International Society for Quality of Life Research

Montevideo, Uruguay, October 22 –25, 2008 ~ Schedule-at-a-Glance

The abstracts are grouped by symposia, followed by all of the oral presentations, and conclude with all of the poster presentations.

Thursday, October 23, 2008	
8:30 am – 5:30 pm	**Poster Session 1** on display (p. A-33– A-66)
9:00 –10:30 am	**Opening Plenary Session**: Welcome and Keynote Address
10:30 –11:15 am	**Break and Meet the Authors Poster Session**
11:15 am – 12:30 pm	**Lecture: Health, Quality of Life and Stigma**
12:15 – 1:00 pm	**Concurrent Sessions** Invited Symposium: Nursing and QoL Quality of Life in Children (p. A-7) Cross Cultural Adaptation of Instruments (p. A-7– A-8) E-data Capture (p. A-8 – A-9)
1:00 – 2:00 pm	**Lunch on Your Own/SIG Meetings**
2:00 – 3:30 pm	**Concurrent Sessions** Invited Symposium: QoL and Healthy Habits QoL Frameworks in Children and Adolescents (p. A-9– A-11) Utilities (p. A-11– A-13) Environmental/Cultural Components to Aging (p. A-13 – A-14)
3:30 – 4:15 pm	**Break and Meet the Authors Poster Session**
4:15 – 5:45 pm	**Plenary Session II: Population Surveys**
5:45 – 6:45 pm	**Special Symposium**: From Patient Reported Outcomes to Symptom Mechanisms **SIG/Committee Meetings**
7:00 – 8:00 pm	**Mentor/Mentee Session**
Friday, October 24, 2008	
8:30 – 5:30 pm	**Poster Session 2** on display (p. A-66 – A-99)
9:00 – 10:00 am	**Plenary Session III:** What Are We Measuring?
10:00 – 10:45 am	**Break and Meet the Authors Poster Session**
10:45 am – 11:30 am	**Lecture: The Flowers of Evil**
11:45 am – 12:45 pm	**Concurrent Oral Sessions** Stigmatizing Conditions (p. A-15– A-16) Clinical Practice (p. A-16 – A-17) Rheumatoid Diseases (p. A-17 – A-18) Modern Methods for Instrument Development in Mental Health (p. A-18 – A- 19)
12:45 – 2:15 pm	**ISOQOL Business Meeting** Lunch session
2:15 – 3:15 pm	**Concurrent Sessions** Invited Session of ISOQOL Strateic Partnership QoL and the Workplace (p. A-20 – A-21) Chronic Conditions (p. A-21 – A-22) Response Shift (p. A-22 – A-23)
3:15 – 4:00 pm	**Break and Meet the Authors Poster Session**
4:00 – 5:30 pm	**Plenary Session IV: QoL in Kids**
5:30 – 6:30 pm	**SIG Meetings**
Saturday, October 25, 2008	
8:30 am – 5:30 pm	**Poster Session 3** on display (p. A-100 – A-130)
8:00 – 10:30 am	**Plenary Session V**: QoL in Mental Health, President's Address, President's Award
10:30 – 11:15 am	**Break and Meet the Authors Poster Session**
11:15 am – 12:45 pm	**Plenary Session VI**: What Can Cklinicians Expect from QoL?
12:45 – 1:45 pm	**Lunch on Your Own/SIG Meetings**
1:45 – 3:15 pm	**Concurrent Sessions** Invited Symposium: QoL of Caregivers Mental Health (p. A-24 – A-26) Population Health (p. A-26 – A-28) Symposium 1291 (p. A-2 – A-3) QoL and Oncology (p. A-28 – A-29)
3:15 – 4:00 pm	**Break and Meet the Authors Poster Session**
4:00 – 5:30 pm	**Concurrent Sessions** Invited Symposium: QoL of Health Professionals Symposium 1077 (p. A-4 – A-5) Symposium 1306 (p. A-5 – A-6) Measurement in Children and Adolescents (p. A-30 – A-31) Oncology (p. A-31 – A-33)
7:00 pm	**Conference Dinner**

SYMPOSIA

Symposium 1291

Comparing Commonly Used Generic Preference-Based Health-Related Quality of Life Measures in Diverse Clinical and Population-Health Settings: Results from the National Health Measurement Study

David Feeny, Center for Health Research, Kaiser Permanente Northwest, Portland, OR, Robert M. Kaplan, Health Services Research, Ron D. Hays, General Internal Medicine, University of California, Los Angeles, Los Angeles, CA, Theodore Ganiats, Family and Preventive Medicine, University of California, San Diego, La Jolla, CA, Mari Palta, Population Health Sciences, University of Wisconsin-Madison, Madison, WI, David Feeny, Center for Health Research, Kaiser Permanente Northwets, Portland, OR

The Symposium includes five papers reporting on Work in Progress from the National Health Measurement Study (NHMS). Kaplan et al. compares the responsiveness of five preference-based measures (EQ-5D, HUI2, HUI3, QWB-SA, and SF-6D) in detecting clinical change in cataract and heart failure patients. Hays et al. examines the effects of order and mode of administration on scores for EQ-5D, HUI2, HUI3, SF-36 MCS, SF-36 PCS, and QWB-SA. Ganiats et al. compare scores from an individual-specific measure, The Schedule for the Evaluation of Individual Quality of Life (SEIQoL), to scores for the SF-36 and EQ-5D obatined from the same persons at the same point in time and examine the correlations among these measures. In a methodological inquiry using data from the cataract and heart failure studies and the NHMS population health survey, Palta et al. present evidence that error standard deviations differ among preference-based measures (EQ-5D, HUI2, HUI3, QWB-SA, and SF-6D) and vary within the ranges of each of these measures. Using data from the NHMS population health survey for EQ-5D, HUI3, QWB-SA, and SF-6D, Feeny et al. examine the health-related quality of life burden associated with chronic obstructive pulmonary disease (COPD). Together the presentations provide important new evidence on the measurement properties of commonly used preference-based measures both in clinical and population-health applications. Further, important new evidence on HRQL in cataract, heart failure, and COPD is also provided. The National Health Measurement Study was supported by National Institute on Aging, P01-AG020679.

Individual Abstract Number: 1292

Comparing the Responsiveness of Five Preference-Based Measures of Health-Related Quality of Life in Cataract and Heart Failure Patients

Robert M. Kaplan, Health Services Research, Ron D. Hays, General Internal Medicine, University of California, Los Angeles, David Feeny, Center for Health Research, Kaiser Permanente Northwest, Theodore Ganiats, Family and Preventive Medicine, University of California, San Diego

AIMS. We concurrently applied the five most widely-used preference-based HRQL instruments (the Self-Administered Quality of Well-being scale [QWB-SA], the EQ-5D, the Health Utilities Index Mark 2[HUI2)and Mark 3[HUI3], and the SF-6D)to patients with two different health conditions and followed them prospectively. METHODS. 457 adults were evaluated prior to cataract extraction with lens replacement; 210 adults with heart failure were evaluated on entry to specialized heart failure management programs. Both groups were assessed at baseline, 1, and 6 months. Cataract patients also completed the National Eye Institute 25 Item Visual Functioning Questionnaire (VFQ-25) and the heart failure patients completed the Minneasota Living with Heart Failure Questionnaire. RESULTS. For cataract patients, changes between baseline and 1 month follow-up were statistically significant for all indexes except the SF-6D. Mean differences ranged from 0.00 (SF-6D) to 0.06 (HUI3). For heart failure patients, only the SF-6D detected significant changes between baseline and 1 month while the QWB-SA detected difference between one and six months. On most of the measures, cataract patients experienced most of their improvement by 1 month. In contrast, heart failure patients continued to improve up to the 6 month evaluation. However, the pattern of change was not consistent across measures. Although all generic measures were significantly correlated with disease-specific measures, the targeted measures were more sensitive to change. CONCLUSIONS. Preference-based methods for measuring health outcomes are not interchangeable. Although most of the measures captured change, the absolute difference captured by the measures differed considerably. Differences in sensitivity to change in specific clinical populations may be related to differing content of the measures. Estimates of quality-adjusted life years (QALYs) associated with clinical treatments may be influenced by choice of measure.

Individual Abstract Number: 1293

Effects of Mode and Order of Administration on Generic Health-Related Quality of Life Scores

Ron D. Hays, Medicine, University of California, Los Angeles, Los Angeles, California, Karen L. Spritzer, Honghu Liu, General Internal Medicine, University of California, Los Angeles, Seongeun Kim, Biostatistics, UCLA

Aims. The Health Measurements in Patients Tracking Clinical Outcomes Study included patients with heart failure or cataracts. Participants self-administered multiple health-related quality of life (HRQL) measures at baseline, and 1 month, 3 months, and 6 months post baseline. Participants were also interviewed by phone at the 6 months. Methods. Four HRQL questionnaires, EQ-5D, HUI, QWB-SA and SF-36v2TM, were administered at three sites (University of California, San Diego, UCLA, University of Wisconsin). At the 6 month follow-up, individuals were randomized to mail or telephone administration first. The study evaluates the association between mode and order of administration on HRQL scores at the 6 month follow-up. We used a repeated measures mixed linear model with a random intercept, adjusting for site, patient age, education, gender and race. The sample included 156 individuals entering a heart failure program and 366 persons scheduled for cataract surgery. For these analyses we included people who had completed the survey by mail or phone at the 6-month follow-up (n = 299; 48% male, 84% white, mean age = 66). Results. HRQOL scores were significantly more positive when administered by phone than by mail except for the QWB, which did not display significant mode effects. Differences in scores between phone and mail responses were largest when these responses occurred second in the sequence (phone after mail versus mail after phone). These differences between modes were 3 points on the PCS, 5 points on the MCS, 0.05 on the HUI2, 0.07-0.08 on the SF-6D and EQ-5D, and 0.12 on the HUI3. Conclusions. Telephone administration yields significantly more positive HRQOL scores for all of the generic HRQOL measures except the QWB. The direction of mode effects were consistent with previous studies and the magnitude of effects were clearly important, with some differences as large as a half-standard deviation. These findings suggest caution in comparing HRQOL estimates when mode of administration varies.

Individual Abstract Number: 1294

A Comparison of General and Health-Related Quality of Life: The SEIQOL, SF-36, and EQ-5D

Theodore Ganiats, Family and Preventive Medicine, University of California, San Diego, Brazil, Steven Tally, Family and Preventive Medicine, Ashley Levack, Health Services Research Center, University of California, San Diego, Jordon Carlson, Health Services Research Center, University of Californai, San Diego, Yiase Brunette, Health Services Research Center, University of California, San Diego

AIMS. The Schedule for the Evaluation of Individual Quality of Life (SEIQoL) utilizes an individualized approach to the assessment of general quality of life: respondents generate their own domains and weights. The majority of generic health-related quality of life (HRQL) measures emphasize physical and mental health domains and often use population-derived weights. Little has been done to compare the SEIQoL with generic HRQoL measures in a population. We compared the SEIQoL, SF-36, and EQ5D in a primary-care population. ` METHODS. 150 patients were recruited at a primary-care clinic. Subjects completed the SEIQoL, the EQ5D, and SF36 (in that order). To control for possible mode of administration effects, the EQ5D (and accompanying Visual Analog Scale or VAS), and SF36 were administered in interview form. RESULTS. Means were remarkably similar across assessment measures, ranging from 70 (SEIQoL) to 77 (0.77, EQ5D). SEIQoL scores were significantly correlated with the SF36 Mental Health Component Score, the EQ5D, and VAS, but not with the SF36 Physical Component Score. _Family_ and _health_ were most commonly reported as the most important SEIQoL domains. Interestingly, the correlation between SEIQoL and HRQL scores was higher for participants who nominated family as the most important domain rather than health or other domains. CONCLUSIONS. The SEIQoL and generic HRQL measures that come from a fundamentally different theoretical construct generated remarkably similar means and are also moderately correlated. Patients_ self-definition of general quality of life most closely correlates with the _mental health_-related quality of life domains. It is also apparent the type and magnitude of the relationship between the SEIQoL and HRQL measures is largely dependent upon choice and salience of the SEIQoL domains. Further analyses will help describe these relationships in more detail.

Individual Abstract Number: 1295

Error Standard Deviations of Five Preference-Based Measures across the Range of Health: Implications for Assessing Responsiveness

Mari Palta, Dennis Fryback, Han-Yang Chen, Population Health Sciences, University of Wisconsin-Madison

Aims. We estimate error standard deviations (ESDs) of HUI2, HUI3, EQ-5D, SF-6D and QWB-SA and determine whether the ESDs stay constant across the range of health. The impact of non-constant ESD, including ceiling effects, on commonly used indicators of responsiveness is discussed. Methods. A cohort of patients with repeated measures of the indexes at 1 and 6 months post cataract surgery, was used to directly estimate the ESD (n=181-200). In addition, a two step modeling process was applied to a population-based sample of non-institutionalized adults in the United States (n= 3557-3843). The modeling first applied categorical factor analysis to the 5 indexes to obtain a combined measure of "health". Standard deviations of each index were computed conditional on the combined health measure health level for intervals along this measure to approximate ESD at varying levels of health. In the second step, the mean and ESD of each index were modeled and smoothed across health levels. Graphs were produced showing index responsiveness at different levels of health on original preference scored scales and relative to ESD. Results. Repeated measures led to estimated ESDs 0.15,0.11, 0.10, 0.071 and 0.081, respectively. Population-based approximate ESDs were 0.070 for SF-6D and 0.087 for QWB-SA, but were smaller than repeated measures based ESDs for the HUI2, HUI3 and EQ-5D, indexes having considerable ceiling effects in the population. Bland-Altman plots of the repeated measures indicated small ESD for these three indexes at high levels of health. Smoothed plots of the population ESDs showed the same tendency, and these ESDs were higher for health levels 1-2 population standard deviations below average health. The developed models accurately captured these trends, but fit less well close to the HUI2, HUI3 and EQ5D ceilings. Conclusions. Error standard deviations differ between the HUI2, HUI3, EQ-5D, SF-6D and QWB-SA and vary within each index across its range. Our results imply in particular that responsiveness is poorly estimated close to a measure's ceiling.

Individual Abstract Number: 1296

The Health-Related Quality of Life of Persons with Chronic Obstructive Pulmonary Disease in Non-Institutionalized US Adults

David Feeny, Center for Health Research, Kaiser Permanente Northwets, Brazil, Richard A. Mularski, Center for Health Research, Kaiser Permanente Northwest, Dasha Cherepanov, Population Health Sciences, Nancy Dunham, Family Medicine, University of Wisconsin-Madison, Robert M. Kaplan, Health Services Research, University of California, Los Angeles, Dennis Fryback, Population Health Sciences, University of Wisconsin-Madison

Aims. Generic preference-based health-related quality of life (HRQL) measurement instruments provide important information on outcomes for those with chronic obstructive pulmonary disease (COPD). However, these instruments have seldom been evaluated in population-health studies. Methods. We concurrently administered four generic HRQL measurement instruments (EQ-5D, HUI3, SF-6D and QWB-SA) via telephone interview to a nationally representative sample of non-institutionalized adults aged 35-89 as part of the National Health Measurement Study. We compared mean HRQL scores for those with a self-reported diagnosis of COPD to respondents without COPD, those without any chronic conditions and those with diabetes. We explored factors (BMI, smoking, demographic, other chronic conditions) associated with HRQL in COPD using ordinary least squares regression. Results. Of 14,394 households contacted, 6,822 households had an eligible respondent and 3,844 completed the interview. Across all 4 instruments, respondents with COPD ($n = 279$) had significantly lower HRQL scores ranging from 0.51 - 0.71 compared to 0.72 - 0.93 for healthy individuals ($n = 995$, $p < 0.001$) and 0.64 - 0.85 for those without COPD ($n = 3,564$, $p < 0.001$). Mean scores in COPD were also lower than scores for respondents with diabetes ($n = 631$; differences -0.06 to -0.13, $p < 0.05$). Modeling identified depression and sleep disorders as being significantly associated with decreased HRQL across all 4 measures. Conclusions. In a non-institutionalized population sample, preference-based HRQL measures documented a substantial burden of disease for adults with COPD. We confirmed contributions of disease co-morbidity, particularly sleep disorders and depression, to reductions in health utility for those with COPD.

Symposium 1077

Measurement Tools to Enhance Health-Related Quality of Life Research: the Patient-Reported Outcomes Measurement Information System (PROMIS)

Bryce B. Reeve, Outcomes Research Branch, National Cancer Institute, Bethesda, MD, David Cella, Feinberg School of Medicine, Northwestern University, Evanston, IL, Dennis A. Revicki, Center for Health Outcomes Research, United BioSource Corporation, Bethesda, MD, Ron D. Hays, Division of General Internal Medicine & Health Servi, UCLA, Los Angeles, CA, Bryce B. Reeve, Outcomes Research Branch, National Cancer Institute, Bethesda, MD

The overall goal for the development of the Patient-Reported Outcomes Measurement Information System (PROMIS) is to provide researchers access to a set of precise, valid, and efficient measures of health-related quality of life (HRQOL) domains. This symposium will give ISOQOL members a review of the progress to date, a first look at the PROMIS questionnaires, results from psychometric testing, and a look forward to the future of PROMIS as it will expand its capabilities and outreach in an international market. The first presentation will provide an overview of the 7-site PROMIS network activities conducted from 2004 to 2008, including item bank development, wave one field testing, and release of associated PROMIS item banks and end-user HRQOL measures. Static short forms and computerized-adaptive testing (CAT) also will be illustrated using the PROMIS item banks. The second talk will discuss the HRQOL measurement issues and challenges when conducting clinical research. We will explore how the PROMIS item banks provide flexibility for researchers to select the best HRQOL measure that fits the target population for the research study. The presentation will highlight opportunities and advantages for using the PROMIS CAT technology. The third presentation will discuss the results from the first wave of PROMIS data collection. Results will show how well the PROMIS items perform and compare how well the PROMIS short forms and CAT perform relative to well-used HRQOL questionnaires such as the SF-36 and domain specific measures such as the CES-Depression scale. The fourth presentation will discuss future plans for the PROMIS including validating and refining its current item banks, expanding into new HRQOL domains, disseminating results, and seeking collaborations with partners internationally. Comments and recommendations from the ISOQOL audience will be solicited to help shape the future of PROMIS.

Individual Abstract Number: 1078

The Patient Reported Outcomes Measurement Information System (PROMIS): Four Years in and Four to Go

David Cella, Feinberg School of Medicine, Northwestern University, Susan E. Yount, Richard Gershon, Nan Rothrock, Center on Outcomes Research and Education, Evanston Northwestern Healthcare

PROMIS is a publicly-funded cooperative research group consisting of over 80 investigators from U.S. academic institutions and the National Institutes of Health. Over the past 4 years, we developed, refined and tested approximately 1,000 self-report questions about physical, mental and social health. We administered these questions on an electronic (internet) platform, to a cross sectional sample of approximately 20,000 people from the general US population and selected clinical samples. Using a combination of classical methods to test dimensionality and item response theory (IRT) modeling, we derived nine (9) calibrated item banks that measure unidimensional concepts of fatigue, pain impact, pain behavior, physical function, depression, anxiety, anger, satisfaction with participation in social roles, and satisfaction with participation in discretionary social activities. In addition to the above, on projects running concurrent with this first wave of testing, we developed and tested item banks in parallel domains for pediatrics, as well as adult banks of sleep/wake disturbance and psychosocial impact of cancer. We have compared the reliability (precision) of these item banks and their derivative tools (short forms and computerized adaptive testing; CAT) to existing "legacy" instruments measuring the same concepts. In every case, the precision of CAT and equivalent-length short forms outperforms the "legacy standard" selected for comparison. Now these tools are being tested in longitudinal clinical studies, both within the PROMIS network and with collaborators outside the network. PROMIS item banks are now available for further research in open collaboration with the PROMIS network. The next four years will focus on validating PROMIS tools for clinical research applications, and expanding the scope of item banks available through PROMIS at http://www.nihpromis.org

Individual Abstract Number: 1079

Challenges and Advantages for PROMIS Instruments for Clinical Research

Dennis A. Revicki, Center for Health Outcomes Research, United BioSource Corporation

PROMIS is an NIH initiative intended to contribute to methods for health outcomes assessment for research and practice applications. The PROMIS item banks cover the following domains: pain, fatigue, physical functioning, social functioning, and emotional distress, and the PROMIS system allows for the use of static short forms, investigator tailored questionnaires, and computerized-adaptive testing (CAT). The objective of this presentation is to introduce the challenges and advantages for the PROMIS instruments for clinical trials and other studies. The challenges vary depending on whether static short-form or investigator-selected scales versus CAT are used in studies. Investigators can use the PROMIS item banks for the intelligent design of instruments that cover the desired domain continuum or that capture disease-specific issues covered in the existing item banks. Static PROMIS short-forms and tailored questionnaires can be applied in research settings, as existing questionnaires. CAT applications for clinical studies allow for more individualized and efficient assessment, since subjects complete items with specified domain that cover their own domain level (i.e., fatigue impact or pain behavior). Clinical investigators may be resistant and uncomfortable with the CAT approach which involves different sets of items completed at different assessment times by different subjects to measure. There are other challenges associated with CAT mainly with associated with technical requirements for computer administration. The PROMIS derived short-forms, study-specific measures and CAT forms provide a flexible set of tools for assessing health outcomes on the same metric. Continued demonstration of advantages, feasibility and responsiveness of the PROMIS measures are needed to encourage incorporation into clinical trials.

Individual Abstract Number: 1080

How Does PROMIS Compare to Other Health-Related Quality of Life Measures?

Ron D. Hays, Medicine, UCLA, Los Angeles, California

Objective: PROMIS represents a revolution in the collection of health-related quality of life (HRQOL) data that builds upon previous work. This paper will compare the psychometric properties and provide cross-walks between PROMIS domain scores and existing "legacy" measures. Methods: Data was collected between July 2006 and March 2007 from the U.S. general population and multiple disease populations. Existing generic health-related quality of life measures were collected along with PROMIS items to assess physical function (SF-36 physical functioning scale and Health Assessment Questionnaire), pain (Brief Pain Inventory), fatigue (FACIT Fatigue and SF-36 vitality scale), emotional distress (CES-D scale, Mood and Anxiety Symptom Questionnaire, SF-36 mental health scale, aggression questionnaire) and social/role (FACT functional well-being scale, SF-36 role limitations scales). Results: The overall sample (n = 21,133) was 52% female. The median age was approximately 50 years with 12% 18-29, 12% 30-39, 16% 40-49, 32% 50-64, and 28% 65 and greater years old. Eighty-two percent were white, 9% Black, 8% multi-racial, and 1% other (Asian/Pacific Islanders and Native Americans). Nine percent of the sample was Hispanic or Latino. Educational attainment ranged from less than high school (3%) to advanced degree (19%) with 24% with a college degree, 39% some college, and 16% a high school diploma. Legacy measures were strongly associated with PROMIS scores (e.g., r = 0.84 between PROMIS depressive symptoms score and CESD). In addition, PROMIS domains tended to provide greater information (i.e., were more reliable) than existing legacy measures. Conclusions: It is possible to cross-walk (link) PROMIS domain scores to existing measures. Hence, results from PROMIS can be referenced to previous and ongoing work that uses exising HRQOL measures.

Individual Abstract Number: 1081

Next Steps for PROMIS: To 2009 and Beyond

Bryce B. Reeve, Outcomes Research Branch, National Cancer Institute

The U.S. National Institutes of Health (NIH) initiative to develop the Patient-Reported Outcomes Measurement Information System (PROMIS) has made great progress since its beginning in 2004. The PROMIS website (www.NIHpromis.org) provides researchers access to its short form measures of pain, fatigue, physical function, depression, anxiety, anger, social-role, social-discretionary activities, and global health status. Further, the website provides researchers the ability to design their own health-related quality of life (HRQOL) research studies implementing the PROMIS computerized-adaptive testing (CAT) technology through the PROMIS Assessment Center. This presentation will discuss future plans for the PROMIS in four critical areas to make PROMIS a flexible, comprehensive, and user-friendly HRQOL tool for researchers. First, existing PROMIS measures will be examined for how well they perform relative to legacy HRQOL measures in a variety of research settings and will be refined to improve their precision, validity, and application internationally. This includes improvements in the functionality of the PROMIS Assessment Center to increase accessibility for people with different needs or handicaps. Second, new PROMIS measures will be developed to capture a broader range of HRQOL domains. Third, investigators will disseminate information on PROMIS tools and results to increase awareness and application. Finally, further collaborations will be sought to establish partnerships among national and international government and research organizations to share resources and strengthen the infrastructure, outreach, and longevity of PROMIS. At the end of the presentation, the ISOQOL audience will be invited to comment on the proposed activities and suggest future research directions for PROMIS.

Symposium 1306

Quality of Life: Quality of Care for People with Disabilities: The DIS-QOL Project

Laura Schwartzmann, Psicología Médica Facultad de Medicina, Universidad de la República, Montevideo, Uruguay, Michael J. Power, Clinical & Health Psychology, University of Edinburgh, Edinburgh, UK, Ramona Lucas, Fundacio Institut Català de l'Envelliment, Universitat Autonoma de Barcelona, Barcelona, Spain, Marcelo Pio de Almeida Fleck, Departamento de Psiquiatria e Medicina Legal, Universidade Federal do Rio Grande do Sul / Hospital, Porto Alegre, Rio Grande do Sul, Brazil, Ann M. Green, Clinical and Health Psychology, University of Edinburgh, Edinburgh, UK

The unifying theme of this symposium is cross-cultural measurement of the quality of life and quality of care of people with disabilities, and attitudes to disability and persons with disabilities, focusing on the subjective experience of individuals with both physical and intellectual disabilities. The four papers will explore: (i) the quality of life and quality of care of these populations in different countries, with particular emphasis on integrated living, social inclusion and service user participation; and (ii) the role of attitudes to disability and persons with disabilities in relation to the delivery of care and service user's experience of social justice.

Individual Abstract Number: 1309

An Overview of the DISQOL Project

Michael J. Power, Clinical & Health Psychology, University of Edinburgh, Edinburgh, UK

Aims: This talk will present an overview of the DISQOL project. The project is a European Union Framework 6 research programme that is coordinated by the University of Edinburgh in conjunction with the World Health Organization. There are a total of 18 centres worldwide, which include centres in South America, Australasia, and Europe. One of the key aims of the programme is to adapt the WHOQOL measure of quality of life for use with people with Physical Disabilities or with Intellectual Disabilities. Additional measures that are being developed include Attitudes to Disabilities and Quality of Care scales. A summary will be presented of progress to date on the programme. Methods: The research programme has followed the general design of the WHOQOL methodology. Following expert reviews, focus groups were run in the centres, from which pilot versions of the measures were developed. Data were then collected in centres and these were analysed using a combination of classical and modern psychometric approaches. The field trial is currently being run, from which preliminary data should be available for presentation. Results: Preliminary data will be presented from the Field Trial for the adapted WHOQOL, the Quality of Care, and the Attitudes to Disabilities Scales. These data will illustrate, for example, the range of adaptations necessary for both direct self-report and proxy assessment of people with intellectual disabilities, and the consequences that such adaptations have on the psychometric properties of the measures. Conclusions: The DISQOL project has provided a major advance in the use of the WHOQOL measures such that they can now be used with individuals with intellectual and physical disabilities both for self-report and for proxy assessment. Clinicians, researchers, and policy makers will also find the additional measures of Attitudes to Disability and Quality of Care of considerable use in their work.

Individual Abstract Number: 1330

Using Focus Groups to Develop measures of Quality of Life, Quality of Care and Attitudes to Disabilities

Ramona Lucas, Fundacio Institut Català de l´Envelliment, Universitat Autonoma de Barcelona, Barcelona, Spain, Brenda L. Den Oudsten, Jolanda De Vries, Medical Psychology, Tilburg University, Eva Dragomirecka, Social Psychiatry Unit, Prague Psychiatric Centre, Laura Schwartzmann, Psicología Médica Facultad de Medicina, Universidad de la República, Martin R. Eisemann, Psychology, University of Tromsø

Aims: This presentation reports on what people with intellectual and physical disabilities, family members and professionals believe are important to quality of life and quality of care, and to attitudes to disabilities. This work was part of the DIS-QOL project funded by the EC (FP6) involving 18 centers worldwide. Methods: Focus Groups (FG) were conducted with iindividuals with disabilities (both physical and/or intellectual), their carers, and professionals working with disabled people, to identify key issues in quality of life, quality of care and attitudes to disability. The ethics committees of the participating centers approved the study locally; and all participants signed the consent form. An international protocol was followed to ensure consistency of method, approach and comparability. Sessions were taped, transcribed and analyzed through a qualitative approach. Results: All focus groups emphasised the importance of relationships with family and friends, self-esteem, being positive, autonomy, financial resources, easy access to health and community services, compassion and unawareness about disabilities. Also, families emphasized poor information from professionals, insufficient health services to cover the range of needs of people with disabilities, support from family, and autonomy. Professionals mentioned the scarcity of rehabilitation services, bureaucracy and patient_s attitude about their disability. Conclusions: This information from the FG was used to generate pilot versions of the measures: (1) QoL measures for adults with physical disabilities (WHOQOL-BREF & Disabilities Module), adults with intellectual disabilities (WHOQOL-BREF-ID & Disabilities Module), and proxy respondents (WHOQOL-BREF-ID & Disabilities Module (Proxy); (2) a measure of quality of care and support, with related versions for adults with physical disabilities (QOCS-D) and adults with intellectual disabilities (QOCS-ID) and (3) a measure of attitudes to disability and to persons with disabilities (the Attitudes to Disabilities Scale).

Individual Abstract Number: 1331

Implementing the DIS-QOL Project in Brazil: General and specific issues

Marcelo Pio de Almeida Fleck, Psiquiatria e Medicina Legal, Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil, Juliana Bredemeir, Betina S. Mattevi, Cláudia Fam, Psiquiatria e Medicina Legal, Universidade Federal do Rio Grande do Sul

Aims: Cross-cultural research involves general goals and procedures that should be respected by different centers. Nevertheless each country/culture has its own specificities that require adaptations. The goal of this presentation is to show how we adapted the DISQOL protocol for Brazil. Methods: For the different steps in the DISQOL project (Review of literature, Preparation of Taxonomy of Care, Focus Groups, Pilot Data Collection and Field Trial Measures) we select some examples about idiosyncrasies of Brazilian reality that need to be taken into account when we are developing an international instrument to be used by people with disabilities living in a single culture. Results: The DISQOL project in its different steps addressed the most important demands of people living with disabilities in Brazil. Nevertheless in each step we had to make some minor adaptations to meet general and local specific demands Conclusions: The WHOQOL methodology for developing cross-cultural quality of life instruments was used in the DISQOL project. This methodology allows international consensus about important issues for people living with disabilities to be reached. At the same time, specific demands of different centers are also included in different steps of the project.

Individual Abstract Number: 1332

Using proxies to assess quality of care and quality of life for people with intellectual disabilities

Ann M. Green, Clinical and Health Psychology, University of Edinburgh, Edinburgh, UK

Aims: The use of proxies has been controversial in the assessment of quality of care and quality of life of people with intellectual disabilities. This presentation reports on a cross cultural study to explore the reliability of proxy responding; the comparative reliability of different proxy types e.g. relatives, professionals, staff); and the influence of proxy characteristics (e.g. gender, relationship and contact with index participant, impact of disability) on patterns of proxy responding. Methods: A triangulation design was employed to determine the degree of concordance of reporting between participants with intellectual disability (with the capacity to self-report), family members and staff caregivers: the index participant and proxy completing measures of quality of care (QOCS-ID & Objective Module) and quality of life (WHOQOL-BREF-ID & Disabilities Module); socio-demographic information being collected on both index participant and proxy; and the proxy completing an impact of disability scale relevant to proxy type (family member or care provider/staff). Results: The field trial of the measures is being conducted concurrently with the proxy study in five centres in Europe and South America, from which preliminary data will be available for presentation. The outcomes of a range of correlational data will be summarised and presented within the talk. Conclusions: Developments in social policy for the care and support of people with intellectual disabilities over the last two decades have emphasised the importance of reliable and valid measures of quality of care and quality of life for this population. Self-report may be the preferred option in many circumstances, but subjective satisfaction needs to be balanced by a more complex understanding of its relationship to objective circumstances and local or cultural norms - a perspective which may be provided by suitable proxies. In addition, for those with more severe intellectual disabilities, proxy assessment may be the only means by which they may be their living circumstances and support can be monitored, evaluated and enhanced.

ORAL SESSIONS

QoL in Children

1430/A Qualitative Inquiry into HRQoL of Adolescents with Skin Diseases

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AIMS: There is currently no literature available investigating the impact of a range of skin diseases on the HRQoL of adolescents. The aim of this study was to assess the impact of skin disease on HRQoL in adolescents. The data gathered could be used as a platform for the development of a new HRQoL instrument. **METHODS:** Subjects comprised of a convenience sample of adolescent patients from Dermatology Out-patient clinics at the University Hospital Wales, Cardiff. Semi-structured qualitative interviews were carried out and transcribed verbatim. Open-ended questions were used, and subjects were asked to describe all the ways their life had been affected by their skin disease. **RESULTS:** Thirty two adolescents were interviewed (20 female and 12 male). The mean age was 15.7 years (range between 12 and 18 years), and the most common skin condition was acne (63.6%) followed by eczema (12%) and psoriasis (9%). The 28 HRQoL themes identified in the study were categorised under 6 main HRQoL domains- Psychological Impact (mentioned by 91% of subjects), Physical Impact (81%), Social Impact (81%), Impact on Lifestyle (63%), Need for support (41%) and Education and Employment (34%). Commonly mentioned HRQoL dimensions of these domains included Impact on Swimming with subjects feeling self-conscious about exposing skin, and Future Aspirations, with subjects changing their desired career paths as a result of their skin condition. The results of the study revealed the extent and nature of the impact of skin disease on adolescent HRQoL. The number of HRQoL aspects affected in each individual was varied between subjects, with one individual affected by 1 dimension, and another by 23 of the 28 dimensions. **CONCLUSIONS:** The themes identified in this study differed to those reported in current literature about HRQoL in skin disease for adults and children- this indicates that adolescence is a unique period of life with its own characteristics, and should therefore be measured in a separate way from that of both adults and children.

1084/Validation of a Model of Pediatric End-of-Life Needs via Case Synthesis

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AIMS: Models of quality of life for children with life threatening illnesses have been neglected relative to other populations. The aim of this study was to examine the content validity of a recently published model (7 clusters/74 specific needs; Donnelly, et al., 2005) via case synthesis. **METHODS:** Case synthesis is a form of meta-analysis based on identification and coding of published cases meeting criteria. The criteria for case inclusion were: 1) Age 18 or less at diagnosis 2) Diagnosis listed in Feudtner, et al. (2001) definition of Complex Chronic Conditions 3) Case report included sufficient detail for coding. An exhaustive search produced 49 usable reports. Each report was coded by two raters for the presence of the 74 needs, whether needs had been met, needs not in the published model, and characteristics of the child, disease, treatment and family. Discrepancies in coding were discussed with a third rater until consensus was reached. Coders rated each case on a modified UNISCALE (anchors were written to fit QoL of life of children at end of life) to obtain an overall QoL rating for the child. **RESULTS:** Overall, the case synthesis provides evidence of content validity of the model. All of the 74 needs were identified in the published cases, ranging from 2 to 63% of the cases. The synthesis identified six needs not included in the prior model, but all six occurred infrequently (i.e., once in 49 cases). The proportion of needs met in the cases ranged from 0 (six needs unmet in all cases) to 100% (19 of the needs met in all cases). By cluster, spiritual needs were most frequently met (87% of cases) while decision making needs were least met (72%). The correlation between the proportion of needs met in each case and the QoL score was .87 ($p<.01$). **CONCLUSIONS:** This study demonstrated that case synthesis is an innovative and effective method for examination of content validity of a quality of life model. In addition, the results suggest that the prior model was generally comprehensive in describing the end-of-life needs of children. Further research examining the structural validity of the seven cluster model is needed.

Cross Cultural Adaptation of Instruments

1523/Rasch analysis of the WHOQOL-BREF in depressed patients from 6 countries worldwide: an example of highlighting existential needs?

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AIMS: To test the psychometric properties of the World Health Organization Quality of Life Instrument - Abbreviated version (WHOQOL-Bref) using Rasch Analysis in depressed patients from primary care settings. **METHODS:** The sample consisted of 1,193 subjects having confirmed diagnosis of depression from six countries (Australia, Brazil, Israel, Russia, Spain, and the USA) involved in the Longitudinal Investigation of Depression Outcomes (LIDO). The instruments were the WHOQOL-Bref to assess generic quality of life (QOL); and the Composite International Diagnostic Interview, for the diagnosis of depression. For the Rasch analysis, invariance was checked by Differential Item Functioning (DIF) for country, gender and age group, and the 4 overall measures of fit (item fit residual, person fit residual, x^2; P) were also checked to ensure model fit. **RESULTS:** The Physical, Psychological and Environment domains of the WHOQOL-Bref required adjustments to conform to the Rasch model expectations, mainly because of individual items misfit. The Social domain presented the poorest fit. The 4 overall measures of fit resulted as follows: physical (total item $x^2= 62.5$; P = 0.19; item fit residual = 0.58; SD = 1.05; person fit residual = -0.35; SD = 1.14); psychological (total item $x^2= 50.5$; P = 0.57; item fit residual = 0.38; SD 1.33; person fit residual = -0.47; SD = 1.14); environment (total item $x^2= 80.57$; P = 0.07; item fit residual = 0.52; SD = 1.12; person fit residual = -0.38; SD = 1.27), and social (total item $x^2= 65.9$; P = 0.0001; item fit residual = 0.93; SD = 2.11; person fit residual = -0.49; SD = 1.07). Only five items (general health, meaning in life, leisure, sex and support) were totally invariant across countries, but the bias of other items disappeared when pooled, indicating cancellation effects. **CONCLUSIONS:** Our findings support the

Rasch properties of the WHOQOL-Bref subscales, with some modifications, as a measure of generic subjective QOL for primary care depressed patients from 6 countries worldwide. Since the items that were invariant for all countries are almost all relational facets, this might reinforce the importance of the humanistic perspective of QOL concept, moving its concept more to an existential than utilitarian approach of human needs.

1744/Simultaneous development in 9 countries of a new Health-Related Quality of life questionnaire specific to HIV/AIDS

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AIMS: Most Heath-Related Quality of Life (HRQL) questionnaires specific to HIV/AIDS, used in clinical research, were developed when HIV was a deadly disease. They do not adequately measure the impact of the disease and its treatment on People Living With HIV/AIDS (PLWA) anymore. Relevant domains important for PLWA are missing such as sleep, perception about treatment, impact of side effects, lipodystrophy. The assessment of psycho-social impact needs to be improved. The objective is to develop a new Patient-Reported Outcomes (PRO) questionnaire to measure the HRQL of PLWA in different countries and cultures, using an item bank developed with patients. **METHODS:** The conceptual framework was identified on the basis of patients_ interviews exploring the multidimensionality of PLWA_s HRQL. To be able to capture the cultural differences in patients_ perceptions, the interviews were held in the five continents: Africa (Senegal), America (Brazil, USA), Australia, Asia (Thailand, China, Cambodia, India) and Europe (France). All interviews were recorded, transcribed and translated into English or French. **RESULTS:** 148 patients were interviewed (47 % women). We identified the PRO concepts to be measured. An endpoint model was designed to explain the relations between different PROs: health status, symptoms, side effects and the different domains of HRQL. Cultural differences were identified for some domains, e.g. daily activities, stigma, relations with family and friends. Using the patients_ verbatim, 300 items were generated in French and in English and organized into a 24-domain item bank. Item reduction to a 70-item questionnaire was done with experts. **CONCLUSIONS:** A new PRO questionnaire to measure the HRQL of PLWA has been developed. The international development from a very early step will enable a better cultural relevance by improving the translatability of the source questionnaires (French and English) into the target languages. The new PRO HIV specific instrument is undergoing a psychometric validation in each of the 9 countries.

1352/Between the devil and the deep blue sea! Choosing between the UK and US weights for the EQ5D

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AIMS: The EQ5D (EuroQol) is the most widely used multi-attribute utility (MAU) instrument. For example, by October 2007 there were 47 Australian papers reporting it, making it the most popular MAU used by Australian researchers. All these papers used the UK tariffs for scoring it. The assumption is that UK values are those most appropriate for Australians. However, there is no empirical research supporting this. Research in Europe and elsewhere (e.g. Zimbabwe and Japan) has resulted in tariff weights which differ from those of the UK. EQ5D tariff weights may be culturally specific. Recently, US weights were published. They differ substantially from the UK weights, and it has been recommended that US studies should use US weights. This raises the tricky question of which weights should be used by those countries, such as Australia, that have not yet developed their own? **METHODS:** Two Australian cross-sectional datasets were used to examine this. The first (N=972) was stratified by inpatient, outpatient and a general community sample, and the second was a community population sample (N=3015). The UK and US weights were applied to both datasets, the constant terms in the EQ5D algorithm examined because these are handled quite differently in the UK/US algorithms. Data distributions and sensitivity to known groups were assessed. The impact on quality-adjusted life (QALYs) years were modeled for depression treatment. **RESULTS:** Major differences in utilities were observed, depending upon which tariff weights (UK/US) were used. The differences were minor for those in good health, but increasingly differed as health became poorer. For those in poor health there was almost no agreement between the UK/US tariffs, in part because of the different constant terms in the two tariffs. The difference in QALYs gained from depression treatment varied by over 30% depending upon which algorithm was used. **CONCLUSIONS:** There are far-reaching implications for the EQ5D, particularly where QALYs are based on gains in utility scores. There is an urgent need to research which tariffs (UK/US) are more appropriate for countries which do not have their own tariffs. It is argued that there is a strong case for local weights to be developed.

E-data Capture

1257/e-Diary Compliance in Acute Pain Studies

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AIMS: In acute pain studies, subjects are asked to report on symptoms at specific intervals after dosing. e.g. record the time of dosing with study medication, then complete assessments at 15, 30, 45, 60, and 120 minutes post dose. One or more assessments are often primary endpoints. When timed assessments are collected on paper the actual time the assessments were completed is unknown, and enforcing completion of the assessment at a specific time is impossible. Electronic patient reported outcome technologies (ePRO) allow control over the window in which a subject can complete the electronic diary (e-diary), and a time stamp associated with diary completion. E- diaries assure the investigator of more reliable information: the 120 minute assessment was completed at or near 120 minutes. But is there a down side? With a restricted window of time for completing an e-diary in the acute pain model, how compliant will subjects be? **METHODS:** Diary completion was examined in 12 randomized clinical trials using the acute pain model. Indication were surgical pain, migraine, or break through pain. Subjects completed pain diaries at timed intervals after dosing. In 4 trials, subjects completed at least some of the assessments in the clinic or post surgical area allowing comparison of compliance in supervised settings to compliance with e-diaries at home. The frequency of the assessments varied across the trials, allowing some description of factors which may influence compliance. Finally, design features, like a reminder alarm, were correlated with time of diary compliance to understand the usefulness of these features. **RESULTS:** e-Diary compliance in supervised setting can be as high as 100%, but supervision does not always yield that result. Compliance in unsupervised settings is typically 80%, although frequent assessments correspond with decreased compliance. In one study that required extensive frequent assessments, e-diary compliance is much lower. Indication does not correlate with e-diary compliance in unsupervised settings. **CONCLUSIONS:** Factors that correspond with e-diary compliance are supervision, frequency and overall demand on subjects.

1439/Best Practices for Using New Technology to Capture PRO Data in a Large Multinational Study

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AIMS: Summary: Some estimates suggest that patient-reported outcomes (PROs) are now being collected in almost 40% of clinical studies and the data is mostly collected on paper. Researchers are increasingly moving towards electronic Patient Reported Outcomes (ePRO) because it results in higher data quality, greater speed to data access, increased management control and other benefits. To help ISOQOL participants make this transition, this presentation will provide a case study illustrating _Best Practices for Using New Technology to Capture PRO Data in a Multinational Study . **METHODS:** Using a large multinational clinical study that was done in 17 countries with 350 sites and 140,000+ pages of patient questionnaires (if it were done on paper) and tight timeframes, this presentation will provide an overview of how new ePRO technology addressed the many challenges faced by the clinical study team and the study sites. It will also describe the best practices for managing each of these challenges, as well as the development and rationale for those best practices, and the consequences of circumventing them. Further, key decisions that were made during the study will be presented, and the consequences of those decisions. Because this study was extraordinarily successful, this presentation can provide a unique learning opportunity for conference attendees to acquire insight, perspective, and an understanding of how to implement new technology in large multinational PRO projects with grace and success. **RESULTS:** Participants will learn: 1. How new technology can be used to address the challenges facing study sites and study teams when collecting PROS in multinational studies. 2. Best practices for implementing ePRO in large studies, and why they produce optimal results. 3. The risks and consequences of circumventing best practices **CONCLUSIONS:** Learning best practices for implementing new ePRO technologies in large multinational studies can help address the challenges and help ensure success.

1745/Information System development for health related quality of life assessment in cancer patients

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AIMS: General cancer measures, such as the EORTC QLQ-C30, have been developed for the assessment of Health Related Quality of Life (HRQL) of cancer patients. However, the role that these instruments play in the oncology daily practice remains unclear. One reason is probably the time required to collect the data, which traditionally has been collected on paper forms that takes many time to answer and analyse the results. We aim to develop an automated method for measuring HRQL, using the QLQ-C30 and its modules in oncology daily practice. HRQL data will be processed through the Rasch model in order to elaborate a report for the doctor before the interview. **METHODS:** The data input will be performed directly by patients through a touch-based device. The gathered data will be inserted in an internet-based information system (IS) that is responsible for real time data processing according to the rash model, as well as report generation (before the interview with the physician), which will allow him to see the items that misfit in patient_ HRQOL. **RESULTS:** We made a computerized internet based tool for data acquisition through touch based graphical user interfaces with audio feedback for visual impaired. The resulting information will be available to healthcare providers in print format or through the healthcare institution_s Electronic Patient Record (EPR). **CONCLUSIONS:** The information given to the clinician before the interview about the global values of the HRQoL and the particular analysis of the items of a questionnaire is an excellent aid that effectively makes the clinician_s work easier. Through this information system is possible to save time. Rasch model highlights the problem-issues by identifying the items that misfit and giving to the physician the magnitude of the misfiting. This information, given to the clinician before the appointment, allows him to bring about the problem-issues, making the questionnaire a useful instrument, that improve the doctor-patient communication

QoL Frameworks in Children and Adolescents

1517/Regulation of Treatment Adherence by Diabetes Specific Factors in Adolescents with IDDM; Where does Quality of Life Stand?

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AIMS: To determine the relation of treatment adherence in adolescents with IDDM with critical diabetes specific factors including diabetes parameters, diabetes related stress, and diabetes specific support; and to investigate its' impact on diabetes quality of life. **METHODS:** A total of 434 adolescents with insulin dependent diabetes mellitus (including 54.8% girls), mean age 14.7 years, and mean diabetes duration 6.1 years participated in the present study. Metabolic control was assessed by measuring HbA1c and adolescents filled out questionnaires during their visits in their local clinics in presence of diabetes nurse, whereas questionnaires for family members were sent and returned by mail. **RESULTS:** In a first step, a regulatory model for treatment adherence was tested, predicting that treatment adherence predicts level of HBA1c which along with other indicators load on a factor called diabetes parameters. Diabetes parameters were expected to predict more diabetes stress; more diabetes stress was expected to evoke more support with, in turn, a positive effect on treatment adherence. The model showed a prefect fit to the data with X^2(df = 10) = 5.3, GFI = 1.00, CFI = 1.00, and RMSEA = 0.00. Diabetes quality of life was assumed to be an outcome of the regulatory process of adherence and expected to have a direct association with diabetes stress. The final model resulted in a superb fit to the data with X^2(df = 29) = 27.4, GFI = .98, CFI = 1.00, and RMSEA = 0.00. A perfect standardized beta of -1.00 between two latent factors diabetes stress and diabetes quality of life indicated that the two latent factors represent a same concept. For further verification, CFA was conducted using all five indicators which loaded on one factor, verifying that diabetes stress and diabetes quality of life represents same concept from different aspects. **CONCLUSIONS:** Diabetes Stress and diabetes Quality of life are two different aspects of a same underlying concept and are very critical in regulation of treatment adherence. Thus, focusing on diabetes stress may strongly improve quality of life. Further research shall address ways of coping with IDDM with minimum diabetes stress.

1507/Relationship Between Overall QOL and Satisfaction with School and Friendships in Youth with Disabilities

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AIMS: In previous investigation of quality of life (QoL) in children with disabilities, QoL related to family and peer relations have not been adequately studied. The aim of this paper is to better understand the framework of QoL from the child perspective and areas that are considered when reporting their satisfaction with life. **METHODS:** Research staff conducted interviews with youth with cerebral palsy (CP), spina bifida (SB), neuromuscular disease (NMD), spinal cord injury (SCI), limb deficiency (LD), amputation (AMP), or traumatic brain injury (TBI).Interviews were in person or over the phone and included measures of pain, fatigue, social and emotional health.Sixty youth between 8 and 20 yrs. participated. **RESULTS:** Mean age of participants was 13.22 years and median grade level was 7th grade. No youth reported issues with overall satisfaction with life. However, when asked specifically about satisfaction with peer relations, almost 50% reported dissatisfaction. Issues included problems with bullying, lack of friends, and unhappiness with school. Less than 10% of participants reported dissatisfaction with family relationships. There were significant differences between disability groups in their level of peer issues(p=.014). Youth with NMD reported more issues with peer relations; youth with AMP had significantly fewer peer issues than any other group. **CONCLUSIONS:** In order to develop effective tools and interventions to measure and improve QoL, it is crucial that researchers and clinicians understand what children think about when reporting life satisfaction.Although youth may primarily be reporting good QoL, other areas such as peer and family relations, which may otherwise be overlooked, should be targeted for future intervention and further study. Differences in satisfaction with peer relations between youth with NMD and other disability groups could be a result of the progressive nature of NMD.This may lead to increased difficulty maintaining relationships with others.Further exploration on group differences should be studied.

1418/Mental Health of Children and Adolescents: A Structural Equation Modelling Approach

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AIMS: Among other factors parents_ mental health, particularly the mother, influence children mental health status. We modelled factors associated with mental health status in a community sample. **METHODS:** The Spanish Kidscreen project measures quality of life, mental health and other related factors of 454 Spanish children and adolescents and one of their parents (mostly the mothers). Based on a conceptual model derived from the literature review, child mental health (total SDQ parents and children scores measured by conductual, hiperactivity, pro-social, emotional and problems with peers scales answered in a 3 point scale (range 0-40)) was considered to be affected by: 1.determinant factors: parental mental health (CIDI-SF), family social capital, childhood adversities (CLES), sex and age; 2. Intermediate factors: personal factors (CHIP and Kidscreen dimensions: satisfaction, self-perception and physical well-being), relation with peers and family life (Kidscreen dimensions). Structural Equation Modeling (SEM) with maximum likelihood method was the methodology used to test simultaneous estimations between the measurement and the structural model. **RESULTS:** 23 % children were borderline or abnormal (SDQ>14 for parents and >16 for children). The most important standardized regression parameters that affect child mental health were personal factors (0.94). Parental mental health and family social capital had a low effect on child mental health (0.19 and 0.18, respectively). Child mental health problems had an important negative effect on family life and the relation with peers (0.60 and 0.57, respectively). GFI was 0.87, RMSEA was 0.076 and TLI was 0.84, indicating acceptable fit. **CONCLUSIONS:** Contrary to previous studies, _personal factors_ have a stronger influence on child mental health than parental mental health.This might be due to their role as moderators or amplificators, but also, due to differences in the way personal factors have been operationalized here. Incomplete goodness indicates that additional factors need to be taken into account in future research. Funding: FIS Expte PI042315, and DURSI-GENCAT (2005-SGR-00491)

1582/Quality of Life of pre-school children with wheezing illness, abdominal pain, neurofibromatosis type 1, RSV bronchiolitis, and burn injuries as measured by the Infant Toddler Quality of Life Questionnaire (ITQOL)

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AIMS: Do "Infant Toddler Quality of Life Questionnaire (ITQOL)" quality of life profiles of pre-school children with five distinct clinical conditions correspond to the clinical characteristics of these conditions? **METHODS:** Parents of children with wheezing illness (n=138), recurrent abdominal pain (n=81), neurofibromatosis type 1 (n=35), RSV bronchiolitis (n=47) and burn injury (n=196) completed the ITQOL, disease specific questions and items on family characteristics. Mean ITQOL scale scores of each clinical subgroup (i.e. profiles) were compared with the profile of mean ITQOL scale scores in a non-clinical reference population derived from a random general population sample (n=410). Influence of child, family and disease characteristics on ITQOL scale scores were evaluated using multivariate analysis. **RESULTS:** In the subgroups with a condition, statistically significant lower ITQOL scale scores were observed compared to the reference population for all ITQOL scales (p<0.05). Four ITQOL scales, in all five clinical subgroups, showed a Cohen's effect size >0.50, indicating a clinical significant decriment, in comparison with the reference population: Physical functioning (overall mean in five clinical subgroups 86.9 vs 97.1 in reference population), General health perceptions (64.9 vs 79.0), Parental impact-Emotional (85.8 vs 92.1), Parental impact-Time (87.2 vs 93.0). The impact on the other ITQOL scales varied by clinical condition; e.g. the subgroup with recurrent abdominal pain had substantially lower scores on Bodily pain than all other subgroups. Age and gender of the children and family characteristics had relatively low associations with ITQOL scores compared to the type of clinical condition. **CONCLUSIONS:** Overall, in infants with five different clinical conditions we observed a negative impact on all domains of health-related quality of life to some degree. Four ITQOL scales were equally and substantially affected in all five clinical subgroups, while the impact on the other ITQOL scales varied depending on the type of condition. So, the quality of life profile corresponded to the clinical profile.

