

Letter to the Editor

Are Happiness and Well-being the Same Outcome?

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Accepted 27 July 2020

Dear Editors,

We read with great interest the study by Caro I. Cools and colleagues supporting the need and relevancy of including happiness as an outcome in Parkinson clinical studies. In the manuscript, it is argued that quality of life does not necessarily represent someone's level of happiness and happiness should therefore be considered an independent outcome instead of part of the quality of life measures, where it tends to be included [1].

We consider this message to be an extremely important point to bring into discussion, especially at a time when person-centered care and personalized medicine are being adopted and implemented. Likewise, there is still a clear need of more global health outcomes that compare the health status of people with different diseases.

Caro I. Cools and coworkers assume that happiness can be measured by the concepts of well-being and self-compassion, describing well-being as a sense of wellness of an individual [1].

Nevertheless, in the same way authors rightly make a distinction between quality of life and happiness,

we would like to cast doubt on whether the concepts of happiness and well-being overlap or correspond to two different health outcomes.

Although there is no consistent definition of well-being as a health outcome, there is a general agreement that it encompasses physical, mental, and social domains [2]. This is supported by the most recent definition for health, proposed by Machelde Huber and colleagues in an attempt to surpass the limitations of WHO's definition. They argue that due to the rise of chronic diseases (like Parkinson), health should be perceived more as an ability to adapt and self manage in the face of social, physical, and emotional challenges and therefore restore one's sense of well-being [3].

This means that its determinants could vary depending on what each individual considers to be beneficial for him. Someone's well-being could come as a result of doing physical activity regularly and maintaining social stability [2].

Happiness, on the other hand, may be harder to define, as it can be perceived both as a global assessment of life—eudaimonia—or as a positive emotional transitory state—hedonia [4]. Following this line of thought, we would argue that well-being is different from happiness, as it corresponds to a higher order concept, reflecting a more stable state of being well, of feeling satisfied and of being contented [5, 6].

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The purpose of this letter is not just to bring to the discussion the possibility that happiness and well-being are two different outcomes but also alert for other forgotten global health outcomes that deserve further exploration, such as fitness, frailty, autonomy, general mobility, social functioning, ability to remain in own home, hospital admissions, falls resulting in fracture, among others [7–9].

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