Methods 207 patients with sarcoidosis (89% lung, 26% skin, 22% eye, 29% other organ involvement) attending outpatient clinics at King’s College and Royal Brompton Hospitals completed the KSO. KSO domain scores range from 0 to 100, a higher score representing a better HRQOL. Demographic data, immunosuppressant medication, organ involvement, lung function, Scadding CXR stage, physicians global assessment (PGA) of severity of skin disease and visual acuity (VA) were recorded.

Results Patients had a mean (SEM) age 48 (11) years, 54% were female and 30% were Afro-Caribbean. Patients had a mean (SEM) FEV1 80 (25)% predicted, FVC 94 (19)% predicted and TLCO % predicted 66 (17). HRQOL was impaired in all domains, mean (SEM) scores: general HRQOL 51 (2), lung 61 (2), medication/side-effects 49 (5), skin 54 (4), and eye 50 (4). Patients with 2 or more organ involvement compared to single organ involvement had worse general HRQOL (44 (5) vs 58 (5); p<0.01) and worse medication/side-effects scores (44 (5) vs 58 (5); p=0.04). Female patients compared to males had worse general HRQOL (45 (3) vs 57 (3); p<0.01) and lung HRQOL scores (58 (3) vs 70 (4); p<0.01). There were no associations between HRQOL and age (r=-0.02 to 0.15) or ethnicity (p=0.42). There was a weak but significant relationship between lung HRQOL and FEV1 (r=0.38, p<0.01), FVC (r=0.32, p<0.01) and TLCO % predicted (r=0.22, p<0.01). Patients with Scadding CXR stage 3–4 disease compared to stage 0–2 disease had significantly worse lung HRQOL (51 (4) vs 63 (3); p=0.02). Skin health was associated with physician’s global assessment (PGA) of severity of skin disease (r=0.51, p<0.01). Eye health was associated with VA (r=-0.56, p<0.01). Patients taking immunosuppressant medication for sarcoidosis compared to those not taking immunosuppressants had significantly worse general HRQOL (45 (2) vs 66 (4); p<0.01) and lung HRQOL scores (58 (3) vs 70 (4); p<0.01).

Conclusions HRQOL is impaired in sarcoidosis. Gender, immunosuppressant medication, multi-system organ involvement and severity of lung function impact on HRQOL. This study provides further clinical validation of the KSO.