1365/Quality of life in children liver transplant recipients: a permanent challenge

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AIMS: To determine the quality of life of children who survived liver transplantation (LT) and to compare it with a normal population and another group of chronic disease patients, such as Juvenile Idiopathic Arthritis (JIA). To compare quality of life between patients who received living-related allograft or cadaveric allograft. **METHODS:** We included 54 pediatric LT recipients aged 5-18 years, with at least one year from LT. We used the Children Health Questionnaire Parent Form 50 (CHQPF50) Argentine validated version. Individual scores range from 0-100, higher scores reflect better health. Our sample was 54, control group (n=274) and JIA group (n=23). The whole universe of LT patients on follow up at the clinic was 180 patients, 54 fulfilled the inclusion criteria for the study. **RESULTS:** Study sample characteristics: mean age 11.6 years (r 5-17), mean age at LT 3.7 years (r 1-14) and average time since LT 7.7 years. The mean physical summary score of the LT recipients was lower when compared to normal population and similar to JIA patients; but not statistically significant (P=0.16). However, the mean psycho-social summary score was lower than that reported for the control and the JIA groups (P=0.01). Compared with the normal population, LT recipients had lower subscale scores for self-esteem (P=0.003), general health perception (P=0.000) and emotional impact on parents (P<0.002). Bodily pain was lower in LT patients. Living-related allograph children showed a trend to better physical summary score than cadaveric allograft recipients (P=0.08). Children with higher summary scores tended to be younger at the time of transplantation, had mothers with university degree and received a living-related organ. **CONCLUSIONS:** Our study showed a negative impact in the psycho-social area in LT recipients and a trend to a better physical summary score in living-related allograft recipients.

1850/Item-analysis of the Social and Emotional Scales of a Pediatric Quality of Life Measure

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AIMS: A new measurement system for pediatric quality of life (QOL) outcomes is being developed at the University of North Carolina within the context of the patient reported outcomes measurement information system (PROMIS) project. The PROMIS project calls for the assembly of item pools and scales into QOL domains (e.g., social health, emotional health, and physical health), and sub-domains (e.g., within emotional health, depression, anxiety, and anger). This paper focuses on scale dimensionality and sources of local dependence via hierarchical CFAs, then considers final item selection using IRT analyses, and concludes with issues regarding domain and sub-domain scoring. **METHODS:** Items from all PROMIS domains have been computer-administered on seven fixed forms with approximately 70 items each to a sample of more than 3000 children aged 8-17 from clinic populations in North Carolina and Texas and school populations in North Carolina. Because known sub-domains exist within both social health and emotional health, hierarchical CFA models were conducted to evaluate scale dimensionality and potential sources of local dependence. IRT analyses will be conducted to aid in the development of a final set of social and emotional health items. Special emphasis will be provided on using IRT-scaled scores. **RESULTS:** Preliminary results obtained from the CFA models indicate that emotional distress is primarily indicative of depression, and to a lesser extent anxiety and anger. A similar process for the social health item pool indicates that social health may be uniquely categorized by responses to positive or negative social events. Given the complexity of the domains, a variety of IRT-scaled scores may be obtained. Scoring may be done either by sub-domain (e.g., emotional distress may be scored by the sub-domains depression, anxiety, and anger), or in a multi-dimensional case by score combination across sub-domain. **CONCLUSIONS:** This study has led to the development of new item banks for use in measuring self-reported social and emotional health of children. The complex nature of these domains creates a variety of possible approaches to scoring that can be tailored to meet the goals of the end user.

Utilities

1915/Well-being and the value of health

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AIMS: This paper contributes to the literature by presenting a new way to calculate the societal willingness to pay for improvements in health-related quality of life. It combines the value of life and the health-related quality of life literatures. **METHODS:** We use the well-being valuation method estimating the association between health-related quality of life and self reported well-being and between income and self reported well-being. This enables us to calculate the societal willingness to pay for improvements in health-related quality of life. This is done by keeping well-being constant and measuring the association between income and health. We use a sample of 11,007 respondents of the fourth wave of the Household, Income and Labour Dynamics in Australia (HILDA) collected in 2004. The sample contains information on self-reported well-being (also called happiness or life-satisfaction), income and health-related quality life. Health-related quality life is measured with the SF-6D, a popular instrument in the health economics literature. SF-6D is a cardinal measure of health and one stands for perfect health. **RESULTS:** Results show that the mean health-related quality of life of the sample is 0.79 and the mean household income approximately 70,000 AUD per year. The econometric estimates show that an increase in health-related quality of life with 1% is associated with an increase in in well-being with 3.1%. Similarly an increase in income with 1% is associated with an increase in well-being of 0.05%. The relation between both health-related quality of life and income on the one hand and well-being on the other are non-linear. This implies that the marginal rate of substitution between income and health depends on the initial level of health. For instance, respondents are willing to pay almost 23,000 AUD for an improvement in health from 0.8 to 0.9 and from 68,000 for an improvement from 0.7 to 0.8. **CONCLUSIONS:** We have applied a relatively new method to value health in monetary terms. Our results imply that there is not constant monetary value of health that can be used for reimbursement decisions in health care. In contrast, we have shown that the monetary value of health increase when the initial level of health decreases.

1604/British and Portuguese weights for the SF-6D preference-based measure: does choice of preference weights make a difference?

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AIMS: SF-6D is widely used in health related quality of life research. Recently, Portuguese (PT) weights for the SF-6D have been derived, following the methodology developed by Brazier. Due to cultural differences, it seems fome natural to use PT weights to derive norms for Portugal than using United Kingdom (UK) weights. We compared the validity of PT weights compared to UK weights. We also provided a comparison between the PT population norms using both systems weights and in patients suffering from different diseases. **METHODS:** The study uses data from a stratified sample of 2,459 members of the general population. The SF-36v2 was used and both UK and PT algorithms were applied. The utility scores were examined by gender, age group, marital status, educational level, type of work, place of residence and income. An overall comparison between the results from both algorithms was made and the distributions of the UK and PT values were examined. The degree of agreement between them was assessed using correlation coefficient. UK and PT weighted SF-6D index values were compared in terms of the ability to discriminate between clinical, health status and socio-demographic groups. **RESULTS:** The PT weights generated higher utility values than UK weights for almost all health states. The mean using UK weights was 0.69 (SD=0.14), while the mean SF-6D utility using the PT tariff was 0.80 (SD=0.12). The differences were consistent across gender and age groups. The magnitude of the differences increased with decreasing valuations of the health states. The mean valuations tended to converge in health states with very mild problems. The SF-6D distribution using the PT tariff seems to be more consistent and more stable than the one using UK weights. However, there is a strong agreement between both index scores. **CONCLUSIONS:** Studies comparing different sets of weights are essential to fully understand the implications of using UK weights instead of a set of weights for each country. For assessing treatment benefit in a single population, the use of either UK or PT weights will not change inferences. However the choice between the two weights will have major implications in comparisons between the two countries.

1525/Modeling a preference-based measure of health using rank data: are the United Kingdom and Portugal valuations' different?

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AIMS: Ranking tasks are widely used in valuations surveys yet are generally used only as part of warm-up exercises before preference elicitation techniques such as the Standard Gamble (SG) or the Time Trade-Off, or to test the consistency of choices made in the valuation processes. Over recent years there has been an increasing interest in using ordinal data to estimate health state utility models. This study compares results of health state preference models estimated using rank and SG data on the SF-6D from two countries, Portugal (PT) and the United Kingdom (UK). **METHODS:** The study uses data from a sample of the UK population (*n*=611) and from a sample of the Portuguese population (*n*=140). Respondents ranked a set of SF-6D health states including the best state, worst state and immediate death and valued 6 states using SG. The UK valuation study included 249 states, the PT valuation study included 55 states. Rank-ordered (RO) logistic regression models are used to model predicted health state valuations using the rank preference data. Random effects generalized least squares models and generalized estimation equations random effects models with the constant forced to unity are used to estimate models using the SG preference data. **RESULTS:** There is agreement of SG values between countries, but higher agreement between rank results and higher agreement between the rank results before rescaling than after rescaling across the UK and Portuguese samples. There is higher correlation between the rank data (*r*=0.85) than the SG data (0.66) across the two countries. The predictive performance of the rank model in relation to observed mean SG value is superior according to MAE for the rank model (0.101) than SG model (0.209) for PT but worse for the UK rank model (0.11) than SG model (0.074). **CONCLUSIONS:** Ranking is a promising alternative to conventional SG for eliciting health state utility values. The rank and SG results are in agreement across the UK and Portuguese samples with higher agreement amongst the rank results. This has implications for valuation studies across countries.

1820/Valuation of EQ-5D health states using discrete choice experiments: effect of excluding implausible states

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AIMS: In economic evaluation for reimbursement decisions, there is a growing preference by decision makers for the estimation of QALYs to be based on multi-attribute utility instruments (MAUI) such as the EQ-5D. QALY weights for MAUIs have most commonly been obtained through standard gamble and time trade-off methods, which impose a considerable data collection burden and restrictions on individual preferences. Discrete choice experiments (DCEs) offer a more flexible approach, allowing greater coverage of the health states covered by the MAUI. We explore issues in the design of DCEs to value health outcomes, particularly the trade-off between respondent efficiency and statistical efficiency. **METHODS:** The choice experiment presented respondents with three health profiles, two described as an EQ-5D health state and a survival duration, and a third option of death. Respondents were randomly allocated to three experimental designs: Design 1 included only health states from the original UK EQ-5D valuation set; Design 2 excluded a small subset of implausible health states; Design 3 imposed no restrictions on selected health states. Each design comprised 180 choice sets, and each respondent saw 15. The study was conducted using an online panel (n=228). **RESULTS:** Statistical efficiency was lowest for design 1, and highest for design 3. Completion rates were higher for Design 1 (96.0%) than for 2 (88.1%) or 3 (85.5%). In all three designs, respondents valued levels of attributes with the expected signs, but the magnitudes differed by design. The likelihood ratio test rejects a pooled model in favour of an unrestricted model, suggesting that there are differences both in parameter estimates and variance across designs. These differences suggest that Design 1 may be problematic, because it induces confounding of main effects. **CONCLUSIONS:** This study demonstrates that using a DCE to obtain QALY weights is feasible and may allow estimation of less restricted utility functions than SG or TTO due to greater coverage of the set of possible health states.

1394/Preference-based mapping between preference-based measures of health: Methodology and VAS results

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AIMS: The increasing number of generic and condition specific preference-based measures of health have been shown to generate different scores in the same population. This creates problems for researchers and policy makers comparing between studies and health care programmes. One solution is to map between measures using regression analyses on datasets containing 2 or more instruments. However, this approach relies on a degree of overlap in the descriptive systems of the measures but key dimensions may not be present in both measures. Our aim was to develop a new method of mapping using people_s preferences for the different descriptive systems of the measures. **METHODS:** The sample consists of 501 members of the UK general population (response rate=55%). The valuation survey involves 13 health states defined by each of 6 instruments: EQ-5D (generic), SF-6D (generic), HUI2 (generic), AQL-5D (asthma specific), OPUS (social care specific), ICECAP (capabilities). Each interview involves 3 ranking and visual analogue (VAS) tasks with states from 3 different instruments (completion rate=99%). Descriptive statistics and maximum likelihood random effects model regression models relating states to health state values are presented. **RESULTS:** Mean transformed VAS values for the worst states defined by the descriptive systems range from 0.075(SD=0.228) for EQ-5D to 0.289(SD=0.816) for AQL-5D, best EQ-5D and OPUS states have values of 0.90. VAS values have smaller range and spread than those in published value sets (e.g. EQ-5D UK TTO). VAS values are often lower (higher) than the value set for milder (more severe) states. The regression model has MSE=0.042 and MAE=0.161 and in comparison to the value sets has estimates with MSD=0.040 and MAD=0.152 at state level. **CONCLUSIONS:** This pilot study shows the feasibility of a new method of mapping between measures using preferences rather than statistical association that is better able to take advantage of diversity in descriptive systems. This approach has an important role in evidence synthesis and cross programme comparisons in studies using different instruments.

1673/The PAT-5D-QOL : An Adaptive, IRT-based Questionnaire to Assess Health-Related Quality of Life in Arthritis

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AIMS: Kopec et al. developed an adaptive, Item Response Theory (IRT) based questionnaire to measure health-related quality of life (HRQL) in arthritis. The instrument produces IRT-based scores for 5 domains of HRQL in addition to an overall utility score.(aims were to 1) examine the properties of scores obtained with the paper administered version of the adaptive test (PAT-5D-QOL) in patients with knee osteoarthritis (OA); and 2) compare the utility scores with those obtained from the Health Utilities Index Mark 2 and 3 (HUI2/3) and the Short Form 6D (SF-6D) questionnaires. **METHODS:** A self-administered questionnaire(from patients with knee osteoarthritis (OA) was administered at baseline and 6 months. Outcome measures included the PAT-5D-QOL, the WOMAC, the SF-36, SF-6D and the HUI2/3. At baseline, we examined relationships of the PAT-5D-QOL with other outcomes,(sociodemographic, and clinical variables. Changes from baseline to 6 months were also examined. **RESULTS:** : 186 patients (mean age 62 years; 62% female) with confirmed knee OA completed the questionnaires. Most (82%) had mild radiographic OA and most (70%) were either overweight or obese (BMI >25). At baseline, the mean scores for the utility instruments were as follows: 1) HUI2 0.74 (SD 0.16); 2) HUI3 0.68 (SD 0.25); 3) SF6D 0.70 (SD 0.12); and 4) PAT-5D-QOL 0.84 (SD 0.12). The distributions for the utility scores were markedly different. Compared to the PAT-5D-QOL, many more patients exhibited ceiling effects on multiple domains. Only the WOMAC discriminated across BMI and radiographic categories of OA severity. The overall utility scores and domain specific scores were strongly correlated across all instruments. Most instruments_ scores significantly improved over 6 months with the overall WOMAC and PAT-5D-QOL and their item scores having the highest standardized response means (for example, the PAT-5D-QOL pain domain had an SRM of 0.99, 95% CI 0.68 to 1.46 for those reporting better on a knee pain transition question). **CONCLUSIONS:** The PAT-5D-QOL demonstrated useful cross-sectional and longitudinal properties in patients with knee OA.

Environmental/Cultural Components to Aging

1504/Construct Validity of an Observed Health-Related Quality of Life (HRQL) Measure in Alzheimer_s disease (AD)

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AIMS: The purpose was to examine the construct validity of an observed HRQL measure derived from existing clinical data for AD clients receiving home care. **METHODS:** Data were from the provincial implementation of the Resident Assessment Instrument_Home Care (RAI-HC) in Ontario during 2003-2006. The RAI-HC provides a standardized assessment of clients_ physical and cognitive status, mood, behaviours, diagnoses, pain and medications. The analyses were restricted to the most recent RAI-HC and to clients with a diagnosis of AD (n=19,859). Observed HRQL was measured using the Minimum Data Set-Health Status Index (MDS-HSI) obtained by mapping items in the RAI-HC to the Health

Utilities Index Mark2 (HUI2). HRQL scores were compared across client characteristics and further stratified by the presence/absence of select behavioural and psychological signs and symptoms of dementia (BPSD) (physical abuse, delusions and/or hallucinations). Statistical comparisons were adjusted for multiple comparisons. **RESULTS:** The average age of the sample was 82 years, 65% were women, 16% exhibited 1+ BPSD, 27% received 1+ antipsychotic(s) and 60% were on a cholinesterase inhibitor. The overall mean MDS-HSI was 0.47 (sd 0.23) and single attribute mean (sd) scores were: cognition 0.56 (0.36); emotion 0.84 (0.21); sensation 0.75 (0.27); pain 0.90 (0.17); mobility 0.57 (0.40); and self-care 0.38 (0.39). Overall and single attribute scores (except pain) were significantly lower among AD clients with BPSD vs. those without and this was consistent across clients_ sociodemographic and health characteristics. Significantly lower overall HRQL scores were also observed for clients with increasing cognitive & physical impairment, depression, pain, greater comorbidity and medication use and antipsychotic use. **CONCLUSIONS:** The significant variations observed in overall and single attribute scores among AD clients with and without BPSD and across relevant functional and health characteristics support the validity of the MDS-HSI for the assessment of HRQL in this vulnerable population.

1158/Influences on life satisfaction among very old women in European countries with different standard of living

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AIMS: Quality of Life is a multi-faceted concept; one important dimension is Life Satisfaction (LS). We studied influences on LS in terms of economic standard, health, and coping strategies in very old single-living women in Latvia and Sweden; these countries share similar climate but have different economic standard (GDP per capita: 7,600 and 24,500, respectively) and different life expectancy (72 and 82 years). **METHODS:** Included were 260 Latvian and 288 Swedish very old women in the ENABLE-AGE Survey Study. LS was assessed by a single question rated on a 0-10 scale: All in all, how satisfied are you with your life? Economic standard was assessed by Income (euro) and Income satisfaction (0-10 scale), and health by dependence in Activities of Daily Living (ADL), no. of diseases (NoD), no. of symptoms (NoS), and perceived health. The Coping Patterns Schedule was used. **RESULTS:** LS was much lower in the Latvian sample than in the Swedish (p<.001). Economic standard was significantly lower in the Latvian sample (both p <.001). Income was significantly related to LS only in Latvia. Income satisfaction was significantly related to LS in both countries, significantly stronger in the Latvian sample. Economic standard explained 18% of the variation in LS in the Latvian sample, only 2% in the Swedish. The Latvian women were less dependent in ADL, otherwise health was significantly poorer in the Latvian sample (all p<.001). Only NoS was significantly related to LS in the Latvian sample, but in the Swedish health was strongly related to LS (all p<.005). In all, health variables explained 6% of the variation in LS in the Latvian sample, 15% in the Swedish. There were significant differences between the samples in 7 of 13 coping strategies; these variables explained 29% of the variation in LS in the Latvian sample, 15% in the Swedish. In the Latvian sample, satisfaction with economy was the most important factor for LS; in the Swedish, health factors were the most important. **CONCLUSIONS:** Keeping in mind the cultural and political differences, for women in very old age low economic standard seems to be a more serious obstacle than does poor health, requiring successful coping to experience reasonable LS.

1653/Socioeconomic Status among Brazilian and Japanese Community-Dwelling Elderly: Associations with Depression and QOL

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AIMS: Socioeconomic inequalities in health have increasingly been recognized as a worldwide important issue not just among young adults but also among older people. We investigated how socioeconomic status (SES) is related to depressive symptoms and quality of life (QOL) among community-dwelling elderly living in two countries with mutual opposite levels of socioeconomic inequality, Brazil and Japan. **METHODS:** This is a cross-sectional study. Our sample included 422 Brazilian and 960 Japanese elderly (e 60 years). Measurements included sociodemographic characteristics; household income (divided into three groups); the Geriatric Depression Scale 15-item, being a score of six or greater considered as an indicative of _probable depression_; and a 100mm visual analogous scale to assess QOL (subjective health and life satisfaction), ranging from zero (worst possible score) to 100 (best score). The median score of each of these two items was used as cutpoint when categorizing into low and high score groups. **RESULTS:** Mean age and gender distribution were not significantly different between Brazil and Japan. In Japan, depressive symptoms (OR: 2.8; P <.01) were more strongly associated with the lower socioeconomic stratum than in Brazil (OR:1.7; P=.066). The middle stratum had also a higher chance of being depressive in Japan (OR: 2.4, P< .001), but not in Brazil (CI: 0.6-2.7). In Japan, subjective health and life satisfaction (mean: 63.1 and 71.1, respectively) were scored lower than in Brazil (72.3 and 85.5, respectively). Japan presented a significant positive correlation in both life satisfaction (P< .001, R: 0.19) and subjective health (P< .001, R: 0.17) associations with income. In contrast, QOL was inversely associated with SES in Brazil. **CONCLUSIONS:** Whereas subcultural factors peculiar to each socioeconomic class might be contributing to explain these findings, more studies are required in order to clarify those associations. SES should routinely be considered when comprehensively assessing and caring for the elderly.

1417/Assessing Longitudinal Transition in Health-Related Quality of Life by Incorporating Competing Risk of Death: A Markovian Approach

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AIMS: Little is know about the longitudinal transition in health-related quality of life on population basis. This study examines how HRQOL changes over time using a Markov probability model. **METHODS:** We analyzed the data on 10,492 elderly persons who are 65 years or older, whose health conditions were followed from 1991 to 1994 in Medicare Current Beneficiary Survey, a nationally representative sample of the US elderly population. We measured HRQOL by global health perception, Katz Index of Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL). We estimated the probability of transition from one state of

HRQOL to the other using a Markov probability model. We investigated the transition matrix of HRQOL by incorporating the competing risk of death and adjusting for socio-demographic variables including age and gender and the interaction terms among them in the Markov probability model. **RESULTS:** In the transition probabilities, for a female with a base age of 70, one had a 36%-53% chance of remaining in the same state of general health, while the probability steadily decreases as the health perception decreases. For a male with a base age of 70, the probability is a 32%-53% chance of remaining at the same state. As HRQOL decreases by one unit, the probability of death increases steadily from less than 1% to 12% for a female, and from 5% to 22% for a male across the HRQOL measures. **CONCLUSIONS:** Whilst the worse HRQOLs predict the worse outcome, aging process in terms of HRQOL has a much more complex and versatile pattern. The transition probabilities had prognostic value and may be used to aid clinicians and scientists in bedside decisions as well as modeling the trajectory of quality of life.

Stigmatizing Conditions

1627/Persons living with HIV/AIDS: effects of lipodystrophy on quality of life and psychological well-being

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AIMS: The lipodystrophy syndrome is characterized by a fat redistribution, and it can be associated to lipoatrophy, fat accumulation and metabolic disturbances. The current studies about the issue have given more attention to biological and physiological aspects of this syndrome, seldom investigating the psychological one. The study aimed (1) to investigate the effects of lipodystrophy on the psychological well-being, the perception of quality of life and adherence to the antiretroviral therapy; (2) to identify the coping strategies used for to deal with lipodystrophy. **METHODS:** Twenty-one HIV+ people, who recognized him/herself as having lipodystrophy, were the participants. Fourteen of them were men, aging from 29 to 52 years old (M=41.0; SD=2.3), taking HAART from one to twelve years (M=6.7; SD=2.3). Quantitative and qualitative methods were used to investigate the current data: a semi-structured interview and the WHOQOL-brief questionnaire. Content analysis and the software SPSS (Statistical Package for the Social Sciences) were utilized to analyze the qualitative and quantitative data, respectively. **RESULTS:** The psychological categories mostly identified were: reduction of self-esteem, negative perception of the body image, humor alterations, social isolation, avoidance of known people and fear of being identified as HIV+ through the lipodystrophy signs. The scores averages of the dimensions evaluated by the WHOQOL-brief have not indicated relevant effects of lipodystrophy on quality-of-life perception. The more often coping strategies adopted were: physical activities, new eating habits, esthetic procedures, search for psychological and social support - the last one especially towards people who were experiencing the same problem. Seventeen participants denied that adherence to antiretrovirals had been modified due to lipodystrophy. **CONCLUSIONS:** It is essential that the health teams are able to assist the new medical and psychosocial necessities of persons HIV+ affected by lipodystrophy, in order to assure the quality of the health practices.

1682/The Impact of Altered Facial Appearance on Quality of Life among Head and Neck Cancer Reconstruction Patients: A Qualitative Study

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AIMS: Surgery for head and neck (H&N) cancer can cause significant facial disfigurement in addition to functional changes that may diminish quality of life (QOL). While previous studies have considered how functional impairments may impact on QOL, less in known about how QOL is affected by facial appearance. The objective of this qualitative study was to explore themes related to satisfaction with facial appearance in patients following H&N cancer reconstruction and to consider how altered appearance may impact QOL. **METHODS:** We performed in-depth, semi-structured patient interviews with 23 H&N cancer reconstruction patients with altered facial appearance. Interviews were recorded, transcribed and content analyzed using standard qualitative techniques. Through line-by-line and focused coding, common themes were identified and a conceptual model developed. **RESULTS:** Our interview findings indicate that multiple spheres of a patient's experience before and after H&N cancer surgery can influence their satisfaction with facial appearance and quality of life. The analysis revealed that patient satisfaction with facial appearance was significantly influenced by fear of cancer recurrence and death. Irrespective of the degree of facial deformity, patients at high risk for cancer recurrence were generally satisfied with the aesthetic outcome. In addition, impaired facial function that affected social interactions (eg. drooling while eating with others) often outweighed any concerns about facial appearance. The process of care and pre-operative counseling were also important themes mediating satisfaction. **CONCLUSIONS:** The relationship between patient satisfaction with facial appearance and quality of life after H&N cancer reconstruction is complex and mediated by factors other than the degree of objective deformity. The conceptual model developed in this study may aid in the development of new PROMs to further explore these issues and also may improve physician-patient communication during the treatment process.

1468/Perceived Stigma among individuals with common mental disorders

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AIMS: We aimed to identify the correlates and the impact of self-perceived stigma among individuals with common mental disorders and significant disability in Europe. **METHODS:** Data come from the ESEMeD study, a cross-sectional, household interview survey of 8,796 representing the non-institutionalized adults of Belgium, France, Germany, Italy, the Netherlands and Spain. Two perceived stigma questions (embarrassment and discrimination) were asked to respondents with significant disability. Logistic regression was estimated to evaluate the associations of sociodemographic variables (odds ratios) with perceived stigma among the mentally ill. Ordinary least squares multivariate linear regression models were conducted to estimate the independent association of stigma with quality of life (SF-12), work/role limitations and social limitations adjusting by sociodemographic characteristics. **RESULTS:** Among the 815 participants with a 12-month mental disorder and significant disability, 13.5% had perceived stigma. Low education (OR=2.8), being married/living with someone (OR=2.7) and being unemployed (OR=5.1) was associated with the presence of stigma. Perceived stigma was associated with worse physical quality of life (SF-12 PCS score b=-4.65; p<0.05), significantly higher work and role limitation (b=14.6, p<0.05) and higher social limitation(b=28.09, p<0.001). **CONCLUSIONS:** Perceived stigma is frequent and burdensome among individuals with common mental disorders that have significant disability, with some individual characteristics increasing its risk. The frequency and impact of individuals with perceived stigma suggests that individuals with higher risk may benefit of a routine assessment of this issue. ESEMeD was funded by EU Commission (QLG5-1999-01042; SANCO 2004-0123); DURSI-GENCAT(2005-SGR-00491);AGAUR(2007FIC 00544);ISCIII Spain (FIS 00/0028);MCT (SAF 2000-158-CE);and an unrestricted educational grant from GlaxoSmithKline;CIBERESP,Spain.

Clinical Practice

1377/Assessing the Effects of Using Health-Related Quality of Life (HRQL) Measures in Routine Clinical Care: A Study of Lung Transplant Patients

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AIMS: The aim is to evaluate the effects of using HRQL measures in the routine clinical care of lung transplant patients. We explored whether the addition of formal HRQL in routine clinical care improved: 1) patient-clinician communication 2) patient management 3) patient outcomes on the EQ5D. **METHODS:** A randomized controlled clinical trial was conducted at the out-patient clinic, University of Alberta Hospital, Edmonton. Pre- and post- lung transplant patients were randomly assigned to Intervention group (completion of Health Utilities Index (HUI) on touch-screen with feedback to clinicians) and Control (completion of HUI on touch-screen without feedback). Feedback involved a graphical representation, the _HUI score card . All clinical encounters were audio-taped and were subsequently examined by three blinded raters. At every visit, changes in clinical management (medication changes, number of referrals and tests ordered) were recorded in a chart review form and summed to produce the management composite. Due to multiple visits during the six-month follow-up period, comparison of trajectory of change on the three outcomes measures were compared using generalized estimating equations. **RESULTS:** There were no differences between Intervention and Control groups at baseline. For all the visits, in the Intervention group, the mean (sd) number of issues discussed per encounter was 1.56 (1.16); in the Control group 1.23 (1.05) (p<0.001; Cohen's d=0.30). In the Intervention group, the mean (sd) management composite was 2.74 (2.96); in the Control group 1.50 (2.10) (p<0.001; Cohen's d = 0.50). EQ5D index was not statistically significant different between the groups (p=0.82). **CONCLUSIONS:** The inclusion of HRQL measures in the routine clinical care of lung transplant patients had a small effect on patient-clinician communication and moderately changed patients management. Improvement in patient outcome was not detected during the follow-up period of this study.

1628/The impact of quality-of-life assessment on psychosocial attention and satisfaction with care in patients with chest malignancies: a randomized study

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AIMS: Since the majority of lung cancer and mesothelioma patients are diagnosed with advanced-stage disease, therapies on health-related quality of life (HRQL) are the aim of cancer care. However, while medical problems are frequently discussed at the encounters, the patients´ HRQL is not routinely assessed. The purpose of the study is to investigate the impact of quality of life questionnaire on the attention towards symptom control and psychosocial function, the number of relevant diagnostic and therapeutic interventions in daily oncology practice, and the patients´ satisfaction with care. **METHODS:** From Dec 2002 to March 2005, 173 patients were randomized in two groups. The patients in the intervention group answered the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire in a computerized screen. A computerized report with scores for the different scales and symptoms was given to the doctor before the encounter. The patients in the control group answered a paper version of HRQL questionnaire, which was not shown to the doctor. Outcomes: content analysis of audio-taped encounters, number of medical interventions and patients´ satisfaction with care measured by EORTC in-patient satisfaction with care questionnaire. Mean and median scores were calculated. Differences between the groups were analyzed using Mann-Whitney and Mantel-Haenszel tests. **RESULTS:** The number of doctor statements regarding emotional functioning was significantly higher in the intervention group (*p* .01). Significantly higher number of diagnostic and therapeutic interventions for dyspnoea and emotional concerns in the intervention group (*p* .01 resp .003) were observed. Interventions for assessment of social functioning were more frequent in the intervention group (*p* .01). Overall, the patients reported high satisfaction with care without significant between-group differences. **CONCLUSIONS:** The measurement of HRQL improved the assessment of psychosocial functioning in patients with chest malignancies.

1348/How do doctors and patients talk about QoL data in consultations?

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AIMS: To explore in detail how oncologists refer to and use QoL information during consultations and how this does or does not provide patients with opportunities to become involved in decision making. Findings will inform the development of a program to train doctors in the use of QoL data. **METHODS:** We purposively selected 22 tape recorded consultations in which doctors explicitly referred to QoL data from the intervention arm of a previous trial

(Velikova et al, 2004). In this arm, patients completed the EORTC-QLQC-30 and the Hospital Anxiety and Depression Scale(HADS)and this was fed back to the doctor prior to the consultation. Consultations were transcribed and analysed using conversation analysis to identify patterns in when and how doctors referred to the QoL data, whether this led to the patient elaborating on their problems and how treatment decisions were then made. **RESULTS:** The QoL data was introduced into the consultation by doctors either to confirm and validate QoL problems in response to issues that patients themselves raised or to initiate discussion about a new topic area. Sometimes reference to the QoL data was integrated into the doctor_s questions about side effects but other times it was an _add on_ after these issues had been discussed. Using the data to focus on a specific QoL issue was more likely to lead to the patient elaborating on their problems than when doctors made a general reference to the QoL data. The QoL data was rarely referred to in making decisions about chemotherapy but was referred to in decisions to treat side effects such as constipation, pain and nausea. In these instances, doctors referred to the QoL data as an _external authority_ to justify advice and treatment decisions, rather than determine these decisions. **CONCLUSIONS:** These patterns suggest that training programs should focus on helping doctors to integrate the QoL data into their questioning about side effects and to use QoL data to ask about specific problems, rather than QoL in general.

1289/Perceptions, Attitudes, And Knowledge Influence Insulin Delivery System Satisfaction More Than System Used In People With Type 2 Diabetes

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AIMS: This study identifies factors that contribute to insulin delivery system satisfaction in people with type 2 diabetes (T2DM). Understanding factors that influence satisfaction with these systems may help identify individuals who would most benefit from innovative insulin delivery systems. **METHODS:** In the context of a study designed to validate the Insulin Delivery System Questionnaire (IDSQ), 667 people with T2DM who use insulin [Mean age=57 years, 52% female, 88% Caucasian, 73% vial/syringe users (v/s), 27% insulin pen users] participated in a web-based survey. The survey included questions about demographics, comorbidities, self-reported HbA1c, insulin use, insulin therapy attitudes, and the IDSQ. Factor analysis indicated the IDSQ has 4 subscales: Satisfaction, Ease of Use, Lifestyle Impact, and Blood Sugar Control (Cronbachs alpha>0.80). Univariate analyses identified variables significantly associated with IDSQ subscale scores ($p<0.05$). Variables associated with IDSQ subscales were entered into a stepwise linear regression analysis to predict IDSQ Satisfaction. **RESULTS:** Higher IDSQ subscale scores (i.e., more positive evaluation) were associated with being female, better health status, fewer comorbidities, greater perceived effectiveness of and confidence about insulin therapy, commitment to insulin therapy, perceiving insulin therapy as worth the work (i.e. value), knowledge of HbA1c, and use of insulin pen (all $p<0.05$). The best predictors of IDSQ satisfaction, however, were IDSQ blood sugar control, IDSQ lifestyle impact, perceived insulin therapy effectiveness and value, commitment to insulin therapy, an interaction between insulin delivery system and knowledge of HbA1c, and gender (n= 667, $R2=0.58$, $p< 0.001$). Insulin delivery system (v/s or pen) was not a significant predictor. **CONCLUSIONS:** Perceptions, attitudes, and knowledge contribute more to insulin delivery system satisfaction in people with T2DM than the system itself. The IDSQ is a reliable and valid tool for identifying differences in insulin delivery system satisfaction.

Rheumatoid Diseases

1819/Development of PROMIS Physical Function Instruments

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AIMS: The Patient-Reported Outcomes Measurement Information System (PROMIS) is a trans-NIH Roadmap initiative to improve precision, reduce respondent burden, and enhance the comparability of health outcomes measures. This paper reports on the development of the PROMIS Physical Function (PF) Instruments. **METHODS:** 168 items measuring PF sub-domains were developed and tested using qualitative and quantitative methods. 21,133 persons responded to different item subsets each was answered by more than 2,200 participants. We used classical test and item response theory (IRT) methods to develop an item bank that included new PROMIS items and established legacy instrument, such as the SF-36 Health Survey and Health Assessment Questionnaire (HAQ-DI). A graded response model was used to estimate item parameters, which were normed to a mean of 50 (SD=10) representing the US population mean. Item bank properties were evaluated through Computerized Adaptive Test (CAT) simulations. Based on those CAT simulations and the item information different static forms have been developed and compared. **RESULTS:** IRT requirements were fulfilled by 124 items covering activities of daily living, central body, upper, and lower extremity functions. In simulations, a 10-item CAT eliminated floor and decreased ceiling effects, achieving a small standard error (< 2.3) across scores from 20-60 (reliability >.95 for a representative US sample). This precision was not achieved by any comparable static tool. PROMIS static tools outperformed both legacy tools of the same length. **CONCLUSIONS:** The methods of the PROMIS project are likely to substantially improve measures of physical function and to increase the efficiency of their administration using CAT.

1757/Patterns in Physical Function over Two Years in Knee OA

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AIMS: Functional impairment is a primary efficacy measure in knee osteoarthritis (OA) trials. However, little is known about changes in physical function over time. **METHODS:** We completed secondary analysis of data obtained from 622 men and women with medial compartment knee OA enrolled in the placebo arm of a 2 year multi-national study of a bisphosphonate on OA progression. At baseline, participants had x-rays with 2-4 mm JSW and reported knee pain on most days for at least 1 of the past 3 months, plus at least 1 of the following: age >50 yr, morning stiffness lasting <30 min, or crepitus on examination. Impairment in physical functioning was assessed with the WOMAC PF scale at were assessed at months 0, 6, 12, 18, and 24. Group-based trajectory modeling was used to identify distinctive groups of individuals with similar trajectories of physical functioning over two years taking into account sex, initial age and body mass index (BMI). **RESULTS:** The optimal model contained 5 groups. Group assignment was associated with gender, BMI and site (North America vs. European Union). As compared to the group with the lowest levels of impairment at baseline (18.1 ± 1.2; 24%) who showed significant decreases in the first 18 months followed by small increases, one third with moderate impairment at baseline (51.3 ± 1.7) showed a similar trend (51.3 ± 1.7). Stability of physical function was observed in 30% including those with the highest levels (mean ± SEM 69.9 ± 1.0; 14% of sample) and moderate (29.2 ± 1.8; 16% of sample) levels of impairment. Fourteen percent had a substantial decrease in impairment throughout the 24 months, with the largest drops occurring in the first 12 months. As compared to those with the least functional impairment at baseline, those with higher levels were heavier and more likely to be female. **CONCLUSIONS:** In 61% of the sample who reported moderate to severe impairments, physical functioning was relatively stable over two years. However, in 24% who started out with low levels of impairment, physical functioning was significantly improved. Additionally, 16% with moderate impairments at baseline reported substantial improvement over 12 months that were sustained the next year. These data demonstrate the variability of physical function over time in patients randomized to the placebo arm of a 2-year trial.

1472/The Preservation of Quality of Life for those in Chronic Pain: Identifying Sources of Resilience

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AIMS: Models of wellbeing built from observations of people in severe psychological distress have been understandably focused on the resolution of deep psychosocial vulnerabilities. In doing so, however, these models have neglected the normal needs of those chronically ill to find a way to bounce back and sustain well-being even in the face of long-term physical and psychological disturbance. These concerns for _Resilience are universal, and require attention of a different sort than is typically offered in by the clinical sciences. **METHODS:** This paper reviews 10 years of study by the authors to identify psychological and social processes that promote _resilience among those in chronic pain from rheumatological conditions. Three conditions have been studied in depth: Rheumatoid Arthritis (n =212), Osteoarthritis (n =123), and Fibromyalgia (n =121). For each clinical group daily diary studies have examined the natural course of adaptation to episodic pain, laboratory studies have sought to experimentally induce distress and identify factors responsible for time to recovery. Further, the investigators have introduced behavioral and emotion-regulation interventions for these groups, and examined their benefits relative to control s in randomized trials. **RESULTS:** The findings point to the importance of past history of major depression in determining the capacity of chronic pain patients to adapt successfully to their condition, and their receptivity to interventions designed to improve their coping abilities. Further, the everyday presence of positive affective resources gathered through close familial relations and friendships, and the relative absence of interpersonal stress increased likelihood of resilience in response to pain. Financial difficulties placed undue burden on adaptive capacity pointing to the growing importance of income disparity as a factor in the sustainability of wellbeing in the face of chronic illness. **CONCLUSIONS:** In sum, there is considerable value to developing and testing theoretical models of resilience even in populations with severe chronic pain. These models provide an important avenue for the application of quality of life research.

1956/Application Of A Permanent Program To Improve Quality Of Life Of Patients With Fibromialgia [Fm]

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AIMS: A _Program to Improve Quality of Life of FM patient was created. The patient must meet 10 meetings weekly, 10 meetings every two weeks and then once per month until the end of the year, and have the option to return if they identify stressful situations or they worsen their symptoms.Present study evaluates the application of a permanent program of patient_s containment with FM in Reumatology's Service **METHODS:** 180 consecutive female patients with FM diagnosis according to criteria of the ACR 1990 were evaluated. The middle age were 54.5 years. Demographic data and auto- administered tests were obtained. Fibromyalgia Impact Questionnary (FIQ); SF36 Summary Measures for Quality of Life physiccal (PCS) and mental (MCS), Beck Depression Inventory of depression, Hamilton's Scale of Anxiety (HAMS), Holmes Scale of Stress, Coping Strategies Scale of confrontation of events. Evaluations were done at the baseline; after 6 months (165 patients), by the end of the year (137 patients) and after 5 years. (87 patients). Medical checking is done at the beginning and then periodically with semi directed interviews **RESULTS:** Program obtain ned positive outcomes after 6 months. Concurrence was 165 (91.66 %); with statistically significant im provements in: FIQ baseline, 6 months, one and five years average are 63.48, 47.8, 44.2, 46.4, SF36 PCS baseline, 6 months, one and five years average are 33.99; 43.9; or 42.9 and 40.9; the average MCS: 27.35; 36.56; 38.07; 35.02, BDI the averages basal, 6 months, 1 and 5 years are 21.3, 15.3, 15.6, 16.2; HARS:the averages basal, 6 months, one and 5 years: 14, 10, 8, 7; variation in the EAE to 6 months with decreese of the intrusive thought. Learning to detect stressor situations and returning to the program treatment have resulted in the manteinance of the results in 5 years in 67 patients (37.22%). **CONCLUSIONS:** Program helped physicians in the patient_s psico-social containment. Application is cost effective.

Modern Methods for Instrument Development in Mental Health

1946/Psychometric assessment of a cognitive quality of life questionnaire (COQOL) using item response theory and Rasch analyses

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AIMS: To assess psychometric characteristics of a cognitive outcome measure, the cognitive quality of life questionnaire (COQOL), using item response theory (IRT), and to further calibrate the retained six subscales with 33 items after original 68 items of the COQOL were decreased into 33 items by the classical test theory. **METHODS:** A total of 263 older adults completed the COQOL questionnaire in 2006. Rasch analyses were separately used to explore the psychometric performance of each of the six subscales, as implemented by the RUMM2020 software. For each subscale of the COQOL, a series of analyses were undertaken to assess overall model fit, threshold ordering, item fit, person fit, and differential item functioning (DIF). **RESULTS:** Five subscales with 24 items should be retained according to Rasch analyses (the number sequences were according to original 68 items): (1) Memory and language production with 7 items: 24, 25, 26, 27, 30, 37, and 38. (2) Fine motor functions with 3 items: 19, 20 and 22. (3) Attention and orientation and vision with 5 items: 5, 50, 52, 53 and 60. (4) Executive functions with 4 items: 42, 43, 46, and 49. (5) Hearing and language comprehension and speed with 5 items: 2, 3, 6, 34, and 35. Original subscale of vitality and sense was very problematic and all items should be deleted. Moreover, for all retained 24 items, the original 4-point scale (scored: 01234) should be collapsed into a simpler 3-point response scale (01123). **CONCLUSIONS:** Rasch analyses provide a powerful approach to the calibration of the COQOL and it might serve as a sound technique to assess and calibrate the psychometric performance of a questionnaire.

1722/Depression and impaired health-related quality of life: true differences or differential item functioning?

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AIMS: Evidence suggests quality of life (QOL) reported by patients with depression was more impaired than those without depression. Yet, little is known about whether the observed discrepancy represents a true difference or is due to different perception of specific items (i.e., differential item functioning, DIF). We tested DIF associated with depression in QOL among patients of hematopoietic stem-cell transplantation (HSCT). **METHODS:** This was a cross-sectional study using 662 HSCT survivors recruited from the Center for International Blood and Marrow Transplant Registry (CIBMTR) and drawn from 40 transplant centers. We used the Center for Epidemiologic Studies Depression Scale (CES-D) to assess depression (a cutoff 16). QOL was measured using the SF-36 physical functioning (ten items) and mental health (five items) subscales. We performed DIF analyses for the SF-36 to identify uniform and non-uniform DIF related to depression. We calibrated subscale scores by allowing DIF items to vary in item parameters across two groups. Multiple regression was used to compare QOL scores between the two groups adjusting for covariates age, gender, occupational status, severity of transplant and social support. **RESULTS:** DIF analyses suggest three items measuring physical functioning and two items measuring mental health displayed uniform DIF associated with depression. No items displayed non-uniform DIF. Before DIF adjustment, patients with depression showed impaired physical functioning and mental health compared to those without depression ($P<0.05$, effect size: 0.54 and 1.02, respectively). After DIF adjustment, the magnitudes of impairment in QOL scores were still statistically significant. However, effect sizes of the discrepancies were reduced significantly (0.36 and 0.90 for physical functioning and mental health, respectively). **CONCLUSIONS:** Although depression is associated with impaired QOL, the observed discrepancy may be in part due to different perceptions of specific items. Without appropriate DIF adjustment, the interpretation of QOL associated with depression may be misleading.

1709/Developing a Function-Neutral Measure of Health-Related Quality of Life

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AIMS: Current research measures of HRQOL typically confound function with health status. This confounding precludes their usefulness with persons with pre-existing functional limitations or disabilities. This paper describes development of a generic measure of HRQOL that is function-neutral. **METHODS:** Investigators used a ten-step process to 1) develop an expert panel on health status measurement; 2) create a conceptual model (physical, mental, social, spiritual health, with environment as covariate); 3) define key terms (health, function, disability); 4) rate content validity of items from 85 generic measures of HRQOL; 5) format items in standard way; 6) review items for functional bias by expert panel; 7) review for functional bias by validity panel of additional 10 research and disability experts; 8) review for cross-cultural use; 9) cognitive test; and 10) pilot test retained 144 items. Pilot testing occurred with 4 groups matched for age, gender and education. Groups included 60 persons with physical limitations (spinal cord injury), 60 sensory limitations (30 vision, 30 hearing), 60 mental health, and 60 general population. Maximum likelihood factor analyses with promax rotation were conducted for each conceptual domain on data aggregated across groups. Differential item functioning of each disability group was compared with the general population group. Additional analyses including IRT are ongoing to determine final item selection for field testing in 2008. **RESULTS:** Initial factor analyses provided strong support for the conceptual domains, with a strong first factor in each domain accounting for 45%, 54%, 33% and 61% of variance respectively. Domain scales are internally consistent (alpha coefficients of .87, .95, .94, .96). DIF analyses indicate differences across groups, with some groups scoring higher than the general population and others scoring lower. **CONCLUSIONS:** A function-neutral health-related quality of life measure is being developed that can be used with the general population as well as groups who experience functional limitations due to aging and/or disabilities. Testing indicates that multiple domains of health from the conceptual model of health have been captured, and that the measure is relatively function-neutral.

1645/Development Of A Mental Health Computerized Adaptive Test (MH-CAT) For Community Use

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AIMS: The use of patient self-assessments is increasingly recommended to assist primary care physicians in identifying and monitoring mental health problems. However, existing instruments have a number of shortcomings, which can be addressed with the use of Computer Adaptive Tests (CATs) based on the Item Response Theory. Our aim was to build a highly precise and very practical tool for use in physicians' daily routines. **METHODS:** Data from 4 studies (N=7,172; 85 items), including the Depression Guideline Studies have been analyzed. Items were included after expert review. Unidimensionality, local independence, monotonicity, and differential item function (DIF) were evaluated, and a Generalized Partial Credit Model was applied to estimate the item parameters. The MH-CAT was programmed as a comprehensive software solution for administration on a Personal Digital Assistant. Physician reports including the present depression score, the likelihood of a depressive disorder, self reported therapy, side effects, and self care activities can be printed wirelessly immediately after the assessment.

The feasibility of the MH-CAT was tested on 40 patients at two community based clinics. **RESULTS:** Items asking about physical symptoms of depression had to be excluded to meet the assumption of essential unidimensionality. One item on crying spells demonstrated DIF by gender. The 46 items with good fit were retained in the final bank. Simulation studies revealed that the CAT provides a more precise measurement over a wider range than any of the static tools of comparable length included in the study. The feasibility test showed that 2.8 ± 0.8 items were required to reach a mean precision of a SE=0.25 (≈Cronbach α=.94). The average response time was 46s for the entire assessment. 95% of all participants found the tool to be easy to complete, and 85% expressed the willingness to complete it again. **CONCLUSIONS:** We demonstrated that CATs can substantially improve the measurement of depressive symptoms. To utilize this potential in clinical practice, particular attention must be given to the usability of the software and the value of the report for the health care provider.

QoL and the Workplace

1935/Implementing A Quality Of Life Program At A Mining Company: Experience In 2000-2007

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Purpose: We present our strategy and the results we have obtained from the use of a management model we developed for variables associated with quality of life at work at our mining company in the 2000-2007 period. We additionally propose a model for management of quality of life at work for all workplace locations, regardless of the line of production involved. Methodology: Our management model identifies and quantifies risks and defines appropriate intervention and monitoring. It evaluates parameters from a health standpoint using biomedical and psychological indicators, such as: employee state of health, chronic illness rates, occupational illness and work accident rates, tobacco and sedentary habit rates, and stratification of mental health risks per management unit and occupation. Also included are evaluations and monitoring of quality of life, labor climate, and user satisfaction regarding employee food, camp and transportation services. The group intervened is made up of 620 employees. This paper is descriptive and compares results before and after intervention in fields of interest. For statistical and epidemiological analyses we used averages, standard deviations, rates and indicators. For statistical significance (differences of averages and proportions) we used a significance level of 0.05. The results are presented on tables and graphs. Results: The employee state of health indicator (as a proportion of the employee group considered), which reflects the portion of employees considered to be of low risk, increased from 89% to 95% (2007). The chronic disease rate remained unchanged in comparison with the start of the program, at zero, as also did the occupational illness rate. The accident frequency rate declined by 57.1%. The tobacco habit went down by 54.6%. From the standpoint of mental health per management unit, mine operations showed the greatest risk, and port operations the least. Labor climate taken on an overall basis remained above the recommended engagement limit (85%), although the item of recognition had the lowest score. On perceptions of quality of life, the related indicator progressively increased from 75% to 86%, On user satisfaction, we noted increases in levels of support. Conclusions: Our management model has enabled us to improve our quality of life, mental health, labor climate and user satisfaction indicators. The concept of Quality of Life at work was incorporated in our company's evaluation system, contributing to productivity and its sustainability. The upcoming challenges for the three-year 2008 to 2010 period are to keep our indicators high and design novel, innovative model maintenance strategies.

1674/Quality of Working Life and Health on Chilean Workers: Quality of Life and Health Survey 2006, Chile

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AIMS: Knowing perceptions on different aspects of the quality of working life: work overload, reconciliation of working and non-working life, hours worked and work conditions and occupational hazards. **METHODS:** Data was obtained in a home interview survey carried out on 2006. This is a cross-sectional study of a multi-stage, stratified random sample of 15 years and older non-institutionalized Chilean resident. The sample included 6,210 individual and 2.857 workers. It integrated also: quality of life, disability, lifestyle and environmental conditions, acute illness and injuries, employment status, hours worked, works problems and domestic work. **RESULTS:** A 46.9% were workers. The 61.0% [95% CI 58.5, 63.4] feel good or very good with his health. The 44.8% [95% CI 42.3, 47.3] work more than 8 hours a day. The 43.5% [95% CI 39.3, 47.8] of women are mainly responsible for household tasks compared to 5.7% [95% CI 4.7, 6.8] for men. A 18.3% of women report that their family complains frequently by her work time dedication. A 69.3% is affected by the intense responsibility and attention and concentration, a 64.1% by work risk exposure to and diseases, and 62.6% for poor work conditions. Men declare higher occupational exposure (67.2% vs. 58.2%) and poor work conditions (58.4% vs. 47.2%) than women. **CONCLUSIONS:** Workload and double burden was significant of women. The quality of life of workers is mainly associated with work conditions, labor organization and occupational risks associated with them.

