value, and importance (control scale). It facilitates the assessment of the patient's perception of his or her disease – as a threat, a challenge, or loss – as well as the related feeling of harm, perceived benefits, and values associated with the disease. The tool has good psychometric reliability and accuracy, and its versatility allows it to be applied to different clinical groups (e.g., individuals with heart disease, psoriasis, infertility, pain syndromes).

The Disease-Related Appraisals Scale facilitates an in-depth analysis of an individual's perception of illness, changes in the assessment of one's own health state, and an accurate assessment of the processes of adapting to and coping with chronic illness.

The Polish version of the Ten-Item Personality Inventory (TIPI-PL) is used to quickly assess 5 basic personality traits so as to provide a broader interpretive context for health decisions, treatment initiation, or the condition acceptance process [19].

The Berlin Social Support Scales, used e.g. to assess social support, acceptance of illness, or motivation for lifestyle changes, also have interdisciplinary applications in somatic medicine and psychotherapy.

The versatility of these tools makes them suitable for use not only in psychiatry and clinical psychology but also in the study of various conditions, including ENT diseases, where assessing the holistic impact of a condition on a patient's life is increasingly becoming a standard of modern practice. The use of these instruments contributes to our understanding of how chronic inflammation, voice disorders, surgery, or chronic pain affect different domains of an individual's functioning – from physical health to interpersonal relationships and work/school adaptation. Interpretation of HRQoL measures into the ENT diagnostics results in a more holistic approach to the patient, facilitating the planning of more comprehensive support (both medical and psychological), and the long-term monitoring of the effectiveness of interventions.

Notably, the Polish panel of diagnostic tools includes hundreds of scales approved for use in various populations. Each of them can be individually selected to meet the needs of a particular group of patients, the purpose of a scientific study, or clinical practice – in ENT disorders (e.g., chronic tonsillitis, head and neck tumors, voice disorders) as well as in psychiatric disorders or psychosomatic problems.

The modern approach to assessing the quality of life and the psychological consequences of illness translate to a much better understanding of the patient's actual needs, personalization of treatment, and effective support in the patient's recovery, not only at the somatic level, but also at the psychological and social levels.

CONCLUSIONS

In modern-day otolaryngology, the effectiveness of therapy should be assessed on the basis of both objective and subjective criteria. Quality of life assessments, focusing particularly on health-related quality of life, should be conducted using readily available, standardized, validated tools, both universal and disease-specific. Polish clinical practice requires a wider adaptation and validation of quality-of-life questionnaires for ENT patient groups, especially patients with chronic tonsillitis and those having undergone tonsillectomy. The integration of psychological tests within the HRQoL assessment allows for a more holistic approach to patients so that their treatment can be better tailored to their actual, both medical and psychological, needs.

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