1236/Physical exercises for the improvement of quality of life and work capacity and for the prevention of pain and fatigue, among factory workers

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AIMS: Nowadays, pain and fatigue are the workers' largest complaints, negatively influencing their work capacity and their quality of life. In the present study, the role of the physical exercise is discussed as a protecting and preventive agent in relation to those complaints. The objective of this work is to investigate the relationship among the practice of physical exercises accomplished in the work, the subjective perception of quality of life (QoL) and their specific aspects of pain and discomfort, energy and fatigue and work capacity. **METHODS:** Two groups were selected, each one composed by 25 factory metalworkers (n=50), regardless their gender, from a metal industry in Campinas, Brazil. The first group (n=25) was formed by those who practice physical exercises in the workplace (PEW) and the second (n=25), by sedentary individuals, randomly selected from the factory workers. All of the workers filled out the WHOQOL-Brief questionnaire and the specific queries over the pain and discomfort aspects, energy and fatigue and work capacity of the WHOQOL-100 instrument. They also filled out a generic questionnaire for gender, age, schooling and marital status. **RESULTS:** The Chi-square and the Mann-Whitney tests show that both groups are homogeneous for gender, schooling, marital status and age. The statistical analysis by the t-Student test shows that the PEW group possesses better quality of life indexes, mainly in the physical (p<0,000), psychological (p<0,000) and environmental (p<0,001) domains, when compared with the sedentary ones, not being found the same difference in the social domain (p<0,055). It also shows that the PEW group possesses lower indexes of pain (p<0,000) and fatigue (p<0,000), as well as a better index of work capacity (p<0,011), when compared to the sedentary ones. **CONCLUSIONS:** The PEW group has a better QoL, a lower perception of pain and fatigue and a better perception of work capacity. It is recommended that the companies use a well structured program of physical exercises practice carried out in the facilities of the very company for the prevention of pain and fatigue as well as for the improvement of work capacity and their workers' quality of life.

1742/Health Related Quality of Life of Students Workers Women

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AIMS: Nowadays, women have a marked presence as students in higher education, although many of them need to work causing an overload of roles that may influence they perceived health related quality of life. The aim was to describe health related quality of life of student worker women. **METHODS:** A cross-sectional study of students workers women registered in graduation courses at a university center in Sao Paulo-Brazil, from August to September, 2007. This research was approved by an Ethics Committee. The demographic data was obtained through interviews and a self-administered questionnaire, the MEDICAL OUTCOMES STUDY 36-ITEM SHORT FORM HEALTH SURVEY SF-36, Portuguese version, to evaluate the health related quality of life. A sample of 140 women consented to participate. The statistical analyze used one-way Anova and Kruskal-Wallis. **RESULTS:** The average age was 25.24; 43.5% were trainee or had a scholarship. The most frequent graduation course was Pedagogy with 41.1%. The daily working schedule more frequent was from 4 to 6 hours with 46.8%. From the sample, 41.1% reported 4 or more complaints. The Alfa Cronbach_s coefficients of the domains varied from 0.85 to 0.63. The lowest average score was in the Vitality. Higher Ages showed statistically significant differences in the Mental Health (p=0.016) and General Health (p=0.021) domains. Women with a partner had higher scores in the Social functioning (p=0.001), Mental Health (p=0.010) and Role limitation due emotions (p=0.013) from those without a partner. The women who worked 8 or more hours a day showed statistically significant differences in Physical Functioning, Vitality and Mental Health from those who worked 5 hours a day. Women without complaints differed from those with 4 or more complaints in the Physical Functioning, Role Limitation due to Physical Problems, General Health, Vitality, Social Functioning and Mental Health domains. **CONCLUSIONS:** As conclusion, the study and work overload may affect women_s perceived health related quality of life. This information may be useful in the provision of comprehensive care to student workers women.

Chronic Conditions

1368/The Impact of Apathy on Recovery of Health Related Quality of Life Post-Stroke

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AIMS: Stroke survivors are often described as apathetic. As apathy may be a barrier to participation in promising therapies, more needs to be learned about apathy symptoms post-stroke. The specific objective was to estimate the extent to which apathy is prevalent or emerges post-stroke and the extent to which it is related to recovery of health-related quality of life (HRQL). **METHODS:** The Apathy Study Cohort was formed from stroke survivors participating in a longitudinal study of health-related quality of life post-stroke. A caregiver completed an apathy questionnaire by telephone at 1, 3, 6 and 12 months post-stroke (n=408). Group-based trajectory modeling and growth curve modeling were used to identify distinctive groups of individuals with similar trajectories of apathy over the first year post-stroke and the effect of the assigned apathy trajectory group on HRQL over time. **RESULTS:** The largest group (50%) had low apathy and remained low throughout the first year post-stroke. A small proportion (3%) of the study sample had high apathy which remained high. Two other groups of almost equal size (7%) showed worsening and improving apathy. Poor cognitive status, very low functional status and high co-morbidity predicted higher apathy. High apathy had a significant effect on recovery of physical and mental health, physical function, participation and health perception over time. **CONCLUSIONS:** Apathy was prevalent and persistent post-stroke and negatively affected HRQL post-stroke.

1187/Health-Related Quality of Life and Correlates of Hospitalization for Patients in Uruguay with End-Stage Renal Disease

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AIMS: Uruguay has the second highest prevalence rate of renal dialysis in Latin America, yet little is known about its effect or that of end-stage renal disease (ESRD) more generally on health-related quality of life (HRQL) for Uruguayan citizens. This study explored the effects of this disease and its treatment on the HRQL of patients and how these are associated with increased hospitalizations. **METHODS:** Cross-sectional data from 243 patients with ESRD attending five hemodialysis and peritoneal centers in Montevideo, Uruguay were used to explore some key factors associated with HRQL and hospitalization. A structural equation model of the eight composites (first-order factors) of the SF-36, clinical data, dialysis modality (hemodialysis [HD] vs peritoneal dialysis [PD]), concomitant medications, demographics, and number of hospitalizations was analyzed using Mplus 5.0. In addition, a multi-sample analysis by dialysis modality was conducted to see if factors affecting HRQL or hospitalization varied by treatment. **RESULTS:** Overall model fit was adequate (CFI=0.88; RMSEA=0.08; SRMR=0.06). The factor structure of the SF-36 varied somewhat from the general model and this held for both patients on HD and PD. The physical health dimension was best measured by Physical Functioning, Role Physical, Bodily Pain, General Health, and

Vitality. The mental health dimension was best measured by Social Functioning, Role Emotional, and Mental Health. Mean scores for each of the eight composites was lower than norms (range = 53-79). Age and use of antidepressants were significantly associated with physical health. Age, antidepressant use, and receiving erythropoietin were significantly associated with the mental health dimension. Poorer physical health and lower hemoglobin levels were significantly associated with increased hospital use. **CONCLUSIONS:** Patients with ESRD who are older and depressed have poorer physical health. Poorer physical health, in turn, is associated with an increased number of hospitalizations for these patients. Knowing which patients are more likely to need hospitalization can help target higher-risk patients for less expensive interventions and allocate resources for hospital care.

1399/Would You Rate Your Quality of Life Better or Worse since You Started Radiotherapy? The Cognitive Processes Underlying Transition Questions

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AIMS: Transition questions are administered at follow-up and ask patients to rate directly the extent to which they have changed since baseline. Transition questions assessing quality of life (QoL) are commonly used in the context of clinical trials to determine the clinical significance of change. However, there is correlational evidence that the responses to transition questions are primarily based on patients' current functioning. The question arises how patients respond to transition questions. Therefore, our overall aim is to examine the cognitive processes underlying responses to transition questions. More specifically, we want to examine whether the assumptions inherent to transition questions are tenable, i.e. correct recall and accurate incorporation of baseline QoL. **METHODS:** We conducted cognitive interviews with 24 cancer patients prior to and after completion of radiotherapy. In these interviews patients were explicitly instructed to think aloud while answering 7 transition questions based on items derived from the EORTC QLQ-C30, reflecting both global and specific content and physical as well as emotional and social functioning. Content analysis of 168 response processes (24 patients x 7 items) was carried out by 2 researchers independently. **RESULTS:** Preliminary results based on the analyses of 120 response processes of 18 patients indicate that in 49 (41%) response processes patients do not incorporate their baseline functioning, but base their answer solely on their current functioning (N=28, 57%) or overall functioning during radiotherapy (N=10, 20%). When patients do incorporate baseline functioning (N=71, 59%), recall of baseline functioning differs significantly from their original baseline functioning in 42 response processes (60%). **CONCLUSIONS:** Preliminary data indicate that a substantial part of our patients do not respond to transition questions according to the underlying assumptions of correct recall and accurate incorporation of baseline QoL. By increasing our understanding of the validity of the transition design, this study will provide insight into the extent to which its widespread use to measure clinically important change is empirically warranted.

1641/Does Time Frame Matter? Comparing One- and Four-week Recall Periods in the Reporting of Fatigue by Cancer Patients

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AIMS: We compared responses to identical fatigue item pairs, varying only the reporting period (past 7-days versus past 4-weeks), and explored factors that influenced patients' responses. **METHODS:** The sample of 216 cancer patients was recruited from clinics in or near a large Midwest US city (63.5% female, 80.5% white, mean age=57.6); 36% had breast cancer, 14% colorectal and 9.2% non-Hodgkin's disease; 74% received chemotherapy, and 79% reported normal activities with no or some symptoms. Patients were asked to complete either a 7-day (n=100) or 4-week (n=116) version of the Functional Assessment of Chronic Illness Therapy-Fatigue. Cochran-Mantel-Haenszel statistics (CMH) and Cochran-Armitage trend tests were used to assess the association between time frame and item scores. Information function curves at both item and scale levels were depicted to evaluate the precision along the fatigue continuum. Differential item functioning (DIF) was used to examine the stability of the psychometric properties between time frames. **RESULTS:** These two sample groups had comparable degree of fatigue severity at the time of survey (p=.209), as measured with a single 0-10 rating. Analysis results showed that no item was rejected by CMH or trend tests at p <.01, indicating that time frame did not influence patients_ item responses. Examination of information function curves at item level did not clearly favor either time frame. At the scale level, the 7-days time frame was slightly more precise overall than the 4-weeks time frame. No item demonstrated DIF between time frames. Results of chi-square statistics showed that both gender and fatigue severity were not significantly associated with the time frame patients reported using to endorse items, p = 0.48 and p = 0..33, respectively. **CONCLUSIONS:** This study suggests the 7-day and 4-week time frame are equally appropriate in measuring fatigue. Slight preference might be given to the more informative 7-day reporting period. However, substantive considerations regarding the appropriate time frame should outweigh statistical ones, and comparison of the 7-day time frame to a shorter one (e.g., 24 hour) is needed.

Response Shift

1214/Better measurement methods may notably reduce response-shifts

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AIMS: Many studies have found discrepancies in HRQoL measurements between the general population (healthy people) and people who actually experience illness (patients). Such differences may be explained by referring to changes in measures (response shift) as a consequence of a change in internal standards, in values, or in understanding of what is measured. However, much of these observed differences may be attributable to the way health outcomes are measured. **METHODS:** We eliminated possible response shifts by standardization procedures of the response task that were based on comparative judgment mechanisms. This was conducted by: 1) instead of measuring one particular health state (their own) responders were also confronted with a bundle of hypothetical health states, 2) all states were assessed simultaneously instead of each state separately. These comparative judgments were performed in a ranking task and by a multi-item rating scale (RS). Assessment of the "own health state" was also performed on a conventional single-item RS. Two patient groups (rheumatoid arthritis, n=27; cancer, n=48) were included. In addition, a sample of the general population (n=298) that performed the same response tasks was also included. All three study groups judged the same 17 hypothetical health states in an experimental setting. The patients did not know that their own health status was included in the set of states they were assessing. **RESULTS:** Differences were found between the patients' assessment of own health state based on single-item RS and multi-item RS (cancer: 0.87 vs. 0.84, rheumatoid arthritis: 0.68 vs. 0.61). Except for some moderate divergence, no systematic differences were found between patients and healthy people. **CONCLUSIONS:** Patients' assessment of health states is similar to that of the general population if assessments are made by elementary measurement methods. The use of such measurement methods may substantially eliminate possible response shift biases.

1869/Do individuals with chronic obstructive pulmonary disease (COPD) experience a response shift after a self-management program?

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AIMS: Health-related quality of life (HRQL) assessments are completed by self-report and, therefore, are subject to response shift which refers to a change in internal standards, values, or conceptualization of HRQL. When there are differences among people or within people over time in internal standards, values, or conceptualizations, then scores derived from HRQL measures may not be comparable. In turn change estimates may guide clinical care decisions in the wrong direction. Structural equation modeling (SEM) is one possible approach for assessing and adjusting for response shift when estimating change scores. However, the results of studies that have used different SEM approaches, mainly the Schmitt and Oort method, have been inconsistent. The objective of this study was to determine if participants with COPD experience a response shift after a self-management intervention. A secondary objective was to contrast the Schmitt and Oort SEM approaches for evaluating response shift. **METHODS:** A HRQL model was developed using items from the St Georges Respiratory Questionnaire (SGRQ), the Chronic Respiratory Questionnaire (CRQ), and the SF-36. Confirmatory factor analysis based on the Schmitt approach was used to assess invariance of the HRQL measurement model over one year among 295 individuals with COPD who had participated in a self-management intervention. This procedure assessed changes over time in the factor loadings, variances, and covariances of responses over one year. **RESULTS:** The results to date have shown no evidence of response shift as the model with and without constraints over time had similar fit indices. Further analyses will evaluate whether similar results are obtained using the Oort SEM approach. **CONCLUSIONS:** The results from this study will provide a cross validation of the two SEM approaches and evaluate whether SEM is a valid approach for assessing response shift.

1177/Randomised study on the influence of the questionnaire design on evaluations of chronic disease self-management interventions

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AIMS: The application of retrospective pre-test data has been recommended as a remedy to the influence of response shift (RS) on results of program evaluations. While mean change scores derived from these data have been frequently compared with mean change scores derived from actual pre-test data, little is known about the validity of retrospective pre-tests. Given that retrospective pre-tests are generally assessed in close proximity to actual post-tests, this study was aimed at exploring whether the presence of retrospective pre-test questions had an influence on ratings of actual post-tests. **METHODS:** This study applied a randomised three-group design to evaluate outcomes of chronic disease self-management programs. All n=949 subjects received a standard intervention and completed the Health Education Impact Questionnaire (heiQ) at pre-test. At post-test participants were then randomly allocated to one of three groups: classic post-test data (n=331), transition questions in addition to post-test questions (n=304), and retrospective pre-test data in addition to post-test data (n=314). **RESULTS:** While the groups did not differ at pre-test, significant post-test differences were found in seven of the eight heiQ subscales. Differences in resulting change scores were largest when comparing the group who had provided post-test data only with the group who had provided retrospective pre-test data in addition to post-test data after attending the intervention, with the latter group providing significantly higher post-test levels. The influence on the magnitude of post-test scores was so substantial that it would lead to different conclusions about program effectiveness. **CONCLUSIONS:** The present study has provided evidence that the cognitive task people are asked to perform at post-test has a significant influence on the ratings of their post-test levels. It remains uncertain whether the application of retrospective pre-test data provides a more or less accurate reflection of the impact of chronic disease self-management interventions.

1372/Response Shift in the Assessment of Outcome Following Spinal Surgery

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AIMS: Living and coping with disability is a process of constant change and adjustment. The existence of Response Shift(RS)is in effect a moving goalpost which may affect the interpretation of the routine pre-post intervention assessment. The purpose of this study is to investigate whether RS is present and what factors may influence this in surgical patients treated for degenerative spinal conditions. **METHODS:** Self administered questionnaires were completed by all eligible patients undergoing elective spinal surgery decompression, (N = 77). All surgery was performed at a single University Hospital. Oswestry Disability Index (ODI), SF-36-PCS, and Visual Analogue Scale scores for back and leg pain were collected preoperatively and at 6 weeks postoperatively. Patient demographics, co-morbidities and duration of symptoms were also collected. The Then test method was used to measure RS. Direction of RS was defieither positive

recalibration (overestimation of preoperative disability)or negative recalibration (underestimation of preoperative disability). Statistical analysis used T test for difference between adjusted treatment effect (ATE) and unadjusted treatment effect (UTE). Regression analysis was performed with RS and direction as the dependant variables. **RESULTS:** Mean age was 51.2. Male to female ratio 28:49. Mean UTE and ATE in ODI were significantly improved 23.8 and 28.5 respectively(p<.01). There was a significant difference between the ATE and UTE. 62% of the patients had a positive recalibration RS. RS was not affected by differences in gender, age or comorbidity. A diagnosis of spinal stenosis was predictive of positive recalibration RS. **CONCLUSIONS:** This study is the first to measure the impact of RS in spinal surgery. After surgery the majority of patients reevaluated their preoperative level of disability to be greater. Prior to treatment a patient may learn to adapt to their disease and only after treatment there is a RS toward the norms of the population when the need for accommodation is removed. A negative recalibration RS occurred in one third of patients. Negative recalibration is commonly seen in terminal patients and is a valuable coping mechanism. Factors which affect the positive direction need to be further studied.

Mental Health

1451/Parental mental health and Health-Related Quality of Life (HRQOL) in Spanish infants and toddlers

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AIMS: The aim of this study was to analyse the influence of parental psychological distress on HRQOL in preschool children. **METHODS:** A sample of children aged 3 months to 5 years old was recruited from a healthy child program, outpatient follow-up clinics for premature children, and the respiratory units of tertiary hospitals in Barcelona and San Sebastian (Spain). Parents (preferably mothers) rated their child_s HRQOL using the TNO-AZL Preschool children Quality of Life (TAPQOL); the self-completed General Health Questionnaire (GHQ-12) was used to assess parents_ mental health status. Effect size (ES) and ordinary least squares regression analysis were used to compare HRQOL dimension scores between parents with probable psychological distress (i.e. scoring >2 on the GHQ-12) and those scoring 0-2, while controlling simultaneously for sociodemographic and health status factors. **RESULTS:** Response rate was 95% (n=228). Mothers answered the questionnaire in 183 cases, fathers in 13 cases, both parents in 28 cases, and others in 4 cases (excluded from further analysis). Parents with probable psychological distress rated their children lower (worse) on the TAPQOL Appetite (ES= 0.51), Social functioning (ES= 0.49), Problem Behaviour (ES= 0.60), and Anxiety (ES= 0.57) dimensions compared to parents without psychological distress. Multivariate regression analysis showed that parental psychological distress was associated with the above mentioned TAPQOL dimension scores after adjusting for parental characteristics and children_s health status and illness severity. **CONCLUSIONS:** Parental distress was associated with poor HRQOL in their children, particularly in the psychosocial dimensions, although the cross-sectional design of the study prevents conclusions being drawn regarding the directionality of the associations. Further longitudinal studies should establish whether poor child health status produces parental psychological distress or whether psychological distress in parents influences their perceptions of their children_s HRQOL. Funding: Partially funded by Abbott Spain Laboratories.

1495/Mental Health as a Mediating Factor between Parenting Behaviour and Extreme Right-Wing Attitudes in a German Representative Sample

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AIMS: The aim of the study was to evaluate the network of determining psychosocial factors for extreme right-wing attitudes in a German representative sample. **METHODS:** The study is part of a nationwide cross-sectional German representative household survey conducted in 2006. All participants were interviewed face-to-face at home and asked to fill out different validated standardized German self-assessment instruments to access extreme right-wing attitudes (sub-scales: endorsement of dictatorship, chauvinism, xenophobia, antisemitism, social darwinism, belittlement of national socialism) as dependent variables. General anxiety (GAD-7), depression (PHQ-2), self-esteem, attitudes towards authoritarianism, social dominance orientation, and perceived parental behaviour were assessed as a network of potentially determining factors. Classic regression analyses have been used, as well as a random split sample (50:50) to develop a structural equation model (SEM) of interacting variables. The final SEM was tested in the remaining half of the sample. **RESULTS:** 5036 persons participated in the study (48.7+/-18.0 years, 53.8% female). Social dominance orientation (beta=.24/.31) and authoritarianism (beta=.43/.40) are highly interrelated with extreme right-wing attitudes. Both factors are associated with the mental health status of the participants (beta=.10/.11/.14/.16), as operationalized by a latent trait combining lower self-esteem, higher anxiety and depression. Within a hierarchical model the mental health status was related to self-reported rejection and punishment by father (beta=.17/.20) as well as low emotional support by mother (beta=.14/.15). The entire model could explain 28/31% of the variance of extreme right-wing attitudes. All beta-values are significant (p<0.05). Fit-indices showed good results in both random samples (RMSEA .063/.061). **CONCLUSIONS:** Within a cross-sectional study it could be shown that social dominance orientation, authoritarianism and extreme right-wing attitude are related to a lower mental health status, which co-varied with the perceived educational behaviour of the parents of the participants. Thus, the mental health status should be seen from a clinical as well as a sociological perspective.

1661/Quality of Life Among Adolescents with Autism Spectrum Disorders

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AIMS: Adolescents with Autism Spectrum Disorders (ASDs) have largely been neglected in the recent interest in understanding the quality of life (QoL) of adolescents with special health care needs. The goal of this study was to assess the reliability and validity of self-reports of QoL by adolescents with ASDs. **METHODS:** Thirty adolescents with an ASD completed: 1)computerized versions of two QoL instruments (PedsQL and KIDSCREEN); 2)screening tests for anxiety (SCARED), depression (SMFQ)and self-esteem (Rosenberg) and 3) a screen for intelligence (KBIT). Simultaneously, one parent provided demographic information and completed the BASC-2, the SRS, and two proxy forms of the same QoL questionnaires that the adolescents completed. The standard proxy represented the parent's opinions of the adolescent's QoL; the projective proxy represented how parents thought their child would respond. **RESULTS:** Internal reliability of the KIDSCREEN and the PedsQL were high, with Cronbach's alpha of .83 and .93. Correlations between the two were also high, r=.55 for the total scores, demonstrating that they measure similar constructs. Construct validity is supported by correlations of the total scores on the KIDSCREEN and the PedsQL with the Rosenberg Self-esteem Scale (r=.56 and .65); and between the "Emotions" subscales on both instruments and the Short Moods and Feelings Questionnaire (r=.58 and .64), and the SCARED (r=.50 and .57). In addition, adolescents' scores correlated strongly with parent reports on both QoL instruments. Average correlations between parent standard proxy and child scores were r=.35; between parent projective proxies and child responses r=.46. **CONCLUSIONS:** This pilot study demonstrates that QoL reports of adolescents with ASDs are consistent with their parents' standard and proxy reports. Previously developed Quality of Life measures can be used to assess QoL among adolescents with Autism Spectrum Disorders. Further study is needed to determine those factors that predict Quality of Life for this population and to develop a diagnosis-specific QoL measure for adolescents with ASDs.

1573/Social Support and change in Sense of Coherence in people with Mental Health Problems

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AIMS: Social support is a crucial coping resource in the development of a stronger sense of coherence(SOC), the central concept in the theory of salutogenesis. However little is known about which components of social support that are most important for a positive development of SOC. The aim of this study was to investigate the prediction of six social provisions in Robert Weiss' theory of social support on positive development of SOC in people with mental health problems. **METHODS:** The study has a prospective design including a baseline assessment and a one-year follow up. The sample comprised 92 people (response rate of 78%) with MHP recruited from the community health care system in a large city in Norway. The participants answered a mailed questionnaire including the Sense of Coherence questionnaire, the Symptom Checklist-90 revised and The Social Provision Scale (all Norwegian versions). To estimate the prognostic value of social support and mental symptoms on change in SOC we performed a multiple regression analysis. To investigate which of the social provisions that most contributed to the prediction of change in SOC we used stepwise regression analysis. **RESULTS:** While social support predicts change in SOC (standardized beta coefficient 0.319, p = 0.01), mental symptoms did not (standardized beta coefficient -.72, p = 0.62). The provision of opportunity for nurturance contributed most to the prediction (standardized beta coefficient of .241, p= 0.02) **CONCLUSIONS:** The main finding in the present study was that quality of social support predicts positive development in SOC after a year among people with mental health problems, and that the provision of opportunity for nurturance reveal to be the most important determinant of change in SOC. Symptom load showed no prediction. This study indicate that we may have to extend the treatment of MHP and thus challenge the traditional therapeutic role by being more focused on resources such as the different qualities in social support including opportunity for nurturance and thus improve SOC.

1302/Quality of Life and Depressive Symptoms among Elderly

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AIMS: Depressive disorders in the elderly are common and often not recognized; they are associated with functional disability, poor physical health and death, worst Quality of Life (QoL) and higher use of health services. Our aim was to investigate the impact of depressive symptoms on QoL among dwelling community elderly. **METHODS:** This was a cross-sectional study on a random sample of 2.500 elderly (³65 y.o.) living in Catalonia, Spain. Sample was stratified by region, gender and group age. Subjects severely ill and with severe cognitive impairment were excluded. We collected information on health perception; chronic health conditions; disability; depressive symptoms (GDS-15); QoL (WHOQO-BREF and WHOQOL-OLD); resource utilization and sociodemographic data. All interviews were done face-to-face. All participants signed the informed consent. **RESULTS:** Fifty eight percent were female; mean age was 74.4. Twenty percent had significant depressive symptoms (GDS-15e5). Female had higher depressive symptoms than male (p<0.001) and more severe symptoms (p<0.05). Significant symptoms occurred twice (CI 95%: 1,7_2,5) in the younger (65-79 y.o) compared to the older group (e80y.o.). Only 69,4% of those with significant depressive symptoms received treatment for depression. Controlling for comorbidities, as severity of depressive symptoms increased (higher GDS-15 scores) the risk of feeling unhealthy increased and QoL scores decreased in all WHOQOL-BREF domains and WHOQOL-OLD total score. Resource utilization was higher among subjects with depressive symptoms; they had more visits to the Primary Care Physician (p<0.001) and to other specialists (p<0.001) during the 3 months prior to the interview compared to subjects without depressive symptoms. **CONCLUSIONS:** Prevalence of depressive symptoms, rate of treatment and negative impact on QoL was similar to that reported on other community surveys.Depression in the elderly is a condition that can benefit from different interventions. Detection and adequate management might improve QoL of elderly with these conditions.

1695/Self-management strategies in high functioning individuals with bipolar disorder: a qualitative analysis

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AIMS: Attention has only recently been directed towards improving our understanding of the impact of bipolar disorder (BD) upon psychosocial functioning and quality of life (QoL). Further, research to date has been almost entirely quantitative, with only one previous study examining self-management strategies used by people to stay well with BD. We report here on a mixed methods study examining the self-management strategies used by _high functioning_ individuals with BD. **METHODS:** The study used phenomenological methods to identify the self-management strategies used by high functioning (Multidimensional Scale of Independent Functioning score of 1 or 2) individuals with BD type I or II to maintain/regain wellness. Eligible participants completed a variety of quantitative scales, including the Hamilton Depression rating Scale (Ham-D), Young Mania Rating Scale (YMRS) and Quality of Life, Enjoyment and Satisfaction Questionnaire (Q-LES-Q), and assigned to individual interview about the self-management strategies they utilized, or focus group. **RESULTS:** Interim results are available for 26 participants. Clinical/demographic characteristics: 69% women, 58% BD type I, age range 19-63 yrs, mean: yrs illness 20±16, # depressive episodes 13±15, # manic episodes 3±4, # hospitalizations 3±5, Ham-D 8±10, YMRS 3±3, Q-LES-Q 76% of maximum. Preliminary thematic analysis conducted via NVivo has identified a wide variety of self-management strategies that are used to support wellness and has also revealed several themes within the data, including: 1) wellness as a process or journey and 2) maintaining/regaining a sense of self and meaning in the context of BD. **CONCLUSIONS:** The participant sample in the current study differs from the norm in biomedical research, where the focus is typically on pathology, problems and dysfunction. Despite misdiagnoses, hospitalizations and other challenges, some individuals with BD are functioning well and have developed sophisticated self-management strategies to maintain/regain wellness. The findings offer hope: for people living with BD, for families and friends offering them support, and for practitioners.

Population Health

1564/Validation and calibration of the SF-36 health transition question in a longitudinal population survey

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AIMS: Cross-sectional surveys depend on retrospective self-report to estimate changes in health status over time. One example the health transition question (HTQ) from the SF-36 health survey asks respondents to rate their health compared to one year ago. This paper aims to calibrate the meaning of the categories of the HTQ in terms of known clinical change in health status by comparing prospective changes on the 8 SF-36 domain scales between interviews. **METHODS:** The sample included 9,649 adults from a longitudinal population survey, who had completed the SF-36 in 2001 and 2002. Prospective within-person changes in scale scores for the SF-36 scales were calculated as mean change in scores adjusted for age and sex and as standardised response means (Mean prospective change scores/standard deviation change). The magnitude of change in scores for respondents who reported receiving a new diagnosis of any long-term health condition(s) between interviews were compared to the change in scores across the categories of the HTQ at follow-up. The analysis was repeated for the 2003 and 2004 interviews to test for consistency of results. **RESULTS:** For those who had developed a long-term health condition between 2001 and 2002, the adjusted mean change in scores for the general health scale was -7.9 (95%CL:-9.5;-6.3), for physical functioning -8.9 (95%CL:-10.8;-7.0) and for bodily pain -7.0 (95%CL:-9.4;-4.6). For those without a new chronic condition but who described their health as "somewhat worse" than one year ago the adjusted mean change scores on these scales were -8.9 (95%CL:-9.8;-7.9), -6.9 (95%CL:-8.3;-5.5) and -5.1 (95%CL:-6.3;-4.0) respectively. A similar pattern of results was found for the second time period. **CONCLUSIONS:** Respondent who reported their health "somewhat worse" than one year ago had had an average decline in health status equivalent in magnitude to having developed a new long-term health condition. This calibration is useful for interpreting the size of change measured by the HTQ at the group level in population studies.

1481/Monitoring Health-Related Quality of Life in the Catalan Health Interview Survey using the EQ-5D

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AIMS: To analyze evolution in HRQL from 1994 to 2006 in Catalonia (Spain) using the EQ-5D. **METHODS:** The Catalan Health Interview Survey (CHIS) is a periodic cross-sectional study of representative samples of the non-institutionalised general population. The EQ-5D was administered to respondents aged >15 in the 1994 (n=12,567), 2002 (n=7,157), and 2006 (n=15,926) editions. EQ-5D measures HRQL in 5 dimensions and provides a preference-based index from 1 (best health status) to negative values, with 0 equal to death. The index used in the present study was constructed using Catalan general population time trade-off (TTO) values. Analyses were performed using weights to restore representativeness. Mean (95%CI) EQ-5D index scores and prevalence of problems on EQ-5D dimensions were calculated for socio-demographic sub-groups. A Tobit regression model was constructed to assess the impact of socio-demographic and chronic conditions on Index scores in the different CHIS editions. **RESULTS:** EQ-5D index scores worsened in the overall sample from a mean of 0.90 [95% CI 0.89,0.90] in 1994 to 0.85 [95%CI 0.84, 0.85] in 2006. The decrease was observed in all age groups: 0.96 to 0.92 (15-44 y), 0.88 to 0.83 (45-64 y), 0.81 to 0.73 (65-74 y), and 0.71 to 0.60 (>75 y). By dimension, the largest relative increase was on self-care, from 2.95% reporting problems in 1994 to 5.85% in 2006 (OR 2.05; 95% CI 1.75, 2.39). Worsened health status was partially explained by changes in prevalence and impact of certain chronic conditions, e.g. depression and anxiety disorders, which increased from 11% in 1994 to 17.5% in 2006 (Tobit regression coefficients -0.25 and -0.29, respectively, p=0.003). **CONCLUSIONS:** Using the EQ-5D, HRQL worsened from 1994 to 2006 in this population. The reduction was most marked in older age groups, females, and those with substantial co-morbidity. Changes in the pattern of chronic diseases partially explained the deterioration in population health status.

1747/The impact of arthritis type on health related quality of life: Results from a population-based survey

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AIMS: Although often identified simply as arthritis, osteoarthritis (OA) and rheumatoid arthritis (RA) are diseases with different incidence, causes, treatments, and health outcomes. Using the Health Utilities Index Mark3 (HUI3) to measure health related quality of life (HRQOL), we hypothesized that HUI3 scores between OA and RA patients would differ, and the impact of co-morbidities such as heart disease, stroke or cancer on overall and single attribute HUI3 (SAHUI3) scores would differ. **METHODS:** Our study included

14,811 respondents of the Canadian Community Health Survey Cycle 1.1 over 50 years of age, with an OA or RA diagnosis who reported taking a pain reliever (including arthritis or anti-inflammatory medications) over the previous month. Regression analyses assessed mean differences in overall and single attribute HUI3 scores between OA and RA groups with and without stroke, heart disease or cancer while adjusting for age, gender, education, marital status, other co-morbidities and time since diagnosis. **RESULTS:** Compared to OA patients, RA patients were more likely to be younger, have less education, and heart disease; but were less likely to have suffered a stroke or have cancer. Mean (SD) overall HUI3 scores were 0.67(0.02) and 0.70(0.01) for RA and OA patients respectively. OA patients had greater mean SAHUI3 scores for all attributes but speech and ambulation. Regression analysis showed heart disease, stroke, and cancer all had a clinically significant (>0.01 HUI3 score change) impact on both OA and RA patients, although the impact was not significantly different between OA and RA patients. The greatest change in overall HUI3 score was observed in OA stroke sufferers (-0.18; 95%CI: -0.32,-0.03). The greatest SAHUI3 change was seen in the ambulation attribute of stroke sufferers, with a mean change of -0.12 and -0.10 for OA and RA patients respectively; again between group differences were not significant. **CONCLUSIONS:** Although there were differences in characteristics, HUI3 scores and SAHUI3 scores, the impact of co-morbidities on RA and OA patients were not significantly different. This suggests that in OA and RA patients, the impact of stroke, heart disease, or cancer on HRQOL is additive rather than multiplicative.

1832/Health Utilities Index-3 (HUI-3) Differences Among Children Residing in Agricultural Households in a Five-State Region of the United States: Regional Rural Injury Study-III (RRIS-III)

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AIMS: To be able to assess the impact of subsequent injury events on children residing in agricultural households, data was collected on proxy respondent assessment of child baseline performance/behaviors and evaluated for association with HUI-3 utility scores. **METHODS:** Initially, 32,000 agricultural operations were randomly sampled from the U.S. Department of Agriculture National Agricultural Statistics Service Master ListFrame, in equal numbers from five Midwest states. Through computer-assisted telephone interviews, operations were screened for eligibility. Many households were no longer farming/ranching, others had no children (under 20 years), and each interview could take one hour, so 1,474 operations participated, with 1,333 having children 5 to 19 years of age. HUI-3 data was collected on 2,640 children, 50.1% were male. Analysis of variance was performed to assess differences in HUI-3 utility scores for levels of child performance/behavior. **RESULTS:** Those who "almost always" (mean=.95, n=1799) completed work/chores had higher (p<.01) HUI-3 utility scores than those who did so "often", "sometimes", or "almost never" (means=.91,.87,.88, n=298, 361, 75, respectively). Children identified as working hard "almost always" (mean=.95, n=1728) had higher scores than those who did so "often", "sometimes", or "almost never" (means=.92,.89,.88, n=365, 384, 60, respectively). When asked the child's energy level, those identified as having low energy "almost never' (mean=.95, n=2095) had higher scores than those who did so "sometimes", "often", or "almost always" (means=.88,.80,.76, n=462, 48, 22, respectively). For school performance, those identified as "excellent" or "above average" (means=.95 ,.95, n=1023, 896, respectively) had higher utility scores than those given "average", "below average" and "not satisfactory" ratings (means=.91,.78,.67, n=571, 86, 12, respectively). **CONCLUSIONS:** Strong relationships exist between identifiable child characteristics, such as energy level and perceived levels of both school and work related performance, and HUI-3 utility scores. (Post-injury interviews have just been completed and results will be available for presentation in October.)

1533/Inequalities in self-perceived health status by occupation and socioeconomic status: Quality of Life and Health Survey, Chile

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AIMS: To assess the inequalities in self-perceived health by occupation and socioeconomic status of the adult Chilean population **METHODS:** Data was obtained in a home interview survey carried out on 2006. This is a cross-sectional study of a multi-stage, stratified random sample of 15 years and older non-institutionalized Chilean residents. The final sample included 6,210 individuals. Odds ratios and 95% confidence intervals (CIs) estimated by multivariate logistic regression. The output variable was positive self-perceived health. The explanatory variables were: sex, age, socioeconomic status (SS), limitation of the activities of the daily life (LADL), pain, and limitation for emotional problems **RESULTS:** Irrespective of other study variables, those individuals who work have a greater probability of self-perceiving a good health, OR1.5 [1.2; 1,9]. Those who are limited (LADL) have a minor probability of good self-perceived health, whereas those who have pain present an OR 0.2 [0.16; 0.3] with regard to those who feel pain and those who always feel depressed or discouraged 0.2 [0.1; 0.3]. By age, it diminishes the probability in 15% every 10 years in which it increases the age. The multivariate analysis did not show differences for sex OR 1.0 [0,8-1,2]. The probability of positive self-perceived is higher in the high SS OR 2.8 [2.0; 3.9]. **CONCLUSIONS:** Differences exist in the self-perceived health status by socioeconomic status. Working increases the probability of perceiving a good health. The differences of gender are explained by the presence of physical limitations, by pain or by mental problems.

1503/Latent Class Factor Analysis of SF-36 Physical Function Indicates Lack of Invariance of Discrimination and Difficulty Parameters

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AIMS: The scoring algorithm for the 12-item SF-36 physical function subscale assumes that its measurement parameters are invariant, irrespective of differences among individuals in the target population to which it is applied. We examined this assumption by determining whether: (a) the thresholds (difficulty) and factor loadings (discrimination) were invariant in a heterogeneous sample and (b) any lack of invariance could be explained by various chronic health conditions or differences in age or gender. **METHODS:** The data were taken from the Canadian Community Health Survey (Cycle 2.1; 2003); a cross-sectional stratified random sample survey of Canadian residents. The Manitoba subsample of adults who completed the SF-36 (v.1) (*N* = 7,030) was used. A mixture confirmatory factor model was specified for ordinal data by allowing the items' thresholds and factor loadings to vary across two or more latent classes. A relative lack of measurement invariance was determined by comparing the parameters across the latent classes. Multinomial logistic regression was used to determine whether latent class membership was explained by various chronic health conditions, age or gender. **RESULTS:** The best model fit was obtained when four latent classes were specified. Substantial differences in the thresholds and factor loadings across the latent classes were observed. Latent class membership was explained by the prevalence of several chronic conditions, age and gender (likelihood ratio R^2 = 22%). Age was the most significant explanatory variable. The strongest explanatory chronic conditions were asthma, arthritis and back problems. **CONCLUSIONS:** The parameters of the physical functioning subscale are not invariant. This raises concern about using the same scoring algorithm for all individuals irrespective of differences in their age or various chronic conditions. Accommodation of the lack of measurement invariance through the use of different scoring algorithms to assess individuals' physical functioning may be required.

QoL and Oncology

1297/Health-related quality of life and socio-demographic characteristics in breast cancer patients along the illness trajectory: A prospective approach

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AIMS: Women with breast cancer have to cope with numerous physical, psychological and psychosocial difficulties throughout the various phases of the disease and treatments. Yet few studies have assessed prospectively the quality of life of these women along the illness trajectory, especially in relation to their socio-demographic characteristics. The aim of this presentation consists of describing prospectively the quality of life of breast cancer patients at diagnosis, during radiotherapy and at follow-up in association with their age, marital status, education, income and the social support obtained. **METHODS:** It is a prospective study that includes 120 French-speaking women aged between 35 and 78 years old (mean = 55) who underwent a lumpectomy and completed adjuvant therapy for early breast cancer (stage 1 or 2) at two Montreal hospitals. A questionnaire pertaining to demographic and medical data, the EORTC QLQ-C30/BR23 were completed either at the hospital or at home. The questionnaires were completed at three times : around the diagnostic period, during radiotherapy and three to four months after radiotherapy. **RESULTS:** The GEE (Generalized Estimating Equations) analyses indicated that each quality of life dimension changes with time ($p<0,001$). For most dimensions, time 2 (radiotherapy) was associated with lower quality of life scores. As for socio-demographic variables, the GEE analyses revealed that women's age and their social support explained their quality of life from diagnosis to follow-up. Also, an interaction was found between age and time for specific quality of life dimensions. As for marital status, education, and income, they did not have any influence on the quality of life of breast cancer patients along the illness trajectory. **CONCLUSIONS:** By evaluating women's quality of life at diagnosis, during treatment and at follow-up according to their socio-demographic characteristics, health care providers should be able to better identify high risk patients along the disease's trajectory. They could then refer these women to the appropriate psychosocial resources.

1486/Quality of Life in Breast Cancer Patients: From Diagnosis to Survival

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AIMS: Breast cancer (BC) is a disease with important consequences on women_s Quality of Life (QoL) and psychosocial adjustment. This study aims to ascertain the QoL of women with BC who are in two different phases of the course of the disease: the stage of diagnosis and the stage of survival. **METHODS:** This study, exploratory and cross-sectional, involved the selection of a convenience sample, comprised of 56 women of the general population, with no history of cancer disease; 32 women recently diagnosed with BC, recruited in the University Hospitals of Coimbra (Gynaecology Department), in the day preceding the breast surgery (mastectomy or conservative surgery); and 58 BC survivors, recruited both in the same hospital department, in the day preceding the reconstructive surgery, and in a volunteering association consisting of breast cancer survivors. The assessment instruments used were: WHOQOL-Bref, HADS and a clinical and sociodemographic questionnaire. The comparisons of means between different groups in the QoL domains were done with multivariate analysis of variance (MANOVA). **RESULTS:** Women recently diagnosed with BC have the worst record in general facet of QoL, distinguishing themselves from the survivors ($p<.05$); and in the physical domain, distinguishing themselves from the general population ($p<.05$). In general, survivors have a good QoL, presenting values very similar or even higher than the general population, except in the physical domain ($p<.05$). **CONCLUSIONS:** At the time of diagnosis it is essential to careful assess the women_s QoL. The early detection of psychosocial problems and an early intervention can lead to substantial improvements in women_s mental health, in their adjustment and QoL. In the same way, although the majority of survivors adapt themselves well, reporting a good QoL in many areas of their functioning, it_s essential that health professionals are aware of possible psychosocial consequences of BC in order to identify, in follow-up care, late effects that require special attention. It should be offered to patients appropriate care, not only during the hospitalization and implementation of the treatments, but after also in its aftermath, in the period of survival.

1631/Value-Added of Patient-Reported Outcomes (PRO) in Cooperative Group Oncology Clinical Trials: A Pooled Analysis

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AIMS: To examine the relationships between patient-reported outcomes (PROs) and adverse event (AE) data as part of randomized clinical trials and determine if the relationship is redundant or supplementary. **METHODS:** Data were compiled from 7 North Central Cancer Treatment Group(NCCTG), 2 Southwest Oncology Group(SWOG) and 3 Radiation Therapy Oncology Group(RTOG) studies where patients (pts) had both Quality of Life (QOL) and

National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) data. CTCAE data were summarized as Grade (Gr) 2+ and 3+ toxicity of any kind and specific toxicities. PRO scores were transformed to 0-100 scale; differences of 10 points between groups considered clinically meaningful. Spearman correlations were computed between PRO scores and severity of AE for overall scores and for specific toxicities. Mean PRO scores were compared using Wilcoxon rank sum test between pts experiencing, or not, specific AEs. The procedures had > 90% power to detect a 1-point difference between group PRO averages. **RESULTS:** 1013 pts were available for all analyses. Pts completed the uniscale (N=535), Lung Cancer Symptom Scale (LCSS, N=161), Functional Assessment of Cancer Therapy-Lung (FACT-L, N=223), Symptom Distress Scale (SDS, N=61), and/or Functional Living Index: Cancer (FLIC, N=51). Correlations between PRO scores and maximum AE severity per week on study were low: -0.06 uniscale, -0.03 LCSS, 0.10 FACT-L, -0.11 SDS and -0.51 FLIC. There were clinically significant differences in the mean PRO scores with pts experiencing any Gr 2+ and 3+ AE having worse scores than those who did not report these for only the uniscale (Gr 2+only), and FACT Physical and Functional subscales. Agreement between incidence of any Gr 2+(Gr 3+) and a clinically significant drop in PROs ranged from 27%-61% (36%-61%). **CONCLUSIONS:** This multi-institutional pooled analysis indicated a low correlation among PRO scores and related AEs. These results support our previous work and a priori hypothesis that physician-reported AEs and PROs do not measure the same aspects of the disease experience and are complimentary.

1556/Differences between Modes of Administration (MOA) of the EORTC QLQ-C30: an empirical, randomized study

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AIMS: While modern electronic data collection methods (e.g., computer touch-screen or web-based) hold much promise, most current studies continue to make use of more traditional data collection techniques, including pencil-and-paper administration and telephone interviews. The relative merits of these various technologies have been extensively studied for a variety of instruments, with generally reassuring results. However, very few studies have explicitly considered the psychometrics of different MOA for the EORTC QLQ-C30. The present randomized trial investigated the measurement properties of three different, conventional MOA for the QLQ-C30. **METHODS:** A heterogeneous sample of 314 cancer patients undergoing treatment at a specialized treatment center in Amsterdam, were randomized to one of three MOA for the QLQ-C30: pencil-and-paper at home via the mail, telephone interview, and pencil-and-paper at the hospital clinic. Group differences in internal consistency reliabilities (Cronbachs alpha coefficient) for the scale scores were compared. Differences in mean scale scores were compared by means of ANOVA, with adjustment for potential confounders. **RESULTS:** One statistically significant, yet minor, difference in Cronbachs alpha between the MOA groups was observed for the Role Functioning scale (all 3 alphas >0.80). Significant differences in group means were found for two scales (Emotional Functioning (EF) and Pain), with patients who completed the written questionnaire at home expressing clinically-relevant heightened levels of Pain (>10 points), as compared to those who completed the questionnaire in the clinic. Patients interviewed via the telephone had an intermediate position. Patients completing the written questionnaire at home had lower levels of EF, as compared to those interviewed via the telephone, with those completing the questionnaire at the clinic in-between. These differences, however, were small. **CONCLUSIONS:** MOA had little effect on the reliability or the mean scores of the EORTC QLQ-C30, with the exception of the Pain and EF scales.

1768/Symptom concerns and quality of life of breast and prostate cancer survivors receiving hormonal therapy

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AIMS: To describe the symptoms concern of prostate and breast cancer patients and explore the impact of symptoms on patient_s Quality of Life (QOL). **METHODS:** This pilot descriptive longitudinal design evaluated the impact of hormonal therapy (HT) at 3 points in time on 40 cancer patients diagnosed with stage I, III or III breast (20 subjects) or prostate cancer (20 subjects). Subjects were accrued from ambulatory clinics of a National Cancer Institute-designated comprehensive cancer center. Ferrell_s QOL models form the theoretical underpinnings for this study. Descriptive and non parametric statistics were used. Overall QOL (0=worst to 10=good) was good for both prostate and breast subjects. For the breast cancer group no significant differences over time were found in the subscale scores. In the prostate group results indicate that 4 month QOL for the physical well being was significantly different than at baseline and 1 month (p=.044), while at 4 month social well being was significantly lower than baseline (p=.046). Results were not statistically significant over time in the physical well being and spiritual well being domains. Over 60% of prostate and breast subjects report the following symptoms after treatment began: hot flashes, sweats, lack of energy, worrying, pain, feeling sad, difficulty sleeping, difficulty concentrating, feeling nervous and irritable **RESULTS:** Overall QOL is good in prostate and breast cancer subjects, and this trend continues over time. Symptoms such as hot flashes, fatigue, and problems with sexual interest or activity are commonly reported in this population. **CONCLUSIONS:** Prostate and breast cancer patients suffer from multiple symptoms that may have a negative impact on overall QOL. Specific QOL domains, such as physical and social well-being are of particular concern for prostate patients. The identification of specific symptom and QOL concerns in prostate and breast cancers will enhance clinical care and aid in the future development of multidisciplinary interventions for this cancer population.

1612/Velikovas Content Analysis System: Feasibility and reliability in routine oncology consultation

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AIMS: The aim was to assess the feasibility and the interrater-reliability of Velikovas Content Analysis System (VCAS) in routine oncology consultations. **METHODS:** Sixty-four physician consultations with gastro-intestinal (GI) cancer patients were audio-taped at two large University hospitals in Sweden. Interrater-reliability was calculated on 44 of the consultations. Trained raters applied the VCAS, which is mainly based on the EORTC QLQ-C30, to the consultations to capture different aspects of communication, e.g., symptoms, side effects, functional issues and health related quality of life. Further, information about treatment, prognosis and results of investigation were recorded as was medical decisions. **RESULTS:** Coding of a consultation took 3 times its actual length in minutes. The most frequently mentioned symptoms were pain (78%), bowel problems (78%) and appetite (62%). Discussion regarding bowel problems and appetite were mainly initiated by patients, while pain discussions were initiated by both parties to the same extent. Physical functioning (58%), role functioning (66%), emotional functioning (69%) and overall health (91%) were the most frequently mentioned functions. The patient initiated most of the discussion about role-, physical- and emotional functioning, while the doctor initiated most of the discussion regarding overall health. Cohens kappa varied between 0,51-0,85 for symptoms and 0,12-0,48 for functioning. Coding difficulties included how to make the discrepancy between an issue being discussed or mentioned. Subjective categories like social-, role- and emotional function and overall health had the lowest interrater-reliability. **CONCLUSIONS:** Velikovas Content Analysis System (VCAS) is a feasible tool for analysis of communication. However, since some of the domains rated had low interrater-reliability, there is a need for further validation. To increase the interrater-reliability, keeping record of coding decisions, having weekly meetings for discussion and consensus between coders, and comparing the coding of different raters is to be recommended.

Measurement in Children and Adolescents

1900/Asthma-like symptoms in the first year of life and health-related quality of life at age 12 months: the Generation R Study

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AIMS: This paper reports results of a cohort study comparing HRQOL among subgroups of infants with asthma-like symptoms to a subgroup without such symptoms, and examines independent associations between asthma-like symptoms during the first year of life and HRQOL at age 12 months. The use of HRQOL as an outcome in clinical studies among children with asthma-like symptoms has increased during the past decade. However, the association between asthma-like symptoms and HRQOL among infants has not been studied yet. **METHODS:** Our study sample included 5,000 infants participating in the Generation R Study. Their parents completed structured questionnaires to obtain information on asthma-like symptoms, HRQOL, infants_ and maternal characteristics. Asthma-like symptoms were defined according to the number of positive answers to 12 items on lower respiratory symptoms. HRQOL was measured using the ITQOL. Higher scores indicated better HRQOL. **RESULTS:** Infants with asthma-like symptoms had significantly lower HRQOL scores for all ITQOL scales. Among the subgroup with severe symptoms (4% of the infants) relevant deficits in HRQOL were observed for most ITQOL scales, particularly for General Health, Bodily Pain, and Family Activities (effect sizes over 0.8). In multivariate linear models, asthma-like symptoms were independently associated with six ITQOL scales. The population attributable risks were especially high for Family Activities, General Health, Parental Emotional and Parental Time. **CONCLUSIONS:** Asthma-like symptoms during the first year of life are associated with an increased risk of impaired HRQOL, for most aspects of HRQOL as measured by the ITQOL. The subgroup of infants with severe symptoms had relevant deficits in HRQOL. At population level, asthma-like symptoms were associated with lower HRQOL, regardless of symptom severity.

1921/Establishing clinically meaningful cutoff scores for a pediatric health-related quality of life (HRQOL) measure

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AIMS: To establish clinically meaningful cutoff scores for a pediatric health-related quality of life (HRQOL) measure. **METHODS:** This cross-sectional study analyzed data collected from the 2006 Florida KidCare evaluation and the Children's Medical Services Network survey. The PedsQL was used to measure HRQOL. Two anchors, the Children with Special Health Care Needs (CSHCN) Screener and Clinical Risk Groups (CRGs), were used to identify children with special health care needs or chronic conditions. We conducted telephone interviews of 1745 parents using statewide random samples for the families with children less than 19 years. We established cutoff scores for the PedsQL's physical, emotional, social, school, and total functioning using the areas under the curves (AUCs) to demonstrate the discriminative property of the PedsQL by referring to different anchors. **RESULTS:** The discriminative property of the PedsQL was strong, especially for the age group >= 8 versus < 8 years, and was superior in total functioning (AUC > 0.7) to specific functioning for the CSHCN Screener, and CRGs' moderate and major chronic conditions. For children < 8 years, the recommended cutoff scores for using total functioning to identify CSHCN were 83, 79 for moderate and 77 for major chronic conditions. For children >= 8 years, the cutoff scores were 78, 76 and 70 for CSHCN, and CRG's moderate and major chronic conditions, respectively. **CONCLUSIONS:** Establishing cutoff scores for the PedsQL's total functioning is a valid and convenient mean to identify children potentially with special health care needs or chronic conditions, which can guide clinicians to conduct further in-depth clinical assessments.

1465/Rasch analysis of five adolescents QoL instruments to develop an item bank for computer-adaptive testing of psychological well-being and positive affect

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AIMS: Adolescents psychological well-being (PWB) is increasingly recognized as a relevant outcome in medical practice and public health research. Identifying low PWB enable an early detection of hidden morbidity and health care needs. Computer adaptive testing (CAT) could enhance measurement precision and reduce respondent burden of PWB screening. This paper aimed to develop a PWB item bank as prerequisite for CAT. **METHODS:** Within the international KIDSCREEN study 16000 adolescents (12-18 years) from 13 European countries answered the KIDSCREEN, CHQ, KINDL-R, CHIP-AE and TAQoL. Two independent reviewer identified 32 items as potential PWB indicators. Dimensional structure and local independence was tested with LISREL. Differential item functioning (DIF) was examined with hierarchical ordinal logistic regression. Rasch measurement properties were examined according to the Partial Credit Model (PCM). **RESULTS:** Exploratory factor analysis of the polychoric correlation matrix indicated a general factor (R2=.48). Items displaying residual correlation >.25 in a one-dimensional confirmatory factor analysis were discarded. Overall 27 items with INFIT-MSQ residual of .66-1.41 were retained. DIF across country, age and gender was below Delta-R2=.03. Content examination showed no crucial item content was lost and items from all 5 original instruments were encompassed. Compared with the original scales the item bank Rasch-scores displayed superior reliability (.94) and discriminated best or equally well between respondents with and without psychological problems (d-effect size=1.34 vs .85-1.29) and with poor against strong social support (d-effect size=1.05 vs .81-1.06). **CONCLUSIONS:** A PWB item bank with enhanced measurement precision and high validity was constructed. The itembank could be used for cross-calibration of measurment results across different HRQoL instruments. Enlarging the item bank and developing a PWB-CAT is a promising challenge for future research to increase practicability of screening for adolescents with low PWB.

1455/Transcultural Adaptation And Validity Of KIDSCREEN and DISABKIDS Questionnaires For Children And Teenagers In Venezuela

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AIMS: The purpose of this study was to carry out a linguistic validation of the KIDSCREEN and DISABKIDS questionnaires on the child/teenage population of Venezuela. **METHODS:** Method: the study was carried out in three stages: 1) agreements reached between original authors and researchers. 2) Translation into Venezuelan Spanish by two translators, rating the difficulty of the translation and classifying the equivalence of the items translated in relation to the originals into three types: A, B subdivided into B1 and B2 and C. Back translation into English by a translator, obtaining the agreed Venezuelan version (AVV). And finally, 3) cognitive interviews conducted with a convenience sample that was balanced in terms of gender, age, schooling and socioeconomic strata. The KIDSCREEN was applied to 9 children and teenagers with their parents, and the DISABKIDS questionnaire to 7 children and teenagers (with chronic pathologies). **RESULTS:** Results:52 items that make up the KIDSCREEN, 40 of them displayed B1 equivalences; were considered by the translators as items with a minimal level of difficulty for the target population. As for the 132 items that make up the DISABKIDS, 118 items presented B1 equivalences; 5 items from the dermatitis and epilepsy module were shown up as having type B2; only 2 items were classed as level 2 on the difficulty scale. In the back translation of the KIDSCREEN AVV, 37 items displayed B1 equivalences, and there were 102 type B1 in the DISABKIDS AVV. In the cognitive interviews, only 6 items presented a minimal level of difficulty between 1 and 2 in the KIDSCREEN sample and 5 items that make up treatment and specific modules (dermatitis, diabetes and arthritis) on the DISABKIDS questionnaire presented level 2 difficulty. **CONCLUSIONS:** In conclusion, the Venezuelan versions can be classed as linguistically equivalent to the original versions; any modifications were syntactical or minimal semantic changes, maintaining all the items to be applied to the study population. Keywords: quality of life - children and teenagers - linguistic validity - KIDSCREEN and DISABKIDS.

1530/The quality of life of secondary-school students: development and initial validation of an evaluative instrument

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AIMS: The objective of this research was to develop a sound psychometric measure to assess the quality of life of secondary education students. **METHODS:** In order to verify the presence of the main quality of life domains obtained from an extensive review of the literature, a first sample composed of 39 adolescents were asked to indicate the 10 most important things in their lives. Based on the literature review and the responses of the adolescents, we created a questionnaire to assess the quality of life. First, a preliminary pool of 255 items was created. Next, 12 expert judges evaluated the content, accuracy and fit of the items. The 66 items that remained were applied to a second sample of 1121 students. Reliability and validity analysis were then performed after removing the responses of participants who showed acquiescence bias, social desirability bias, or both. **RESULTS:** The reliability analyses resulted in the final selection of 28 quality-of-life items with an adequate discriminative power and reliability (Cronbach_s Alpha = .84). The construct validity was tested using factor analysis, which resulted in 7 factors, which together explained 51% of the variance. Convergent validity was tested with a self-concept measure, as well as with a socialization measure. Correlations evidenced its validity. **CONCLUSIONS:** We have an instrument with appropriate psichometric properties to assess the quality of life os adolescents with and without special needs.

Oncology

1452/Sexual recovery after radical prostatectomy: the effect of nerve-sparing procedures

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AIMS: Radical prostatectomy (RP), one of the main treatments for localized prostate cancer, has important sexual and urinary side effects. Higher sexual recovery after the RP on the patients with neurovascular bundles preserved is still a theme of controversy. The aim of this study is to evaluate the effect of nerve sparing procedures on sexual function, measured by the Expanded Prostate Cancer Index Composite (EPIC), an instrument specifically designed to evaluate the impact of treatment **METHODS:** This was a prospective study of 134 patients with localized prostate cancer treated with RP. Nerve-sparing preservation, used at the discretion of the operating surgeon, was performed on 26% patients. The EPIC was administered, among other questionnaires, before and after treatment (months 1, 3, 6, 12, and 24). EPIC scores ranged 0-100 (higher scores indicating better quality of life). Differences between groups were tested by t-test for independent samples. Generalized Estimating Equation (GEE) models were constructed for EPIC sexual summary to assess the effect of nerve-sparing techniques during the follow-up after adjusting by age, pre-treatment score, PSA, T stage, Gleason, prostate size and neoadjuvant hormonotherapy **RESULTS:** Previous to RP, sexual summary score mean was higher (better) for patients with neurovascular bundles preserved than non-preserved (66,5 (SD=19,5) vs 55,3 (SD=24,5), p=0.009), with no age differences between groups (63.1 vs 64.3 years, p=0.29). Both groups initially deteriorated substantially (27,5 vs 22,4 3 months after treatment), with a subsequent partial recovery (means 2 years after treatment were 38.5 and 30.7 respectively). GEE model showed that nerve-sparing procedures were a significant independent predictor of EPIC sexual summary scores after adjusting for other variables (B=7.51, p=0.033) **CONCLUSIONS:** Sexual recovery after RP is partial, 2 years after surgery scores were substantially lower (worse) than before treatment (effect size > 1). Although sexual summary score is higher in the neurovascular bundles preservation group, the difference respect to patients without preservation, at the two-years follow-up, was small (effect size = 0.4) Supported by 2005-SGR-00491, AATM 086/24/2000, FIS-PI020668.

1748/A novel IRT-based case-ranking approach to derive expert standards for symptom severity

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AIMS: We describe a method for ranking and assigning severity labels to standardized scores for pain, fatigue depression and anxiety in people with cancer. **METHODS:** Using item calibrations and T-score distributions (mean=50; SD=10) from a large (>10,000) United States general population sample tested by the Patient Reported Outcomes Measurement Information System (PROMIS) cooperative group, standardized scores for each symptom were assigned to cancer patient responses. Using data from item bank responses of 742 people with cancer, we created multiple clinical vignettes for each symptom at 0.5 SD increments across the full distribution of the symptom, from asymptomatic to severely symptomatic. We then shared these vignettes with clinical experts, asking them to rank order them, blind to actual severity as measured by the PROMIS score, allowing ties in cases where patients described in two vignettes were perceived to be equally symptomatic. Clinician ranks were averaged and then returned to the same expert group who, still blind as to PROMIS scores, were then asked to arrive at consensus regarding cut points to differentiate normal from mildly, moderately and severely symptomatic. These clinician-derived rankings were then compared to actual T-scores as assigned by PROMIS calibrations. **RESULTS:** For each symptom, there was perfect agreement as to the order of observed IRT score and blinded expert rank (35 of 35 adjacent ranks). Across all symptoms, the clinician consensus regarding the threshold from normal to mildly symptomatic occurred near a T-score of 50. The threshold between mild and moderate was near 60, and the threshold from moderate to severe was near 70. These clinician-derived standards for severity bear a striking similarity to norm-based standards for the T-distribution. **CONCLUSIONS:** These results provide standards for severity of PROMIS T-scores for pain, fatigue, anxiety and depression in cancer patients. The convergence of empirical patient response and clinical judgment are encouraging for future applications of this method in other settings.

1254/Identifying Problem Scores on HRQOL Questionnaires Using Needs Assessments

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AIMS: A critical barrier to adapting HRQOL questionnaires from research settings to clinical practice is score interpretation. To use HRQOL questionnaires in clinical practice, clinicians need to know what score represents a problem (problem score). This analysis explored a novel approach using needs assessments to identify HRQOL scores associated with patients' perceptions of unmet needs. **METHODS:** 117 breast, prostate, and lung cancer patients [mean age 61 years; 51% Male; 77% White] completed the validated Supportive Care Needs Survey-Short Form (SCNS) and EORTC QLQ-C30. We used the SCNS as an external "gold standard" for identifying problem scores, with SCNS scores dichotomized as "no unmet need" vs "some unmet need." We evaluated the strength of the relationship between EORTC and SCNS scores using receiver operating characteristic (ROC) analysis. Domains with an area under the ROC curve (AUC)>.70 were assessed further to determine how well EORTC scores predicted presence/absence of unmet need. **RESULTS:** 6 out of 14 EORTC domains tested had AUCs>.70 with an SCNS item. We found high levels of sensitivity and specificity for various cut-offs (Table). **CONCLUSIONS:** This analysis demonstrates that needs assessments can help identify HRQOL scores associated with patients' perceptions of unmet need. This information can facilitate use of HRQOL questionnaires for patient management. Future research should confirm these findings using other HRQOL questionnaires and needs assessments.

EORTC Domain	SCNS Item	AUC	Cut-Off 1	Sensiti-vity	Specifi-city	Cut-Off 2	Sensiti-vity	Specifi-city
Physical	Work-Home	0.809	80	0.65	0.83	90	0.85	0.58
Emotion-al	Feel Sad	0.743	90	0.89	0.53	100	0.94	0.35
Role	Work-Home	0.727	80	0.69	0.79	90	0.85	0.69
Global QOL	Feel Unwell	0.730	80	0.89	0.58	90	0.94	0.31
Pain	Pain	0.776	20	0.66	0.84	10	0.91	0.66
Fatigue	Lack Energy / Tired	0.744	20	0.91	0.55	10	0.96	0.25

1510/Prospective Assessment of Health and Quality of Life in Long-Term Breast Cancer Survivors

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AIMS: Understanding how self-reports in cancer survivors change over time is infrequently researched. This study investigated the trajectory and predictors of self-rated health (SRH) and quality of life (QOL) in breast cancer survivors. **METHODS:** 536 women were assessed at baseline (2-3 yrs post-dx) and follow-up (6-9 years post-dx). Patients were identified by a population-based tumor registry, and self-administered, mailed questionnaires used standardized measures (SF-36, EORTC QLQ-C30). The sample was ethnically diverse, with 66% of Asian/ Pacific Islander ancestry. **RESULTS:** Both SRH and QOL significantly deteriorated over time. Univariate predictors of follow-up SRH and QOL scores included sociodemographics (ethnicity, marital status, age, income, education), clinical factors (surgery, chemotherapy, stage), psychosocial indicators (optimism, emotional expressivity, social ties) and baseline scores. For both SRH and QOL, all predictors were significant except ethnicity, surgery, and stage, such that higher SRH and QOL were associated with being married, older, higher income and education, chemotherapy, more optimistic and emotionally expressive, higher baseline scores and (QOL only) more social ties. Standard multiple regression using variables significant in univariate analyses showed that lower follow-up SRH and QOL were both predicted (p's<.05) by lower baseline scores, lower optimism and less education. Lower follow-up QOL was also predicted (p's<.05) by higher age and being unmarried. Neither SRH nor QOL were affected by other predictors in the multivariate analyses. **CONCLUSIONS:** Health and quality of life in breast cancer survivors demonstrated decreases over time, and individual stability. Long-term SRH and QOL were both predicted by baseline scores, optimism, and education. Findings imply that supportive interventions for breast cancer survivors should be initiated as early as possible, since problems tend to persist and intensify, not resolve, over the period of cancer survivorship. As the number of cancer survivors increases, this becomes an important public health concern.

1450/Impact of Treatments' Side Effects on Generic Health-Related Quality of Life of Patients with Localized Prostate Cancer

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AIMS: Radical prostatectomy, prostate brachytherapy and external radiotherapy, the three most established treatments for localized prostate cancer, differ substantially in their side effects patterns (sexual dysfunction, urinary incontinence, urinary irritative-obstructive symptoms and bowel impairment). However, no important differences by treatment have been reported on generic health-related quality of life (HRQL) and few studies points the influence of their side effects on it. The aim of this study was to assess the impact on the general HRQL of different treatments' side effects in patients with localized prostate cancer. **METHODS:** This was a longitudinal prospective study of 614 patients with localized prostate cancer underwent one of these treatments. Evaluations were performed before and after treatment (months 1, 3, 6, 12 and 24). General HRQL was measured with the SF36, and treatments' side effects with the Expanded Prostate Cancer Index Composite (EPIC), an instrument evaluating the impact of treatments with 4 dimensions: Urinary Incontinence and Irritative-Obstructive, Sexual, Bowel, and Vitality/Hormonal (scores ranged 0-100). GEE with repeated measures models were constructed to study the impact of side effects in the SF-36 Physical and Mental Component Summaries (PCS and MCS), after adjusting by age, pre-treatment score, risk group, prostate size and neoadjuvant hormonotherapy. **RESULTS:** EPIC scores of Urinary incontinence, Urinary irritative-obstructive, Bowel and Sexual had a statistically significant independent association with PCS and MCS of the SF-36. The highest impact was for Urinary irritative-obstructive and Bowel scores (B were 0.055 and 0.033 on PCS, p <0.001; and 0.076, and 0.073 on MCS, p<0.001); followed by Urinary incontinence on PCS (B =0.027, p<0.001) and sexual score on MCS (B =0.039, p<0.001). **CONCLUSIONS:** All the treatments' side effects evaluated showed some impact on the general HRQL. Side effects with the highest impact on mental and physical health were Urinary irritative-obstructive and Bowel impairments. It is remarkable that these effects were more important for mental than physical health. Supported by 2005-SGR-00491, AATM 086/24/2000, FIS-PI020668

POSTERS

Poster Session 1

1/1763/Evaluation of Quality of Life: development and validation of an instrument, through biopsychosocial indicators, along with the Community of University of São Paulo _ USP

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Aim: This study shows the development and validation of a generic instrument of evaluation of quality of life, within the ambit of biopsychosocial indicators along with USP Community, Campus of São Paulo. Method: The methodology is based on statistical analysis belong to Psychometrics. A sample of 947 people, from both sexes, with different age groups since 18 years old, was used. In order to get a profile from the participants, demographic, health and socioeconomic aspects were analyzed, besides the evaluation of their nutritional state (CMI, through multiple choice and closed questions. It was used Kertesz and Kermans (1985) instrument as a model, based on the concept of investigation of biopsychosocial aspects. After the pre-test, the analytic procedures were done: analysis of faithfulness, validity and reliability. Results: The result was a new instrument compound by 55 items of 68 initially proposed and nine domains, which showed a good psychometric performance. All the domains demonstrated a final result of Total Alpha with an acceptable level (Total Alpha 0,8913, varying from 0,7032 to 0,9255), excepting the level of Dimension Eating Habits, which got the lowest result (Alpha = 0,4993); however it was kept because of methodological matters. The validity of the instrument, got according the Factorial Analysis, defined that the instrument had some modifications, besides nine factors with self values bigger than one. The reliability, analysis of the stability through test-retest, showed a satisfactory result. Conclusion: The analysis strategies demonstrated that the results met with the methodological requirements and that the final instrument is faithful and valid, less complex and practical during its employment.

2/1751/Health promotion and quality of life in Brazil's organizations

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This symposium have the objective to analyze health promotion at quality of working life organizations programs in Brazil. First is presented an instrument developed to analyzed four domains in quality of working life. The companys indicators is based on criteria of the bio-psycho-social and organizational domains: The BPSO_96 model. Also is presented a study that shows the development and validation, based on psychometric method, of a generic instrument of evaluation of quality of life, within the ambit of biopsychosocial indicators along USP Community at São Paulo Campus. This symposium also analyses an incorporating management models of quality of life at work in strategies of 35 hospitals in São Paulo city. Finally, presents a study that examined life quality at work in organizations awarded the National Prize for Quality of Life by ABQV (Associação Brasileira da Qualidade de Vida), over the period from 1996 to 2007. The main target was to analyze the results of actions related to health promotion adopted by the quality of life programs and discuss about relationship between those actions and quality of life at organizations.

3/1790/Management of quality of work life in hospitals of the city of São Paulo

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Aim: The most important question of research was "Are hospital institutions in the city of São Paulo incorporating management models of quality of life at work (GQVT) in their strategies?" This research aimed to understand the values that guide the programs of quality of life at work management in Hospital Institutions in the city of São Paulo; identify the actions that seek the management of quality of life at work (QVT); characterize the vision of management people about the quality of life at work programs. Method: Exploratory research, case study method. The sample comprised 35 hospitals in São Paulo, with one hundred or more beds. Likert questionnaire and scale was applied, with a pilot test, previous analysis by three judges of instrument and respect to ethical issues. Histograms, bar graphics, statistical techniques, Mann-Whitney U and Wilcoxon Matched Pairs tests, Spearmans rank correlation coefficient, Analysis of Variance (ANOVA) and boxplot (Box & Whiskers diagram) and content analysis were applied. Results: In the hospital institutions, most of them private, 53% from 20 to 60 years old, the GQVT had not been consolidated yet. It became evident that the QVT had not been considered in the management strategies and was not high priority for the hospitals and that there was no relation of institutional reciprocity and commitment; that the GQVT was not associated to a competence for the people managers capable of generating welfare at work yet, with an impact on the productivity and work sense; that the QVT was not the focus of missions of those hospitals; and that the people managers could update their concepts, values and strategies for the GQVT. Conclusion: The importance of the introduction of policies for the management of the quality of life at work in the institutionalized practices in the studied hospitals was made clear. This was the contribution of the present study to the management of health and people services.

4/1808/Critical Analyses of Quality of Life Practices in Organizations Awarded in Brazil

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Aims: The objective of this study was to examine life quality at work in organizations awarded the National Prize for Quality of Life by ABQV (Associação Brasileira da Qualidade de Vida), over the period from 1996 to 2007. The main target was to analyze the results of actions related to health promotion adopted by the quality of life programs and discuss about relationship between those actions and quality of life at organizations. Methods: A field study with a quantitative-descriptive research was carried out according to theoretical, empirical and analytical procedures. The sample comprised 27 organizations all over Brazil. Questionnaire was applied, exploring quantitative and qualitative aspects of quality of life actions, with a pilot test. Statistics techniques and mensuration procedures were used for closed answers and content analysis were applied to open questions. Results: Quality of working life actions, approached mainly the biological domain (56%), followed by psychological (25%), social (12%) and organizational (7%) aspects. Feeding and nutrition was the most extensively carried out (85.2%) making information available and creating conditions for an adequate diet such as disease prevention and health promotion. Also were presented actions related to health prevention campaigns (70.4%), prevent diseases related to drugs addiction (59.3%), sexual diseases (22.2%), stress prevention (29.6%), ler and dort prevention (22.2%), among others. Conclusions: The awarded quality of life programs in Brazil focuses mainly in promoting health and wellness for employees, especially those related to biological domain. Despite of that, organizations are also concerned at aspects such as psychological support and social integration actions. At the end of study, a report of all detailed actions of quality of working life surveyed is presented.

5/1617/Re-thinking traditions and concepts. Noninitiation or withdraw intensive care of newborn and the conception of quality of life

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AIMS: We firstly present some difficult cases and the supposed protocols that are applied in these cases in Brazil. Secondly, we present some legal and ethical problems for a reform of the sanctity traditions strongly present in our societies and what doctors must do while the reform is not the case. Lastly, we reflect how both the prescritivist and priciplist theories can manage the problem in the well known versions of Richard Hare (1993) and Beauchamp & Childress (2001), and how quality of life theoretical framework is related to them. **METHODS:** Critically ill newborn or extremely preterm infants may be kept alive for long periods of time with assisted ventilation and others advanced medical technology. Surviving infants may have profound neurological problems, severe disabilities and diminish quality of life. Treatment in such cases may be futile, burdensome or unacceptable and is likely to result in severe disability. When not initiation and withdrawing intensive care from is it the right thing to do? **RESULTS:** This issue raises challenging ethical, moral, legal, and emotional dilemmas among parents, neonatologists and nurses that often result in very grey decision boundaries. The predicted outcomes of extremely preterm infants occur in a stochastic fashion, framed by probability rather than certainty. **CONCLUSIONS:** Decisions about noninitiating or withdrawal intensive care for critically ill newborn or extremely premature infants should considered broad principles such as Egalitarianism and Utilitarianism. The foundation for these decisions on the basis of prognosis should also include a clear concept of quality of life.

6/1149/Linguistic Validation And A Pilot Study Of The Self-Discrepancy (SD) In Korea

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AIMS: Sexual abuse intended for children and youth has increased and domestic violence cases is also increasing. It is known that discrepancy between actual and ideal self influences adjustment and affects the effects of disease-related health problems on psychological well-being. Therefore, author tried to study the correlation between cognition or education about sexual abuse to youths and their self discrepancy (SD). Author adopted the SELF-DISCREPANCY (SD) scale that were already developed by Susan M. Heidrich et al with modification and translation into Korean culture and language. **METHODS:** According to the international linguistic validation process, conceptural definition, forward translation (consensus target language Version1), backward translation (target language Version 2) were done and then, pilot testing was done for the cognitive debriefing. Thirty-six female students in one Korean university of nursing were enrolled. Descriptive statistics were performed for the general characteristics and understanding level. Reliability was tested by test-retest method with Chronbach's alpha. T-test, and chi square. General Linear Model procedure were also done for difference of SD score. **RESULTS:** All students felt the need of education about sexual abuse. The reason why the education is needed; 1) anybody could experiences sexual abuse (n=27), 2) there are many cases seen in mass media (n=17). Twenty-eight persons received an education about sexual abuse (73%). Fourteen persons responded that it was not safe from the sexual abuse (39%). Understanding level was more than 69 points. No statistic difference was observed in the SD score by test-retest method (t=0.74, p=0.46) and Chronbach's alpha was 0.92. Significant correlation was not seen between the education and safety feeling. **CONCLUSIONS:** The SD would be reliable method to be used for undergraduates of a university in Korea. Education program for preventing sexual abuse should be introduced into the regular school curriculum because many youths feel safe from the sexual abuse after being educated. Further SD study on the victims or survivors who experience sexual abuse is also needed.

7/1606/Health Related Quality of Life of children and adolescents with Down Syndrome

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AIMS: Down syndrome (DS) occurs due to a genetic alteration that determines impairment on neuropsychomotor developmental), and may also affect significantly health and well-being. Our hypothesis is that DS may impair health-related quality of life (HRQL), especially on functional capacity domains. Our goal was to evaluate the health related quality of life of children and adolescents with DS from the perspective of the caregiver, using the Childhood Health Assessment Questionnaire (CHAQ). **METHODS:** Twenty four caregivers of children and adolescents diagnosed with DS and 314 caregivers of healthy children and adolescents were requested to answer the self-administered CHAQ. The scores where compared among groups with DS and healthy controls; in the DS group comparisons were performed according to patient_s age (children X adolescents) and gender (Mann-Whitney test). Reability was verified by the alfa-Cronbach coefficient for each domain of the questionnaire. **RESULTS:** In the study group, the age varied from 5 to 20 years (median = 13 years) with 50.0% male. In the control group, age varied from 3 to 19.4 years (median = 10 years) with 54.1% male. The alfa-Cronbach coefficient varied from 0.50 to 0.98. Scores were higher on the DS group than on the control group by the disability index, visual-analogic scales and in five domains of CHAQ (p<0,001). Scores obtained by children were, in general, greater than those of adolescents, however, only in the hygiene domain this difference was significant (p=0,007). No significant difference occurred when male and female genders scores were compared. **CONCLUSIONS:** A negative impact was detected on HRQL of children and adolescents with SD by the perception of the caregivers in the functional and independence dimensions measured by the CHAQ. Children tend to show a greater impairment in comparison with the adolescents. No significant differences were found in the comparison between gender

8/1569/Quality Of Life And Wishes Of Children With Attention Deficit Hyperactivity Disorder

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AIMS: The implications of attention deficit hyperactivity disorder (ADHD) range from school performance difficulties to psychological and social problems, which could lead to compromised quality of life (QOL). The aim was to assess the QOL and wishes of children with ADHD and identify the most relevant domains. **METHODS:** This is a descriptive study, with a mixed design (quantitative and qualitative), comprising 30 children with ADHD, aged 6 to 11 years in follow-up at the Center for Psychosocial Care (CAPS), a public health facility in the city of Quixadá, Brazil that serves the low-income population. We used a control group of 30 children without ADHD, matched by sex, age and socioeconomic condition. The data were collected between February and June 2007 and the instruments used were: the AUQEI (Autoquestionnaire Qualité de Vie Enfant Imagé), Qualitative AUQEI and the Three Wishes Projective Technique. We analyzed using the Nereo and Hilton category system and Bardin_s content analysis, and using SPSS statistical software **RESULTS:** The children of both groups showed compromised QOL; however, the mean control group score (47.5) was very close to the cut-off score of 48 established in the Brazilian version of the instrument. With respect to domain analysis, Family and Function were the most cited by the children with ADHD. Qualitative AUQEI showed a predominance of the Reprimands and Punishments category. The Three Wishes Projective Technique showed a higher prevalence in both groups of the Material Goods and Situation categories. Qualitative analysis demonstrated that the school environment had a negative influence on the QOL of children with TDAH. **CONCLUSIONS:** Strategies and public policies that favor the QOL of low-income children are needed to convert the school into a constructive and health promoting environment, especially enhancing the health of children with ADHD and other special educational needs. The QOL of children with ADHD from different socioeconomic backgrounds must be studied to assess the impact caused by the disorder.

9/1538/How well do parents know their children? A study of children with Duchenne Progressive Muscular Dystrophy and their parents concerning perception of Quality of Life and Wishes

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AIMS: Although studies of child QOL have often used parents as respondents, in recent years the opinion of the children themselves has been more valued. This is a result of studies that showed divergences of opinion between parents and children in relation to child QOL. The present study evaluated the agreement between children with Duchenne Muscular Dystrophy (DMD) and their parents regarding the perception of quality of life (QOL) and the wishes expressed by children. **METHODS:** A total of fourteen patients (median age = 9,9 year-old) followed up in the Sarah Network of Hospitals for Rehabilitation, Fortaleza, Brazil and their main caregiver (father, mother or grandfather) took part in the study. The followed instruments were used: AUQEI questionnaire (Autoquestionnaire Qualité de Vie Enfant Imagé) and Three Wishes Projective Technique, analyzed by the system of categories (Nereo and Hinton, 2003). **RESULTS:** The median of the QOL scores was respectively, 51 and 49 points, in the perception of the children and of the parents, which indicates good quality of life in the view of both. The analysis of AUQEI showed a good agreement with ICC (intraclass correlation coefficient) = 0,699 and a positive and significant correlation between scores of both children and their parents ($r = 0.54$, $p < 0.05$). The t-test also showed no differences between the means of the children and of the parents. The Three Wishes also showed a good agreement, predominantly in the Material Goods and Activities categories. **CONCLUSIONS:** Despite children with DMD and their parents_ exhibiting similar perceptions of the QOL and wishes of their children, we suggest that both be heard with respect to aspects of the rehabilitation program. This study provides additional data concerning the need for child QOL assessment instruments with parallel versions directed to children and to their parents.

10/1535/QUALITY OF LIFE OF CARGIVERS OF CHILDREN AND ADOLESCENTS WITH AUTISM

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AIMS: Autism is a psychiatric chronic disorder that can cause physical and emotional overload on the relatives of the patient and may affect the health related quality of life(HRQoL) of the caregivers. The aim of the study is to evaluate the HRQoL of caregivers of children and adolescents with autism using the 36-item Short Form Heath Survey Questionnaire(SF-36). **METHODS:** The SF-36 was answered by 25 caregivers of children and adolescents from 5 to 20 years old diagnosed with autism and 283 caregivers of children and adolescents without chronic disease, at the same age. The demographic and clinical variables were informed by the caregiver and completed by the information contained in the medical handbook. The SF-36 scores were compared between the groups (Mann-Whitney) and correlated with demographic variables (correlation of Spearman). **RESULTS:** The majority of the caregivers was the mothers (84,0% in the study group and 67.8% in the control group). The scores were lower in the study group than in the control group for physical and mental components ($p < 0.05$). The scores of the caregivers of children/adolescents of the masculine gender were lower than those of the feminine gender for the SF-36 components and most of the domains, however only in the pain domain the difference was significant ($p=0.046$). The caregivers of adolescents with autism obtained lower scores than the caregivers of children with autism, but this difference was statistic significant only in the domain of functional capacity ($p = 0.01$) and emotional aspects ($p=0.04$). The age of the caregiver, the economic situation and the number of sons/daughters were not correlated with SF-36 scores. **CONCLUSIONS:** A negative multidimensional impact on HRQoL of caregivers of autistic children and adolescents was detected, with a tendency of higher repercussion if the patient was of masculine gender or adolescent. The results show that the clinical treatment may consider the necessity of interdisciplinary approach not only for the autistic patient, but also for the caregiver.

11/1656/Health-related quality of life in caregivers of children and adolescents with sickle cell disease

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AIMS: Sickle cell disease(SCD) is a chronic illness that affects health, well-being and patients_ health-related quality of life(HRQL). However, its impact on caregivers_ HRQL is unknown. The objectives were to evaluate HRQL of caregivers of children and adolescents with SCD in relation to caregivers of healthy individual and to verify possible influences of clinical and demographic variables. **METHODS:** 26 caregivers of children and adolescents, aged 5 to 20, with SCD and 218 caregivers of healthy controls answered the 36-item Short Form Health Survey Questionnaire-SF-36 and Beck Depression Inventory. Demographic and clinical data were obtained by interview. Mann-Whitney test and Spearman_s coefficient were used for comparison between groups and correlations, respectively. Alpha Cronbach_s coefficient was used to verify reliability. **RESULTS:** Mothers were the main caregiver(88.5%). Caregivers_ mean age was 36.9 years(SD=8.0). Alpha Cronbach_s coefficients were 0.71 to 0.87 in SF-36 domains. The study group showed lower scores in physical and mental component in comparison to controls($p < 0.05$). There were no significant correlations between SF-36 scores and patients_ characteristics(type of hemoglobin disease, number of blood transfusions, complications, age, gender and number of brothers) or caregivers_ demographic characteristics(age, years on school, familiar economic situation and marital situation). In the study group, caregivers with chronic disease had lower scores in the functional capacity domain comparing to caregivers who does not have chronic disease($p = 0.03$). Caregivers with humor disorders showed lower scores in mental component summary ($p=0.04$). **CONCLUSIONS:** Caregivers of children and adolescents with SCD had a physical and mental negative impact on HRQL. Mental construct is even more affected in presence of humor disorders. This results show that the clinical treatment may consider the necessity of interdisciplinary approach not only for the SCD patient, but also for the caregiver. Key words: adolescent, caregiver, children, quality of life, sickle cell disease

12/1957/Quality of life in children with Osteogénesis Imperfect in a Referral Hospital in Argentina

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AIMS: Osteogenesis Imperfect (OI) is a congenital disease of collagen with variable phenotype. The prevalence is 1/15000. clinical features are bone fragility, osteoporosis, short stature, bone deformity. Other clinical findings: blue sclera, dental affectation and hearing lose.It does not exist curative treatment, many types of treatment have been tried for the severe forms of OI. Physic activity, surgery of deformations and pharmacological treatment . The aim of this study was to quantify the health-related Quality of Life of children with this syndrome. **METHODS:** a cohort of 67 children with OI using a validated questionnaire (Peds QL TM 4.2 _ Pediatric Quality of life Inventory) and the functional ability (Bleck) **RESULTS:** Physical Health(PedsQl 4.O) Parent Report:N=67:Total:54.03+/-2.9; OI Tipo I:N=35:64.55 +/-3.71; OI Tipo III:N=28:41.46 +/-3.84. Child Report N=44:Total:59.08 +/-3.53; OI Tipo I:N=25:66.74 +/-4.5; OI Tipo III:N=15:46.85 +/-5.67 Emotional Functioning Parent Report:N=67:Total:62.46 +/-2.4; OI Tipo I:N=35:62.0+/-3.46; OI Tipo III:N=28:63.21 +/-3.69 Child Report N=44:Total:67.61 +/-2.65; OI Tipo I:N=25:70.0 +/-3.76; OI Tipo III:N=15:66.0 +/-2.6 Social Functioning Parent Report:N=67:Total:68.39 +/-2.4; OI Tipo I:N=35:72.0 +/-3.73; OI Tipo III:N=28:63.83 +/-3.05 Child Report N=44:Total:66.02 +/-3.1; OI Tipo I:N=25:66.2 +/-4.4; OI Tipo III:N=15:64.33 +/-5.11 School Functioniong Parent Report:N=67:Total:72.29 +/-2.54; OI Tipo I:N=35:74.83 +/-3.2; OI Tipo III:N=28:63.83 +/-4.47 Child Report N=44:Total:73.29 +/-2.5; OI Tipo I:N=25:76.0 +/-3.45; OI Tipo III:N=15:71.66 +/-4.01 **CONCLUSIONS:** Our study helps to Quantify the physical, social, emotional and functional status in children with OI treated in a referral Hospital in Argentina.

13/1780/Health-related quality of life of children and adolescents with myelomeningocele according to the neurological level of lesion and ambulatory functional status

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AIMS: Myelomeningocele (MM), the most common neural tube defects, is characterized by protrusion of the spinal cord and meningis. Patients may have different level of motor, sensitive and coordination impairment. Physical and psychosocial factors related to MM may affect patients_ health-related quality of life (HRQL) in different way according to the level of lesion and functional incapacity. Objective: To evaluate HRQL in children and adolescents with MM comparing to healthy controls and according to the neurological level of lesion and ambulatory functional status, from the proxy perspective. **METHODS:** 30 patients from rehabilitation center with diagnosis of MM and 218 health controls, at the age of 5 to 18, were enrolled in this study. Parents or proxies answered self-administration questionnaire CHQ-PF50 (Child Health Questionnaire). Reliability was tested using alpha Cronbach_s coefficient. The level of lesion (thoracic, upper lumbar, lower lumbar or sacral) and functional level of ambulation (community ambulatory, household ambulatory, non-functional ambulatory and non-ambulatory) were obtained from neurological evaluation. Parents_ interviews were carried out to get demographic data. Kruskal-Wallis and Mann-Whitney tests were used for comparisons among groups. **RESULTS:** The mean age was 8.70 for patients and 8.24 for the healthy group. Alpha Cronbach_s coefficient was lower than 0.5 only in the general health perception scale. MM group had significantly lower scores than the controls in CHQ-PF50 physical component and in 9 scales ($p<0.01$). There was no significant difference in scores among patients according to the level of lesion and functional level of ambulation ($p>0.12$). **CONCLUSIONS:** A negative impact on HRQL was detected from the perspective of the proxies, mainly in physical dimensions, but also in psychosocial scales when compared to healthy controls. This impact was similar among different levels of lesion and ambulation. The results show that the clinical treatment may consider the necessity of interdisciplinary approach for this group independently of the level of lesion and ambulation. Further studies may consider the perspective of the patients.

14/1421/Health-related Quality of Life (HRQL) of Children and Adolescents with Cystic Fibrosis: specific instruments and adapted versions for Brazilian culture

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AIMS: Identify HRQL instruments of children and adolescents with Cystic Fibrosis (CF) and the existence of Brazilian versions of this instruments. **METHODS:** A review was made in 3 databases PubMed, Scielo, Medline using as key words the terms: CF, HRQL, and questionnaires and their respective words in English. **RESULTS:** Only one specific instrument to HRQL of children and adolescents validated to use in Brazil was identified. This instrument, CF Quality of Life Questionnaire (CFQ), developed by Henry B. et al in French in 2003 was validated by Rozov T. et al in 2006, with 4 versions, 3 self and 1 proxy. Because of this, a new review was made, including internationals research. Another specific instrument was identified, called CF Module (CFM), elaborated by the DISABKIDS® group, while other research used generic scales or instrument for any pulmonary disease. **CONCLUSIONS:** The development of research related to chronic conditions' impact on children and adolescents' life still poses a big challenge to the health area. The review showed the existence of two CF instruments, and only one linguistic validated for Brazil. In addition, the research presents a lack of studies, related to basic fundaments of knowledge about latent structure like care, follow-up, access to medicines and programs' evaluation. The proposal of new instruments for Brazil is not appropriate, because the process is very long and expensive. Furthermore, the development of many instruments makes comparisons among many populations more difficult. This limitation can be overcome starting with adequate evaluation, cross-cultural adaptation and validation of existent instruments and good psychometric standards such as CFM from DISABKIDS®. This is instrument are quick to complete and easy to score as well as to interpret, and has plausible psychometric standards. Its development gave voice to the patients' concerns as well as their parents and family.Another purpose is to compare the results in several countries, as their validation and utilization exists in seven countries and is starting in Brazil and Mexico.

15/1508/Quality of life and face strategy in child submitted to the dialysis

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AIMS: The aim was to assess the child perception with chronic renal dialysis in front of the quality of life. **METHODS:** It is descriptive and exploratory study, with a qualitative approach, for which used the technique of free observation and application of Autoquestionnaire Qualité de Vie Enfant Imagé (AUQEI). The scenario was the Instituto do Rim and is located in the city of Fortaleza - Ceara - Brazil. It took place in the period September 2007 to April 2008. Participants were 13 children diagnosed with Chronic Renal Failure with 4 to 12 years old undergoing dialysis or peritoneal dialysis. The data analysis took place through the saturation of responses from which emerged the categories: Hospitalization; Transplantation and quality of life; Family. **RESULTS:** It was found that the hospitalization experience translates into very difficult, being marked by moments of uncertainty and insecurity that will affect the child lives even after discharge. The kidney transplant is seen as the unique therapy that will return to normal activities providing a better quality of life, where support for confronting this treatment is very restricted, so that, one of the unique only sources of security is represented by the parents. **CONCLUSIONS:** Thus it is important to develop educational strategies aimed at providing a better quality of life, focusing on that despite the limitations that the disease carries, will not disable the possibility of positive life values, whereas, as the child progresses renal failure symptoms that interfere directly in their daily activities, influencing the perception of it under their quality of life.

16/1460/Measuring mobility limitations in children with cerebral palsy: Development, unidimensionality, scalability, and internal consistency of the Mobility Questionnaire

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AIMS: To describe the development and investigate some clinimetric properties (unidimensionality, scalability and internal consistency) of the Mobility Questionnaire (MobQues47) in children with cerebral palsy (CP). **METHODS:** The MobQues47 measures mobility limitations by means of 47 caregiver-reported items. The questionnaire was developed by means of a careful operationalization process and three pilot studies. The clinimetric properties of the MobQues47 were studied in a cross-sectional study addressing children with CP undergoing rehabilitation or physical therapy. Mokken scale analysis was used to investigate its (1) unidimensionality, indicating that the items measure only one single concept; (2) scalability, indicating that the items can be used for measuring of children with CP; and (3) internal consistency, indicating the degree of interrelatedness among the items. **RESULTS:** The MobQues47 was completed by mothers of children with CP (N=323; mean age ± standard deviation: 7.1 ± 2.9 years; 57% male; Gross Motor Function Classification levels: I (48%), II (26%), III (19%), and IV (7%)). Unidimensionality, scalability (coefficient H=.70) and internal consistency (coefficient rho=.99) of the MobQues47 were very good. **CONCLUSIONS:** The MobQues47 is a unidimensional scale with a very good internal consistency that can be used for measuring caregiver-reported mobility limitations in children with CP.

17/1237/HRQOL improvements of inpatient psychiatric adolescents through a Creative Arts Intervention Program

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AIMS: The purpose of this qualitative study is to explore the inpatient psychiatric adolescents´ perception of hospitalization and the effects of a Creativity Arts Intervention Program (CAIP). Based on the fact that there are no studies in Spain that explore the effects of arts education on inpatient psychiatric adolescents´ HRQOL, a study at the Psychiatric Adolescents Unit of a College Hospital (2006-2007) was conducted. **METHODS:** A pre-post intervention assessment was designed with semistructured interviews conducted 24 hours before and 24 hours after the CAIP. The interviews to 48 adolescents were conducted, coded and analyzed in order to assess the perception of hospitalization. In addition, 10 interviews were conducted with staff to assess the perception of the intervention experience. Interviews were content analyzed following qualitative procedural guidelines. **RESULTS:** Previous to the intervention, the adolescents´ hospitalization perception was evaluated negatively by 77% of the cases with no positive aspects expressed. Following the CAIP, 69% of inpatients mentioned positive aspects on hospitalization. CAIP was evaluated positively by 76% of inpatients and as one of the most positive experiences during treatment. The main effects perceived by adolescents were: a more optimistic view during their painful emotional experience and a space for putting their problems aside and working on something pleasurable. Nine out of ten staff members evaluated CAIP as positive, and major effects perceived were: group structuring potential and attention achievements of CAIP, thought organization, and the emergence of the healthiest aspects of patients. Concrete contributions to treatment were also reported. **CONCLUSIONS:** The results show that creativity activities may improve hospitalization perception and adherence to treatment on inpatient psychiatric adolescents. These findings were important for staff to take the decision of including CAIP in the daily activities of the Unit due to their potential for improving HRQOL. Based on this data, further development of hospitalization perception assessment techniques will be carried out.

18/1328/Proxy reports of Health-related Quality of Life in Children with Sickle Cell Disease: The effect of Parental Well Being and Mental Health

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AIMS: The objective of this study is to examine the association of parent well being on parent-proxy and child HRQL agreement in children with sickle cell disease. **METHODS:** We conducted a cross sectional study of children ages 5 to 18 years with sickle cell disease and their parent/caregiver. The primary outcomes measured were parent-proxy and child-self reports of HRQL using the PedsQL Generic Core scales. We examined the effect of parent mental health and parental HRQL on agreement between parent-proxy and child-self report HRQL. Parent mental health was measured using the global severity index of the Brief Symptom Inventory. Parental HRQL was measured using the Parental HRQL Summary Score from the PedsQL Family Impact Module. We used Spearman's correlation coefficient and mean differences to assess agreement between parent-proxy and child-self report of HRQL. **RESULTS:** Sixty-six parent child pairs completed the questionnaires. Parent-proxy and child self-report HRQL scores displayed significant correlations in all summary scores and domains. The correlations were moderate (Á=0.32-0.44)for all areas except physical functioning where there was only a weak correlation (Á=0.27). The parent_s mental health (GSI score) was associated with agreement between parent proxy and child self report of the child_s physical HRQL. When the parent_s GSI score was greater than 50, reflecting increased symptoms of distress, there was less agreement between parent and child reports of the child_s HRQL. The parent_s HRQL was associated with agreement between parent-proxy and child-self reports of HRQL in total HRQL score and physical HRQL. When the parent_s HRQL was low (less than 75), the parent tended to rate the child_s HRQL lower than the child rated it. However, when the parent_s HRQL was high, the parent tended to agree with the child_s self report of HRQL or to rate the child_s HRQL higher. **CONCLUSIONS:** Parent_s mental health and HRQL influence agreement between parent-proxy and child-self report of HRQL in children with sickle cell disease. Parents with high levels of distress and low HRQL tend to rate their child's HRQL lower than the child rates it.

19/1261/Acolher Project

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AIMS: To accomplish the reception in a humanized and indidual way ;To observe as different forms to take care and to act in a new , fragile and delicate world that is the childhood / puberty one;To excel for the education in health stimulating mainly the maternal breast feeding. **METHODS:** The present study has for objective to tell the benefits and as main activities executed by the pediatrics section in partnership with Santa Casa de Misericórdia Pelotas, in an united action of professionals, based on exclusive infantil care. **RESULTS:** The integral care of child is a fundamental subject in the area of health. Thus we agree that to notice a child well we should respect their limits, overcoming their fears with a lot of creativity and dedication , making the family be also responsible for the recovery process: sharing the care. In the education in health (the same work being constant, a day after the other and its made by the action of multiple professionals, it is known that only the information is not enough; Is necessary to stimulate changes of attitude and to provide social and material conditions, mobilizing and motivating the family as a whole Continuously we lived in pediatrics the resistance as the exclusive breast-feeding in the first six months of life, attributed to the lack of family incentive. **CONCLUSIONS:** We accomplished varied lectures with pertinent themes to the care rendered the children, which contributes to explain and to potentiate the capacity of the parents being in charge of their children's cares as well as to understand that to breastfeed is a donation action. We developed the shared care, in the Team of Acolher Project we felt a need and urgency to integrate the families in this partnership of taking care in the child's benefit.

20/1536/The Hospitalization in Children: Assessment of their Quality of Life and their Health

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AIMS: The purpose of our study was to examine the impact of disease and hospitalization on children´s quality of life, from children´s point of view. Several studies have shown that hospitalization and disease often produce a number of harmful consequences not only for the present, but also for the future. Therefore, it is important to find strategies to ameliorate these effects. Nowadays, more and more health care professionals are starting to understand that one of the main goals of medical care and technology should be to improve the quality of life. This fact reflects the need of an important change in attitude in research and health services, with a major focus on measuring quality outcomes. Likewise, decisions concerning the children and their environments are typically taken without considering their opinions and without asking or communicating with them about decisions. **METHODS:** Three measures were administered to 105 participants from public hospitals in Castilla-Leon (Spain), ranging in age from 6 to 15 years. Data were collected throughout nine months. Measures were: the first one, the Survey on Subjective Perception of Hospitalization and Hospital (CPSH), that was made by us, the second one, a translation and adaptation for hospitalized children of the original version of the KINDL, and the third, a translation and adaptation for hospitalized children of the original version of the SF-36. Internal consistency coefficients were acceptable for most of scales and subscales, so we decided that they was appropriated to our research. **RESULTS:** Results indicated that children experience a decrease in their quality of life, above all in daily living activities and psychological well being; that emotional states impact their quality of life, and that hospitals need to make some changes to better meet the needs of hospitalized children. **CONCLUSIONS:** We concluded that interventions at an organizational and individual level in pediatrics departments of general hospitals may help improve the well-being of hospitalized children, and, of course, their quality of life.

21/1864/Evaluation Health-Related Quality Of Live In Children And Family And/Or Caretakers Beneficiaries Of National Program Of Noninvasive Ventilation (AVNI) In Chile

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Introduction: AVNI Program it includes different levels from health attention, considering the home and family as central in the delivery of the ventilation in children with nocturnal hypoventilation derived from diverse pathologies of the respiratory pump, aerial route or parenquima. Technology is transferred and give benefits by professionals in the address who allow to contribute to improve the health-related quality of life (HRQL) of the children and their families. Objective: To know the impact in the HRQL in children and family and/or caretakers included in the Program. Patients and Methods: It was evaluated with different instruments (AUQUEI, Questionnaire of Respiratory Insufficiency Severe, Impact on Family Scale (IFS), Questionnaire of Health of Goldberg, Family Apgar, Tests of evaluation of the psicomotor development), that allowed to know the CVRS the entrance and the 12 months benefits. For the statistical analisis was perfomed the test t-student and significance level $p<0,05$. Results: 82 children and families, the AUQUEI increase 17.2 ± 5.6 points, IRS 26.4 increase ± 8.2 points, both with significant differences. IFS, Family Apgar and Questionnaire Health of Goldberg presented/displayed an increase ($p>0,05$). The evaluation of the psicomotor development was applied to 32 children observing an increase or stagnation in the developed tasks associated to the pathology. Conclusion: AVNI Program improved the HRQL, this evaluation must persist in the time to be able to change the interventions and to know the impact in the long term

22/1654/Cross-cultural Development of a Quality of Life Questionnaire for Hearing Impaired Children and Adolescents: Item Generation and Selection Procedure

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AIMS: The aim of the project was to develop a condition-specific questionnaire health-related quality of life (HrQoL) module for hearing impaired children/adolescents using hearing aids, and their parents, based on the European DISABKIDS Project. **METHODS:** According to a literature review and an expert discussion group, available instruments and relevant HrQoL concepts were identified and used to construct a semi-directive guideline for the focus group discussion. In an international cooperation between Germany and Brazil, 48 children/adolescents (8 to 18 years) with mild to severe hearing impairment were selected from outpatient clinical and invited to participate in focus group discussions with 3-8 participants, assembled according to age and degree of impairment. A group with 21 German children/adolescents had done individual interviews. The next step was the transcription and analysis of statements as well as their categorization to prepare for item construction to be included in a standardized pilot questionnaire. **RESULTS:** A total of 28 instruments related to hearing impairments were found, but none was specific for HrQoL in children/adolescents with hearing aids and mostly were not available and/or validated in the target languages (initially German, Portuguese and Spanish). The interviews generated 1310 statements expressing the opinions of children and adolescents, which were related to 3 HrQoL domains (physical-40,5%, social-37,3% and emotional-26,0%). After content analyses, the items were ordered, via card sorting strategy, in 41 subdimensions. Then, were compared to the results of similar focus group work in Brazil and after expert rating 101 items were retained. **CONCLUSIONS:** So far there is no specific questionnaire to evaluate the quality of life of hearing impaired children and adolescents with hearing aids. Interviews and focus groups showed that the participating children and adolescents and their parents is relevant for the description of Quality of life issues. The next step is a cognitive debriefing to rate the relevance, clarity and appropriateness for the items. After item revision, a pilot study is then conducted to examine psychometric properties.

23/1764/Quality of life of children and adolescents with Atopic Dermatitis: specific instruments and the self version relevance.

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AIMS: To determine the number of instruments to assessment Health-related Quality of Life (HRQOL) of children and adolescents with Atopic Dermatitis (AD), and to identify the self and proxy version availability. **METHODS:** HRQOL instruments for children and adolescents with AD were found through a literature search in the PUBMED/MEDLINE and HIGH WIRE PRESS data bases, using the terms: Health-related Quality of Life Questionnaires, Children, Adolescents, Atopic Dermatitis, Instruments and Self Version. **RESULTS:** Were found 3 specific instruments for AD in reference children and adolescent's HRQOL. The instruments are the Parents' Index of Quality of Life in Atopic Dermatitis (PIQoL-AD), developed in Europeans countries and US, Childhood Atopic Dermatitis Impact Scales (CADIS), developed in US and the Atopic Dermatitis Module (ADM) from DISABKIDS ® group, developed and validated in European countries and cross-cultural adaptation phase in Latino-American countries. The only one that presents a self version is the DISABKIDS questionnaire, assessing the HRQOL in the children's point. **CONCLUSIONS:** AD is a chronic disease, discerned by skin inflammation, with pruritus and itching, that interfere with self-esteem, on sleep quality and patient's daily activities, thus, is very important to verify, in a HRQOL research, the evaluation the AD's impact on patient's physic, mental and social domains. On literature review were identified a few HRQOL instruments for children and adolescents with AD, used by a small number of countries, that to set up requirement from cross-cultural adaptation and score of psychometric standards for use on different languages and cultures. Concerning self version, the only one presenting is the DISABKIDS ® group. Some researches highlights the difference between children/adolescents from parents or caregivers in reference chronic condition's view, therefore is significant to point out the judgment from patient, obtaining their own answers.

24/1846/Validation of quality of life questionnaire in Chilean children bearer of congenital heart disease: advances

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AIMS: The research question deals with the validity and reliability of the ConQol questionnaire applied to Chilean children from 8 to 16 years old, who are bearers of Congenital Heart Defect (CHD). The goal is the validation and socio-cultural adaptation of the ConQol questionnaire to Chilean patients from eight to sixteen years old bearing CHD. METHODS: The design is a multi-methodic, multi-centric, cross-sectional study, using qualitative and quantitative techniques. The population is operated and non-operated children carrying CHD who are from 8 to 16 years old. The 8-to-11-years old questionnaire consists of 30 items and the 12-to-16-years old questionnaire consists of 36 items. The sample is not probabilistic because of convenience: 180 and 216 respectively, 396 children in total. The validation process is conducted in 4 stages. 1. Socio-cultural adaptability of the instrument. 2. Trial Study on a sample of convenience. 3. Determination of the psychometric properties. Collecting information: clinical biodemographic tab. Analysis Plan: Facade validity, Content validity, correlation measurements, criterion validity compared with clinical standard, construct validity, factorial analysis. To assess the internal consistency: Cronbach alpha (> 0.6). Analysis: Stata 9 program 4. Reports Phase. RESULTS: Up to now: 1. Adaptation Stage: Translation and Retranslation is carried out by bilingual native speakers; questions to experts (6) children's cardiologists and a paramedic assistant, applying balanced evaluation form; focus groups (2) of 6 children each. An assessment of façade and understanding is performed. The experimenting questionnaire is redesigned. 2. Experimental Study Phase: An Adapted Questionnaire is applied to a trial sample of 30 children, an exploratory analysis and the design of the final adapted questionnaire are carried out. 3. Determination of the psychometric properties Phase. It is in process. There are 250 children recruited (65% of the planned sample).CONCLUSIONS: It is a report of the adaptation and validation process of a specific questionnaire to measure HRQL, applicable in a clinic, research or in decision-making concerning health policies. It displays a research design that complements qualitative and quantitative elements, which are applicable in the construction and validation of instruments in the infant population. It reports an interdisciplinary work as a team. Its multi-centered character generates partnerships between health teams and promotes the concept of services network in research.

25/1823/Health status, Performance status and Health-related quality of life after Haematopoietic stem cell transplantation in Argentinean children

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AIMS: Hematopoietic stem cell transplantation (HSCT) may result in important late effects. Evaluation of the impact is still limited in chilhood. The aim of this study was to analize health and performance status, and health-related quality of life (HRQoL) from a cohort of HSCTs survivors from a pediatric referral hospital. **METHODS:** Descriptive, cross-sectional and retrospective study. Consecutive sample of children and adolescents who received a allogeneic HCT between 1994-2006, free survival > 2 years. Variables: age, total body irradiation (TBI), chronic graft-versus-host disease (cGVHD), height z score changes (significant >0,5 DS), organ impairment (OI), need of medication (MN), learning difficulty (LD), late events (LE). Functional status was assessed with Lansky score and HRQoL with Argentinean version PedsQL" 4.0 generic scale, self and proxy reports. Comparison with healthy controls. Analysis: Association of poor functional status and LD with OI, cGVHD and TBI (Fisher test, logistic regression). Differences in PedsQL 4.0 scores between HCT patients (p) and healthy group, and between HCT with and without OI (Wilcoxon test). p < 0,05. **RESULTS:** n: 136 p. Age (yr): 13 (2-25). Height loss:27%, associated with TBI (OR 2,55 IC 1,02-6,38 p 0,049). OI: 42%, associated with cGVHD (OR 2,68 IC95% 1,23-5,86 p 0,02). MN: 40%. LD: 18%, associated with OI (OR 2,79 IC 1,07-7,27 p 0,036). LE: mortality 3%, graft failure 2%, malignancy relapse2%, second malignancy 1,5%. Lansky <80: 6%, associated with extensive cGVHD (OR 1,23-70,33 p 0,03). HRQoL: 62 p assessed. As a group, survivors reported good QoL scores, similar to healthy children and even better on physical scales self-reports (81.25 vs 93.75 p0.027). Differences on physical scales on parents were found among those with and without OI (87.38 vs 77.00 p 0,01). No differences children-parents. **CONCLUSIONS:** Health status of HSCT survivors is frequently compromised by OI and in risk of LE. As a group, functional status and HRQoL seems to be good but with increased risk with the presence of extensive cGVHD or OI.

26/1831/Health-related quality of life (HRQoL) in children with Duchenne Muscular Dystrophy (DMD) in a public hospital in Argentina. Impact of a clinical trial

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AIMS: DMD is the most frequent muscular dystrophy of childhood. No cure available and only treatment proved as useful -only to prolong the ambulation- is steroids. However, steroids present several adverse side effects. Insufficient evidence of HRQoL of children with DMD. The aim of this study is to describe HRQoL of a group of children with DMD under a trial of steroids regime, and to analyze changes during the intervention (benefits vs adverse effects). Partial results. **METHODS:** A randomized, controlled, double blind, and longitudinal study. Trial included children over 5 years old with diagnosis of DMD (p) with walking abilities. Trial evaluate Methilprednisone administered daily vs 10 day on/10-day off. Sample and recruitment period estimated: 30 p in 2 years. Starting date: June 2006, in progress. Follow-up and Evaluation: By a multi-disciplinary team in a pediatric referral hospital. Each patient participates 1 year. HRQoL assesment by PedsQL" 4.0 Generic Scales (Argentinean version), parent and age-related questionnaires. Analysis of differences in PedsQL 4.0 scores: between evaluations (Wilcoxon signed-rank test) and between DMD and healthy group (Wilcoxon test). p<0.05. **RESULTS:** n: 23 p. Age: 8 y (r 5-12). Parent-report PedsQL 4.0 scores of DMD children were significantly lower than those of healthy children: Median (range) Total score: 52.17 (22.83-86.96) vs 82.60 (43.48-97.83) p<0.001, Physical: 34.38 (6.25-81.25) vs 87.50 (50-100) p<0.001, Psychosocial: 60.71 (26.67-90.00) vs 80.00 (40-100) p<0.001. **CONCLUSIONS:** HRQoL in children with DMD appear to be severely compromised. Although their adverse effects, HRQoL was not affected by steroids and became better. Further conclusions are expected when sample is completed

Evolution of PedsQL 4.0 scores of DMD children during trial

Score	0 month n:23	3 months n:19	6 months n:19	12 month n:15	p 0-3 months	p 0-6 months	p 0-12 months
Total	52.17	57.95	64.13	58.69	0.04	0.003	0.05
Physical	34.37	46.87	56.25	43.75	0.018	0.001	0.01
Psychosocial	62.25	63.33	68.33	63.33	0.4	0.08	0.64

27/1567/Children with Intellectual Disability in an inclusive school setting: Explicative Quality of Life Model

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AIMS: The inclusion of students with disability, especially those with intellectual disability (ID) still presents a challenge to schools. The aim was to study the QOL of children with ID in the school context, analyze the Personal Development and Activities (PDA) dimension in QOL and identify facilitators and barriers that interfere in this dimension, based on a health promotion strategy in the school. **METHODS:** The study, carried out at a municipal school in Cascavel, Brazil, was descriptive and qualitative. Five elementary students with ID aged between six and ten years took part. Five parents and four of the students_ teachers also participated. A semi-structured interview was given to the teachers (based on the childhood QOL model developed by Sabeh, Verdugo and Prieto), and an interview to the children in a playful setting using illustrative drawings; participatory observation and a field diary were also included. **RESULTS:** The information was built around the following categories: performance, progress, results and personal satisfaction with school learning activities; perception that the children have of their cognitive skills and of the opportunities to develop them; frequency and opportunity for idle and free time and self-determination. Facilitators and barriers were also established. An explicative model of the QOL of children with ID was expressed in the PDA, classified from the ecological perspective in the microsystem, mesosystem and macrosystem, with facilitators and barriers emphasized at each level. We also observed the progress of performance and personal satisfaction when the children performed school tasks. We noted a negative perception of their own cognitive skills and the recognition of opportunities denied, given the lack of opportunities to make decisions, no idle or free time with school mates and the presence of negative emotions of fear. **CONCLUSIONS:** We underscore the need for a change in educational strategies and in intersectorial policies, as well as the adoption of the proposals put forth by the inclusive and health promoting school.

28/1821/Developmental outcomes and Health Related Quality of Life (HRQoL) in infants discharged from neonatal intensive care unit (NICU) with Special Health Care Needs (SHCN)

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AIMS: An increasing number of babies with chronic conditions and special health care needs (SHCN) are discharged from neonatal units in Argentina, yet their long-term outcomes are not well known. Aims: to describe the HRQoL and the prevalence of Developmental Delay (DD) at 3 years of age in infants discharged with SHCN from our neonatal unit. Secondarily, to identify risk factors associated with adverse results. **METHODS:** prospective, observational cohort study. Patients(p) 24 to 36 month old followed in our High Risk Program with an established chronic condition and SHCN were included. Exclusion criteria:severe neurological damage or sensorial deficit. Assessment included Developmental CAT Scale, CLAMS Scale, PedsQL" generic scale (Argentinian version). Variables: chronic disease (major malformations, BPD, congenital heart disease), need of technology at discharge (NTD), gender, poverty, length of hospital stay, rehospitalization and surgical interventions (NSI). **RESULTS:** of 46 p , 6 were excluded; n = 40 Age X 29 ± 5meses; 57.5%girls; intestinal malformations 35%, BPD35%, cardiopaties 22.5%, NTD 45% , poverty 24%, 67.5% were rehospitalized, 45% require more than one NSI. Development: CAT X 82.5± 14; CLAMS x 84±14. DD: 47.5%: No differences in :gender (p=0.15); poverty (p=0.20), chronic disease (p=0.1) and rehospilalization (p=0.7) ; NDT 29% normal developmental vs y 63% DD (p=0.03) and NSI normal developmental X 1.1±0.8 vs DD 1.9±1.4 (p=0.02) HRQoL score median: total NTD 81.25 vs without NDT 88.49 (p:0.04), physical: 76.56 vs 89 (p:0.06), phychosocial 80.38 vs 88 (p:0.2) respectly. **CONCLUSIONS:** Prevalence of DD at 3 years of age was elevated in our population with SHCN. An association was found between DD and severity of disease expressed by NTD and NSI. HRQoL was more affected in infants with NTD. This findings underscore the need to optimize early interventions in high-risk follow-up programs.

29/1789/The Impact of Vaso-occlusive Painful Events on the Health-Related Quality of Life of Children with Sickle Cell Disease

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AIMS: Children with sickle cell disease (SCD) have impaired health-related quality of life (HRQL) in baseline health. However, the degree HRQL is affected by painful events and how it changes after treatment is unknown. Thus, the objectives were to describe HRQL during initial presentation of a painful event and measure the change in HRQL after treatment. **METHODS:** This was a prospective cohort study of children ages 2 to 18 presenting with a painful event. The PedsQL 4.0 Generic Scales Acute Version was completed by the child and caregiver at presentation and 7 days post discharge. The main outcome was change in HRQL measured by mean score differences between the two time points and analyzed by paired t-test. Effect sizes were calculated to determine the magnitude of change. **RESULTS:** (Table 1) Paired comparisons were made between 51 caregivers and 39 children. Mean scores were impaired in all domains at presentation and significantly improved 7 days post discharge. Effect sizes were moderate to large. **CONCLUSIONS:** Painful events significantly impact the HRQL of children with SCD. The PedsQL 4.0 Acute Version is responsive to change, thus is a potential measure to evaluate outcomes of interventions in children with SCD.

Table 1. Change in PedsQL 4.0 Core Scales during a Painful Event

	Presentation	**Post Discharge**	**Difference**	**p-value**	**Effect Size**
	Mean(SD)	**Mean(SD)**	**(95%CI)**		
Self-Report					
Total Score	28.3(16.4)	68.0(14.9)	-39.7(-47.5,-31.8)	**<0.0001**	2.4
Physical Health	26.5(17.6)	68.9(19.2)	-42.3(-51.2,-33.5)	**<0.0001**	2.4
Psychosoc. Health	29.2(17.5)	67.8(15.4)	-38.6(-47.1,-30.1)	**<0.0001**	2.2
Proxy-Report					
Total Score	57.2(18.3)	68.9(15.3)	-11.8(-17.3,-6.3)	**<0.0001**	0.6
Physical Health	54.3(21.7)	70.5(17.1)	-16.2(-23.8,-8.6)	**<0.0001**	0.7
Psychosoc. Health	58.6(20.1)	68.3(16.9)	-9.7(-15.0,-4.4)	**0.001**	0.5

30/1765/Computation of Health Adjusted Life Expectancy from national surveys _ Relative impact of sex, income and education

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AIMS: While the impact of income and education on both health-related quality of life (HRQoL) and life expectancy (LE) is well known, little work has been done on the impact of these covariates on Health-Adjusted Life Expectancy (HALE), which combines these two indicators for a more comprehensive picture of population health. Our objective is to present the most recent results concerning HALE for the Canadian population. **METHODS:** The measure of HRQoL was the Health Utilities Index Mark III (HUI3), which lies between -0.36 (worst health) to 1.00 (perfect health). We computed average HUI3 scores from a cross-sectional health survey, by sex, age strata, income deciles and education levels. Using a 15% sample of the 1991 national census linked with mortality data, we were also able to compute life expectancy for the same combinations of covariates. Integration of these two data sources allowed us to compute HALE and to assess disparities. **RESULTS:** Average HUI3, LE and HALE increased with higher income and with higher education level. In particular, for males aged 25-34, average HUI3, LE and HALE were 0.86, 48.59 and 41.96 in the poorest decile (0.95, 55.92 and 53.16 in the richest decile); for females of the same age stratum, the values were 0.86, 55.45 and 47.94 in the poorest decile (0.94, 60.22, 56.77 in the richest decile). Also, for males of the same age stratum, the values were 0.87, 50.82 and 44.10 for the least educated group (0.95, 56.34 and 53.28 for the most educated group); for females, they were 0.84, 57.16 and 47.74 for the least educated group (0.94, 60.61 and 57.09 for the most educated group). Most strikingly, HALE of females was essentially equivalent to LE of males, for all levels of income and education. **CONCLUSIONS:** To our knowledge, this analysis of Canadian socioeconomic differentials in health is the first one to combine individual-level data on mortality, socioeconomic status (SES) and HRQoL. The large sample size provides reliable and policy-relevant information on the relationship between SES and health in Canada.

31/1429/Relevance of items from scales of social support translated from english to spanish

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AIMS:We wanted to study the cultural relevance of the questions included in the scales of Duke-UNC-11 and MOS, translated from english to spanish. Also we explore new questions that contribute to the measurement of social support. **METHODS:** There where performed two focus groups in three cities in Chile to assess the pertinence of the items contents in two scales of social support in patients who belongs to primary care health. The questionnaires used where MOS y DUKE-UNC-11, both where translate to the spanish of Spain and we showed and discussed with the persons selected according to the inclusion criteria. The information was recorded and transcribed in three participating institutions and consolidated for one of the researches, synthesizers and subjecting to discourse analysis, semantic-structural, to reach definitely to the reviews and vision of the persons selected about the issue **RESULTS:** From the results of analyses of collection of information it concludes the following categories: a)Language: language used in the scale gives mentions of acceptability and comprehension, which implies that the linguistics methods used in the translation of this scale are understandable by the target population in particular. b)Concepts: the concepts analyzed that are within the semantics of translation of the evaluated scale around the meanings of various items. The analysis shows that doesn´t exist conceptual differences in the scale´s items. c)General context: The structural semantic analysis enables to determine that the general context of the scales is adequate and consistent, that´s why it doesn´t exist translate problems. d)General conceptual articulation: In the general investigative context, under the discussion groups it presents the following dimensions: No aggregation of new items to both scales, because of adequacy of structuring instruments. No modification of the items, respecting the original structuring alleged satisfactory. No elimination of the items, because each of one has a particular alignment that must be answered. **CONCLUSIONS:** The validation of both scales requires a previous contextualization process that takes place through qualitative research procedures. It doesn´t exist contextualization problems on language, the concepts used in the scales are understandable, logical for the interviewees as well as the overall context. Also it doesn´t exist base codes or qualifiers from the semantic structural analysis that determined any change or modification of the structures of the scales. The methodology used serves the proper contextualization trough the significant processes held by individuals in the construction of their everyday, for this case results this application like pertinent, proper and methodologically correct.

32/1334/Initial validation of the Swedish version of the 16-item Parkinson Fatigue Scale (PFS-16)

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AIMS: The PFS-16 is a disease-specific fatigue scale developed in the UK for people with Parkinson's disease. This study provides an initial assessment of the psychometric properties of the Swedish PFS-16. **METHODS:** The PFS-16 was translated into Swedish using forward-backward translation and administered twice (T1 and T2, 2 weeks apart) to 30 people with Parkinson's disease (18 men; mean age, 60 years; mean disease duration, 6.4 years). The 16 items are scored using a 5-grade response scale (1=strongly disagree, 5=strongly agree) and a summed total score is calculated (16-80; 80=more fatigue). The scale was assessed regarding assumptions for constructing a summed total score, corrected item-total correlations, floor/ceiling effects, internal consistency (coefficient alpha), test-retest reliability (ICC), and correlation with the generic fatigue scale FACIT-F (score range, 0-52; 52=less fatigue). **RESULTS:** Mean (SD) and median (IQR; range) PFS-16 scores were 43.4 (15.2) and 44.5 (34-54; 17-77) at T1 and 44.3 (15.7) and 47 (34-56; 17-75) at T2. There were general support for summation of items without weighting or standardization (range of mean (SD) item scores at T1 and T2, 2.1-3.2 (1-1.4) and 2.2-3.3 (1.1-1.4), respectively). Corrected item-total correlations ranged between 0.52-0.87 (T1) and 0.4-0.87 (T2). Coefficient alpha was 0.96 (both time points) and test-retest reliability was 0.93. There were no floor/ceiling effects. PFS-16 and FACIT-F scores correlated strongly at both administrations (-0.89 and -0.88). **CONCLUSIONS:** These observations provide support for the reliability and validity of the Swedish PFS-16. Additional studies in larger samples using additional methods are needed to more firmly assess its measurement properties. It remains to be determined to what extent the disease-specific PFS-16 offers advantages over the generic FACIT-F scale.

33/1381/Effects Of Method Of Questionnaire Adaptation In Cross-Cultural Research

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AIMS: To compare questionnaire acceptability and psychometric properties following adaptation according to two different protocols: forward-backward (FB) translation and dual-panel (DP) adaptation. **METHODS:** The 30-item Rheumatoid Arthritis Quality of Life instrument (RAQoL) has been adapted for use in Sweden by two independent groups. One used FB translation and the other DP adaptation (translation by bilingual Swedes followed by lay panel linguistic review). The two methods produced identical wording for 7 items. The two versions of the remaining items were evaluated by 23 bilingual Swedes (with access to the original UK version) who indicated their preferred version of each item. In addition, 50 people with RA indicated their preference for each item as presented in a paired blinded fashion, and 2 lay panels evaluated item pairs regarding appropriateness, ease and ambiguity of language. Floor/ceiling effects, reliability (coefficient alpha) and discriminant validity were assessed from a postal survey of 200 people with RA who were randomly assigned to complete either the FB or DP version first and the other 2 weeks later. **RESULTS:** Preference did not differ among the 23 bilinguals (P=0.196), whereas patients and lay people preferred DP over FB item versions (P<0.0001). Postal survey response rates were 74% (FB) and 75% (DP). Mean (SD)/median (IQR) RAQoL scores were 10.2 (7.4)/10 (4-16) for the FB, and 11.3 (7.5)/12 (4-17) for the DP version (P=0.151). Floor effects were small (FB, 6.1%; DP, 4.4%) and ceiling effects were negligible (FB, 0%; DP, 0.7%). Reliability was 0.92 for both versions. Both versions were able to discriminate between respondents according to perceived general health and RA severity, and whether or not they had a current symptom flare-up. **CONCLUSIONS:** The DP approach showed advantages over FB translation in terms of preference by the target population and by lay people, whereas there were no obvious psychometric differences. This suggests advantages of the DP over the FB method from patients' point of view, and do not support the common held view that FB translation is the "gold standard". Additional head-to-head comparisons using other scales, languages and target groups are needed to allow fully generalizable conclusions.

34/1326/The 39-item Parkinson's Disease Questionnaire (PDQ-39): Is it a Undimensional Construct?

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AIMS: To assess the assumption of unidimensionality of the PDQ-39 summary index (PDQ-39SI). **METHODS:** Self reported postal survey PDQ-39 data from 202 people with Parkinson's disease (79% response rate) were used. Item level data were analyzed regarding fit to the Rasch model. Potential explanations for signs of multidimensionality (differential item functioning, DIF, and response category threshold disordering) were explored and adjusted for. Unidimensionality was tested by principal component analysis of residuals followed by independent t-tests of person measures derived from items with high and low loadings (>+/-0.3) on the first principal component. Fit of the 8 PDQ-39 domain scores to a unidimensional model was assessed by confirmatory factor analysis (CFA). **RESULTS:** There was overall misfit to the Rasch model (chi-square, 300.064; P<0.0001). Item level statistics suggested that 12 items did not fit the model. Among these, 8 items displayed large positive residuals (>+2.5), indicating departure from unidimensionality. Four items displayed DIF by gender, and one item showed DIF by age. Disordered thresholds were found in 24 items. Splitting items with DIF and collapsing thresholds did not improve model fit. Independent t-tests showed significantly different person measures for 35% (95% CI, 32-38%) of the sample depending on the used item subset. CFA of the proposed scales-to-PDQ-39SI structure showed inadequate goodness-of-fit (chi-square, 1885.85, P<0.0001; GFI, 0.55; AGIF, 0.5; CFI, 0.71; RMSEA, 0.11). **CONCLUSIONS:** We found clear indications of clinically meaningful violations of the unidimensionality assumption in the PDQ-39SI. These problems do not appear to be explained by technical aspects of the scale but probably relate to conceptual issues. These observations challenge the interpretation and validity of the PDQ-39SI. Clinicians and investigators should use and interpret the PDQ-39SI with caution.

35/1589/Cross-cultural adaptation and validation of MELASQoL in French language

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AIMS: An instrument designed to assess the qol of patients suffering from melasma was developed and approved in 2003 Melasma Quality of Life MELASQoL (M). However, this questionnaire (Q) does not exist in French. Proceed with the linguistic and cultural (L&C) validation of the M Q in French based on current recommendations; **METHODS:** There are 5 stages in a L&C validation exercise. The _forward translation, consisting of translating the Q from its original language into the desired language. This stage is carried out by 2 different translators who are mother tongue speakers of the target language. Then the review of these 2 translations by a panel of experts who merge them, amending certain items if need be in order to produce the most relevant and useable single translated version. The next stage is the _back translation, consisting of translating the translation back into the original language in order to check that any amendments made have not radically altered the original questionnaire. Once the final translated version is obtained, the _Test/Retest stage begins in order to check the reproducibility of the Q . **RESULTS:** The _forward translation stage was successfully completed. Several amendments were made during the meeting with the panel of experts. It was thus decided preferable to ask patients _what they felt rather than requesting their _impression or their _opinion . Furthermore, the translation of some words has been further refined. Psychometric validation resulted in excellent internal consistency (aCronbach=0.95) and very good reproducibility (ICC=0.88) with a M score upon inclusion of 19.8±IC95% and 18.6±IC95%. In terms of clinical validity, the M score significantly correlated with the global DLQI score (R=0.62 upon inclusion and 0.85 at follow-up; p<0.001). There was no significant correlation between the physical component of the SF-12 and the M, but there was a moderate correlation with the mental component at follow-up. **CONCLUSIONS:** The L&C validation of the M in French means we will have access to a pertinent tool for assessing the qol of patients suffering from melasma. This tool will therefore facilitate the conducting of melasma research in France, thereby allowing progress to be made in this field.

36/1175/Do Israeli Arabs and Jews Perceive HRQoL Differently?

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AIMS: The comparison of HRQoL status and preference values between Israeli Jews and Arabs is important, as using health state values obtained from the overall general Israeli population may misrepresent the values of the Israeli Arab population and may lead to misguided decision making. **METHODS:** 1665 Israeli Jews and 318 Israeli Arabs were selected according to their proportion in Israel. Data collection was done using EQ-5D self-report and valuation questionnaires. **RESULTS:** Statistically significant differences were observed for respondents' mean current health state value. The health status of Israeli Jews (0.84±0.16) was better than that of Arabs (0.82±0.17). 64.50% of Israeli Jews and 45.59% of Arabs reported no problems in any dimension. The Jews rated death worse than the Arabs did (0.06±0.13 and 0.12±0.19, respectively).

Israeli Arabs' mean values were higher than those of Jews for milder health states and lower for moderate/severe states. Significant differences were found for 7 out of 15 of health states rated. Only unconscious was rated worse than death by Arabs. Differences in regression coefficients between the groups were not significant. The dimensions receiving the highest coefficient at level 3 were pain/discomfort followed by anxiety/depression in both groups. **CONCLUSIONS:** The most common health state descriptors and correspondent VAS values were similar. The majority of respondent in both groups were characterized by six EQ-5D health states. Although there were differences for some of the health states, on average, Jews and Arabs had similar health-states valuations. The results also showed a tendency among Arabs to give greater weight to dimensions at level 3 and less to dimensions at level 2 compared to Jews. Increased understanding of differences in the valuation of health status could lead to the standardization of health-outcome measures across Israeli Jewish and Arab populations. In studies presenting overall results based on health utilities, it may be feasible to use tariffs based on aggregated values from both Jews and Arabs, but it would also be advisable to consider results separately.

37/1307/Use of a Sexual Function Questionnaire in 6 Arabic Countries

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AIMS: Prior to use in an international study, the International Index for Erectile Function (IIEF) was translated into 10 languages amongst which six Arabic ones. A rigorous methodology was used to ensure conceptual equivalence and cultural relevance across languages. **METHODS:** A specialist in each target country used the following methodology: (1) review of an existing Arabic version for Egypt and adaptation by the specialist in the target country; (2) review by a clinician (3) comprehension test on a sample of men suffering from erectile dysfunction (or on healthy subjects when patients could not be found). **RESULTS:** Besides the challenge of finding patients (or even healthy subjects) willing to express themselves about such an intimate condition as erectile dysfunction in the context of a conservative and religious environment, the adaptation process revealed cultural and sociological differences between countries. For example in 3 countries the mention of "loveplay with a partner" had to be changed to "loveplay with your wife", as culturally the possibility of having sexual intercourse out of wedlock cannot be acknowledged. Other examples and their solutions will be discussed. **CONCLUSIONS:** The Arabic translations of the IIEF were established to ensure conceptual equivalence and cultural relevance. Given the nature of the questionnaire, the social response to it and the solutions identified during the translation process, the question of conceptual equivalence remains open. The analysis of the psychometric results will be necessary to see if the results obtained in the Arabic countries can be compared to those obtained in the other countries involved in the study.

38/1311/Rationale for the development of a classification system for the translations of PRO instruments

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AIMS: To facilitate the understanding of and communication about the status of a translation of a PRO instrument with instrument developers, users and regulatory agencies, there is a need to develop a standardized translation classification system. This will help to summarize the methodology followed to develop a language version, define which regulatory requirements are met and describe outstanding work to meet a required standard. **METHODS:** Based on the existing classification used for translations of the St George's Respiratory Questionnaire (SGRQ) established in collaboration with the developer, we propose to revise, complete and extend this system to all translations of PRO instruments in the following manner: a comparison of the existing classification with other possible classification systems identified during a literature search, a revision and finalization of the present classification integrating developer, user and regulatory input. **RESULTS:** Besides the present 4 category classification system used for the 61 translations of the SGRQ, the literature search retrieved one additional 6 category classification system based on the review of 47 studies concerning the translation of PRO instruments. Initial comparison of the two systems reveals that neither is fully satisfactory requiring the development of a new, standardized, universally acceptable classification system. The development of a new classification is on-going in collaboration with instrument developers, users and regulatory agencies. Results will be illustrated in the presentation. **CONCLUSIONS:** The revised translation classification will integrate existing classifications, developer, user and regulatory input. It will be based on the recognition that a standardized translation methodology is key to ensure conceptual equivalence and cultural relevance across languages and ultimately international comparison and pooling of data. The revised classification should be applicable to all translations in the PRO field and indeed may be used to define quality standards for translations in particular settings (such as phase II or III trials, international or national clinical trials).

39/1363/Authorship And Copyright Issues Of Pro Instruments In South America

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AIMS: To meet the continuing demand for PRO instruments in clinical research and practice more and more PRO instruments are developed. Although the prerequisite for international pooling and comparison of data is an identifiable original instrument and an official translation for the different languages in South America, this is not always the case. The need to modify instruments and the emergence of item banks make it difficult to identify an original instrument and the access to it is complicated, as international copyright law is ambiguous. The objective of this abstract is to review issues encountered by our distribution centre when disseminating instruments and translations in collaboration with developers and to provide recommendations for those who wish to develop an instrument, access it, use and/or modify it in South America. **METHODS:** To establish recommendations we proceeded as follows: (1) review of requests to access, use and/or modify an instrument or its translations, (2) classification of requests and (3) recommendations. **RESULTS:** Of the 3,000 requests in 2007, 6 types of questions emerge: what are the conditions to (1) access;(2) translate;(3) reproduce;(4) use in e-application;(5) modify;(6) use selected items of a given instrument. In response to, this international copyright law needs to be interpreted and solutions for conflicting laws across countries must be found. Concrete examples referring to instruments developed and/or translated in South America will be provided. **CONCLUSIONS:** Despite its importance for clinical research the identification of and access to an original instrument and its South American translations is not easy. This is complicated by the need to modify instruments and the absence of clear indications by international copyright law. Findings indicate the importance of questionnaire distribution centres as a step in the direction of solving copyright issues.

40/1686/Translation, cultural adaptation and revalidation of the Reintegration to Normal Living (RNL)-Indexfor use in Spain

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AIMS: Participation has been proposed as a principal component of health-related quality of life. It is an important construct to measure, no measure of participation exists in Spanish. A widely used, valid, reliable, and responsive measure of participation that exists in English is the Reintegration to Normal Living (RNL)-Index. The general objective of the present study was to translate, culturally adapt, and assess the psychometric properties the RNL-Index in Spanish. **METHODS:** The translation and the cultural adaptation of the RNL-Index consisted of a five-step process, leading to the Spanish version of the RNL-Index (SRNL-Index). Psychometric evaluation employed a cross-sectional study design, with a longitudinal design used for test-retest evaluation. 32 subjects with stroke and 36 with total knee arthroplasty (TKA) completed the SRNL-Index on 2 occasions, as well as the Six Minute Walk Test (6MWT), the Short-Form 36-item Health Survey (SF-36), and for stroke subjects, the Barthel Index (BI). Descriptive statistics, one-way analysis of variance and post-hoc t tests were calculated, as well as Cronbach's alpha, Pearson's, and Intraclass correlation coefficients. **RESULTS:** The SRNL-Index was found to be internally consistent (global Cronbach's alpha: 0.94 for stroke and 0.88 for TKA samples). Test-retest reliability was quite poor within our samples, being moderately low for the TKA sample (ICC=0.22) and moderate for the stroke sample (ICC=0.55). Discriminant validity was demonstrated by the correlations between the SRNL-Index's Perception of Self and Daily Activity subscales with the Mental and Physical Component Summary scores of the SF-36. The SRNL-Index has convergent validity as shown by the high correlations between of the SRNL-Index and the 6MWT (r=0.70 for stroke and 0.61 for TKA samples). Known-groups validity was seen in people with stroke grouped by Barthel Index scores and in both samples when grouped according to gait speed. **CONCLUSIONS:** The SRNL-Index demonstrated acceptable validity and internal reliability for subjects with stroke and total knee arthroplasty. Further studies are needed to reassess validity, external reliability, and responsiveness in other Spanish-speaking populations.

41/1948/Young Famililies' Quality of Life in Tehran: Profiles and Challenges

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AIMS: The paper seeks how quality of life of young families is influenced by family management, beliefs, social health and economic conditions. Several components potentially influence health, social well-being and appropriate social functioning of young families in the transforming Tehran city. We will see how family's quality of life and behaviour is culturally different for different age groups. The paper seeks factors known as **METHODS:** The study used both theoretical as well as empirical methods to conduct the research. Through this method, health-related quality of life of young families in Tehran (Iran) was sought. **RESULTS:** Some of the results indicate that families in Tehran are very vulnerable in the absence of functional counciling agencies, and due to the current complex social construct. Various statistical results will prove the current scenario. **CONCLUSIONS:** Models, tables and the data reached depict the profiles and challenges of young families in Tehran which could be further generalized to other urban parts of the country.

42/1449/Spanish version of the TAPQOL: a health-related quality of life (HRQOL) instrument for 1-5 year-old children

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AIMS: To evaluate the feasibility, reliability, and construct validity of the adapted Spanish version of the TNO-AZL Preschool children Quality of Life (TAPQOL), a generic instrument originally developed in Holland. **METHODS:** A consecutive sample of children aged 3 months to 5 years old was recruited from a healthy child program, outpatient follow-up clinics for premature children, and the respiratory units of tertiary hospitals in Barcelona and San Sebastian (Spain). Parents answered the TAPQOL, and a set of questions related to their child_s health status. Clinical diagnoses and severity were collected from clinical records. Analyses carried out in testing the original version were replicated as far as possible. Principal component analysis (PCA) was used to explore the instrument_s structure. Effect size (ES) and analysis of variance (ANOVA) were used to analyse differences between subgroups known to be in poor health compared to the healthy subgroup. **RESULTS:** The response rate was 95% (n=228). There were few missing values. 8 of the 12 scales showed more than 30% ceiling effect. All dimensions except one had Cronbach_s alpha coefficients greater than 0.7. Score distribution was in general in the better ranges of HRQOL (range scores= 66.44 for Problem Behaviour to 98.61 for Positive moods in a 0-100 scale scores). PCA generated 12 components which explained 78% of the variance. Healthy children in general had better scores than the other subgroups. Children with respiratory problems scored lower in the Lung Problems (ES= 1.83), Problem Behaviour (ES= 0.39), and Sleeping (ES= 0.26) dimensions than those in the healthy subgroup (p< 0.01). Children with poorer health status had lower (worse) scores in 6 out of 12 dimensions of the TAPQOL. **CONCLUSIONS:** Although the Spanish TAPQOL shows a non-negligible ceiling effect, it seems to be a reliable and valid instrument for Spanish infants and toddlers, and with similar psychometric characteristics to the original version. Funding: Partially funded by Abbott Spain Laboratories.

43/1704/Quality of Life of Adults Older than 65 YEARS: Tran cultural Adaptation of SF12 Questionnaire

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AIMS: Objective: To validate an adapted version of SF12 questionnaire on a population of adults over 65 years of low and middle socio-cultural level. **METHODS:** Methods: After observing SF12 Spanish version performance in 10 adults and discussion with experts the original questionnaire was amended. The resulting scale (SF12 HIBA) was administered to 152 older middle class adults and to 30 older low socio-cultural adults. Simultaneously EQ5 was administered to determine convergent validity, construct and internal consistency of the modified version. The scores were calculated for both questionnaires by simple addition of each component. **RESULTS:** Results: On the SF12 HIBA questionnaire main questions were separated into individual items. 11 questions and 15 answers were reformulated and 8 items were illustrated. Characteristics of the sample were: 73% urban residency (Buenos Aires city), mean age (SD) 76 (6) years, 50 % were females; and main morbidities were: diabetes mellitus 22%, hypertension 80%, lipid disorders 56%; Congestive Heart Failure14%, chronic renal insufficiency 6%, and 82% were receiving anticoagulation therapy. Cronbach alpha was 0.87. Factor analysis with Varimax rotation identified two factors explaining 55% of the variance. Pearson correlation between EQ5 and SF12HIBA scores was 0.57. **CONCLUSIONS:** Conclusions: Change of format, phrasing and illustration of items produced a scale internally consistent, which correlated with quality of life measured by EQ5. Two factors consistent with the physical and mental components of the original SF12 were identified

44/1572/Linguistic validation of 7 quality of life questionnaires for fibromyalgia patients in 12 languages

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AIMS: In order to use Fibromyalgia's questionnaires in international studies, the concepts used by the questionnaires must be equivalent, regardless of the language used. To this end, seven questionnaires were translated into 12 European languages, using a standardized, validated and recognized proces **METHODS:** The process of linguistic validation in a target language comprised the following steps: a forward translation by two translators who were native speakers of the target language, a backward translation by a translator who was a native speaker of the questionnaire source language, a review of the version obtained by an expert clinician and a comprehension test involving five healthy subjects from the country where the target language was spoken. The process was carried out in collaboration with the questionnaire authors. **RESULTS:** Three questionnaires (the MFI, the MASQ and the STAI) were linguistically validated in the 12 target languages. The other four questionnaires already had versions validated in some other languages. In particular, the FIQ and BDI were validated in the eight and four missing languages. Irrespective of the questionnaire and dimensions studied, the same issues were encountered in their validation. i) Issues were encountered in translation in a narrow sense. For example, the word "things" was translated as "something" and "rug" was translated as "carpet"; ii) Literal translation was possible but largely culturally irrelevant. For example, the expression "to walk several blocks", a completely abstract idea in Europe, was translated as "to walk more than one kilometer"; iii) Tenses needed to be reformulated or changed for idiomatic reasons. For example, for the MFI questionnaire, the present perfect does not exist in German, and so the present simple was used in the first version. However, as subjects had difficulty understanding the use of present simple with adverbs such as "lately" during the comprehension test, the imperfect was eventually used. **CONCLUSIONS:** Linguistic validation carried out using a rigorous and recognized method ensures that the concepts assessed are equivalent in 12 languages and allows their use in large scale studies measuring quality of life in fibromyalgia patients.

45/1370/Health and Social Roles: Insights from Focus Groups

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AIMS: Role functioning is an important construct in the assessment of health-related quality of life, but is hard to assess due to the wide definition of roles and fluctuations in role participation across the life-span. The aim of this study was to explore variations in life-span role functioning using qualitative approach and inform the development of a comprehensive item bank resulting in a flexible and precise measure of role participation. **METHODS:** Eight focus groups were conducted with a convenience sample of 38 English-speaking, adults (18-79 years; 43% women; 79% White, 13% African American, 62% with chronic conditions) recruited in Rhode Island. Groups were stratified across 4 age groups and conducted separately by gender. Participants identified relevant social roles and ranked them by importance; they discussed perceptions of the impact of health on their role functioning and provided suggestions on format and content of sample items. Focus groups were taped, transcribed, and analyzed for thematic content. **RESULTS:** Participants of all ages identified family roles as most important. There was some age variation in the importance of social life roles, with younger and older adults rating them as more important than middle aged adults. Occupational roles were identified as important by younger and middle aged participants. All participants recognized the potential of health problems to affect role participation and examples were provided particularly by sufferers of chronic ailments. Participants found the sample items clear and easy to understand. Five response choices were preferred. All evaluated response options were rated as identical in meaning and not likely to influence the responses. **CONCLUSIONS:** Participants identified key aspects of role functioning and provided insights on their perception of the impact of health on their role participation. These results will inform item bank generation. Item response theory and computerized adaptive testing will be used to develop a measure of role functioning with high score precision and low respondent burden that takes into account the influence of life stage and circumstances on role functioning.

46/1471/Cross cultural adaptation of Ferrans & Powers Quality of Life Index-Wound Version for use in Spain

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AIMS: To cross-cultural adapt the Ferrans & Powers Quality of Life Index-Wound Version(FPQLI-WV)into Spanish. **METHODS:** FPQLI-WV was recently adapted and modified in Brazil. To proceed to its cross-cultural adaptation, the FPQLI generic version III developed in USA (33 items) was translated from English to Spanish by two independent Spanish translators, fluent in both languages. The 8 wound-specific items(FPQLI-WV) were translated from Portuguese to Spanish by other two Brazilian translators, also fluent in both languages. The Spanish translations were evaluated by a Panel of 3 wound care nurses and 3 quality of life researchers to achieve a consensus. After administering the questionnaire to 6 hospitalized patients for cognitive debriefing, the new version was back-translated by 2 different independent translators (English) and 1 researcher (Portuguese). **RESULTS:** Translation difficulty was rated as moderate for few words or expressions like: amount, how well and chances which were modified to obtain an adequate Spanish culture equivalence. The translation difficulty was rated as high only for the qualitative descriptions of the six levels of importance, on the second part of the questionnaire. All the participants in the cognitive debriefing understood the Spanish version, which showed to be feasible and acceptable for Spanish patients. For the final Spanish version, although it includes some minor word differences, all of the generic and wound items remained with the same meanings as the original generic and specific versions. And, almost 90% agreement among experts was obtained. **CONCLUSIONS:** The Spanish version of the FPQLI-WH kept the semantic, conceptual and cultural equivalence to the American generic version, including the specific items related to wounds, according to the Brazilian wound version, also confirming its content validity. Furthermore, a study of 272 adult patients, recruited from nine Health Centers, in four Spanish Autonomous Communities, is planed to perform the evaluation of its metric properties.

47/1947/The Translation Quality Assessment (TQA) Process: an EORTC QLG initiative for improving the quality of translations of quality of life questionnaires

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AIMS: The EORTC Quality of Life Group has implemented a Translation Quality Assessment (TQA) Process. The aim of the TQA is to respond efficiently to any errors or misunderstandings that are detected by users. **METHODS:** When a translation issue is identified by users, such a questionable item is then systematically recorded in a spreadsheet, indicating the problem, date of identification and the date of correction, including the description of the type of mistake and degree of severity. Where there is clear justification to amend, or a suspicion that mistakes may have serious consequences on how the patient completes the questionnaire, corrective action is taken. Updates are subsequently notified to module developers and any individuals involved in the translation process along with users of the translated questionnaire. The progress made within our TQA programme is reported to the members of the Quality of Life Group at our bi-annual QLG meetings. **RESULTS:** Examining 728 translated questionnaires, with total word count of 259,000, the error rate was 0.03% (SAE J2450 and LISA QA Model). The most common error categories were mistranslations, inconsistencies, terminology errors, omissions, spelling, punctuation, grammar and layout. Our analysis of the translated questionnaires suggests that back translation and pilot testing had not always been effective in revealing these errors. Most errors were minor in nature and were unlikely to influence patients_ responses to the questionnaires. **CONCLUSIONS:** For more than a decade the EORTC QLG has been using a rigorous forward-backward procedure, as specified within our Translation Manual. Our recent experience suggests that an additional quality assurance programme enhances the translation performance.

48/1446/Adapting Quality of life questionnaires for routine use in clinical practice

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AIMS: To develop a general cancer questionnaire with disease specific items for breast, ovarian and colorectal cancers for use in routine clinical practice rather than clinical trials. Further items for other tumour sites will be developed in the future. **METHODS:** A new methodology was applied with data collected from a variety of routes; 1) Review of problems discussed during audio-recorded oncology consultations 2) Literature search of existing quality of life (QOL) questionnaires 3) Create new list of items including issues from consultations and literature 4) Interviews with staff 5) Interviews with patients. We present results from the first three stages. **RESULTS:** Content analysis was performed on oncology consultations (52 breast, 72 ovarian, 31 colorectal). Most commonly discussed symptoms across disease sites were nausea, bowels, pain, fatigue, appetite, sore mouth and social and physical functioning. When examining the top 20 items mentioned by patients from these groups there were minor differences. Hair loss was not highly rated by colorectal patients whereas waterworks and bloating only appeared in the top 20 items in breast consultations. Findings show significant overlap in common issues but also highlight the need for a limited number of specific items. When comparing items discussed in consultations with existing QOL questionnaires targeted at breast cancer; most areas were covered by at least one questionnaire. None of the questionnaires covered all top 10 items from consultations. The EORTC QLQ BR23 had the best coverage of items but there were still missing items. A list of items important to clinical practice was created for each cancer site. **CONCLUSIONS:** Reviewing clinical practice suggests that some items are missing from existing QOL instruments. This initial process was useful in adapting existing instruments for use in clinical practice. The next stage is to interview members of staff and patients to gather opinion on the content of the questionnaire. This will be followed by a feasibility study using the adapted questionnaire in clinical practice.

49/1456/Validation Of The Spanish Version Of The Kansas City Cardiomyophaty Questionnaire

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AIMS: The KCCQ is a specific Health Related Quality of Life instrument for heart failure (HF), with 23 items covering 7 domains (physical limitation, stability, frequency and burden of symptoms, self-efficacy, quality of life, and social limitation). The aim of this study was to evaluate the metric properties of the KCCQ_s Spanish version. **METHODS:** Longitudinal study of 315 outpatients with HF, evaluated at baseline and at weeks 24 and 26. The KCCQ was administered together with the Minnesota Living with Heart Failure Questionnaire (MLHFQ) and the SF-36. Reliability was evaluated, with all patients, in terms of: reproducibility (between week 24 and 26) and internal consistency (with the intra-class correlation and Cronbach_s alpha coefficients). Construct and discriminant validity of the questionnaire were assessed by correlating the different instruments_ domains and comparing the scores means by functional capacity groups (New York Heart Association classification, NYHA), respectively. Those patients who had improved their functional capacity from baseline to week 24th (n=72) were selected to study the KCCQ responsiveness, calculating the Effect Size (ES= mean_s change/SD). **RESULTS:** The reliability coefficients achieved the standard purposed for groups comparisons for all domains (0.70-0.96). The hypothesized correlations between instruments followed the expected pattern (i.e. physical limitation r=0.8), being specially remarkable the low correlations of symptoms stability and self-efficacy with any other domain of the 3 instruments.

Score means were significantly different among functional capacity groups ($p<0.001$), supporting the KCCQ_s discriminant ability. The observed changed after 24 weeks, showed moderate ES for almost all domains (0.4-0.6). **CONCLUSIONS:** The Spanish version of the KCCQ has demonstrated adequate metric properties and potential advantages over the MLHFQ, due to the measure of more domains (self-efficacy and symptoms stability). These results support its use in Spanish patients with HF, both in clinical practice and research. Study supported by: DURSI-GENCAT (2005-SGR-00491); AGAUR (2007FIC 00544); MENARINI LAB. and CIBERESP.

50/1266/Attitudes towards people with disabilities: Focus groups results in Brazil

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AIMS: AIMS: to explore the attitudes of people in general in relation to people with disabilities; to define important items to the assessment of general attitudes towards disabilities in the perspective of people with disabilities; to contribute to the development of a transcultural measure to access attitudes towards disabilities. **METHODS:** METHODS: The methodological steps followed the WHO methodology for focus groups, as this research refers to the Brazilian branch of the Dis-QOL Project. Five conveniently sampled focus groups were performed: 1) Intellectual disabilities, 2) Mixed physical disabilities, 3) Specific physical disabilities group _ visual impairment, 4) Professionals, 5) Relatives and carers. The focus groups had between 4-6 participants, all over 18. Participants were stimulated to express their personal feelings and points of view. The meetings lasted 170-240 minutes. They were recorded and fully transcribed as verbatim. Material was then analyzed through content analysis. Categories were created in order to synthesize participant_s opinions. **RESULTS:** RESULTS: The perception that the attitudes of others have impact on the life and on the quality of life of people with disabilities showed up in all focus groups. The attitude of the caretaker was also considered crucial. Positive attitudes most mentioned by participants were solidarity, sympathy, support, and incentive, while the negative ones were prejudice, discrimination, and disqualification. **CONCLUSIONS:** CONCLUSIONS: The methodology of focus groups revealed to be adequate to the exploration of the attitudes towards disabilities. Our results suggest that social policies aimed at improving health and quality of life of people with disabilities should take into account the impact of the attitudes that caretakers, family, and people in general might have on this population.

51/1540/Inclusion Criteria of National Items in Brazilian Portuguese Versions of Dis-QOL Measures

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AIMS: To present the Dis-QOL-Brazil Group criteria to include national items in pilot and field trial measures of Quality of Life (WHOQOL-Dis), Quality of Care (QOCS), and Attitudes Towards Disabilities (ADS) developed in the Dis-QOL Project. To discuss the appropriateness of these criteria in the context of developing transcultural measures for people with disabilities. **METHODS:** All Dis-QOL items were generated following WHOQOL methodology: 1) transcultural focus groups; 2) content analysis; 3) summarizing of the 16 centers' categories of analysis by the coordinating center; 4) proposal of draft items by coordinating center; 5) 2 rounds of consultation with the 16 centers; 6) finalizing of measures. Using a qualitative analysis of the final items, the Brazilian group aimed at identifying whether the topics elicited in our local focus groups discussions were represented in the final items. To do so, e judges confronted all original English items with the content analysis categories created over the focus groups transcriptions. A local item was generated when a content analysis category was not represented by the items and at least 2 judges considered its inclusion important to depict Brazilian reality of people with disabilities. **RESULTS:** In pilot study, 4 local items for WHOQOL-Dis were generated: satisfaction with work opportunities; satisfaction with work adaptations to limitations; satisfaction with study opportunities; satisfaction with alimentation. The analysis on QOCS and ADS did not generate any local items in pilot study. In field trial, in WHOQO-Dis, 3 local items were maintained, 1 local item was reworded, and 1 original English pilot study item was maintained. In QOCS, 2 original English pilot study items were maintained. In ADS, no items were generated nor maintained. **CONCLUSIONS:** The methodology has proven efficient in identifying local items not comprised by the original English versions. A field trial is now necessary to evaluate the psychometric performance of the suggested items in the target population.

52/1099/Health-Related Quality of Life Among Adapted Boccia Athletes and Non-Athletes with Cerebral Palsy

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AIMS: The purpose of this study was to compare the health-related quality of life (HRQL) between individuals with cerebral palsy who participated of adapted Boccia training program and who did not. **METHODS:** The total sample was comprised of 20 subjects divided into two groups; the experimental group athletes of Boccia ($n= 11$; aged 25±8.6) and control group who were not engaged in any type of formal adapted sport program ($n=9$; aged 33±10.1). The HRQL was assessed by Portuguese version of MOS SF-36 (Medical Outcomes Study, Short Form _ 36, Health Survey), a generic measure of health condition including 36 items covering eight dimensions. **RESULTS:** Through the study and statistical analysis (student test) of the 8 proposed dimensions by SF-36, it was possible to verify significant difference in scores of vitality ($p=0.002$), role emotional ($p=0.047$) and mental health (0.003). **CONCLUSIONS:** The results of this study showed that HRQL of individuals with cerebral palsy who participated of adapted Boccia training program is better than who did not and the inclusion in adapted Boccia training program can collaborate to increase aspects of HRQL of this population.

53/1853/Health Related Quality of Life and Spiritual Well-Being of Patients with Chronic Obstructive Pulmonary Disease

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AIMS: To investigate relations between Health Related Quality of Life (HRQL) and Spiritual Well-Being (SWB) in COPD patients and to examine their association to sociodemographic and clinical characteristics. **METHODS:** It was performed a cross-sectional study with a sample of 50 COPD outpatients treated at the Hospital das Clinicas of the University of Sao Paulo, Brazil. HRQL and SWB were assessed by the Brazilian versions of the Seattle Obstructive

Lung Disease Questionnaire (SOLDQ) and the Spiritual Well-Being Scale (SWBS), respectively. The GOLD classification of severity was also used. Statistical analysis included the tests: Kolmogorov_Smirnov, t-student, ANOVA with Bonferroni post-hoc correction and Spearman correlation coefficient. The level of significance was $p<0.05$. Internal consistency of the instruments was assessed using Cronbach´s alpha. **RESULTS:** The sample was mainly composed by men (54%), married (70%), catholic (68%), with 4 years of formal education (68%), retired or unemployed (96%) and past smokers (78%). The mean age was 65.16 (SD=9.74) years and mean time of COPD 8.7 (SD=6,1) years, with GOLD classification level 4 (40%). The instruments showed good internal consistency (alpha>0.70), except in emotional domain of SOLDQ. The mean total score of the SWBS was 93.16 (variation from 20 to 120). For Religious and Existential domains the mean scores were 50.26 and 42.90, respectively (10 to 60 variation). For the SOLDQ, the worst score was in the Physical domain (37.66, SD=15.87) and the highest in the Treatment Satisfaction domain (62.75, SD=29.40). Statistical significant correlations were found between Religious Well-Being and Treatment Satisfaction (r=0.35; p=0,012) and time of COPD and the total score of SWB (r=0.40; p=0,004). **CONCLUSIONS:** These preliminary results of the study suggest that there is a significant positive correlation between Spiritual Well-Being and treatment satisfaction and time of disease.

54/1448/Health-related quality of life among general practice patients with differing chronic diseases in Germany: cross sectional survey

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AIMS: This study was carried out to compare the HRQoL of patients in general practice with differing chronic diseases with the HRQoL of patients without chronic conditions, to evaluate the HRQoL of general practice patients in Germany compared with the HRQoL of the general population, and to explore the influence of different chronic diseases on patients' HRQoL, independently of the effects of multiple confounding variables. **METHODS:** A cross-sectional questionnaire survey including the SF-36, the EQ-5D and demographic questions was conducted in 20 general practices in Germany. 1009 consecutive patients aged 15-89 participated. The SF-36 scale scores of general practice patients with differing chronic diseases were compared with those of patients without chronic conditions. Differences in the SF-36 scale/summary scores and proportions in the EQ-5D dimensions between patients and the general population were analyzed. Independent effects of chronic conditions and demographic variables on the HRQoL were analyzed using multivariable linear regression and polynomial regression models. **RESULTS:** The HRQoL for general practice patients with differing chronic diseases tended to show more physical than mental health impairments compared with the reference group of patients without. Patients in general practice in Germany had considerably lower SF-36 scores than the general population ($P<0.001$) and showed significantly higher proportions of problems in all EQ-5D dimensions except for the self-care dimension ($P<0.001$). The mean EQ VAS for general practice patients was lower than that for the general population (69.2 versus 77.4, $P<0.001$). The HRQoL for general practice patients in Germany seemed to be more strongly affected by diseases like depression, back pain, OA of the knee, and cancer than by hypertension and diabetes. **CONCLUSIONS:** General practice patients with differing chronic diseases in Germany had impaired quality of life, especially in terms of physical health.Findings from this study might help health professionals to concern more influential diseases in primary care from the patient's perspective.

55/1431/Development and Validation of a Health-Related Quality of Life Instrument for Adults with Cystic Fibrosis

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AIMS: Cystic fibrosis (CF) is the most common chronic genetic condition amongst the Caucasian population in the UK. The majority of the literature has been directed towards children and adolescents, but with the demographic change in life expectancy there is a need for the development of a HRQoL measure for adults with CF. The aim of this study was therefore to address this gap in the literature by developing a new HRQoL measure; the Adult CF Quality of life Profile (ACFQP). **METHODS:** Following conceptualisation a pilot study was carried out in 70 adult patients with CF using a generic (UKSIP) and a disease-specific (CFQoL) HRQoL instrument. In addition 75 adult CF patients and their family/partners were interviewed (semi-structured). The first version was developed and tested for its content validity by a 10-member panel of judges. Practicality, applicability, validity and reliability were carried out in 38 adult CF patients. **RESULTS:** 39, 31 and 19 items were generated from the UKSIP, CFQoL and the interviews respectively. The first version of the new CF HRQoL instrument, ACFQP, consisted of 69 items grouped into 11 domains. The content validation of this version revealed an excellent agreement between the panel members (ICC+0.70 - CI=0.65 to 0.75) and produced a 66-item, 12-domain ACFQP for further psychometric testing. 38 patients (mean age=24; median=23 (range 18 to 44); males=23; unemployed=20; single=24) were recruited from CF outpatient clinic. Patients found the ACFQP easy to understand and complete (mean completion time = 8 mins). Internal consistency reliability of ACFQP on both occasions were strong (Test 1 alpha =0.97; Test 2 alpha =0.94). Test-retest reliability was also shown to be strong for all 12 domains and overall ACFQP (rs =0.48-0.92). Face, clinical and predictive validity results of the ACFQP were also very encouraging. **CONCLUSIONS:** The results support the ACFQP as a relevant, valid and reliable instrument fulfilling an unmet need for a comprehensive adult CF HRQoL measure with a strong generic element

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56/1371/An Estimate of the Improvement in Health-related Quality of Life Post Lung Transplantation

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AIMS: Health-related quality of life (HRQL) of patients following lung transplantation has not been studied systematically. The objectives are to assess the impact of lung transplantation on patient's HRQL using Health Utilities Index (HUI) and to compare HRQL scores for the pre- and six months post-transplant patients to Canadian norms. **METHODS:** 43 patients completed a battery of questionnaires before lung transplantation, at three months, and at six months after transplant. HUI is a family of generic preference-based measures of HRQL. Mental health was assessed by the Hospital Anxiety and Depression Scale, HADS. Adherence to medication and exercise were assessed by Morisky's and Godin's questionnaires respectively. Data collected by Statistics Canada was used to establish normative comparisons for pre- and six month post-transplant HRQL scores. **RESULTS:** 65% of the patients were male with a mean age of 53 years. The mean overall HUI3 score for the lung transplant candidates (0.57) was much lower than for the lung transplant recipients (0.82) at six months post-transplantation. This difference is clinically important and statistically significant ($p<0.05$). Differences in mean HADS depression scores after transplantation were statistically significant ($p<0.05$). After six months transplant recipients were more adherence to medication ($p<0.05$). Recipients were able to increase the duration of exercise in all levels of difficulty. The Canadian norm for males is 0.89, 0.90 for females, both indicative of mild disability. **CONCLUSIONS:** Lung transplantation improved the patients' HRQL and adherence to medication. Anxiety levels seemed to persist after six months transplantation but depression levels decreased significantly. At six months post-transplant patients were below population norms but compared with pre-transplant patients the gap was much smaller. HUI has not been previously used to assess HRQL in lung transplantation. HUI was able to capture both the burden of lung disease before and meaningful improvements after transplantation.

57/1444/Psycho-oncology Co-operative Research Group (PoCoG): A new “Quality of Life Office” to support Australian cancer clinical research

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AIMS: The Psycho-oncology Co-operative Research Group (PoCoG) is one of 13 Australian & New Zealand co-operative cancer trials groups (CCTGs) developed under the auspices of the Clinical Oncological Society of Australia (COSA). Over the past year, PoCoG has been developing a Quality of Life Office to support appropriate, valid, rigorous & patient-centred HRQoL assessment by the CCTGs, PoCoG members & other ANZ cancer researchers. Funding has been provided by Cancer Australia & the Cancer Institute NSW. **METHODS:** The Quality of Life Office_s activities will be supported in 2008 by the creation of a Cancer Australia Chair in Cancer Quality of Life. The Chair's role is to promote consistency in the measurement & analysis of HRQoL across trials groups, to develop HRQOL research capacity within Australian oncology networks and to create and foster such networks locally & globally. PoCoG has been consulting stakeholders regarding their HRQoL-related information needs & ideas for collaboration. An advisory group has been formed to monitor progress & advise on strategic directions. **RESULTS:** The Office is currently establishing resources that include: a library of relevant questionnaires & HRQoL-related literature; a website (www.pocog.org.au/) with frequently asked questions, protocol templates, a library of measures, & relevant links; support in the analysis & interpretation of HRQoL data; and a research program that will include: intervention studies with HRQoL as a primary or secondary outcome; intervention studies which examine clinical use of PROs to improve process & outcomes of care; descriptive studies in which HRQoL is an outcome; methodological research; studies exploring consumer definitions of HRQoL & important differences in scores; studies examining ways to get HRQoL evidence into practice. **CONCLUSIONS:** The Quality of Life Office aims to build capacity for high quality Australian HRQoL research in cancer, to maximise outcomes for Australians affected by cancer through collaboration & networks, & to establish itself as a national and international centre of excellence.

58/1369/Cancer Patient Perspectives on Patient Viewpoint, a Website for PRO Data Collection

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AIMS: The Website for Outpatient QOL Assessment Research Network was formed to create a web-based system for collecting patient-reported outcome (PRO) data from cancer patients receiving outpatient care. Patient Viewpoint, a website for cancer patients to report PRO data to their clinician prior to visits, resulted. This study reports on the site usability from the patient perspective. **METHODS:** In this qualitative study of cancer patients (5 of 10 planned interviews currently completed), patients accessed the site and tested its features, including login, survey completion, and review of results. Patients completed a semi-structured, in-depth interview about the site and its features, and their willingness to use it regularly prior to visits. Interviews were recorded and transcribed, and key themes were analyzed. **RESULTS:** Several strong positive themes emerged. Regardless of treatment, age, or computer literacy, participants were interested in adding this type of online data collection to their care. Participants had little problem accessing and using the site. Many were excited about a new platform to communicate with their doctor, and liked the ability to track and review scores. Negative reactions to the site included data security concerns, particularly regarding the scope of clinical staff's access to the data. Others disliked answering standardized questions about symptoms that were inapplicable to them or already known to their doctors. Participants commented in particular on the value of supplying information on mental health and social function. Many felt that this was not addressed sufficiently in visits and that they would not know how to discuss these concerns with their doctors. The majority of participants reported minimal response burden and a willingness to use the site regularly. **CONCLUSIONS:** The enthusiasm of patient responses and specific findings suggest web-based PRO collection can be done successfully. Such methods can be used even with patients self-identified as having limited technical ability. Future research should examine how the PRO data collected via the site can be integrated into patient care.

59/1696/Responsiveness of FACT-Hep and EORTC QLQ-C30 to Radiotherapy for Malignant Liver Tumours

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AIMS: Quality of life (QOL) was collected prospectively in a phase I/ II study of stereotactic body radiotherapy for liver cancers. **METHODS:** 126 patients with unresectable liver cancer were treated in a phase I/II study of RT, 6 fractions, 3 days per week over 2 weeks. Total dose varied from 24 to 60 Gy, dependent on volume. QOL was collected on the EORTC QLQ-C30 and FACT-Hep at baseline, and at 1, 3 and 6 months post-treatment. **RESULTS:** Mean age was 64 (range: 30-90); 53 females, 73 males. Of 59 primary tumours, 45 (76%) were hepatocellular carcinoma (HCC) and 14 (24%) intra-hepatic cholangiocarcinoma (IHC); 67 patients had liver metastases. Compliance ranged from 76-90%. Worse baseline scores for patients who did not survive 3 months were seen only on the

EORTC-Fatigue subscale (p=0.01). Change from baseline to 1 and 3 months was statistically significant for FACT-Hep, but of borderline clinical significance (5% worse), with worsening seen on the physical, functional and hepatic subscales. On the QLQ-C30, physical, role and cognitive function improved, whereas fatigue worsened; differences ranged from 4-8%. None of the subscales showed a significant difference from baseline to 6 months. Only diagnosis predicted for change in FACT-Hep score from baseline to 3 months [IHC, 1% improvement; HCC 8% worsening; metastases 4% worsening]. **CONCLUSIONS:** Patients receiving palliative stereotactic body radiotherapy for liver tumours have low QOL at baseline. Following RT, there is a temporary worsening in QOL, but 6 month survivors recover QOL, suggesting a beneficial effect.

	Baseline	1 month	3 months	6 months
FACT-Hep	137	130	134	137
FACT-G	80	76	77	79
EORTC-QoL	70	68	70	68
EORTC-Role	42	48	45	45
EORTC-Fatigue	51	58	54	55

60/1286/Of methods and madness: Differential selection biases in comparison of retrospective chart review and prospective cohort study designs

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AIMS: Although retrospective chart reviews are considered less rigorous than prospective designs, they are often preferred in training settings where trainees complete research projects in as little as one year. We sought to investigate whether method (retrospective chart review vs. prospective observational) influenced results and reflected different selection biases. The clinical focus was on the effectiveness of steroid injections for lumbar cysts. We hypothesized that both designs would reveal that injection treatment delays or prevents surgery. **METHODS:** Patients (n=127) were identified who were treated for lumbar synovial cysts with image-guided corticosteroid facet joint injection and attempted cyst rupture. A medical chart review and prospective cross-sectional study were done (79% response rate, 3.2 yr post-injection). Outcome:time to surgery. The prospective study also collected pain (Numerical Rating Scale) and disability (Oswestry Disability Index). Cox Proportional Hazards and logistic regression evaluated risk factors for surgery. T-tests, Mann Whitney U, and Fishers Exact compared the samples. **RESULTS:** The chart review and prospective studies yielded different results and selection biases. The chart review indicated that rupture reduced the risk of surgery (p<0.006), but the prospective study did not. Whereas 54% of patients required surgery, the prospective study found that all patients reported improved pain and disability, regardless of treatment (p<0.0001). The risk of having surgery was higher among those who had >two injections (p<0.002) and reported high baseline disability (p<0.04). Older patients (>70) and those whose injection was less recent were less likely to be in the prospective sample. The prospective study corrected inaccuracies and missing values. **CONCLUSIONS:** Retrospective and prospective designs led to different conclusions and exhibited different biases. The prospective design provided information about risk factors for surgery, which could provide the basis for guidelines to target patients unlikely to benefit from injections.

61/1281/Cancer impact in quality of life: does the diagnosis matter?

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AIMS: Quality of Life (QoL) evaluation is becoming each day more incorporated in clinical research as an important outcome of the disease and its treatment, which makes it a priority goal of the health care system. The aim of our study was to analyse the differences concerning cancer impact in several domains of QoL between patients who present distinct cancer diagnosis - pancreas, gastric, colorectal, lung, prostate, breast, bladder and others (esophagus, kidney, penis, gynecological, thyroid, leaver, lymphoma and head and neck). **METHODS:** 360 cancer patients answered to a socio-demographic questionnaire and to EORTC QLQ-C30. We used Anova to analyze differences on cancer patients_ QoL considering distinct diagnosis. **RESULTS:** Sample was composed by different diagnosis of cancer: 4.2% suffered from pancreas cancer, 11.9% stomach cancer, 27.2% colorectal cancer, 13.9% lung cancer, 10.8% prostate cancer, 17.2% breast cancer, 4.2% bladder cancer, and 10.6% suffering from other cancer diagnoses. Data analysis suggests that there are statistically significant differences concerning cancer impact in QoL according to the distinct cancer diagnosis in the following domains of QoL: cognitive functioning, nausea and vomiting, dyspnea, and appetite loss. Patients who report better cognitive functioning are those who suffer from colorectal cancer. Additionally, patients who report lower cognitive functioning are those with breast cancer. Patients who report better QoL in nausea and vomiting domain are those who suffer from bladder cancer. Additionally, patients who report lower QoL in nausea and vomiting domain are those with gastric cancer. Lung cancer patients are those who report higher level of dyspnea, while pancreas cancer patients' reports lower level of dyspnea. However pancreas cancer patients' report more appetite loss, and bladder cancer patients' are those who report lower level of appetite loss. **CONCLUSIONS:** The different diagnoses of cancer have different impacts in patients' quality of life domains. We need to pay attention to these diagnoses in clinical practice in order to improve the quality of life domains.

62/1280/Assessment Of Health Related Quality Of Life In Cancer: Impact Of Disease And Treatment Response

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AIMS: Over the last years, studies focusing on Health Related Quality of Life (HRQL) of cancer patients have been conducted and general cancer measures, such as the EORTC QLQ-C30, have been developed for that assessment. This study aims to investigate the burden of cancer in HRQL and the impact of disease severity in HRQL and to evaluate the association between HRQL and different kind of cancer diagnosis. Treatment response was also studied according to its role in HRQL. **METHODS:** Cancer patients completed the QLQ-C30. Patients were analyzed as a whole group and divided in sub-groups, according to their cancer diagnosis (head and neck, pancreas, gastric, lung, colon, breast, prostate and bladder). Correlation coefficients were computed to assess the impact of different disease severity in HRQL. Burden of cancer in HRQL and treatment response were assessed by studying the relationship between the disease severity and the type of treatment with the global HRQL score. We also studied the ability of the QLQ-C30 to discriminate between different cancer severity, diagnosis and socio-demographic groups. **RESULTS:** Males, single, patients aged between 45 and 59 years old and individuals with high educational level consistently reported higher levels of HRQL. Parametric tests showed that HRQL was significantly related to treatment response ($p<0.05$). Patients in vigilance that ended treatment in a period over 2 months and patients that haven_t initiated treatment yet had a better HRQL that the ones undergoing a treatment and the ones undergoing supportive care ($p<0.05$). While global health is related to cancer stage for all different cancer diagnosis, the overall HRQL is not related to disease severity for all different cancer diagnosis. Patients suffering from colon and prostate cancer had a higher HRQL than the others ($p<0.05$). **CONCLUSIONS:** HRQL deteriorates with cancer diagnosis and age. Moreover, HRQL is significantly related to treatment response and not at all related to cancer stage. The HRQL measure used seems to adequately discriminate across different cancer diagnosis and socio-demographic groups.

63/1157/Validation of the Implementation of a Chemotherapy Treatment Orientation Booklet for Patients and Families.

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AIMS: This study was developed in an outpatient pediatric hematology and oncology clinic that functions as a day hospital. The objectives were to revise the written communication tool "Chemotherapy Treatment Orientation Booklet for Patients and Families and to validate this tool with its target public. **METHODS:** The booklet evaluation questionnaire was handled to the main caregiver, the one that escorted the child to the clinic. Illiterates were excluded from the research. **RESULTS:** We highlight some findings of our study. Although it was not the main objective, we found in our study a mother who requests the inclusion of technical information for them. This because forwarding the patient for admission in non-specialized hospitals brings serious consequences. Another point to be highlighted is the relation to the education level of the interview subjects. Against the initial expectation, that high educational level equals greater critical sense, the interview subjects with incomplete first grade had a more active participation, providing suggestions that definitively improved the content of the booklet. In relation to the evaluation of the information regarding the side effects, considered as bad/good, I perceived that some of the interview subjects did not understand that they would have to evaluate the information contained in the booklet and not the side effects presented by the patients. Whenever I noticed the lack of understanding of a subject on what they would have to evaluate, I reinforced the orientation and, from there on, they evaluated only the booklet. **CONCLUSIONS:** The orientation booklet will be implemented in the clinic in the next months, thus facilitating the educational role of the nurse that needs to insert the family in this new context, at a moment when they are still is shaken by the diagnosis. The de-hospitalization made possible by the outpatient treatment in day hospitals, puts the family at home in a position where it has to know how to deal with the treatment side effects. It is necessary to educate for the self-care so that it can guarantee the continuity of the home assistance, as well as the quality of the treatment.

64/1825/Patient Reported Outcomes Measurement Information Systems (PROMIS) Cancer-Specific Perceived Cognitive Function Item Banks

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AIMS: Cognitive dysfunction is a common complaint among people with cancer and has an adverse impact on quality of life (QOL). Recent studies suggest that patient-reported cognitive difficulty may be uniquely predictive of abnormal neuroimaging when compared to neuropsychological tests. Using quantitative methods to examine factor structure and qualitative methods to ensure construct coverage and item comprehension, we developed item banks to assess patient-reported perceived cognitive function (PCF) across the cancer care continuum. **METHODS:** To define the PCF domain framework, we compiled data from expert input, literature reviews, focus groups and cognitive interviews with oncology patients (N=54) and clinicians (N=12). Qualitative item review included cataloging items from existing measures, writing items to fill conceptual gaps, standardizing items, and conducting item-level cognitive interviews with oncology patients (N=25). Items underwent two waves of field-testing in cancer patients and survivors (Ns=204 & 753; 61% female, 80% White, mean age=57). Further review of qualitative and quantitative results guided item selection for a third wave of field-testing. **RESULTS:** We identified a domain framework with 3 subdomains: 1) cognitive impairments and 2) cognitive ability, each comprising eight content areas (Mental Acuity, Concentration, Memory, Verbal Fluency, Interference, Multi-tasking, Functional Change, & Comments from Others), and 3) impact on QOL. Field test results support cognitive impairments and ability representing separate but related concepts (CFI=0.93, TLI=.99). Qualitative data suggested that respondents can comfortably gauge cognitive ability and change in cognitive function (using multiple estimation steps) differently than they do cognitive impairments. **CONCLUSIONS:** Accurate measurement of PCF can provide valuable information, best captured by patient report, within a multimode/multimethod cognitive assessment framework. Next steps will include item response theory parameter estimation for PCF item banks.

65/1711/Patient Reported Outcomes Measurement Information Systems (PROMIS) Cancer-Specific Psychosocial Illness Impact Item Banks

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AIMS: The full range of negative and positive psychosocial effects of cancer are often not captured by generic emotional or social health status measures. Using qualitative and quantitative methods to examine item comprehension, content coverage and factor structure, we developed item banks to assess positive and negative psychosocial illness impact (II) across the cancer care continuum. **METHODS:** To define the II domain framework, we compiled data from expert input, literature reviews, focus groups and cognitive interviews with oncology patients (N=67). Qualitative item review included cataloging items from existing measures, writing items to fill conceptual gaps, standardizing items, and conducting item-level cognitive interviews with oncology patients (N=41). The II item pool underwent a first wave of field-testing with on- or post-treatment cancer patients (N=754; 61% female, 80% White, mean age=57). Review of qualitative and quantitative results then guided the selection of items for a second wave of field-testing. **RESULTS:** We identified a domain framework in which positive and negative II are orthogonal, each with four distinct content areas (Stress Response/Coping, Self-Concept, Social, Spiritual/Existential). Acceptable fit indices (CFI=0.95, TLI=0.99, RMSEA=0.07) based on data from the first field test support this framework, as did the negligible correlation (r=0.08) between positive and negative II. Cognitive interviews suggested that item wording with a "before/after illness" context better captured psychosocial change compared to illness attribution wording (e.g., "because of my illness"). **CONCLUSIONS:** Positive and negative II appear to be distinct concepts that frame psychosocial outcomes in cancer, and perhaps other chronic illnesses. Accurate measurement of these concepts is important to understand and improve psychosocial adaptation. Next steps will include item response theory parameter estimation for positive and negative II item banks and examination of correlations between before/after and illness attribution items.

66/1867/A Pilot Project to assess Clinical Application of a PRO in Ambulatory Oncology

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AIMS: The use of patient reported outcomes in ambulatory care has been reported to improve patient- physician communication, and teach patients to recognize and report cancer treatment related symptoms to the healthcare team. A clinic monitoring tool was developed by a team of nurses working in ambulatory oncology at a tertiary cancer facility in Western Canada. A pilot project has been designed to evaluate the tool acceptability to patients in the clinic setting, specifically looking at ease and time required for completion. **METHODS:** The Ambulatory Care Flow Sheet (ACFS) includes: information about recent hospitalizations, diagnoses with infectious diseases, medications and allergies and problems or concerns from previous clinic visits. In addition an area of _symptoms related to cancer lists 12 symptoms identified by patients, staff and oncologists as being problematic during treatment. These symptoms include difficulty sleeping, pain, tiredness/fatigue, shortness of breath, changes to skin, mouth sores, changes in appetite, nausea/vomiting, diarrhea/constipation, difficulty urinating, difficulty coping and changes in sexuality or sexual function. The clinical functionality of the instrument was assessed. **RESULTS:** The current tool symptom response options of yes, no or unchanged, was deemed not easily interpretable in a clinical setting. An alternative scoring mechanism has been devised, where patients report the presence or absence of a symptom, and if present, rate the symptom from much worse, worse, unchanged, better or much better. This response selection allows a numeric score for symptom incidence, giving a total symptom incidence score out of a possible total 72. A numeric score allows symptom incidence to be tracked over time. Further results of the ongoing pilot will be reported. **CONCLUSIONS:** The goal of this instrument is to facilitate patient reporting of symptoms to improve patient and team communication. Further steps to evaluate the clinical usefulness and comparison to other validated PRO instruments of this clinically derived tool will be outlined. PRO_s that are clinically derived can be useful, but data collection must be accurate and collection must be feasible.

67/1278/Health Related Quality Of Life In Cancer: Population Norms For The EORTC QLQ-C30

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AIMS: It's increasing the attention concerning the interpretation of the values derived from general cancer measures (such as the EORTC QLQ-C30), since there are no gold standards in cancer HRQL measurement. Population norms for these questionnaires play an important role in the interpretation of research results and comparison between different studies. We aim to derive population-based norms for the Portuguese (PT) version of QLQ-C30 and to compare the overall results for the QLQ-C30 with the ones from the specific modules for different cancer diagnosis (head & neck, pancreas, gastric, lung, breast). A comparison with Norwegian (NO) published population norms is also conducted to relatively validate the PT normative data. **METHODS:** 423 cancer patients with different cancer diagnosis (head & neck, pancreas, gastric, lung, breast, colon, prostate, bladder) answered to QLQ-C30 and specific modules. QLQ-C30 population norms were computed and presented. Normative values were estimated according to gender and age. We also studied the ability of QLQ-C30 to discriminate between cancer severity and socio-demographic groups. **RESULTS:** Males reported higher levels of HRQL ($p<0.05$). Patients aged between 45-59 years old performed better in physical ($p<0.05$), emotional ($p<0.05$) and cognitive functioning ($p<0.05$) than the other age groups. Colon cancer patients scored higher than the others in emotional ($p<0.05$), cognitive ($p<0.05$) and social functioning ($p<0.01$). Prostate cancer patients scored better in physical ($p<0.05$) and role functioning ($p<0.05$). All patients presented low scores in the symptom scales/single items. Gender comparisons with NO normative data showed that female and male patients tended to report worse HRQL for majority of scales when compared to NO norms. All but the dyspnoea and diarrhoea scales showed better results in the cancer patients than in NO norms. **CONCLUSIONS:** We recommend the use of these norms both as an aid to the clinical assessment of an individual patient and to assist the interpretation of clinical trial and longitudinal HRQL data. In future we intend to extend these procedures to other types of cancer.

68/1703/A Week in the (Virtual) Life: A Content Analysis of an Online Cancer Discussion Board

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AIMS: Internet forums are an increasingly popular way for cancer patients, survivors, and caregivers to locate information and support. However, few studies have systematically examined their content. The aim of this pilot study was to conduct a content analysis of a popular online cancer forum. **METHODS:** A Google search on the terms "cancer forum " yielded multiple results. We chose the most frequented, based on the hierarchy of the search results. A random number generator was used to select a random week from the forum's history. Duplicate posts were removed, resulting in a sample size of 209 messages for analysis with NVivo 8. **RESULTS:** Content was sorted into the categories of the physical and emotional experience of cancer. Within the physical experience category, the most common use of the forum was to relate either one's own or a significant other's case history (51% of posts). Following this, members most often discussed symptoms resulting either from the cancer itself or treatment (25%). In terms of the emotional experience, members most frequently expressed gratitude toward each other or toward persons in their lives (26%). This was followed by expressions of fear (14%), depression (10%), spirituality (10%) and grief (6%). By far, the most frequent interactions that occurred among forum members were offers of support (33%). Typically, these occurred after a post regarding the physical or emotional experiences outlined above. Offers of support were followed in frequency by offering advice (13%), relating information (12%), stating opinions (11%), asking for more information about a post (6%), and explicit requests for information (9%) or advice (4%). **CONCLUSIONS:** Persons affected by cancer are turning to the Internet in increasing numbers. Reasons for this include a need for information, advice and support. In the past, this need was met through hospitals, support groups, or other slower means. Today, resources are available at their fingertips in a fraction of a second. Further research is needed to examine long-term outcomes, effects and QoL impact.

69/1739/An Analysis of Quality of Life Endpoints and Measures in National Cancer Institute-Sponsored Cancer Treatment Trials.

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AIMS: Over the past two decades, the U.S. National Cancer Institute (NCI) support for incorporating QOL studies into disease treatment clinical trials has grown considerably, both in the sheer number of trials, as well as the types of questions being addressed and the measures used to answer the questions. This presentation will describe the breadth of currently active NCI supported disease treatment trials that include QOL secondary endpoints and compare the characteristics of these trials with those implemented in the early 1990s. **METHODS:** For this study, QOL was broadly defined to include any self-report questionnaire that gathered data on the potential impact that disease treatment might have on patient functioning or symptoms. Using the terms, 'protocol title, lead disease, phase II, phase III, quality of life, and instrument name', a search was conducted of the NCI database containing all disease treatment trials active in 2008. If a scale was used more than once or if different versions of the scale were used, i.e., FACT-G and FACT-BR, it was only counted once. **RESULTS:** In 2008, there are 14 phase II and 49 phase III disease treatment clinical trials that include one or more QOL secondary endpoints. Among the 63 trials, 10 are focused on the pediatric cancers, primarily central nervous system (CNS) tumors. Eighty-one questionnaires are being used in these trials to assess the patient's perspective; often multiple measures are used in a single trial. Neurocognitive testing is included in all of the pediatric CNS tumors. The FACT and its various disease and symptom subscales (breast, neurotoxicity, etc.) are being used the most frequently (36%). **CONCLUSIONS:** Recent advances in cancer treatments have led to the need to integrate QOL endpoints in trials to estimate the risk-benefit ratio of new interventions over standard care. This study highlights this trend and identifies key study characteristics associated with recent trials. Information gained from this analysis may guide researchers as they develop studies to ameliorate or prevent the toxicities associated with cancer treatment.

70/1089/Effects of neural and joint mobilization on the quality of life of patients with chronic low back pain

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AIMS: To evaluate the effects of neural and joint mobilization on the quality of life of individuals with chronic low back pain. **METHODS:** Seven patients have been treated with the techniques mentioned above during ten therapy sessions, along five consecutive weeks. The quality of life was evaluated through Roland Morris and SF-36 questionnaire, before and after treatment. **RESULTS:** There was statistically significant improvement in the results of the Roland Morris (p=0.000263) and SF-36 questionnaires in the dimensions of the Quality of life: physical functioning (p=0.0004), role physical (p=0.0113), bodily pain (p=0.001) and mental health (p=0.04). In all treated patients the low back pain disappeared. **CONCLUSIONS:** The result of this study suggests that the proposed treatment may improve the quality of life of the individuals with chronic low back pain.

71/1642/Quality Of Life And Physical Pain In Elderly

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AIMS: Objectives: The aim of this study was to evaluate the Life Quality (LQ) and the presence of pain in elderly people. For that, 130 elderly people from _Serviço Social do Comércio _ SESC Horto were interviewed in the city of Campo Grande-MS from September to November 2005. **METHODS:** To evaluate the LQ, two tools were used: the MOS SF-36 and the WHOQOL-Bref. Regarding to anatomic location and the intensity of pain it was used a body diagram, taken from the Questionnaire of Pain by McGill and the Scale of Faces, respectively. **RESULTS:** The results presented in relation to the LQ are in a threshold considered as a very good state of health / LQ according to the scores presented on the respective tools of evaluation with the domains: Functional Capacity with 73,3; General State of Health with 73,6 Social Aspects with 73,1 and Mental Health with 80,9 for MOS SF-36. The most expressive results were WHOQOL-Bref the Psychological Domain with 65,2 and the Environmental with 66,4. The presence of pain was higher in the supporting articulations with 89 participants pointing out the knees and with an intensity of pain measured in level 2 among 35 participants being considered low for the most of the interviewed people in relation to the Scale of Faces and in relation to MOS SF-36 tool with a score of 69,6. **CONCLUSIONS:** Weighing up what it was said above, we may conclude that, in general, the LQ of the interviewed people was classified as very good and that the higher the intensity of the pain, the worse its classification. The data allowed us to conclude that there was not a positive comparison between the scores of the tools used for the evaluation of the LQ. Key Words: Elderly people, Physical Pain, Health Care.

72/1199/Impact Of Pain On Quality Of Life And Symptoms Of Ambulatory HIV/AIDS Patients In Uganda

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AIMS: It is widely believed that pain has a profound effect on a person_s quality of life (QOL) and many measures of thus QOL thus include an assessment of pain as part of the evaluation. The structure of QOL in pain has however not been well explored in Uganda and Africa at large, yet the importance attributed to pain varies considerably across cultures. This questions the extent to which findings from a different cultural setting can be uncritically applied to another. The objective of this study was thus to explore the impact of pain on qol ambulatory HIV/AIDS patients. **METHODS:** The relationship between pain and quality of life was examined through a cross-sectional survey of 300 ambulatory HIV/AIDS patients recruited from two teaching referral hospitals in Uganda. Patients who reported pain other than the normal simple pains one week prior to the study completed the brief pain inventory, long form while all patients completed the MOS-HIV, a QOL measure and the memorial physical symptoms check list (MSAS). Other clinical and socio-demographic information was collected using a short questionnaire. Multiple liner regression analysis will be performed to establish the most parsimonious set of variables that predict pain intensity. Multi variate analysis of variance will be preformed to look for associations between pain and quality of life and other measures of physical functioning. **RESULTS:** Analysis is under way and results on which domains of quality of life are more affected by pain, and symptoms associated with pain will be reported during the conference. **CONCLUSIONS:** The findings will shed more light on the domains of quality of life most affected by pain and thus worth targeting during treatment. Findings will also shed more light on the relationship between pain intensity and presence and physical functioning and the extent to which it interferes with other aspects of patient_s lives. Symptoms which are more associated with pain will also be identified for better management of associated pain during care.

73/1480/Health-related Quality of Life in Elderly People with Chronic Low Back Pain

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AIMS: This study had the objective to investigate the health-related quality of life (HRQL) in elderly people with chronic low back pain by the Medical Outcomes Study 36-item short-form health survey (SF-36), and the association between the SF-36 and sociodemographic aspects, clinical signs, intensity of pain and depressive symptoms. **METHODS:** The study was carried out using data obtained from 92 elderly people with chronic low back pain who attended a rehabilitation center. The questionnaire included 3 measurement instruments: SF-36, numerical pain rating scale (PS) and geriatric depression scale (GDS) in concomitance with general clinical signs evaluation, including the ones related to low back pain and sociodemographic data. Statistics analyses were carried out to all aspects evaluated. **RESULTS:** The role-physical and general health presented the lower and the highest media, respectively, among the SF-36 dimensions. In the univariate analysis (ANOVA), the variables that influenced different dimensions of SF-36 were: gender ($p= 0{,}038$), level of education ($p= 0{,}033$), sleep disorders ($p= 0{,}045$), duration of the current episode of low back pain ($p= 0{,}001$), intensity of pain ($p= 0{,}008$) and depressive symptoms ($p<0{,}0001$). On the other hand in the multivariate analysis (MANOVA) only the intensity of pain ($p= 0{,}009$) and depressive symptoms ($p<0{,}0001$) variables were capable of influencing the HRQL. **CONCLUSIONS:** The intensity of pain and depressive symptoms negative influence on the elderly people HRQL suggests that recovery and rehabilitation initiatives applied to elderly people may optimize their HRQL.

74/1232/Quality of life in patients with Chronic Pain: an Interdisciplinary Approach

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AIMS: Pain is an affection conditioned by social, emotional and physical factors. The interdisciplinary treatment (IT) has proved to be effective for the management of chronic pain (CP). The concept of quality of life in relation to health constitutes an innovative way to evaluate therapeutic interventions on these patients,as it takes into consideration the physical, behavioral and environmental components that are being affected by pain.The aims of the present study are: 1) to determine the impact of CP in the quality of life of patients that suffer from it 2) to evaluate the efficiency of the IT by measuring the quality of life in patients with CP 3) to evaluate the presence of depressive symptoms on CP. **METHODS:** It is a retrospective, descriptive and longitudinal study. We evaluated 210 patients with CP according to IASP during the period between 2006-07; they were admitted to the interdisciplinary program of the Chronic Pain Center at FLENI Escobar, accredited by the Commission on Accreditation of Rehabilitation Facilities. 166 patients completed the study, out of the 210 evaluated. Age, sex, diagnosis, SF36 and Beck (initial and final) were analyzed. The results were processed by ANOVA. **RESULTS:** Out of 166 patients , 70% were female; 46%between 40 and 65 years; 88% had back pain, being lumbago the most frequent diagnosis(58%).The initial SF36 average was of 37.73% and the final 55.8% ($p<0.005$). At the beginning there were slight (40%) and moderate (25%) depressive symptoms. At the end of the survey, 61% of the patients were asymptomatic. **CONCLUSIONS:** Between the most important findings, we found that patients with CP presented a deteriorated quality of life both in their physical and emotional aspects. The interdisciplinary treatment has shown to significantly improve the quality of life of these patients. The results obtained in the present study, agree with previous publications. The depressive symptoms are an important factor to be taken into consideration in CP. It was seen that the depressive symptoms had improved by the end of the program.

75/1624/Health-related quality of life in Brazilian burned outpatient

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AIMS: To assess health-related quality of life (HRQL) in burned outpatients during the rehabilitation process and compare their HRQL, according to gender and total body surface area (TBSA). **METHODS:** Forty nine patients were surveyed who were followed at the Burn Unit of the University Hospital, School of Medicine of the University of São Paulo, Ribeirão Preto, SP, Brazil. The inclusion criteria were: over 15 years of age, between the fourth and sixth month after the accident happened and admitted at the Burn Unit from August 2005 to January 2008. HRQL was assessed through the Medical Outcomes Survey 36 _ Item Short-Form (SF-36) instrument. The t-test was also performed to check the differences between the groups in function of sex and TBSA. Significance level was 0.05. **RESULTS:** Thirty-five male and 14 female burn patients were interviewed. The mean age was 35.3+13.5 years (range from 15.3 to 70.8) for male and 34+13 years (range from 17.3 to 54.2) for female.

Thirty-five (71.4) patients had less than 20% TBSA burned and the distribution of TBSA was similar among male and female. The mean scores for SF-36 domains ranged from 22 (role physical) to 74 (general health) and from 50 (role emotional) to 88.9 (physical functioning) for the male and female groups, respectively. Differences between the groups was statistically significant only for the role physical domain of the SF-36 (p=.005). The HRQL results by TBSA groups patients showed that the mean scores for SF-36 domains ranged from 43.6 (role physical) to 78.7 (physical functioning) and from 7.1 (role physical) to 75.5 (general health), for the less than 20% and more than 20% TSBA groups, respectively. Differences between the TBSA groups were statistically significant for physical functioning (p=.052), role physical (p=.017) and role emotional (p=.027) domains of the SF-36. These domains were worst for the more than 20% TSBA group. **CONCLUSIONS:** Concerning the domains of the SF-36, individuals with TBSA more than 20% reported worse physical functioning, role physical and role emotional. Differences between the males and females were statistically significant only for the role physical domain of the SF-36.

76/1305/Health Care Access And Inequity In Spain: Empirical Evidence From A Country With A Universal Public Health Sector

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AIMS: The equity of access to health care is a central objective for the countries characterized by a universal public health sector, such as Spain. In these countries, everybody has the right to be properly attended in the public health centers. However, there is evidence that patients in lower socio-economic positions are less likely than the more wealthy patients to access health care services. The main goal of this research is to explore the reasons that enhance the socio-economic inequity in the health care access among people who live in a Spanish community. **METHODS:** We have drawn a sample of 938 people older than 14 years old (452 men and 486 women) from a self-elaborated Health Survey in Casablanca. Casablanca is a suburban community in Zaragoza, Spain, that comprises three main residential areas characterized by different socio-economic levels. The main advantage of using this survey is that it provides us with individual information about socio-economic characteristics, states of health and health care access. We will implement the techniques of multilevel, so we will be able to understand, for example, if differences in the residential areas determine differences in the citizen_s states of health. **RESULTS:** In progress **CONCLUSIONS:** Given the evidence of inequity in health care access, it is essential to analyze the reasons of this inequity. The policy implications of this research are huge and wide range. For example, if those citizens in the worst economical situations fail to recognize when they need health care, then educative campaigns might be aimed to them in order to promote health education that correct these health misperceptions. However, if there is no problem in recognizing when they need health care, then the supply of health care services must be reconsidered to cover the greatest population group in the same conditions.

77/1464/EQ-5D vs SF6D (SF-12v2) as measures of perceived health in a general population survey

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AIMS: Preference-based indexes of health are useful in economic evaluation of health care. Few studies have performed head to head comparisons of two of the most well-known preference-based indexes, the EQ-5D and the SF-6D. The aim of the present study was to compare the validity (discriminant capacity) of these two indexes in the 2006 Catalan Health Interview Survey (CHIS) **METHODS:** The EQ-5D and the SF-12v2 were interview-administered to a subsample (n=4.319) of the 2006 CHIS, which is representative of the adult general population of Catalonia. EQ-5D and SF-6D (SF-12v2) preference-based indexes were calculated. Both are scaled so that 1 is equal to best health and 0 equal to death. Discriminant capacity among known groups defined by socio-demographic variables (gender, and social class), indicators of physical impairment (limitation of activities in the last year and number of physical conditions), and indicators of mental impairment (reported mental disorder and psychological distress measured by the General Health Questionnaire-GHQ) was tested using ANOVA tests. The ratio between EQ-5D and SF-6D F statistics was calculated. Values <1 and >1 indicate higher or lower discriminant capacity for the EQ-5D compared to SF-6D, respectively **RESULTS:** The EQ-5D correlated moderately (r=0.45) with SF-6D. A substantial ceiling effect was observed for both indexes (59.7% for EQ-5D and 18.3% for SF-6D). Differences among defined known groups on EQ-5D and SF-6D scores were all statistically significant (p<0.01). The EQ-5D presented higher discriminant capacity than SF-6D for social class, number of physical conditions, and limitation of activities (F ratios from 0.31 to 0.62). The SF-6D discriminated better by gender, psychological distress and reported mental disorders (F ratios from 1.03 to 2.69) **CONCLUSIONS:** Although both SF-6D and EQ-5D discriminated between all the groups tested, the SF-6D showed better discriminant capacity for mental health, while the EQ-5D discriminated better among the known groups defined by physical impairment. The SF-6D showed a less skewed score distribution

78/1505/Changes intra-migration patterns of elderly people, beneficiaries of a social housing program, Santiago de Chile

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AIMS: The change of addresses in elderlies people provoque changes in the social network and in the patterns of spatial mobility. The objective of the study was to analyze the displacements according to the frequency, motive, time and a how they displace. The research question was: is it necessary to considerer the new locations of the new houses of the poor elderlies in order to protect their quality of life?. **METHODS:** This study was made to the group of beneficiaries of basic housing in building and housing in condominium, between the years 1998 to 2001. (1998 was the year in which the assignment of housings began in condominium). The beneficiaries of these social housing were 373 elderly people located in counties of the Metropolitan Region. It was applied a semiconstructed survey, house by house, in which there were included demographic aspects, social networks and movements, comparing the current and before situation to the definitive movement to their new houses. The results of the survey were analyzed by the researchers; the opened questions were categorized and the closed questions were analyzed by a statistical program, SPSS V11. **RESULTS:** After the change of addresses, the elderlies stopped to visit some people due to problems of spatial movements. In the group of old citizens, those which didnt change of county, 14,9 % they stopped to visit friends; although who changed county this value raises to 30,1 %, that means statistically significant difference (Chi2=7,631; p = 0,006). Also there was demonstrated that a high percentage of displacements were done to the county of origin. In this type of program it would be seriously interesting to incorporate a monitoring of the displacements of the people to evaluate the impact in the social networks. **CONCLUSIONS:** There was demonstrated that a high percentage of displacements are realized to the county of origin. In this type of program it would be seriously interesting to incorporate a monitoring of the displacements of the people to see their impact in the social networks.

79/1680/Comorbidity, education and self-reported health in an Iranian general population

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AIMS: This study aimed to investigate the relation between comorbidity, educational level and self-reported health in an Iranian population. **METHODS:** This was a population-based study carried out in Tehran, Iran. A sample of individuals aged 15 years and over were interviewed. Self-reported health was measured by asking each individual to respond to the statement, 'In general how would you describe your health at present'. There were five response categories; 'excellent', 'very good', 'good', 'fair' and 'poor'. We used years of formal education as a measure of socioeconomic status and it was categorized to five levels accordingly. The logistic regression analysis was performed to estimate odds ratio and 95% confidence intervals for indicating the contribution of educational level to self-reported health while controlling for age, gender, marital status, and comorbidity (cardiovascular conditions, cancer, diabetes, musculoskeletal and respiratory diseases). **RESULTS:** In all, 4163 individuals were interviewed. The mean age of the respondent was 35.1 (SD = 16.0) years, 52% were female, the mean years of their formal education was 10.0 (SD = 4.5), and 35% rated their health as excellent or very good. Overall, women rated their health poorer than men (P < 0.0001). Age, gender, marital status, and comorbidity had independent effects on self-reported health (P < 0.0001). The findings showed that those with higher education rated their health significantly better than those with lower educational levels after controlling for the age, gender and comorbidity effects. The odds ratio for having lower self-reported health for those at the bottom of the educational level as compared with those at the top was 2.65 (95% CI = 1.88-3.73). **CONCLUSIONS:** The findings indicated that there is an inverse relation between educational level and self-reported health. This was more profound for females as compared to male respondents. The study results also indicate that age, gender, and comorbidity have independent effects on self-reported health status.

80/1555/Determinants of self-reported health: a population-based study

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AIMS: To investigate what variables best predict self-reported health in an Iranian population. **METHODS:** A random sample of individuals aged between 18 and 65 years old were interviewed in Tehran, Iran. Self-rated health was measured by asking each individual to discribe thier health at present. The contribution of independent variables to self-rated health was examined using the logistic regression analysis. **RESULTS:** In all, 1179 individuals were interviewed. The mean age of the respondent was 34.6 (SD = 12.8) years, 52% were male, and 19% rated their health as very good.The significant findings are shown in the Table, while gender, marital status and education were not significant contributing factors. **CONCLUSIONS:** Age, physical and psychological health and income were the most contributing factors to self-reported health. Indeed, it is a good indicator for measuring population health.

	OR (95% CI)	P
Age (years)	1.03 (1.01-1.05)	< 0.0001
Income (ref. high)		
middle/low	1.5 (1.07-2.1)/1.8 (1.1-2.8)	0.02/0.01
Comorbidity (ref. none)		
cardiovascular/ cancer	8.9 (5.0-15.7)/6.8 (4.0-11.5)	< 0.0001
diabetes/ musculoskeletal	5.8 (2.5-13.2)/4.6 (2.4-9.00)	< 0.0001
Anxiety (ref. none)		
very much/very	4.3 (2.0-9.4)/2.1 (1.2-3.7)	< 0.0001/0.004
moderate/a little bit	1.1 (0.67-1.8)/0.96 (0.61-1.5)	0.69/0.89
Depression (ref. none)		
very much/very	4.1 (1.2-13.6)/2.0 (1.06-3.9)	0.02/0.03
moderate/a little bit	1.6 (0.99-2.6)/1.5 (1.03-2.3)	0.05/0.03

81/1478/Impact of Weight on Quality of Life: Finnish vs. American Patients

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<u>**AIMS:**</u> Finnish patients (FP) in weight loss treatment were compared with American patients (AP) on weight-related quality of life. <u>**METHODS:**</u> FP were recruited from two weight loss programs for patients with obesity-related comorbid conditions such as osteoarthritis, metabolic syndrome, hypertension, and dyslipidemia. AP were enrolled in an intensive day-treatment weight loss program for patients who also had obesity-related comorbid conditions. AP (n=395) were matched to FP (n=395) on age, BMI, and gender. All patients completed the Impact of Weight on Quality of Life-Lite (IWQOL-Lite) questionnaire, which assesses weight-related quality of life on 5 domains (physical function, self-esteem, sexual life, public distress, and work) and total score. Higher scores indicate better quality of life. Correlations were obtained between BMI and IWQOL-Lite scores, and mean scores were compared between samples. <u>**RESULTS:**</u> For FP the mean BMI was 39.49 (6.08), mean age was 49.22 (8.36), and there were 54.2% women in the sample. For AP the mean BMI was 39.83 (7.47), mean age was 49.24 (8.99), and there were 54.2% women in the sample. American patients generally reported a higher correlation between BMI and IWQOL-Lite scores than FP. For example, the correlation between BMI and IWQOL-Lite total score was -.50 for AP and -.34 for FP. FP reported lower scores on Physical Function than AP, but FP reported higher scores on Sexual Life, Public Distress, Work, and Total score. Interestingly, although scores did not differ significantly between men and women in the Finnish sample (p>.16), American women reported significantly lower IWQOL-Lite scores on all of the subscale scores as well as the total score (p<.04). <u>**CONCLUSIONS:**</u> In conclusion, the impact of weight on quality of life is different in Finnish and American weight loss patients. Unlike Finnish patients, American patients also exhibited gender differences, with women reporting poorer quality of life. Thus, national/cultural factors likely play a role in how obesity is perceived, which may have implications for treatment.

82/1453/Simulation of Population Health Utilities: A Multi-Ethnic Analysis

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<u>**AIMS:**</u> The modelling of health benefits and costs is a common task performs in health technology assessment especially when cost-effectiveness models rely on secondary data. This type of analysis generally applies Bayesian methods which provide enough flexibility to allow the synthesis of evidence from multiple sources. Nonetheless, despite their wide use in health economics there is limited evidence in the literature about how suitable are these techniques when applied on population levels. The aim of this study is to explore the feasibility and adequacy of simulating population time trade-off (TTO) values using Bayesian techniques. <u>**METHODS:**</u> Analysis is based on data collected for the 2002 U.S. valuation study of EQ-5D health states (real data). TTO valuations (anchored between -0.975 and 1) for 17 health states collected from three different ethnic groups (White/other, Black and Hispanic) were compared with corresponding values generated using their mean, standard deviation and the moments of 1-gamma distribution. Real and simulated TTO values were analysed graphically by health state using histograms, and globally using the average median absolute error and Spearman rank correlation. <u>**RESULTS:**</u> Graphically, all mild and moderate health states have distributions that appear highly skewed to the left. However, some severe health states do not follow this pattern and tend to have either bimodal or right skewed distributions which do not match perfectly the left skewed shape of 1-gamma. The average median absolute error between real and simulated data was 0.135, 0.081 and 0.106 for the White/other, Black and Hispanic ethnic groups respectively (on a scale of 0, infinite-). The lowest Spearman rank correlation coefficient was 0.985 in the Black subgroup. <u>**CONCLUSIONS:**</u> Findings provide support for the modelling of population TTO values based on Bayesian techniques. However, simulation results seem to be partially affected by the 2 stage-TTO process that accounts for values worst than dead and also by ethnic characteristics. Given the intrinsic distribution of TTO valuations, Bayesian methods could represent a valid alternative for simulating EQ-5D valuation studies and eventually lead to a global model of health based on median modelling.

83/1534/Evaluation Of Quality Of Life Of The Residents In South Of Minas Gerais

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<u>**AIMS:**</u> The improvement of the condition of life is a frequent interest among the people. Being satisfied or not with life shows elements responsible for its quality. The goals of this study were to evaluate the quality of life of the people that live in townships located in south of the state of Minas Gerais and to relate the social demographic variables with quality of life (QL). <u>**METHODS:**</u> The survey was by quantitative approach, descriptive and transverse. The population studied was constituted by people from both sexes and from 18 years of age and up. The data collection lasted 6 months and took place in houses, local companies, public parks and schools, after information about this study and signatures of consent term. The sample was done with 1080 people and by convenience was qualified as not probabilistic. The instrument utilized was Ferrans and Powers Quality of Life Index (IQL), formed by four domains: health-function; social- economic aspects; spiritual- psychological aspects and family, with scores variation between 0 and 30 points. For the data analysis was utilized the descriptive statistic, Mann-Whitney test and Cronbach_s alpha. <u>**RESULTS:**</u> The total IQL average presented (M=25,01); health-function (M=24,62); social economic (M=24,06); spiritual-psychological (M=26,03) and family (M= 25,94). Internal consistency of the total IQL was supported by Cronbach_s alpha of 0,8639; health-function 0,8447; social-economic 0,7068; spiritual-psychological 0,8925 and family 0,7609. The comparative analysis of QL showed a significant difference (p< 0,05) in all of the domains with marital status, religion and scholars. It also showed a significant difference (p< 0,05) from the QL values, with the exception of the social-economic domain, in relation to gender, type of family and children <u>**CONCLUSIONS:**</u> The correlation between QL and age characterized association statistically significant (p< 0,05). The goals allowed the conclusion that the social-economic domain was the one that the most compromised the quality of life. The social-demographics variables when compared with QL, showed significant differences. We recommend that other studies in this nature are done so this information can be consolidated.

84/1586/Does self-rated quality of life in the elderly correlate to objective indicators of national prosperity?

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<u>**AIMS:**</u> Many findings confirm that the quality of life (QOL) in the elderly is related to their personal situation including health, stable marriage, having an adaptive coping style, not being a smoker, absence of depression and other emotional problems. QOL is however related to socio-economic characteristics as well. The aim of this work was to investigate (1) whether the cross-national comparison of subjective QOL corresponds to the objective QOL indicators and (2) whether factors related to QOL are similar in older

adults in a post-communist country as compared to those living in traditional western democracies. **METHODS:** The sample comprised 1981 respondents aged 60+ from the Czech Republic, Denmark, Germany, Norway, Sweden, and Switzerland. The subjective QOL was measured using the generic WHOQOL-BREF assessment and the WHOQOL-OLD, the add-on module for older adults. Geriatric Depression Scale (GDS) was used as a screening measure for depression. The objective indicators included life expectancy at birth, Gross domestic product (GDP), and the Human development index(HDI). **RESULTS:** The findings showed lower quality of life in most domains of the WHOQOL-OLD and WHOQOL-BREF in Czech sample as compared to other centres. It corresponded to the objective indicators of well-being, at least regarding the last position of the Czech Republic as compared to Denmark, Germany, Norway, Sweden and Switzerland. Both HDI and GDP correlated highly with the self-rated health, social QOL domain, psychological QOL domain, and the depression scale. Analyses of factors related to the quality of life of older adults showed similar patterns for the Czech sample and other centres with depression emerging as the strongest determinant of reduced QOL. **CONCLUSIONS:** Findings underline that subjective quality of life measurement reflects cross-country difference in accordance with objective indicators of national prosperity. Acknowledgements This work was supported by the research project MZCR MZ0PCP2005. Analyses were based on data from the WHOQOL-OLD study coordinated by Prof. Mick Power from Edinburgh University.

85/1651/Two moments of the Quality of Life of the users' of a project of Primary Attention with the focus of Family Health. Medellín (Colombia)

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AIMS: The evaluation of the quality of life (QOL) in programs of Primary Attention or Family Health it has not been used in Colombia. The objective was to describe the changes that had in the QOL the users of a program of Primary Attention with emphasis in Family Health (PA/FH) developed in the University of Antioquia (Colombia), after a year of pursuit. This educational program of AP/SF embraced aspects of health promotion and disease prevention, with family participation under a conception of self-care, with participation focus, interdisciplinary, integral and with a biological, psychological and social orientation **METHODS:** The QOL was evaluated with the instrument WHOQOL-BREF applied in two moments: before beginning the program of PA/FH and after one year, to 229 users bigger than 16 years. The WHOQOL-BREF was applied self-administered attended and for interview. The methods standards were used for the rated of the questionnaire. Descriptive measures were used to compare the QOL at the end of the program with the QOL to the beginning of the program, in the domains Physical Health, Psychological, Social Relationships, Environment and items of General QOL and General Health (GH) **RESULTS:** After a year of the program of PA/FH the scores of QOL was bigger in the Psychological and Environment domains ($p < 0.05$) and there were not differences in the domains Social Relationships and Physical Health and items of General QOL and the GH ($p > 0.05$). There were not variations in the QOL between men and women; the age group that better score showed went from 30 to 39 years old in all the domains. Regarding educational level the lowest score in QOL was for the group of the technicians and regarding occupation it was for the housewives and the unemployed; the biggest score was for the separate ones **CONCLUSIONS:** The changes in the QOL of the users of the program PA/FH after one year in the Psychological and Environment domain was small (they were not bigger than 3 points in a scale from 0 to 100 points). Maybe this was due to that the short term impact of programs of health should be made to 5 years or more

86/1473/Quality-Adjusted-Life-Years (QALY) lost to herpes zoster (HZ): Impact of using prospective versus cross-sectional data and choice of reference value

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AIMS: Vaccination against HZ is being considered in many countries. Although valid QALY estimates are needed to assess the cost-effectiveness of vaccination, most analyses use QALYs calculated from cross-sectional studies using population norms. We aim to 1) estimate the QALY lost to HZ prospectively; 2) compare QALYs using different study designs. **METHODS:** From 10/2005 - 08/2006, 277 incident cases of HZ were recruited across Canada and followed for 6 months. Their health-related quality of life (HRQoL) (EQ-5D and VAS) and pain severity (Zoster Brief Pain Inventory) were measured at 10 time points. Both pre-HZ HRQoL (measured retrospectively at baseline) and population norms were available as reference values. By definition, an HZ episode lasts a maximum of 90 days, after which it becomes post-herpetic neuralgia (PHN). Under the prospective method, we estimated QALY lost for an HZ episode by aggregating the difference between the HRQoL and the reference value over time until pain cessation. With this method, the QALY lost during the HZ episode can be calculated separately for cases subsequently developing PHN or not. Under the cross-sectional method, we multiplied the difference between the HRQoL at recruitment and the reference value with the average duration of HZ pain (24 days). **RESULTS:** QALY lost during an HZ episode (Mean (sd)) are presented in the table. **CONCLUSIONS:** Preliminary results suggest that the QALY lost to HZ varies substantially depending on the methods used. Cost-effectiveness analysis based on cross-sectional QALY data and/or QALYs measured using a VAS may underestimate the benefit of HZ vaccination.

	Total (n=207)	PHN (n=43)	No PHN (n=164)
Prospective EQ-5D	0.023 (0.043)	0.065 (0.062)	0.012 (0.028)
Cross-sectional EQ-5D	0.015 (0.019)	NA	NA
Prospective VAS	0.013 (0.034)	0.036 (0.048)	0.007 (0.028)
Cross-sectional VAS	0.009 (0.001)	NA	NA

87/1959/Innovative strategies implemented by professionals in health and education collaborators of the Commission Smoking Program Life Chile in the Commune of Angol. Aimed at improving the quality of life of Population

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AIMS: Sensitize and empower people about their right under the Act gives Snuff. To help reduce cigarette consumption in different groups ethereal reporting across different media of the damage that their consumption leads. Contribute to improving the quality of people's lives. **METHODS:** -- This has been structured on the basis of: I. - Workshops group framed within the context of constructivist learning and the use of an active participatory training methodology. II- Learning in the framework of a collective experience -- Dimension report -- Dimension reflexive -- Dimension participatory -- Dimension playful III .- Support Manual for the commission handed over by the Ministry of Health) IV .- Materials developed by the commission for delivering educational talks, advertising and incentives. V. _ Empower man of people in three different social environments: -- Elementary -- Education -- Social Community **RESULTS:** Increased awareness that the law is a tool to serve people and highlighting the right to an environment, protect their health, their family and community. Advances in cultural changes leading to an improvement in the quality of people's lives. Progress in making an informed decisions **CONCLUSIONS:** This experience can be applied in similar contexts since it encourages participation by all, promotes reflection, gives time and space for personal experiences in active form, where the people play and have fun learning.

88/1775/Quality Of Life And Physical Functioning Of Patients With COPD After Short-Term Pulmonary Rehabilitation

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AIMS: Short-term inpatient pulmonary rehabilitation for older adults with chronic obstructive pulmonary diseases (COPD) may be beneficial in improving physical and psychological outcomes while reducing healthcare resource utilization. COPD has a slow onset; over time, patients are less able to work and care for themselves. Their quality of life deteriorates with increasing disability. The purpose of this study was to evaluate the physiological and psychosocial outcomes, quality of life, and health care utilization of a three-week inpatient pulmonary rehabilitation program for older COPD patients. **METHODS:** Ninety-six older patients with severe COPD (mean percent predicted FEV1 = 30%) were interviewed at admission and discharge and at two, four, and six months after discharge using the Medical Outcomes Study Questionnaire (SF-36). Pulmonary function and walk scores were obtained from patient records. Hospital and healthcare utilization was based on self-reported data at each of the three follow-ups. **RESULTS:** Patients experienced significant improvement in endurance, physical functioning, and psychological well-being from admission to discharge. Life quality improved significantly and was maintained at six month follow-up. These improvements were unrelated to pulmonary function. Six months after discharge, these patients were performing their physical, emotional, and social roles at the same levels as the normal population. These patients had significantly fewer hospitalizations (t = 3.31, p = .003) and were hospitalized for significantly fewer days (t = 2.35, p = .022) during the six-month follow-up period than prior to the program. Significant reductions in emergency room visits were reported. The number of outpatient physician visits and home health visits at follow-up did not differ significantly from rates reported prior to the program. **CONCLUSIONS:** These findings support the use and benefits of short-term inpatient pulmonary rehabilitation for older adults with COPD in improving patient outcomes while reducing healthcare utilization.

89/1087/The influence of the Pilates method on the quality of life of healthful individuals measured by SF-36 questionnaire

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AIMS: Aims: To evaluate the influence of the Pilates method on the quality of life of healthful individuals using SF-36 questionnaire. **METHODS:** Methods: twenty seven healthy individuals (1 male) aged 15 to 60 years participated in a two days/week Pilates program for 4 months and completed the SF-36 questionnaire in the beginning and in the end of the program . The questionnaires were applied by the same person in both times and the results were statistically compared by t-test in double-blind method. **RESULTS:** Results: There was statistically significant improvement in all of SF-36 dimensions after the 4 months program. The p values for each SF-36 dimensions were: physical functioning p=0.0002; role physical p=0.04331; bodily pain p=0.00107; general health perception p=0.00929; vitality p=0.00002; social functioning p=0.00407; role emotional p=0.00929; mental health p=0.00002. **CONCLUSIONS:** Conclusion: The present study suggests that the given treatment may improve the quality of life of the individuals who participated of the 4 months Pilate_s program with improvement in all of dimensions of SF-36 questionnaire.

90/1594/Quality Of Life In A Patient Operated On For Herniated Lumbar Disk Treated With Different Methodologies Of Physical Activities

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AIMS: The aim of the study was to measure the impact that different types of physical activities have on the quality of life and the functional capacity of the subject. **METHODS:** Male subject of 40 years of age, 75 kg and 178 cm of height. The intervention started 2 months after the operation and lasted for 9 months. During the first 3 months he did swimming (50-70%HRR) the next 3 months analytic strength (75-85%RM) and the final 3 months he did functional strength (9-10 EEP). The quality of life was evaluated through a self-report health questionnaire. To estimate functional incapacity the Oswestry disability index (ODI) was used. These questionnaires were done before and after each activity. **RESULTS:** After swimming, the subject showed very significant improvements in the whole results of the QOLs ($p<0.001$) and in the ODI (44% before and 26% after). After the analytical strength training improvements were also observed, although these were only significant in vitality, mental health and in functional capacity (ODI before 26% and after 18%). After finishing the programme of functional strength very significant improvements were observed in the whole results of the QOLs ($p<0.001$) and in functional capacity ODI (before 18% y after 0%). **CONCLUSIONS:** After cardiovascular and light weights at muscular level exercise, like swimming, the improvements are important during the first stages of rehabilitation. To continue advancing it is necessary to apply greater intensity localized weights. However, by using analytical exercises and achieving improvement in resistance strength, the subject shows some insecurity in the normal development of daily-life activities. It is then necessary to apply a last stage where the muscles train not only but also the movements to provide confidence and security necessary to undertake the daily tasks with normality.

91/1337/Informal care and home-based palliative care: a discrete choice experiment to assess the carers' preferences for support services

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AIMS: As the provision of palliative care services in the community increases, so does the requirement for family and friends to provide care (informal care). In the palliative care context, informal carers may be motivated to continue providing care at home when this has become detrimental to their own well-being. It is therefore essential that the design of supportive care services takes account of the carer's perspective. This study investigates the informal carers' preferences for different services to support their care-giving role. **METHODS:** A discrete choice experiment was conducted with 168 informal carers of people receiving palliative care at home. This cross-sectional study recruited carers through two palliative care services in Sydney, Australia (response rate 20%). Data were collected in face-to-face interviews where carers were asked to choose between two plans of support services, and then to choose between their preferred plan or their current services. Data were analysed using multinomial mixed logit models. **RESULTS:** The probability of choosing a service plan increased if it included home visits from palliative care and community nurses, and 24 hour access to phone advice from a palliative care nurse. Carers providing high levels of care also wanted home respite and help in providing personal care. Where the care-giving need was relatively low, carers wanted help with household tasks, transport to medical appointments and a case co-ordinator. Carers generally had a high propensity to choose their current support but this differed among carers and was associated with characteristics of the carer and the care-giving situation. **CONCLUSIONS:** While all carers valued nursing services, preferences for other services varied over the palliative process. Domestic help, transport and coordination of treatment and information sharing were important at the earlier phase, while personal care and respite became the priority as the care recipient's condition deteriorated. Preference for the status quo suggests satisfaction with current support but the variation among carers indicates that effective support for carers must recognise the differing needs of individual carers.

92/1408/Trajectories of health-related quality of life (HRQL) differ among age groups: Results from an 8-year longitudinal study

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AIMS: We used growth-curve models to investigate the HRQL trajectories among the general adult population and to determine the association between the individual characteristics and variations among trajectories. **METHODS:** Longitudinal Canadian National Population Health Survey (Cycles 2 (1996/97) to 6 (2004/05)) was used. The target population was those aged 18+ in Cycle 2 (13,665 respondents; 53,151 records), including those who were institutionalized and/or died. Health Utilities Index Mark 3 (HUI3) was used as the HRQL measure. Separate HRQL trajectories were estimated for young (age 18-39), middle-aged (40-64) and seniors (65+). Socio-demographic and lifestyle factors and dummy variables indicating institutionalization, death and cohort membership were included in the model. **RESULTS:** Unconditional models for the three age groups were fitted separately. Significant cohort effects were observed in the older age groups. A typical life course trajectory was estimated as concave with a HUI3 score of around 0.95 at age 18 with a very slow decline until the age of 60 (HUI3 around 0.80), followed by a rapid decline. At the age of around 90, the predicted HUI3 was as low as 0.30. Results from independent conditional models showed that factors associated with trajectories differed substantially between the age groups. Receiving social assistance, not having a high school diploma and not being married had negative impacts on trajectories for young and middle-aged. These factors were unimportant for seniors but unfavourable lifestyle factors (i.e. abstaining from alcohol, smoking and physical inactivity) had important negative effects for seniors. In particular, the mean decrement in the trajectory when one became inactive was 0.05 for seniors, more than twice as great as was found for the young (0.02) and middle-aged (0.02) ($p<0.01$ for all parameters). In contrast, having more chronic conditions lowered the mean trajectories by similar magnitudes regardless of age. **CONCLUSIONS:** Understanding heterogeneity in life-course trajectories is important in developing effective health policy for various life stages.

93/1482/Deriving Preference-Based Health States for Valuation: Using Rasch Analysis to Select Health States

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AIMS: Previous studies have used Rasch analysis to derive a preference-based measure (PBM) from an existing non-PBM by selecting a series of items that best represent the non-PBM. Once a PBM has been created, health states are traditionally selected for valuation using statistical modelling techniques, eg orthogonal, cyclical or D-optimal selection. However, by using these methods a proportion of the selected health states to be valued are implausible, eg feeling down hearted and low most of the time and happy most of the time, typically these states are not removed from health state valuations but are valued alongside other plausible states. Below we propose an alternative approach using Rasch analysis to develop a plausible series of health states amenable to valuation in the development of a PBM. **METHODS:** After establishing a PBM from a non-PBM, item threshold maps were examined and each empirically plausible health state observed in the map was recorded for use in the valuation survey (vignette approach). The approach is illustrated using a PBM derived from responses to a non-PBM, the Flushing Symptoms Questionnaire (FSQ). In this study the respondents who took niacin medications and experienced a common side effect of flushing were asked to complete the FSQ. **RESULTS:** The health states selected for valuation were based on the item map for the PBM derived from 1418 responders to the FSQ, the selected items asked about symptoms of flushing related to redness, warmth, tingling, itching and sleep. The item response map identified a total of 16 possible health states which ranged from no problems for all five items to extreme problems for all five items. These sixteen states were then used in the valuation stage of the PBM. **CONCLUSIONS:**

The proposed vignette approach identifies a series of states based on actual responses to items selected for the PBM. The advantage of the vignette approach over traditional statistical methods for selecting health states for valuation is that implausible states are not included and subsequently valued.

94/1270/SF-8 as a Tool to Assess Effectiveness of Social Support for the Women's Health

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AIMS: This survey assesses the impact of social services on the mental and physical health of women. Three groups of women from Machida City, Japan, responded to a questionnaire based on SF-8 (Health-related quality of life scale, Short Form-8): Group A, a random sample from the Basic Resident Registers in Machida; Group B, mothers of preschoolers or children in Grades 1-3; and, Group C, women involved in social work of some kind. Could SF-8 be used to accurately assess the health of women in a local community against the Japanese general population norms? **METHODS:** Group A (674 subjects, age 18 to 79) is representative of women in Machida. The mothers in Group B (95 subjects, age 18 to 64) regularly obtain Parent Effectiveness Training and the support needed for child-raising. The Group C women (27 subjects, age 25 to 75) irregularly take advantage of social work training programs. The SF-8 scores for all Groups were examined for any association between social support and level of health. **RESULTS:** A comparison of Group A and B showed Group B to be healthier. There were statistically significant differences on 6/8 scales (PF, RP, GH, VT, SF: $p<0.01$, MH: $p<0.05$) and on MCS ($p<0.05$). There was no statistically significant difference on the scales between Group A and Group C other than on GH ($p<0.05$). Group B appeared to be in better health than Group C, with significant differences on 5/8 scales (PF, GH, VT, SF: $p<0.01$, MH: $p<0.05$). Group B's level of health is the nearest to Japanese norms, though its MH and MCS are significantly below ($p<0.01$). **CONCLUSIONS:** Group A's level of health was below the Japanese general population norms. All 8 SF-8 scores (PF, RP, BP, GH, VT, SF, RE and MH) and the two summary scores (PCS and MCS) had statistically significant differences ($p<0.01$). The women in Group B and C are more likely to access available social services. Group B receives better quality of social support than Group A or C and shows the highest level of health among the three groups. The better the social support, the higher the SF-8 scores. Thus, SF-8 could be a handy tool to assess the level of health of women and measure the quality of the local community social support they receive.

95/1275/The Study On Quality Of Life Improvement For Female In Pregnant Period

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AIMS: The purpose of this study was to develop the new quality of life(QOL) questionnaire for pregnant female, and investigate and improve the important factors in pregnant period. **METHODS:** 85 pregnant females participated in this study after twice pilot studies. Our original self-administered questionnaire consisted of 47 questions divided into 11 categories. **RESULTS:** Cronbach's alpha coefficients were high enough to accept for clinical use : 0.92 in economical condition, 0.89 in well-being, 0.89 in sleep, 0.88 in living condition, 0.87 in dietary problems, 0.87 in medical service, 0.80 in human relationship, 0.78 in pregnancy control, 0.77 in mental function, 0.72 in mother-child relationship, respectively. Our questionnaire contained 13 main factors and cumulative contribution was 0.82. Compared with early pregnant period, the QOL improved with passage of time and the QOL was most excellent in middle pregnant period. The QOLs of smoker pregnant females were significantly deteriorated than the QOL of non-smoker one($P<0.05$). The QOLs of prayers for smooth delivery were significantly excellent than the QOLs of non-prayers for one, too($P<0.05$). Pregnancy control was the most important factor for the QOL of pregnant period, mental function is secound, and medical service, well-being, mother child relationship, respectively. **CONCLUSIONS:** The improvement of QOL in pregnant period, which relates to following the QOL of child carlng period, is most important from the viewpoint of female reproductive health.

96/1969/Quality of Life and Sexual Function in Postmenopausal Women with Urinary Incontinence

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AIMS: Aging is a natural an unavoidable process that is expressed through physical, psychological, emotional, and social changes, and that can produce undesirable events, such as Urinary Incontinence (UI). This condition increases with age, is more frequent in women, and can produce impairments in the quality of life, such as social isolation, fear, embarrassment, and self-postponement, among others. This research aimed at describing the quality of life and sexual function in postmenopausal women according to the UI classification through the application of specific questionnaires. **METHODS:** This is a descriptive and cross-sectional study carried out between June and September, 2006. This study included 46 postmenopausal women over 50 years old with clinical and urodynamic diagnosis of UI, active sexual life in the last 3 months. All the subjects answered the King_s Health Questionnaire (KHQ) and Female Sexual Function Index (FSFI). **RESULTS:** According to the UI classification, 43.5% showed Mixed UI, 37% Stress UI, and 19.6% Urge UI. The most affected domains in the total of the subjects in regards to Quality of Life were _UI impact (65.2%), _activities performed (56.5%), and the less affected domain was _personal relations (15.2%). The most affected UI classification in the KHQ domains was Mixed UI (43.5%), which indicates a greater impairment of the quality of life. The most prevalent disorders of the female sexual function were: decrease of _sexual desire (45.7%) and _excitation (30.4%), and the less affected domains were _satisfaction (8.7%) and _pain (6.5%). The classification of UI that showed the lower punctuations in FSFI was the Mixed UI. **CONCLUSIONS:** UI affects quality of life and sexual function being the mixed UI the classification that showed the greatest influence compared to the other two types. Due to the UI is a highly-treatable condition, a comprehensive assessment of these patients is needed, under a bio-psycho-social model, having as central paradigm the improvement of the quality of life, considering the perception of the patients themselves.

97/1347/Quality Of Life (QOL) On Working Mothers Taking Care Of Children

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AIMS: The purpose of this study was to evaluate the QOL on working mothers taking care of children and also to investigete the correlation between QOL, taking care of children, and working. **METHODS:** 141 mothers who took care of children (under 6 years) while working, participated in this study. Our original self-administered questionnaire consisted of 45 questions divided into 11 categories. And the general questionnaire for working people consisted of 25 questions divided into 6 categories. **RESULTS:** The Cronbach's alpha coefficients of two questionnaires were high enough to accept for clinical use: 0.93 in mother-child interaction, 0.92 in financial circumstances, 0.90 in sleeping habits (QOL of mothers taking care of children) etc. and 0.91 in satisfaction of role, 0.85 in evaluation of role, 0.84 in efficient sense of role (QOL of working mothers) etc., respectively. Two questionnaires contained 12 main factors which matched the 11 categories (QOL of mothers taking care of children)and 6 main factors which matched the 6 categories (QOL of working mothers) quite precisely. There was significantly positive correlation between psychological conditions and evaluation of role ($r=0.441$ $p<0.01$), but there was significantly negative correlation between financial circumstances and effect on family ($r=-0.501$ $p<0.01$). Average QOL levels of mothers taking care of children and working mothers were more excellent for the mothers contacting with other parents in the neighborhood compared with the ones not ($p<0.05$), respectively. And they were more excellent for the mothers being quite understood at their places of work compared with the ones not ($p<0.01$, $p<0.05$) in QOL levels, respectively. **CONCLUSIONS:** These findings indicate that our original QOL questionnaires and the questionnaires for working people have sufficient reliabilities and potencies of validity to use for child-rearing mothers in general. This study also showed that the support from the environment and the workplace is the most important point in particular for working mothers raising children.We must pay more attention to supply full childcare service and teach how to take care of children including permanent affection, for mothers.

98/1353/Pregnancy and birth - The impact of medical and psychosocial factors on quality of life and wellbeing

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AIMS: Pregnancy, birth and the postpartum period may be critical life events for women that result in physiological, emotional and social changes. The aim of the study was to explore psychosocial and medical factors on decreased quality of life and wellbeing of women during pregnancy and postpartum. We focused on pregnancies at risk including hypertensive disorders, gestational diabetes, preterm delivery and migration. **METHODS:** The study group included 112 women in an inpatient and outpatient setting. Health related quality of life was measured using the WHO-QOL-BREF questionnaire and mood disturbances was assessed with the Edinburgh Postnatal depression Scale. Data were collected prospectively at 3 assessment times (24-37 week of gestation, 2-5 days after birth and 3-4 months postpartum). Statistical analyses were performed using ANOVA and MANCOVA to explore quality of life and mood disturbances. **RESULTS:** The results indicated that pregnant women had lower quality of life in the physical dimension compared to a non-pregnant reference group. Younger age was associated with lower quality of life in the psychological and the global quality of life dimension. Older pregnant women showed better quality of life in the social and environmental dimension. Risk factors for decreased quality of life were during pregnancy an unwanted pregnancy, risk for preterm delivery, poor social support and poorer financial situation. 2-5 days postpartum risk factors were early week of gestation, mood disturbances in pregnancy and poorer health status of the newborn. 3-4 month postpartum risk factors for decreased quality of life and wellbeing were poor social support, mood disturbances in pregnancy, poor health status of the child, migration and lower social class. **CONCLUSIONS:** It is important to pay attention to these risk factors to provide a good care and treatment for pregnant women. If indicated psychological support should be offered.

99/1170/Wellbeing and Gender Inequity, a Community Approach

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AIMS: Despite governmental efforts to promote gender equity, gender discrimination is still frequent. In Spain we have gender differences in income, unemployment, and working schedule. In fact, discrimination is a stressful event with effects on individual mental and physical health; low levels of self-esteem, depression, sleep problems and perceptions of disempowerment. This paper reflects these sex differences found in the dimensions of the quality of life, health and health care access in a community sample. **METHODS:** The present study is based in previous works about health risk and health care utilization done in Casablanca (suburban community in Zaragoza city, Spain). The survey is composed by different scales related to socio-demographic characteristics, lifestyles (emphasis on nutrition) and quality of life. Qualitative and quantitative techniques are combined in order to analyze these data and the influence of the independent variable (gender) on them. **RESULTS:** There are significant statistical differences when it is taking into account the quality of life in relation to the health perception. Women tend to consider that their previous and current states of health are worse than men do. In order to improve their own health, women agree with men in considering sport and physical activity as the main measure to be taken. However, a detailed analysis of these answers shows us how men and women differ in these priorities. Sport and the reduction in consuming harmful products are the most important factors for men, whereas women prioritize a balanced diet, relaxation and all the questions related to illness and its prevention. Evaluation differences in the health care services and uses are observed too. **CONCLUSIONS:** Social factors have a decisive importance in the explanation of health and wellbeing. In the same way, sex is without doubt one of the demographic characteristics with a greater weight in the explanation of health. Assessing health equity requires examining avoidable disparities in health (and its determinants) among more and less socially advantaged groups.

100/1610/Quality of life in mediate puerperium

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AIMS: To know the clients perception of their quality of life in specific moments of their medical history is essential for the health care providers to understand these women and thus meet their actual health demands. The puerperium represents a sensitive phase in the life of women; the changes occurring in that period may interfere with their perception of the quality of life. The purposes of this exploratory descriptive study conducted in 2007 in Brazil were to identify the Quality of Life Index of women in the mediate puerperium, using an adaptation of the Ferrans & Powers instrument, and to verify the influence of the variables in their quality of life: type of delivery, breastfeeding and the baby_s health. **METHODS:** The sample consisted of 144 women who attended the hospital up to the 10º day after delivery. The Kruskal-Wallis and Mann-Whitney tests were used ($p<0.05$) to analyze the influence of the chosen variables on the quality of life of the puerperae. **RESULTS:** The data referring to the socio-demographic and obstetric characterization of the sample showed that 65.3% were Caucasian, 75.7% were Catholic and 63.9% did not have a job; the average age was 26 years, and the average family income was US$494.23. Of these women, 49.3% had not planned their pregnancy and 70% had delivered by caesarean section. As for breastfeeding, 64.6% nursed exclusively, 82.6% considered the act of breastfeeding good or excellent, 28.5% had nipple fissures and 10.4% breast engorgement. Regarding the baby_s health, only 4.9% reported any issues. In the analysis of internal consistency, considering the four domains, the General Cronbach coefficient Alpha found was 0.907, considered satisfactory. The average quality of life of these women is relatively high (25.82), the maximum score being 30.0. The _family domain presented the highest score (28.5) and the _socio-economic domain , the lowest (23.5). There was no significant statistical difference for the variables: type of delivery and breastfeeding. There was a difference in the variable babies_ health, both in the general index (p< 0.042) and in the Health/ Functioning domain (p< 0.031) **CONCLUSIONS:** The health issues of babies interfere negatively in the quality of life of their mothers.

101/1614/Quality of life of women with overactive bladder in Sorocaba

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AIMS: This study aims to analyze the quality of life (QoL) of the women with Overactive Bladder (OAB) according the ICS definition, verify the correlations between the Qol scores and the social, demographics and clinical characteristics of the sample, and verify the correlations between the KHQ scores and the symptoms scale. **METHODS:** The authors investigated 334 women in the female population that filled out a social, demographic and clinical questionnaire and the King´s Health Questionnaire (KHQ) to evaluate QoL and symptoms of women with urinary incontinence and OAB. Women with evaluable data were included (33) in this study and it were possible to assess the prevalence of OAB in the city. The interview were made at the women_s house and the data was organized with the software SPSS version 13.0 and analysed with the Categorical Regression with Optimal Scaling (CATREG) by the statistical program GENSTAT for Windows version 8, Sudaan 7.5 and NCSS 2007. It was evaluated the non-parametric correlations between the KHQ domains and the social, demographic and clinical data by the Spearman Rank Correlation, the significances of the Qui-square of the Hosmer-Lemeshow Test ranging from 0,384-0,85 with a good adjustment of the models. The test shows that the contribution of any variables was significant (p<0,05). **RESULTS:** The psychometric properties were tested using the Cronbach_s Alpha Coefficient (RL=0,76; PL=0,42; SL=0,82; PR=0,98; E=0,90; SE=0,83 e SM=0,80). The symptoms considered was diurnal urinary frequency, nocturnal frequency, urinary urge incontinence and urgency in this important sequence and the NagelKerk test shows that this characteristics explain 72% of the occurrence ranging of OAB. The KHQ domains with the high scores were UII (49,49), SE (45,95); RL (40,40) and GHP (40,15). The symptoms diurnal frequency, urgency, and urinary urge incontinence had a positive and significant association with the KHQ domains and the urinary urge incontinence was the best one (R2 = 0,631). **CONCLUSIONS:** The authors concluded that the OAB improves a significant worst in the women's HRQoL.

102/1705/Patient Satisfaction with Breast Reconstruction Following Surgical Treatment of Breast Cancer: A Comparison of Saline and Silicone Implants

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AIMS: Currently, with the exception of skin malignancy, breast cancer is the most commonly diagnosed cancer among women. For many, the treatment of breast cancer will involve the surgical removal of their breast (mastectomy). Implant-based reconstruction of the breast following mastectomy has been shown to have a positive effect on the psychological well-being of breast cancer survivors. At a time when the safety and effectiveness of silicone breast implants remains under close scrutiny however, valid and reliable patient-reported outcome data is needed to support both clinical care and patient advocacy. The objective of this study was to better understand the impact of implant type on patient satisfaction with breast reconstruction. **METHODS:** A multi-center, cross-sectional study design was employed. Women who completed implant-based reconstruction at 1 of 3 sites in North America were asked to complete the BREAST-Q (Reconstruction Module). A 15-item subscale of the BREAST-Q which addresses issues such as satisfaction with breast shape, feel to the touch and integration of one's reconstructed breasts as self, was used to evaluate patient satisfaction with reconstruction. Multivariate linear regression was performed. **RESULTS:** The BREAST-Q was administered to 672 patients, 72% (n=484) of whom completed the questionnaire at a mean 3.0 yrs after reconstruction. Multivariate analysis confirmed that 'Satisfaction with Breasts' was significantly higher in patients with silicone implants (p=0.02). The receipt of postmastectomy radiation had a significant, negative effect on breast satisfaction (p<0.00) in both silicone and saline implant recipients. In addition, for women who received either silicone or saline implants, satisfaction diminished over time (p=0.02). **CONCLUSIONS:** In the setting of postmastectomy reconstruction, women who receive silicone breast implants report significantly higher satisfaction with the results of reconstruction than those who receive saline implants. This information can be used to optimize shared medical decision-making by providing patients with realistic postoperative expectations. In addition, these findings can be used to provide important patient advocacy data.

103/1648/Quality of Life in ART couples in treatment and pregnancy: a cohort study

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AIMS: The aims of our study are to: assess Quality of Life (QoL) of Assisted Reproductive Technology (ART) couples in treatment and in pregnancy; study infertility factors that affect QoL at these different moments; compare couples_ QoL at these different moments. **METHODS:** Cohort study with: G1) 35 couples undergoing ART; G2) 27 ART pregnant couples (24 weeks). G1 was compared with a group of (G3) 70 subjects from general population and G2 was compared with 31 couples with spontaneous pregnancy (G4). Sample was selected in Human Reproduction Department of the University of Coimbra Hospitals(HUC). G1 was selected in an interview with a psychologist during ovarian stimulation phase prior to ART procedure. G2 was selected during their internment after a positive pregnancy test. G3 was selected from the general population and G4 was selected in Daniel de Matos Maternity (HUC) after the medical encounter prior to 24 week gestation. Research project was approved by the HUC Ethical Commission. QoL was assessed with the World Health Organization QoL-brief instrument. Socio-demographic and clinical data were also collected. **RESULTS:** G1 couples present higher Social QoL when compared to a sample from the general population.G2 report worse Social QoL G4.Infertility cause, duration of infertility and the number of previous treatments appear to be important factors in couples QoL. G1 report better Physical QoL but worse Psychological QoL than G2. **CONCLUSIONS:** ART couples present good QoL during treatment and pregnancy. Results suggest that duration of infertility and number of previous treatments have the most important impact in QoL. Results highlight the existence of different pathways among ART couples in terms of infertility history. Different psychosocial interventions should be addressed considering history of infertility and previous treatment attempts. It is also important to attend to different issues during the different phases of infertile couples_ pathway to parenthood, and not only during treatment. Health professionals should be alert and supportive to ART pregnant couples, namely to couples with a long history of infertility and previous treatments.

Abstract 104 /will not be presented

Poster Session 2

105/1760/University Students Quality of Life

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This symposium has the purpose of beginning a discussion about the university students_ quality of life aspects in Brazil where not only the population interest but the need of formation in order to occupy employment places as well have reflected a significant increase of courses and students ever seen before. This phenomenon is noticed as a positive way for the development of the nation but the qualification that these students present is not enough to face the demands from this level of study and social, economical and emotional conflicts are shown more and more in the services of students_ attendance in all higher education institutions. International researches have pointed out that attending a higher education course is a factor that improves the quality of life (Pasquarella and Terenzini, 1991, 2005). Many researches are missing dealing with Brazilian reality and also discussions referent to its conditions that will enable an improvement in life condition, way of life, life style that altogether expresses a better quality of life. Thus, Oliveira will present the topic Quality of Life and Academical Efficiency; Souza, Sleep and Quality of Life; Oliveira and Souza will discuss the data of the research with the topic Gender Differences in Academicians_ Quality of Life and Freire e Guimaraes will discuss University Students_ Quality of Life: relations with the Knowledge Area.

106/1829/Domains and indicators BPSO-96 of quality of working life . Universidade de São Paulo. São Paulo, Brasil, 2008.

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Aims: This work presents elements of a specific instrument of life quality at work. It was investigated the potential relationship between company_s effort and employee_s satisfaction through the selected company_s indicators based on criteria of the bio-psycho-social and organizational domains. Methods: Research method was the field study with the model of dependent and independent variables. The data was collected at 26 companies. It was composed by medium-sized manufacturers that had been awarded ISO 9000 certificate, by 446 questionnaires in the São Paulo City. Results: First comparisons through exploratory analysis of human resources management and employees were obtained. Following, employee_s satisfaction factors were identified as follows: organizational acting, biological needs, social integration, service rendering; so were, company_s effort factors: image, professional development, human resources management, health and ethics, legal actions and energy recovery. By means of a cluster analysis, the employee_s attitude profile was obtained. They notice distinct among accomplishment, discredit or criticism about the company. Conclusions: The Biological domain have: health promotion actions, environmental risks reduction and physical needs attendance, risk map, accident prevention, meals, medical services, ergonomic improvements, specific training, labor security and occupational medicine, ambulatory and nutrition. The Psychological domain has actions promoting self-esteem and personal and professional capabilities, selection and performance evaluation processes, career, remuneration, participative programs. The social domain has actions resulting in compulsory and spontaneous social benefits, creating leisure and cultural opportunities, legal rights, sport activities, tourism and culture and family assistance. The organizational domain has actions valorizing image, structure, product and relationship between companies and employees, executive and decisive committees.

107/1762/Undergraduate Students_ Quality of Life and Academic Performance

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The search for quality of life has revealed to be a strong motivator for the behavior and the human conquests, thus it has been the theme of a growing number of researches in the past few years. To study the association that quality of life (QL), through its domains (physical, psychological, social and environmental) and the compounded facets that introduce them with the academic performance (AP) was the main interest of this work. A general QV instrument of the WOH, WHOQOL-brief, the socioeconomic characterization questionnaire were applied and the academic income was determined by the average of the notes of the disciplines studied in the semester. The sample was constituted by students of six different night and day courses: Dentistry, Pharmacy, Administration, Engineering, Psychology and Law School, in a total of 431 students of both sexes. A light predominance of feminine gender has occurred, the predominant age group was from 22 to 25 years, most of them are single, they work and have their own salary and even so they don't present economical independence. The result howed that the students had presented a good QL without achieving the excellence in none of the domains that describe that variable. The courses showed different profiles of QL, having the course of Dentistry the best and the Law School the worst. The condition of being students with double day (student/worker) didn't show compromise of QL. When comparing the variables of interest it had not found correlation or association among them, studied in the all of the sample, but the facets related to the work capacity and readiness for obtaining information showed association with AP in the total group. When we analyzed the association among QL and AP in the courses, we found several domains of QL and different facets associated to the AP according to the analyzed course. Engineering has the course whith have more association. It is necessary to point that the courses where there is adult variability of notes, a bigger number of associations among the variables have occurred. Key-words: University students, quality of life,academic performance

108/1773/Gender Differences in Academicians! Quality of Life

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Knowing university students_ Quality of Life and understand if there is a gender difference is the objective of this work. The brief WHOQOL was answered by 431 students from a high education institution, being 251 women and 180 men. The means of each dominion, of both gender: male and female were calculated and the Student-Fisher test was used to the probability level of p = 0,05. The results are presented in the table below: comparison of the means in social relations dominions show significant difference for male when compared with de female, and when compared with the means of total group in dominions physical have the same difference. Both genders have presented a similar QL profile in the three dominions, except in the physical dominion in which is observed a significant superior mean for the male gender students with relation to the students_ total mean. In the social relation dominion the male gender has also showed a significantly bigger mean than the female one. Many authors have indicated that the male gender presents a tendency to disregard the physical healthy problem by an auto-affirmation position that can explain the best mean found in the physical dominion. In the social extent there is a bigger search in sexual intercourse by the boys that can explain this result since this dominion is composed by three questions. These data ratify the gender behavior differences indicating a necessity of thinking about differed educational incentives. Key words: Quality of Life, University students, Gender

109/1771/Sleep and Quality of Life

José C. Souza, Psychology, University Catholic Don Bosco, Brazil

Sleep is, by definition, a functional, reversible and cyclic state with a characteristic behavior, relative immobility and an increased threshold of response to external stimuli. Sleep disorders may affect human quality of life in different ways. Both sleep and quality of life have been defined differently. DALKEY (1972) described the following indicators of quality of life: 1_ Health; 2_ Activity (work); 3_ Freedom; 4_ Safety; 5_ Innovation; 6_ Status; 7_ Sociability; 8_ Affluence; 9_ Aggression. On the other hand, the World Health Organization (WHO), via its Quality of Life Group (WHOQOL), defined it as follows: _the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. Health is not in the center of the WHO definition, and the assessment of quality of life is carried out via the assessment of dimensions. For example, the WHOQOL questionnaire presents the following domains and facets: 1_ Physical; 2_ Psychological; 3_ Level of independence; 4_ Social relationships: personal relationships, social support, sexual activity; 5_ Environment; 6_ Spirituality: religion/personal beliefs. In the Physical domain, sleep conditions are assessed directly (_How satisfied are you with your sleep?_); however, it should be emphasized that other domains, such as the Psychological, Social relationships, and Level of independence ones, are also influenced by the effects that sleep disorders may have on the population. A study carried out in Campo Grande, MS, Brazil, revealed a high prevalence of insomnia in university students when compared with the general population. The majority of patients suffering from insomnia were women, either unmarried or widows. Prevalence results were higher up to the age of 45 and decreased after this age. Students who worked presented a higher insomnia index, and those studying at night were the most strongly affected (non-significant difference). Insomniac patients presented poorer results in all predictive factors of quality of life. The study shows that insomnia significantly affects the quality of life of university students. Key words: Quality of Life, University students, Sleep

110/1766/Quality of Life of University Students: Relation with Areas of Knowledge

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Introduction. The quick changes aroused by globalization and an increasingly more competitive labor market incessantly require new skills, competences and adaptations. Efficient higher education will have to take into account these macro-demands and of the specificity of their students_ behaviors, difficulties and potentialities. Objectives. To assess the QL of university students from a private teaching institution in the city of Campo Grande/MS. Material and Method. This cross-section epidemiological study was carried out with a sample of 466 university students, proportionally divided between first and last year students (F= 291 and M= 175), from 28 courses and 56 classes, from five different areas of knowledge. The SF-36 questionnaire for QL and a socio-demographic-academic questionnaire were applied. Results. The students_ performance was better in the physical component of QL and worse in the mental one. Gender differences were identified: males presented a better performance in all the domains of QL; females who were Law students showed the best results in QL. In regard to QL, females from the CCET (Exact Sciences, Agronomy, Veterinary and related areas) the CCSA (Social Applied Sciences) and the CCHS significantly improved during the course. Males from the CCSA showed a better general state of health in the beginning of the course and improved in MH and vitality during the course, while those from the CCHS improved in their social aspects. Females who worked, presented the worst performance in QL in the domain _pain of QL. Conclusion. The scale of QV which presented better result was the _functional capacity and the ones which were more affected were _vitality and _emotional aspects (p<0,05). Gender differences were identified in regard to QL performances, with males presenting better results. To study in some areas of knowledge seems to contribute to a better or worse QL and to continue in the course may either improve or worsen the QL, mostly for females who seem to be more exposed to the effects of advancing in their course. Key words: Quality of Life, University students, SF36

111/1477/The Quality Of Life Of Sufferers Of Osteoarthritis: The Impact Of Treatment

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AIMS: The French public health law of 9 August 2004 took this need into consideration and provided for the implementation of a quality of life improvement programme for those affected by chronic illnesses. Furthermore, the 87th of the 110 Public Health objectives is aimed at _Improving the quality of life of those suffering from osteoarthritis Describe what impact treating sufferers of osteoarthritis has on their quality of life. **METHODS:** Quality of life was also evaluated for subjects suffering from gonarthritis using the SF-12 score, which is an approved generic tool for determining the physical and mental state of health of populations. **RESULTS:** Results: 256 subjects suffering from gonarthritis were randomised into 2 groups: 127 randomised subjects were placed in the group treated with ACS Avian, and 129 randomised subjects in the group receiving the placebo. Upon inclusion, the PCS-12 scores were 36.43 and 36.64 for the group treated with ACS Avian and the group receiving the placebo respectively. The 2 groups were similar upon inclusion. After 6 months of treatment, the PCS-12 scores were 42.25 and 39.47 for the group treated with ACS Avian and the group receiving the placebo respectively. There was a statistically significant improvement in the physical dimension score of the group of patients treated with ACS Avian compared with that of the placebo group ($p<0.05$). **CONCLUSIONS:** These various studies confirm the sharp deterioration in the physical dimension of quality of life of patients with gonarthritis. There was a statistically significant improvement in the physical dimension score of the group of patients treated with ACS Avian compared with that of the placebo group. This data confirms the pertinence of both the public health objective fixed by the health authorities, and the use of ACA Avian in the treatment of osteoarthritis.

112/1955/Efficacy And Tolerability Of Sodium Hyaluronate In The Treatment Of Periarthritis Of The Shoulder

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AIMS: At present , there are limited nonsurgical options approved for the treatment of periarthritis of the shoulder. There is a clear clinical need for local nonsurgical treatments - safe and effectives - for painful conditions of the shoulder **METHODS:** The clinical efficacy and tolerability of sodium hyaluronate (SH) in the treatment of periarthritis of the shoulder , was investigated in a multicenter study; Breastfeeding women , patients undergoing concomitant treatments with anticoagulant therapy and patients who had received local or systemic injections of steroids within the previous 3 months or with a suspected infection of the joint or peri - articular tissues were excluded. Of the initially 161 patients, 3 withdrawed (2 after the first inyection and 1 had traveling)Average age was 56.7 (SD:11.3) years; 45 men and 113 women. Diagnosis were: (each patient could have more than one diagnostic) bicipital tendonitis: 61, supraespinose tendonitis: 104; bursitis: 82; capsulitis: 52. Patients received sodium hyaluronate 25 mg once weekly for 3 weeks by injection into the glenoid cavity or the subacromial bursa. We evaluated pain (VAS), joint mobility (range of motion), Constant Index, and quality of life (SF36) before, and 2 weeks after finishing the treatment with SH **RESULTS:** The mean baseline VAS improved from 7.44 (SD 1.86) before treatment - to 2.05 (SD 2.11) - after treatment, the improved difference was 5.14 (69.08%). The mean baseline Constant Index was 36.32 (SD: 6.13) basal and reached 53.65 (SD: 6.19) the difference was 17.33 (47.71%) at the end of the study and remained after two weeks. Significant increases in joint range of motion were observed after 3 injections of SH. The following items of the SF 36 improved: general health , social function ($p< 0.05$) and physical function , physical role , bodily pain and emotional role ($p< 0.001$) **CONCLUSIONS:** These results suggest that sodium hyaluronate is an effective and well tolerated agent for the treatment of patients with periarthritis of the shoulder. Constant Index and SF36 are effective to evaluate the course of treatment

113/1324/Health related quality of life (HRQOL) in Mexican hip fractures (Hfx)patients using EUROQOL(EQ-5D)after discharge from hip fracture and 6 months of follow up

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AIMS: To identify trajectories in HRQOL observed between months 1 and 6 after initial discharge in treated and surviving (Hfx)Mexican patients. **METHODS:** Hip fracture patients attending 4 Mexico City hospitals were identified. The EQ-5D was applied to each to gather information on their HRQOL during the 1st,3rd and 6th month after initial (Hfx)discharge from the hospital. In 72% of the individuals this assessment was retrospective and performed during the 6th month after initial discharge.Five EQ-5D trajectories in these patients were visually identified: a) continuous HRQOL improvement during the 6 month observation period, b)early HRQOL improvement concentrated on the first 3 months after discharge, c) delayed HRQOL improvement mainly occurring between the 3rd and the 6th month after discharge, d) same HRQOL over the observation period and e) HRQOL worsening over the study period. Predictors related to these trajectories included:age,gender,marital status,EQ-5D score at the 1st month,type of surgery,co-morbidities and hospital

readmissions.Data was analyzed through a multinomial logistic regression model, including a term indicating whether the HRQOL assessment was either prospective or retrospective **RESULTS:** 136 patients were analyzed. 78.6% of them showed an improvement i their EQ-5D the observation period (38.9% a continuous improvement and 37.5% an early improvement). Only 8.1% showed a worsening in their HRQOL over the observation period and 12.5% maintained during the observation the same HRQOL. Statistically significant results that follow come from the final multivariate model.Prospective interviews were more frequent in the trajectories showing continuous improvement trajectories. Persons with worsening or delayed improvement trajectories had a better EQ-5D at the start of observation. **CONCLUSIONS:** In the sample studied,patients showed on improvement in the quality of life with time whereas those older than 60 showed deterioration

114/1457/Comparison of patient-reported outcome instruments measuring pain and physical functioning with respect to their applicability in research and daily clinical practice in patients with osteoarthritis undergoing total hip arthroplasty.

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AIMS: To compare the sample size (SS) requirements of patient-reported outcome instruments (PROs) and their ability to measure individual change in pain and physical functioning (PF) in patients with osteoarthritis (OA) undergoing total hip arthroplasty (THA). **METHODS:** A cohort was assembled, consisting of consenting OA patients, <90 years, undergoing THA, and able to complete PROs. Directly after placement on the waiting list (time 1), 1 week before THA (time 2) and 6 months after THA (time 3) all patients completed the following PROs in random order: the Arthritis Impact Measurement Scales (AIMS2), the Climbing Stairs Questionnaire (CSQ15), the Health Assessment Questionnaires (HAQ), the Questionnaire Rising and Sitting Down (QR&S39), the Walking Questionnaire (WQ35), and the Western Ontario and McMaster Universities OA index (WOMAC). Taking a global rating of change as a criterion of stability and change, respectively, the standard error of measurement (SEM) was calculated in stable patients (time 1 to 2) and the minimal important change (MIC) was assessed in patients who changed (time 2 to 3). Based on the SEM and the MIC, the required SS and the percentage of individual patients (IPs) who changed were determined. **RESULTS:** Of the 279 patients scheduled for total hip arthroplasty, 238 fulfilled the selection criteria, 211 (89%) were willing to participate, 188 completed the study. The mean (SD) age of the 188 patients was 68 (10) years, 66% were female. With respect to pain, the WOMAC required the smallest (n=7) SS and the HAQ the largest (n=21) SS, whereas the HAQ was able to measure change in the largest percentage (55%) of IPs and the WOMAC in the smallest percentage (44%). With respect to PF, the QR&S39 required the smallest SS (n=8) and the AIMS2 scale mobility the largest (n=244) SS, whereas the WOMAC was able to measure change in the largest percentage (60%) of IPs and the AIMS2 scale mobility in the smallest percentage (5%). **CONCLUSIONS:** The PROs that were studied differed considerably with respect to their SS requirements and their ability to measure change in IPs.

115/1746/Building a microsimulation model to estimate health-related quality of life over the course of osteoarthritis

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AIMS: To estimate the impact of living with OA on health-related quality of life (HRQoL) from empirical evidence; then incorporate it into a comprehensive microsimulation model of OA. **METHODS:** We used the Population Health Model (POHEM), a microsimulation model of health and disease, to project the Canadian adult population from 2001 to 2021. POHEM was initialized in 2001 from a nationally representative, cross-sectional health survey. Over the simulated lifetime, individuals were at risk of developing OA, then conditionally progressing to visit an orthopedic surgeon (OS), receive drug therapy, undergo primary surgery (hip or knee), or revision surgery. The measure of HRQoL was the Health Utilities Index Mark III (HUI), which lies between -0.36 (worst health) to 1 (perfect health). Evolution of HUI was modeled by sex, age, body mass index and state of OA progression. HUI and OA models were constructed from hospital administrative data and national longitudinal health surveys. **RESULTS:** In general, simulated HUI decreased with age and progression of OA to surgery; post-surgery HUI was higher than other OA states, but lower than for those without OA. For example, simulated individuals aged 60-69 in 2008, diagnosed with OA in 2008 and surviving to 2018, had an average HUI in 2018 of 0.67 for females (0.64 for males); 77% had not been referred to a surgeon and their average HUI was 0.71 (0.70); 7% had primary hip or knee replacement by 2018 and their average post-surgery HUI was 0.69 (0.67). The average HUI of individuals without OA in the same age group decreased from 0.86 (0.88) in 2008 to 0.82 (0.84) in 2018. Similar patterns were observed for other age groups and for other years in the simulation. **CONCLUSIONS:** To our knowledge, this model is the first attempt to map the evolution of HUI over the entire pathway of OA in a microsimulation. The model has been shown to be internally consistent and provides a platform for estimating and projecting quality-adjusted life-years under various what-if scenarios, such as projected changes in risk factors or times to surgery.

116/1500/Predictors of Women's Health-Related Quality of Life (HRQL) following Cardiac Surgery

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AIMS: Approximately one third of cardiac surgeries are performed on women. Women face unique challenges when recovering from cardiac surgery which must be explored from a perspective that extends beyond morbidity and mortality. We aimed to examine clinical as well as demographic and psychosocial predictors of women_s HRQL at the first day home following cardiac surgery. **METHODS:** This is a secondary analysis of data from the Women_s Recovery from Sternotomy Trial (WREST), a multi-centre clinical trial of a novel undergarment for women_s use following sternotomy. Clinical and demographic data (nature of surgery, comorbid conditions, post-operative complications, BMI, age, residence) were collected via a health record audit at the time of discharge. Women (n=406) were interviewed on their first day home using standardized questions to obtain psychosocial data (e.g., level of education; illness in self, family and when caring for others) and the EQ-5D was used to measure HRQL. The relative importance of the selected clinical, demographic and psychosocial variables to EQ-5D index scores was examined using multivariable linear regression models. **RESULTS:** The mean age and BMI of the sample was 66 (sd=11) yrs and 29 (sd=6) kg/m^2, respectively. The mean EQ-5D index score was 0.61 (sd=0.17). Average EQ-5D index scores were significantly lower among women aged 26-59 (0.56, sd 0.17), with arthritis (0.59, sd 0.16), higher education (0.59, sd 0.17), and those who have experienced a serious illness in the family (0.60, sd 0.16) or when caring for others (0.56, sd 0.14). At the multivariable level, younger age, arthritis and presence of illness in family or personal illness when caring for others remained significant predictors of EQ-5D scores. Factors not associated with EQ-5D scores included BMI, smoking status, education, rural/urban residence, type of surgery, post-operative complications and treatment group. **CONCLUSIONS:** Selected illness-related variables and items reflective of women_s caregiver role appear to contribute to their HRQL shortly following cardiac surgery. Further analyses will explore the relevance of these factors to HRQL changes assessed at 12- and 52-weeks post-surgery.

117/1574/Health Related Quality Of Life Before And Six Months After Coronary Artery Bypass Graft Surgery

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AIMS: To compare health related quality of life (HRQL) of Brazilian patients before and six months after coronary artery bypass graft (CABG) surgery. **METHODS:** This study assessed the HRQL of 43 persons with coronary artery disease who were undergoing elective CABG surgery in a hospital in Brazil. The HRQL was measured by the Brazilian version of SF-36 Health Survey before and six months after CABG surgery. Because of the high rate of illiteracy among patients admitted to public hospitals in Brazil, face-to-face interviews were carried out with all participants. Data were analyzed by descriptive statistics and paired-sample t-tests. The significance level adopted was 0.05. **RESULTS:** The mean age of the participants was 56 years (s.d.=9.47), 55.8% were males, 67.4% were married/living with significant other, and only 41.9% had a paid job. Before the CABG surgery the means of SF-36 domains of the SF-36 ranged from 18.6 (role physical) to 58 (general health) and six months after the surgery the variation was from 62.8 (role physical) the 75 (physical function). The differences between the results before and six months after the CABG surgery were statistically significant in all domains of the SF-36. **CONCLUSIONS:** The HRQL of patients six months after CABG surgery was improved in all domains of SF-36 compared with HRQL before the surgical treatment for coronary artery disease.

118/1803/Preoperative coping capacity and depression in patients undergoing coronary artery bypass graft surgery

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AIMS: To identify preoperative coping capacity and depression in patients undergoing coronary artery bypass graft surgery (CABG) and to analyze the relationship between these variables. **METHODS:** This is a cross-sectional observational study carried out in a University Hospital in Ribeirão Preto, São Paulo state, Brazil. Fifty six patients with coronary artery disease who were undergoing elective CABG surgery between May 2006 and January 2008 were investigated. They were interviewed before the surgery, during preoperative hospitalization. Coping was measured using the Antonovsky Sense of Coherence Questionnaire (SOC), which contains 29 items with a 7-point response format, where 7 correspond the strongest and 1, the weakest sense of coherence (range from 29 to 203 points). Depression was measured by the Beck Depression Inventory (BDI). Validated translations of both instruments were used in this study. Data were analyzed by means of descriptive statistics and Pearson's correlations. A P-value d 0.05 was considered as statistically significant. **RESULTS:** The mean age of the participants was 57.5 years (s.d.=10), 30 (57.5%) were males and married (66.1%). Average scales scores were 145.8 (s.d=25.4) and 14.7 (s.d.=9.4), respectively for SOC and BDI. Between the 56 participants, 22 (39.3%) of them had mild depression, 12 (21.4%) moderate depression and 4 (7.1%) severe depression. Pearson_s correlation showed negative and moderate correlation between the measures of sense of coherence and depression (r = -0.41, p=.002). Cronbach's alpha for the SOC in the sample was 0.79 and 0.85 for BDI, which correspond to a good internal reliability for both scales. **CONCLUSIONS:** Although it was observed a raised average value for the measure of SOC, more than half of the patients hospitalized for cardiac surgery presented some degree of depression. Other investigations are needed in order to analyze other predictors of depression between patients who undergo elective CABG surgery.

119/1750/Impact of secondary cardiovascular events on health status

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AIMS: Accurate estimates regarding the impact of secondary cardiovascular events on health status in patients treated for cardiovascular disease are unavailable. To reduce uncertainty, precise estimates about actual impact are necessary, particularly for health economic modelling. **METHODS:** We obtained individual patient data on health status (EQ-5D, range 1 to -0.594) and secondary cardiovascular events (death, myocardial infarction (MI), cerebrovascular accidents (CVA), amputation, extra-cranial bleeding, re-interventions) observed during 12 to 36 months follow-up. Data originated from 5 completed clinical trials comparing interventions aimed at revascularisation in coronary heart disease (CHD, n=2593) or peripheral arterial disease (PAD, n=1379). We combined change point detection with linear mixed effects modelling to estimate the acute impact of the initial secondary event and to estimate health status before and after this secondary event. Overall impact was estimated by comparing the post-intervention loss in health status of patients with a secondary event to the post-intervention scores of patients without a secondary event. **RESULTS:** 1595 patients had at least one secondary event. Overall impact was considerable, both before the secondary event and as a result of the acute impact of that secondary event. Loss of health status before the event ranged from 0.58 utility score for amputation in women with PAD to 0.01 for bleeding in men with PAD. In patients with CHD, pre-event health status loss ranged from 0.27 for bleeding in women to 0.13 for death in men. The acute impact of secondary events ranged from minor deterioration for CVA (_0.03, p=0.3) to improvement after all other events, ranging from +0.01 for occlusion (p=0.5), to +0.23 for amputation (p=0.004). Women had significantly lower pre-event scores than men: -0.03 to -0.09 in CHD and -0.03 to -0.28 in PAD. 48.3% of the EQ-5D scores before, and 33.4% of scores after the event were missing. **CONCLUSIONS:** Impact of secondary events after revascularization in patients with cardiovascular disease lies mainly in the loss of health status compared to patients without an event. This considerable decrease occurs already before the event. The acute impact of secondary events was smaller than expected. Future health economic modelling should take these findings into account.

120/1467/Perceived health status in coronary artery disease patients: differences between unstable angina and myocardial infarction

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AIMS: To compare perceived health status between myocardial infarction (MI) and unstable angina (UA) patients who were hospitalized due to first coronary artery disease event. **METHODS:** Observational study involving 135 cardiac hospitalized patients between May 2006 and January 2008 in two public hospitals in Ribeirão Preto, São Paulo state, Brazil. The inclusion criteria were: first hospitalization due to coronary artery disease and length of hospitalization greater than 24 hours and less than 6 days at the time of interview. Perceived health status was measured using the Brazilian version of the SF-36 Health Survey. Because of the high rate of illiteracy among patients admitted to public hospitals in Brazil, face-to-face interviews were carried out with all participants. Data were analyzed by descriptive statistics and t-tests. The significance level adopted was 0.05. **RESULTS:** We interviewed 74 MI (average age of 54 years and 62.3% of the male) and 61 UA (average age of 59 years and 71.6 of the male) patients. Mean age and distribution of sex were similar in both groups. The mean scores for SF-36 domains ranged from 39.3 (role physical) to 74.4 (social functioning) and from 66.5 (vitality) to 90.8 (social functioning), for the UA and MI patients groups, respectively. Our study showed that all of the perceived health status domains were worse for the UA group than for the MI group. Differences between the groups were statistically significant for all domains of the SF-36 (p varied from .000 to .040), except for general health (p=.055) and role emotional (p=.121). **CONCLUSIONS:** Unstable angina patients reported worse perceived health status in the four-week period before the hospitalization than myocardial infarction patients.

121/1609/Reliability And Practicality Of The Socioeconomic Impact Profile (SEIP) Among Community-Managed Cardiovascular Patients

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AIMS: The Socioeconomic Impact Profile (SEIP) was designed to investigate the social and economic consequences of medication-related problems in patients on long-term use of cardiovascular drugs. Both the results of its qualitative and quantitative assessments by experts_ panel had demonstrated that the instrument possesses favourable measurement properties by supporting its content validity and factor analysis. The aim of this present study was to further establish its validity such as test-retest reliability and practicality. **METHODS:** Two sets of Socioeconomic Impact Profile (SEIP) questionnaires and a yellow form with 6 practicality questions were administered to 150 cardiovascular patients on repeat prescriptions in five community pharmacies across South West England and South Wales. They were advised to complete the first SEIP questionnaire on the day of recruitments and the second SEIP questionnaire seven days apart. **RESULTS:** The response rate was 93 (62%). The mean time taken to complete the SEIP was 5.7 minutes (SD=2.76) and 73 (78.5%) agreed that the questions were comprehensive to measure their social and economic well-being. The mean score ranged 4.25-4.97 (Test 1) and 4.12-4.86 (Test 2). Internal consistency reliability of the SEIP, assessed with Cronbach_s alpha, ranged 0.91-0.93. Test-retest reliability, measured with Spearman_s rho correlation coefficient, ranged 0.22-0.97. **CONCLUSIONS:** Higher scores from the results indicated that SEIP potentially possesses sound psychometric properties, in particular that of reliability.The fact that a great majority of the patients who returned the questionnaires completed all parts of the questions indicates its reliability and relevance among cardiovascular patient populations managed in the community setting. Although this is a newly developed measure and further testing is required, the internal consistency reliability results yielded close to perfect correlation coefficients. Such indication of robustness of the SEIP provides an extremely encouraging impetus to build upon in generating confidence for its use.

122/1144/Pain And Stress: A Challenge For Physiotherapy Rehabilitation In The Postoperative Period Of Cardiac Surgery

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AIMS: Evaluate the quality of life in pre-surgical period of cardiac surgery of patients in the Sociedade Beneficente Santa Casa de Campo Grande, MS. **METHODS:** It is performed a descriptive exploratory study based in transversal cut. The studied variables correspond to the eight domains of SF-36, which are limitations in physical activities because of health problems, limitations in social activities because of physical or emotional problems, limitations in usual role activities because of physical health problems, bodily pain, general mental health,limitations in usual role activities because of emotional problems,vitality,and general health perceptions.The inclusion criterion used was: patients who would be submitted to the cardiac surgery. The exclusion criterion used was: patients that showed the following symptoms: blood instability, serious neurological disturbs, mental confusion, unconsciousness, uncontrollable diabetes, extreme obesity, degenerative diseases, kidney insufficiency.Sixty two patients awaiting surgery took part of the survey. **RESULTS:** Men showed significant differences in the vitality (p=0.031) and emotional aspect (p=0.046) domains. Participants belonging to the group of "not functional literate" showed lower scores in the mental health domain (p = 0.008) compared to those in the groups "Elementary," _High, and _Undergraduate level of education. Those individuals classified as _overweight showed higher functional capacity (p=0.023) than the others. There was no significant relation among the domains of SF-36 with respect to the risk factors for coronary artery disease, the marital status and the age. The income level showed significant associations with the following domains: functional capacity (p=0.018), physical aspect (p=0.001), emotional aspect (p=0.041) and mental health (p=0.043). The highest average level for quality of life was found in the general health state domain, which scored 65,2 in average; the lowest was found in the physical aspect domain, which scored just 23.0 in average. The cut-off point was 50%. **CONCLUSIONS:** The quality of life is slightly below the level considered good.

123/1541/Exploring the relationship between Health-related quality of life, sex, and functional class in Brazilian Heart Failure outpatients

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AIMS: To assess the Health-related quality of life (HRQL) in heart failure (HF) outpatients of predominantly non-ischemic etiology and compare their HRQL, according to sex and functional class. **METHODS:** 138 HF patients who had follow-up at specialized outpatient treatment in University Hospital, School of Medicine of the University of São Paulo, Ribeirão Preto, SP, Brazil were surveyed. HRQL was assessed through the Brazilian version of the Medical Outcomes Survey 36 _ Item Short-Form (SF-36) instrument. Because of the high rate of illiteracy among patients admitted to public hospitals in Brazil, face-to-face interviews were carried out with all participants. The test t was also performed to check the differences between the groups in function of sex and functional classes. Significance level was p<0.05. **RESULTS:** Most of the patients were males (60%), mean age of 56 years, married (60%), retired (62.4%) and with poor educational background (less than eight years of formal education). The HF etiology was, predominantly, idiopathic and chagasic, 60.1% of the participants were symptomatic and were diagnosed in New York Heart Association (NYHA) Functional Class II, III and IV. In terms of HRQL, social aspects (mean=67) and mental health (mean=63.7) scored higher than physical aspects (mean=36.8) and emotional aspects (mean=47.6) components. Women had worse HRQL in all the SF-36 components with statistically significant differences for the pain (p=.05) and functional capacity (p=.01) components. When the participants were grouped into functional class according to NYHA as asymptomatic (functional class I) and symptomatic (functional class II, III e IV), all the SF-36 components show lower values in the group with advanced HF (p<.05 for all). **CONCLUSIONS:** In this study, the HRQL in women and those with more symptomatic HF was more adverse.

124/1543/Generic and Specific Measurement of Health-Related Quality of Life in Brazilian Heart Failure outpatients.

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AIMS: To assess the Health-related quality of life (HRQL) in Brazilian heart failure (HF) outpatients of predominantly non-ischemic etiology by one generic and one disease-specific instruments and to correlate these measures. **METHODS:** 138 individuals with confirmed HF under ambulatory treatment in University Hospital in Ribeirão Preto, SP, Brazil were surveyed. The HRQL was assessed through the Medical Outcomes Survey 36 _ Item Short-Form (SF-36) (generic instrument) and by the Minnesota Living With Heart Failure Questionnaire (MLHFQ) (disease-specific instrument). All participants were interviewed by one of the researchers. Pearson_s correlation between these measures was calculated and the significance level was .05. **RESULTS:** Most of the patients were males (60%), mean age of 56 years, married (60%), retired (62,4%) and with poor educational background (less than eight years of formal education). The HF etiology was, predominantly, idiopathic and chagasic, 60.1% of the participants were symptomatic and were diagnosed in NYHA Functional Class II, III and IV. Moderate and negative correlations were observed between the measures of eight domains of the SF-36 and MLHFQ total score. MLHFQ total score was highly correlated with functional capacity (r=-.70), mental health (r=-.68), and vitality (r=-.64). All correlations were statistically significant (p<.05). **CONCLUSIONS:** A moderate and negative correlations between HRQL measured by the disease-specific instrument MLHFQ and by the generic instrument SF-36 was identified in HF outpatients in Brazil. This suggests a strong relationship between the impact of HF (measured by the MLHF instrument) on the patient_s lives and their perceived global health status (measured by the SF-36 instrument).

125/1469/Proxy's reports on their relatives' quality of life (QL) and quality of care (QC) at the end of life

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AIMS: This study was aimed at identifying relevant areas of QL and QC at the end of life with the objective of improving therapeutic measures and treatment satisfaction of patients and families. **METHODS:** A qualitative approach was used to analyze the content of letters sent by the family members of patients assisted at home by a palliative medicine service in response to a condolence message routinely sent to them. These spontaneous communications contain references to the patients' state at the moment of death. Letters sent from March 2006 through March 2008 were reviewed to identify statements related to the patients' QL and QC. Letters addressed to salute, thank, encourage, or cheer up the team, and other types of communications (phone calls, sms, emails) were excluded. A total of 24 letters were revised by 3 independent reviewers. **RESULTS:** Text analysis showed that family statements could be grouped into 3 main dimensions: quality of the patient-family-healthcare team relationship (65 references in 23 letters), quality of healthcare (24 references/12 letters) and quality of the psychosocial support (12 references/6 letters). More than one dimension was referenced in several letters. Statements addressing the relationship were: human touch; a warm, kind, caring or loving connection; dedication to the task, vocation of service, consideration, respect; offer moral support and back up; permanent communication, openness, readiness to make suggestions and respond to inquiries; companionship and presence. Aspects relevant to health care were personal care, healthcare team proficiency, pain and other symptom control, make decisions, make things feasible. As for psychosocial support the main themes were to alleviate psychological suffering, to be able to arouse a smile from the patient, to be humorous, to give strength and relieve anxiety. Few references were made to spiritual support, and patients' religious beliefs. **CONCLUSIONS:** This study supports the multidimensional approach of palliative care where symptom control is only one relevant aspect of treatment. The information obtained from the family members' spontaneous reports can now be complemented with other qualitative methodologies as a previous step to implementing quantitative studies on patient and family reported outcomes on palliative medicine interventions.

126/1791/Health-related quality of life in caregivers of children and adolescents with myelomeningocele

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AIMS: Myelomenigocele(MM) is a defect of neural tube and is associated to motor, sensitive and coordination impairments. This condition may have a negative impact on patients´ and caregivers´ health-related quality of life (HRQL). The aim is to evaluate HRQL in caregivers of children and adolescents with myelomeningocele comparing to healthy controls and according to the level of lesion and ambulation. **METHODS:** 52 caregivers of children and adolescents(under 19 years old) with MM were included in the study. Controls were represented by 218 caregivers of children and adolescents with no chronic diseases. Patients were classified according to the neurological lesion levels(thoracic, upper lumbar, lower lumbar and sacral) and to the status of functional ambulation(community ambulators, household ambulators, non-functional ambulators and non-ambulators). The 36-item Short Form Health Survey Questionnaire(SF-36) were answered by interview. Kruskal-Wallis and Mann-Whitney tests were used for comparisons. Reliability was determined by the alpha-Cronbach coefficient. **RESULTS:** The majority of the caregivers was the mother(88,46%). In the control group caregivers mean age was 38.8 and in the study group the mean age was 36.85. Alpha-Cronbach coefficient ranged from 0.6 to 0.8 in SF-36 domains. The scores were lower in the study group than in the control group in physical and mental components and in five domains($p<0.05$). There was no difference in SF-36 scores according to the patients_ level of lesion and ambulation($p<0.05$). **CONCLUSIONS:** This study shows that HRQL of caregivers of children and adolescents with MM is negatively affected in both physical and mental aspects when compared to controls. There was no association between level of lesion or functional ambulation and caregivers HRQL scores. The results show that the caregivers need an interdisciplinary approach in order to prevent the repercussion of the disease on their life.

127/1818/Stress protector factors among health care providers from private an public hospitals in Chile

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AIMS: Our goal was to identify protective factors existing in the labor hospitable environment observed by nursing assistants, nurses and physicians working in public and private hospital care centers of the IX Region, Chile. **METHODS:** A cross-sectional study was conducted during the years 2005-2006, 517 health providers participated of this study. 449 worked at public hospitals and 68 worked at private hospitals in the Araucania Region. The information was collected through structured questionnaire, with questions on scales of 1 to 5. The analysis aimed to compare the views of health providers from public and private area for each of the domains that comprise the concept of stress_ protector factors. **RESULTS:** Through t-test values and principal components we founded five domains of stress_ protector factors in the organization. They were: organizational structure (OS), clear definition of role (CR), good leadership (L), appropriate physical environment, (PE) and teamwork (T). Each domain was comprised by different variables that integrate the concept pursuit. The reliability level for all domains showed a Cronbach from 0.70 to 0.89. The study showed that the most important variables of stress_ protection were: institutional legal backup, and material and technological supplies within the OS domain. Coherence between role performance and worker_s knowledge and skills within the CR domain. Straight and just leader and continuous education within L domain. Optimal equipment functioning, clean and fresh space within PE domain. Adequate language communication, respect for the work done, and entertainment and good mood within T. **CONCLUSIONS:** We can conclude that a good working space, nice and clean, with adequate personal interaction, and good leadership are important salutogenics for health providers in their hospitals. Among them a strong organizational structure is a factor that protect to the worker.

128/1161/Internal Validity Of The Huntington's Disease Quality-Of-Life Battery For Carers (HDQoL-C)

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AIMS: The HDQoL-C was recently developed in the UK as a condition specific instrument for assessment of quality of life (QoL) among Huntington's disease (HD) carers. This study provides an independent assessment of the psychometric properties of the HDQoL-C. **METHODS:** The HDQoL-C consists of 34 items proposed to represent 3 domains (subscales): Aspects of Caring (AC; 9 items), Satisfaction with Life (SL; 8 items) and Feelings about Living with HD (FL; 17 items). A total HDQoL-C score has also been proposed. Items are scored by an 11-grade (0-10) numerical rating scale, summed and transformed into a 0-100 range (100=better QoL). The HDQoL-C was completed by 61 primary HD carers (59% women; mean age, 55 years; mean duration of caring, 6.3 years) recruited from a UK neurology clinic. The HDQoL-C was assessed regarding assumptions for constructing summed scale scores, corrected item-total correlations (CITCs), floor/ceiling effects, and reliability (coefficient alpha). **RESULTS:** There was general support for summation of items without weighting or standardization for the SL subscale (range of mean [SD] item scores, 2.6-4.6 [2.7-3.1]; CITCs, 0.47-0.88), but not for the AC (mean [SD] item scores, 3.9-7.3 [3.2-3.9]; CITCs, 0.15-0.49) and FL (mean [SD] item scores, 3.0-7.9 [2.8-3.8]; CITCs, 0.08-0.75), or the total score (mean [SD] item scores, 2.6-7.9 [2.7-3.9]; CITCs, 0.12-0.79). CITCs were below 0.4 (0.2) for 78% (33%), 29% (24%) and 32% (12%) of items in the AC, FL and total scales, respectively. Scaling success rates (CITCs > item-to-other scale correlations) among the 3 subscales were 39% (AC), 94% (SL) and 62% (FL). Floor/ceiling effects were absent or negligible (3.4% floor effect in the SL scale). Reliabilities were 0.62 (AC), 0.91 (SL), 0.84 (FL) and 0.92 (total score). **CONCLUSIONS:** With the exception of the SL subscale, these observations challenge the internal validity of the HDQoL-C. In particular, the proposed grouping of items into subscales (and therefore the meaning of scores) appears ambiguous. There is a need for further developments in order to achieve valid QoL assessments among HD carers.

129/1855/Burden of care, quality of life, anxiety and depression in caregivers of persons with Parkinson_s disease

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AIMS: To study the presence of burden in caregivers of persons with Parkinson_s disease (PwPD) and to examine its association with generic health related quality of life, depression, anxiety and demographic characteristics. **METHODS:** Observational study based on a consecutive sample of caregivers of PwPD who were attending a movement disorders clinic at the Buenos Aires University Hospital, Argentina, from January to April 2008. The following questionnaires were administered: the SF-36v2 Health Survey, the Zarit Caregiver Burden Inventory (ZCBI) , the Hospital Anxiety and Depression Scale (HADS) and social and demographic data were collected. SPSS version 11 for Windows was used. Descriptive statistics were used to characterize the variables. Chi square test was used to compare proportions. The alpha significance level was = 0.05. **RESULTS:** 51 caregivers were interviewed (74.5% female), most of them were between 45 and 64 years old(66.7%). Caregivers burden was significantly associated to anxiety (p= 0.0015); depression (p= 0.0002) and to the following SF-36 Health Survey domains: Role-physical (p= 0.0001), Bodily pain (p= 0.0004), General health (p= 0.007), Vitality (p= 0.00046), Social functioning (p= 0.0000), Role-emotional (p= 0.0070), Mental health (p= 0.01). No significant associations were found between caregivers burden and gender, age, level of education, civil status, occupational status, amount of daily hours dedicated to care or severity of the Parkinson_s disease of the person. **CONCLUSIONS:** In this study, burden of care was associated to a lower quality of life and to the presence of depression and anxiety. It is important to consider how to improve or maintain quality of life and well-being of caregivers when treating persons with chronic illnesses in clinical contexts.

130/1088/Quality of life in caregivers of patients participating in adapted sporting program

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AIMS: Aims: To analyze the quality of life of caregivers of mental retardation people included in the adapted sports program compared to caregivers of mental retardation people not included in the adapted sports program. **METHODS:** Methods: 15 caregivers (aged 44 ± 3.4 years) of individuals with mental retardation and 15 caregivers (aged 42 ± 2.6) of the physiotherapy outpatients have been asked to answer the SF36 questionnaire to evaluate quality of life. **RESULTS:** Results: SF-36 scores were lower in caregivers of non-included patients than the included ones. There was a statistically significant difference (t-test) of SF-36 scores in the dimensions of bodily pain (p=0.03), general health perception (p=0.01), vitality (p=0.001) and mental health (p=0.04). **CONCLUSIONS:** Conclusion: This study suggests that the caregivers of mental retardation people profile included in the adapted sports have higher scores when compared to caregivers of mental retardation people that have not participated in the adapted sports program.

131/1916/Informal caregiver's health

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AIMS: Informal care is a crucial part of the total of care provided especially to people with chronic and terminal diseases. It is care provided by members of the social environment to the care recipient, for instance, home or personal care. This paper aims to estimate the impact of providing informal care on caregiver_s health. **METHODS:** We measure respondents_ health using the eight dimensions of the SF-36. Caregivers_ health will be compared with the health of non-caregivers corrected for income, gender, marital status, age, employment and having children. We use a sample of 12.155 respondents of the first four waves wave of the Household, Income and Labour Dynamics in Australia (HILDA). HILDA is a national representative sample of Australians panel survey collected yearly from 2001 onwards. **RESULTS:** Informal caregivers report lower health compared with similar non-caregivers in four out of eight SF-36 dimensions. Dimensions are: role physical, bodily pain, social functioning, and role emotional. **CONCLUSIONS:** This paper has shown that informal care has a negative impact on caregivers_ health in four out of eight SF-36 dimensions. Policy makes should take notice of the negative health effects in developing support programmes and designing long-term care reforms.

132/1788/Quality of Life, Caregiver Burden, Self-Efficay, and Rewards Among Working Caregivers

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AIMS: The aging of the baby boomers will increase costs to employers and employees caring for older adults and require family supports that may vary across different ethnic groups. Research has shown that providing elder care has physiological and psychosocial effects on working caregivers. The purpose of this study was to explore differences among White, Black and Latino working caregivers in caregiving skills, caregiver burden, caregiver self-efficacy, and caregiver rewards as well as the effects of caregiving on quality of life, health and well-being. **METHODS:** A total of 276 working White, Black and Latino adults who were currently providing care for an older adult were personally interviewed. **RESULTS:** The typical working caregiver was a 47-year-old woman caring for her 77-year-old mother. In the past six months, the caregiver had taken off work more than twenty hours and used the telephone at work between one and five times a week for caregiving responsibilities. Caregiver Self Efficacy was positively related to Caregiver Rewards (r=.424, p<.001) and negatively related to Burden (r=-.310, p<.001). Regarding Caregiving Skills, Blacks rated their skills in communicating with their older loved one more highly than either other group (beta=.332, p<.001) and were more likely than others to have taken more than 20 hours off work (beta =.201, p<.05). Both Blacks and Hispanics remained less confident of finding information and resources for caregivers (beta = -.175, p<.05 and ^{2}= -.183, p<.05 respectively). Those caregivers with greater self-efficacy and greater Caregiver rewards reported greater quality of life. There were significant differences in Caregiver Burden (F=7.35, df =2, p = .001) with Blacks feeling greater level of burden. **CONCLUSIONS:** The results suggest that an increasingly diverse workforce might have differing needs for caregiver supports. Programs that raise the levels of knowledge, skills and self-efficacy may reduce the caregivers burden and increase the caregivers' feelings of rewards and have a positive effect on working caregivers quality of life.

133/1104/Quality Of Life Of Family Caregivers Of Elderly Patients On Hemodialysis And Peritoneal Dialysis

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AIMS: Despite the growing number of elderly patients with end-stage renal disease who need support, there are few studies about their caregivers. The objective of this study was to describe caregivers characteristics and evaluate their burden and quality of life. **METHODS:** We studied caregivers of elderly patients (more than 65 years old) on hemodialysis (HD) therapy (n=84), on peritoneal dialysis (PD) therapy (n=40), and a group of caregivers (n=77) of nonelderly HD patients. Their quality of life was evaluated by using MOS SF-36 questionnaire, Caregiver Burden scale and Cognitive Index of Depression. **RESULTS:** Most caregivers of the elderly were women (78%) aged 55 ± 15 years and sons and daughters (41%) or wives or husband (50%) of patients. Caregivers emotional aspects, vitality and mental health were the most affected dimensions. The Mental Component Summary mean score, adjusted for patient ethnicity, educational level, primary diagnosis, hematrocrit, comorbidities and physical functional status, were worse for caregivers of PD than HD elderly patients (36.3 ± 1.9 versus 44.8 ± 1.5; $p<0.01$). The most affected Caregiver Burden Scale dimensions were General Strain Environment. Thirty-two percent of caregivers showed signs of depression. **CONCLUSIONS:** Caregivers of elderly dialysis patients, specially of those on PD therapy, experience a significant burden and adverse effects on their quality of life. Educational, social and psychological support interventions should be considered to improve the quality of life of caregivers.

134/1611/Adolescents' perceptions of quality of life - what it is and what matters

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AIMS: The aim of this study is to explore and describe adolescents'own perceptions of quality of life. More precisely the aims are to gain insight into the adolescents understanding of what quality of life is, and further to get a deeper understanding of what really matters to the adolescents in order to have a good quality of life. The study is concerned with the adolescents' general view on quality of life as well as their perceptions of their own quality of life. **METHODS:** Qualitative in-depth interviews were performed with 31 Norwegian adolescents. A convenience sample was drawn from three different schools in Oslo, and the finale sample consisted of 10 boys and 21 girls, aged 14-15 years. Data collection and analysis followed Kvale's guidelines for qualitative research, which implies a phenomenological-hermeneutical mode of understanding. **RESULTS:** The findings that emerged from the data are presented in three broad themes; quality of life - what it is; quality of life - what matters; quality of life - different levels. Quality of life is not a familiar concept to the interviewed teenagers. By reframing the question to be about well-being and life satisfaction, the following factors appear as important: - friends, without friends it is impossible to have a good life; - self-image, to be _one's own friend and to have a positive self-image is crucial; - family, a good relationship with parents appears to be vital. The adolescents' level of quality of life is strictly attached to the extent of fulfilment of these significant factors. Physical factors, such as absence of illness or fitness is not a part of the adolescents' quality of life concept, but is linked to health, which is conceptualised as a physical phenomenon by the young informants. **CONCLUSIONS:** In order to develop clinical methods to promote adolescents' quality of life, to discover risk factors or threats to their well-being, and finally to prevent the negative effects of such factors, it is necessary with more knowledge about what the young people themselves point out as important.

135/1585/Quality Of Life: Perceptions Of Public And Private Schoolchildren From Northeast Brazil

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AIMS: Quality of Life (QOL) in childhood has been studied mainly in schoolchildren with some disease/affliction, but studies of healthy children that explore how the school could contribute to child health are still scarce. The aim was to assess child QOL in the public and private school environment, emphasizing the most relevant dimensions of QOL from the point of view of children as well as evaluate the relation between QOL and academic performance. **METHODS:** This descriptive study used a quantitative and qualitative approach. It was conducted at both a private and public school in Fortaleza, Brazil, from February to October 2006; it comprised 90 children between the ages of 8 and 11 years, enrolled in the third grade. The following methods were applied: AUQEI (Autoquestionnaire Qualité de Vie Enfant Imagé), with a cut-off score of 48, qualitative AUQEI and images representing the QOL dimensions according to the childhood QOL model developed by Sabeh and Verdugo (2002). The data obtained were analyzed using SPSS software and content analysis according to Bardin. **RESULTS:** Mean overall score was 51.17, 49.57 for public school students and 52.67 for private schoolchildren, showing that the general QOL of the children was satisfactory, with a significant difference in favor of private school individuals. The happiness-related categories were Family, Access to material goods and Leisure, whereas those related to unhappiness were Quarrels, Absence from the family and Death/disease; the most relevant dimensions expressed were Performance (72.2%), Physical and emotional well-being (67%), Interpersonal relations (61.5%), Collective well-being and Values (54.4%), Recreational activities (52.0%) and Material well-being (42.8%); there was no correlation between Academic performance and QOL. **CONCLUSIONS:** The results show the need for strategies with congruent theoretical support for the health promoting school approach, which favors the QOL dimensions that the schoolchildren consider relevant to themselves.

136/1447/Effect on Health-related Quality of Life of changes in mental health status in children and adolescents aged 8 - 18

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AIMS: To assess the effect of changes in mental health status on health-related quality of life (HRQOL) in children and adolescents aged 8 _ 18 years. **METHODS:** A representative sample of Spanish children and adolescents aged 8-18 years completed the self-administered ten dimensions KIDSCREEN-52 questionnaire at baseline and again after 3 years. Mental health status was measured at the same time using the Strengths and Difficulties Questionnaire (SDQ) completed by both children and parents. Using SDQ scores, respondents were classified as: Improved (switch from probable/possible psychiatric disorder to unlikely case), Worsened (switch from unlikely to probable/possible), Stable case (probable/possible case on both occasions), and Unchanged (unlikely case on both occasions). Data was also collected on gender, pubertal development (PD), and family socio-economic status (SES). Changes in HRQOL were evaluated using effect sizes (ES). A multivariate analysis was performed to adjust by age, gender, SES, and pubertal development. **RESULTS:** Response rate at follow-up was 54% (n=454). 13% of children Worsened; 7.5% continued as Stable cases. HRQOL worsened in all groups on 8 of the ten KIDSCREEN dimensions. The largest reductions were observed in respondents who worsened on the SDQ, particularly on the Moods and Emotions (ES= -0.37), Psychological well-being (ES=-0.73), Parents (ES= -0.46), and School (ES=-0.47) dimensions; in these dimensions, negative ES were 2 to 3 times greater than in the other groups. Respondents in the Improved group also showed decrements in HRQOL over time, though these were smaller than in the other groups. **CONCLUSIONS:** Changes in mental health status can have an important effect on a number of HRQOL dimensions in children and adolescents. An improvement in mental health status appears to have a protective effect against poorer HRQOL while a worsening in mental health status is a risk factor for considerably poorer HRQOL. Funding: FIS, contract Nº PI042504

137/1519/Psychometric properties of the initial Brazilian version of the CHQ-PF50 applied to the caregivers of children and adolescents with allergic rhinitis

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AIMS: Allergic rhinitis (AR) remains a significant pediatric health problem because of the burden of uncontrolled symptoms on daily activities and on general well being. Specific instruments are mostly frequently used to determine health-related quality of life (HRQOL) in pediatric patients with AR. The Brazilian version of the Child Health Questionnaire (CHQ-PF50) was validated only for healthy population, juvenile idiopathic arthritis and cerebral palsy. The aim of the present study was to assess the psychometric properties of the initial Brazilian version of the Child Health Questionnaire (CHQ-PF50) in children and adolescents with allergic rhinitis (AR). **METHODS:** The caregivers of 5- to18-year-old children and adolescents with AR answered the self-administered CHQ-PF50 questionnaire. Data quality, reliability and validity were studied. **RESULTS:** Twenty-three caregivers answered the questionnaire. Patient age ranged from 5 to 14 years (mean: 9.2 years). Missing data rate was low. No floor effect occurred in any scale. Ceiling effect occurred in 11 scales. Reliability was adequate for all scales except for the general health perception scale (Cronbach alpha coefficient = 0.24). The validity was adequate in general, but the parental impact-Time scale was not satisfactory for item-discriminant validity. **CONCLUSIONS:** The initial Brazilian version of the CHQ-PF50 showed, in general, adequate psychometric properties for application in patients with AR. Although ceiling effect is expected in this rather heterogeneous disease as a limitation inherent to generic assessment instruments, it must be carefully considered in further studies. The general health perception and parental impact-Time scale must be further reviewed for this population.

138/1632/Characterization Of Psychomotor Development Delay In Chilean Population Younger Than 5 Years Old

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In Chile, prevalence of psychomotor development (PD) delay varies between 29 -60%. Changes in pattern of “child-environmental relationship” could explain a deficient evolution of the PD. Identification of major risk groups allows to implement early interventions to reduce the impact of a high risk environment. The aim of this study is to describe the prevalence of delay in PD in a nationally representative sample of children younger than years old, characterizing its sociodemographic profile. This is a descriptive study of an expanded sample of 374.170 children younger than 5 years old obtained for the II Quality of Life and Health Chile Survey (2006), applied between March and April of 2006, including urban and rural population from 13 regions of Chile, with national representativeness. The sample design was geographically stratified and designed in three consecutive stages (probabilistic sample of occupied particular housing). Sample size was 6,130 houses. The survey was divided in two modules: adult and infant, analyzing the infant module for this study. PD was evaluated with an instrument designed for the survey. Delay PD was described according age, sex, zone of residence and income quintile. The total prevalence of PD delay was 29.9% (CI 95% 27.1 to 32.8); the greater value was in the group of 3 years: 34.2% (CI 95% 27,5-41,0). Prevalence according to sex: men: 32.8% (CI 95% 28,7-36,8); women: 26.9% (CI 95% 22,8-31,0). According to zone of residence, the greater value was found in rural zone in the 1 year old group: 36.7% (CI 95% 21,5-51,9). According to income quintile, the greater prevalence was obtained in the first quintile: 35.9% (CI 95% 29,5-42,4). The sub-group with major delay was children of 4 years belonging to the third quintile: 43.9% (CI 95% 28,6-59,3). In the studied population, the prevalence of PD delay was high, with great variations according to the analyzed variables. This suggests the need of new studies to focus the interventions destined to reduce it.

139/1493/Maternal Perception related to mother-baby for the infantile quality of life

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AIMS: The aim was to know the mother perception front of maternal interaction for the quality of life, covering the area interpersonal relationships and physical well-being, limiting itself to the nutrition level. **METHODS:** This is a descriptive research with a qualitative approach, held in February to April 2008. The study was the scene of a basic health unit the Family Health Strategy in the city of Fortaleza, Ceara, Brazil. The informants were seven mothers of children aged up to 12 months. The data collection was performed by the application of an educational workshop, and as strategy, a panel construction with animated figures that revealed construct the dimensions of quality of life . As a form of assessment, used to be a group dynamic with questions and answers. **RESULTS:** Data were organized into categories and analyzed with the literature review for the search. Was evidenced that the mother-baby bond opens space for the overall development of the child, and facilitate learning to take care of themselves, family and the environment. It was also discovered that the mothers understanding about the quality of life child, a positive influence of the motivation for acquisition of babies postural harmonious, and to healthy eating and lead to implement strategies in the daily lives of its motherly. **CONCLUSIONS:** Understanding that this interaction is essential links that allow their children to change attitudes towards the promotion of their health. In this regard, we reaffirm that participation in maternal construct full of quality of life of their babies should perservere in educational workshops strengthened by the results that perceived reality.

140/1215/Presence of emotional and behavioral problems and health-related quality of life in a population of adolescents (12-19 years)

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AIMS: We evaluated health-related quality of life in subgroups of adolescents with normal scores, with borderline scores, and with abnormal scores regarding emotional and behavioral problems according to the Strengths and Difficulties Questionnaire (SDQ) cut-off points. **METHODS:** 1,687 students of 15 secondary schools were invited to complete the 25-item SDQ to assess emotional and behavioral problems, and the 12-item General Health Perceptions (GHP) scale of the Child Health Questionnaire Child Form (CHQ-CF). **RESULTS:** Participation rate was 89.9%. Mean age was 14.7 years (SD 1.21; range 12-19); 50.5% were male. Mean CHQ-CF General Health Perception scores were lower in the subgroup with abnormal SDQ Total difficulties scores (n=135; mean GHP 61.5; SD 20.7) compared to the subgroup with normal Total difficulties scores (n=1,161; mean 72.8; SD 15.8); p<0.01; Cohen's effect size 0.72. Mean GHP score in the subgroup with borderline Total difficulties scores was 61.6 (SD 17.0). The SDQ Emotional symptoms scale (compared to the SDQ problem scales Conduct, Hyperactivity, and Peer problems) had the highest relative impact on general health perceptions: mean GHP 58.2 (SD 19.8) in subgroup with abnormal SDQ scores and mean 72.0 (SD 16.3) in subgroup with normal SDQ scores; p<0.01; effect size 0.85. The SDQ scale Prosocial Behavior had the lowest relative impact on GHP: mean GHP 66.9 (SD 18.8) in subgroup with abnormal SDQ scores and mean 71.1 (SD 16.8) in subgroup with normal SDQ scores; p<0.01; effect size 0.25. **CONCLUSIONS:** In this large study group adolescents, we showed that the presence of emotional symptoms is clearly associated with a low level of self-reported health-related quality of life. Also, to a lesser extent, conduct problems, hyperactivity, peer problems, and a low level of prosocial behavior were significantly associated with low quality of life. In future studies we recommend using additional measures of emotional and behavioral problems such as the Child Behavior Checklist and of quality of life such as the full CHQ-CF and the Health Utilities Index, and application of a longitudinal study design to evaluate whether emotional problems cause low general health perceptions or reverse.

141/1259/The Use of the SF-12 Health Survey in Chinese Adolescents

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AIMS: Previous clinical and psychometric evaluation of the SF-12 or SF-36 focused on the adult population and none had been performed in adolescents. Nevertheless, the SF-12 has been used as a health indicator of adolescents and even as a criterion in validating another quality of life instrument in a group consisted of both adolescents and adults. Therefore, we aimed to evaluate the construct validity of the standard Chinese SF-12v2 in a large population based cohort of adolescents. **METHODS:** Data collected from the Hong Kong Student Obesity Surveillance project conducted in 2006-2007 were used. The standard Chinese SF-12v2 was first evaluated against clinical criteria previously used for the evaluation of SF-12 or SF-36. The data were then randomly split into training and validation halves for exploratory and confirmatory factor analyses (CFA), respectively. **RESULTS:** A total of 31,357 adolescents with mean age of 14.8 years (SD=1.9) were included. The standard Chinese SF-12v2 well distinguished groups differing in doctor-diagnosed health problems, self-reported illnesses in the past 30 days, gender, perceived health in the past 3 months and that compared with 12 months ago. The exploratory factor analysis was influenced by methods effects. The basic two-factor CFA without any correlated errors was inadequate (RMSEA=0.09, SRMR=0.18, CFI=0.89 and NNFI=0.86). Correlated errors with the largest modification index and substantive rationale were incorporated. The final CFA model for the SF-12 was consistent to the hypothesized latent structure (RMSEA=0.05, SRMR=0.07, CFI=0.97 and NNFI=0.95). **CONCLUSIONS:** The standard Chinese SF-12v2 is an appropriate health indicator for Chinese adolescents. This would streamline the use of health indicators in clinical studies, especially those on large scale, which include both adolescents and adults. Funding support: The University of Hong Kong University Research Committee Strategic Research Theme on Public Health

142/1354/Quality of life in school-age children of separated parents

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AIMS: To analyze the psychosocial quality of life (QoL) in school-age children whose parents have been separated **METHODS:** We included children 5 to 12 years. The sample was taken in sequential order to reach the sample size to detect a difference of 5 points in the summary measure of psycho-social, considered clinically relevant that assumes an alpha of 0.05 and power of 80%. We used the Child Health Questionnarie PF50. We defined integrated family (IF) when the parents live in the same household and separated family (SF) in different ones. We analyzed the following variables: sex of the child, siblings, age and education of the mother, declining of living standard and time shared with the father per week. In the subgroup SF: time elapsed since the separation, new maternal partner, legal separation and type of tenure. **RESULTS:** There were 313 surveys, 160 (IF) and 153 (SF). We found significant differences between groups in age of children, maternal education, and time shared with the father and standard of living. The univariate analysis of the entire sample showed that the score of QoL was associated with: separation of parents, child sex, hours shared with the father, standard of living and maternal education. However, in the multiple linear regression model scores of QoL declined in boys (OR -4.5 CI95% -6.7-2.3) and increased with the shared time with the father (OR 0.08 CI 95% 0.02 0.15). An analysis of the subgroup SF, the multiple linear regression model scores of QoL increased when parents were separated by mutual agreement (OR 6 CI95% 2.7 9.4), mother had college education (OR 5.9 CI95% 1.6 10.1), older maternal age (OR -0.3 CI95 % -0.7 -0.05), for each year far from the separation (OR 0.6 CI95% 0.1 1.1) and decreased for male children (OR -5.4 CI95 % -9.5 -1.3) **CONCLUSIONS:** The score of QoL increased in relation to time shared with the father and was lower in boys. In the subgroup of SF, the score of QoL improved if parents were separated by

mutual agreement, if the mother was older and had a better education and longer time of separation and was lower in boys.

143/1364/HOW PARENTAL REARING IMPACTS QUALITY OF LIFE FOR BRAZILIAN YOUNG ADULTS

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AIMS: The purpose of this study is to examine the hypothesis that favorable parental rearing is associated with better quality of life in adulthood and to explore the mechanism through which this relationship occurs. **METHODS:** 297 university students in southern Brazil answered questions about quality of life (WHOQOL-BREF), parenting style (s-EMBU), coping strategies (Coping Strategies Inventory), life events (Social Readjustment Rating Scale) and depressive symptoms (Beck Depression Inventory). Data was analyzed by means of Structural Equation Modeling (SEM). **RESULTS:** Parental warmth was directly related to quality of life while parental rejection was indirectly related to quality of life being mediated by depression. **CONCLUSIONS:** Parental rearing practices in general and parental rejection specifically is related to coping with day-to-day events and the development of depression which impacts perception of currently quality of life.

144/1581/Perception of the quality of life of 4- to 6 year-old Brazilian children: Contributing to health promotion in the school.

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AIMS: Promoting health in the school aims at contributing to the quality of life (QOL) of children, but studies that consider the point of view of the schoolchildren themselves are still scarce. The objective was to understand how the children from a public school in Fortaleza, Brazil perceive their quality of life, what factors they consider relevant to achieve it and in which order of importance these factors/dimensions must be arranged. **METHODS:** The study was quantitative-qualitative and descriptive and was conducted at an urban public school in a low-income district of Fortaleza, Brazil, with a sample of 60 schoolchildren aged 4 to 6 years. Data collection was performed from January to June 2005, using projective techniques such as drawings and figures and the AUQEI (Autoquestionnaire Qualité de Vie Enfant Imagé) questionnaire, with a cut-off score of 48. The data obtained from AUQEI were analyzed using SPSS statistical software. Based on the categories of the childhood quality of life model proposed by Sabeh and Verdugo (2002), we performed a methodological triangulation of the results. **RESULTS:** . The group mean obtained on AUQEI was 51.9, indicating good quality of life. The children were concerned about (in order of importance) playing - a category of idleness and recreational activities, affection from the parents _ interpersonal relations and lodging - material well being. From the children_s perspective, playing is the main element for achieving childhood quality of life. **CONCLUSIONS:** We underscore the need for habitational public policies focused on the low-income population. We further recommend the development of health education measures to improve housing conditions and parent-children relations as well as strategies that consider the child_s perception of QOL and contribute to a healthy educational environment focused on the Health Promoting School.

145/1758/Evaluation of the perceived health of students at a Spanish primary education centre: a tool for assessing physical education curriculum design

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AIMS: To obtain an overview of the perceived health of a specific population, students at an _educational centre , in order to adapt the physical education area programmes. **METHODS:** We used the CHIP-CE (Spanish version of the Child Health and Illness Profile-Child Edition) as the instrument for gathering data, given its availability in Spanish, its reliability and its validity shown in recent research with similar study purposes. Random probabilistic sampling was used to select and survey students aged from 6 to 11 years of age (n=157) at the Colegio Público San Vicente Ferrer school. We analysed the internal consistency of each subdimension on the basis of the Cronbach coefficient in order to compare the results obtained from our sample with those from similar studies. We then analysed the scores of each of the subdimensions of the tool in order to assess the perceived health of the students according to the different groupings. **RESULTS:** The alpha coefficient was greater than 0.70 in almost all subdimensions (range, 0.60, 7-0. 78.4), which are acceptable reliability measurements given the population and sample in question. The figures were correlated with the reliability measurements obtained from various studies that used the CHIP-CE. All subdimensions obtained mean standardised scores established by the tool: _Satisfaction (M=51.75, SD=9.54) _Welfare (M=49.86, SD=9.45) _Resistance (M=50.94, SD=10.48) _Risk (M=50.18, SD=7.97) _Functions (M=50.51, SD=9.87). **CONCLUSIONS:** The results of the reliability analysis establish the CHIP-CE as a valid tool for assessing the perceived health of students at an educational centre. At the same time, the overall results obtained denote a perceived health within the framework of the measurements given by the CHIP-CE and other similar studies. However, these figures should be detailed in a stratified fashion, given that the percentage of immigrant students in the centre is significantly high.

146/1716/Lifestyle And Body Mass Index Of A Group Of School-Age Children

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AIMS: This study is designed to gather information about the lifestyles and Body Mass Index (BMI) of boys and girls aged from 8 to 11. **METHODS:** This is a correlational descriptive study focused on identifying the lifestyles and BMI of a group of 79 school-age children, 8 to 11 years of age, from a school at San Vicente del Raspeig, Spain. The lifestyle survey is based on that carried out by the Conselleria de Sanitat i Consum de la Generalitat Valenciana (Valencia Regional Government Ministry of Health and Consumer Affairs) (1998) for the Education for Health in Schools programme. The BMI was obtained by measuring weight and height with scales and a Seca stadiometer. **RESULTS:** 27.8% did not practise any sport outside school while 38.9 did so every day. Approximately 27% spent over 5 hours in front of televisions, computers or playing video games. As regards dietary habits, we can state that the foodstuffs consumed by the children every day include sweets and sugary soft drinks. Items only consumed from 1 to 3 times a week include raw vegetables, fruit and pulses. We found that 17% suffered from childhood obesity. **CONCLUSIONS:** This group of children does not comply with the recommendations regarding levels of physical activity for children aged from 7 to 12, which involves carrying out at least 60 minutes of moderate to intense physical activity per day. The eating habits of the sample do not satisfy basic criteria for a healthy diet. The lack of physical exercise and bad dietary habits lead to higher levels of childhood obesity. The figures for childhood obesity are similar to those identified in the EnKid (1998) study, which estimated obesity of 13.9%, higher in those children belonging to a low socioeconomic level, as is the case with our sample. These figures are similar to recent data that places Childhood Obesity in Spain at 16%, raising the alarm about the exponential growth of this modern epidemic.

147/1707/Children Health Promotion In Feed Supplementary Through The Use Of Regional Food

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AIMS: In this context, the survey aimed to understand the maternal perception about the child health, and eating habits in the period of complementary feeding and the regional foods use. **METHODS:** Quantitative and qualitative approach to characterization data based on the form. The research universe was of 150 children relatives in the age group 0 to 2 years, who resided in the District of Sapupara - Maranguape - Ceará. To data collect is used semi-structured form and focus group, there are 13 selected mothers of children who understood the age less than 6 months and who were on supplementary feeding to integrate this group. The topics used to guide the groups were: Child Health, Nutrition and Food Supplementary Regional, based on analysis of the forms. **RESULTS:** Through the techniques analysis thematic analysis of Bardin, emerging the following categories: Being healthy is having hygiene, be well fed is to give milk and soup, post health is to take care of the sick child and food are regional fruit to make juice . With support in the analysis, could be evidence that most of the families living in that district survive with an income less than a minimum wage. We understand that the perception on the children health confined to the practice proper hygiene and healthy eating habits, but also to the search of the unit of health to cure the child. Evidential the regional food, the mothers did not know this subject. **CONCLUSIONS:** Characterize social and economic families aspects, it was essential to understand the coexistence of traditional values that influence so direct in the decision power in relation to child health and their food. The study shows that Promote Health of Children in Complementary Feeding through the Use of Regional Foods, is characterized by high nutritional value, the easy access and low cost, is a theme that should be disseminated, especially in the families group who suffer with the social inequality in the perspective of social injustice.

148/1702/The KIDSCREEN-27 Quality of Life Measure for Children and Adolescents: Validation in a population of Medellín, Colombia

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AIMS: The aim of this study is to assess the reliability and validity of the KIDSCREEN-27 generic health-related quality of life questionnaire for children and adolescents, in Medellín, Colombia. **METHODS:** Between November 2006 and 2007, we did an observational validation study of the Kidscreen 27 in children and adolescents between 8 and 18 years old, healthy and with acute and chronic diseases. The subjects were from educational and health institutions. Psychometric properties were assessed: construct validity, content validity, sensitivity to change, internal consistency and inter and intra reliability. **RESULTS:** The instrument was administered in 321 people, healthy 50.1%, male 57.3%, low socioeconomic status 63.5%, ambulatory 84.3%. Statistically significant differences between children of high and low socioeconomics status were found; the first group had better ratings. For the overall sample the exploratory factor analysis with Varimax rotation revealed a six -factor structure which is different from the original five factors, the family life and leisure time would be in two dimensions. For the overall sample Cronbach_s alpha values ranged from 0.70 to 0.87. The intraclass correlation coefficient for the inter and intra -observer reliability ranged from 0.93 to 0.98 and from 0.80 to 0.96 respectively. Sensitivity to change showed differences between the first and second application in the dimensions of physical activity and health, mood and sentiments, and school and college. **CONCLUSIONS:** The KIDSCREEN-27 questionnaire has acceptable levels of reliability and validity in Colombia. There is a need for harmonization with the European validation, to decide the final dimensions. For the sensitivity to change it is reasonable to use three dimensions instead of five.

149/1879/Pain and HRQOL in children and adolescents

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AIMS: The purpose of this study is to study the epidemiology of pain and HRQOL in a school population of children and adolescents aged 8-18 years in a region of Norway. More specifically the aims are: -to describe pain in children and adolescents- age and gender variations, -to describe pain in relation to HRQOL in children and adolescents. **METHODS:** Design: Cross sectional, school survey. Study population: Age group 8-18 years. The total sample consists of 1238 children and adolescents.A cluster sample of 20 randomly selected school was drawn by Statistics Norway. The following criteria were used: geographic spreading, rural and urban districts, small and large schools. To cover the age span (8-18), grades 3,5,7 and 9 in elementary school, and grades 1 and 3 in secondary schools were selected according to the same criteria. Datacollection: The self-report instruments were administrated and completed in the classrooms under supervision of the investigator. The children and adolescents filled in the form anonymously. Instruments: Self-report questionnaires: Demographic variables KIDSCREEN 52, HRQOL (Ravens-Sieberer et al 2001) Lubeck-Pain-screening questionnaire (Roth-Isigkeit, 2001) **RESULTS:** Consistent with previous research, we found gender and age differences in children and adolescents report of HRQOL and pain.60 % of the children and adolescents report pain within the last three months. 52% of the children who reported pain, had pain more than once a week.Girls age 16-18 years report most pain Headache is the most common pain. Children and adolescents who report pain display decreased HRQOL values with girls on average scoring lower than boys. **CONCLUSIONS:** This study shows that pain is a common problem in children and adolescents. Pain interfere with children_s quality of life. Children and adolescents with recurrent pain experience significantly poorer quality of life. The gender differences in our study shows that girls are a vulnerable group. The onset of pain early in life may indicate the origins of or contribute to pain problems later in life.This suggests that preventive measures should be taken at a young age.

150/1793/Quality of life in adolescents: measurement and associated factors

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AIMS: To evaluate the construct validity of a scale of quality of life in adolescents and to explore possible associated factors **METHODS:** Cross sectional study was done, in 30 randomly selected schools by cluster sampling from Bucaramanga. Socio-demographic and anthropometric variables, musculoskeletal pain, some sports and leisure activities practiced weekly were studied. A new quality of life questionnaire was designed with four domains (personal, familiar, scholar and social) and 11 items, measured with a visual analogous scale. A principal component analysis and a simple and multiple log-binomial regression models, were applied to assess the construct validity and to estimate relative risk respectively, 95% confidence intervals were adjusted by the cluster sampling. **RESULTS:** In total 461 students were evaluated, mean age 13,8 ± 1,8 years, 52,6 % women, overweight 6,4 % and obesity 1,3%. The prevalence of pain was of 54% and the 14.1% do not practice sport activities. Two factors were obtained in factor analysis (quality of life general and scholar life) that explained the 52,2 % of the variance. The quality of life showed an average of 81,1 mm. (IC95% 79,2 - 83), the associated factors were: age (RR 1,06), BMI (RR 1,02), pain (RR 1,2) and to practice some sport (RR 0,94). **CONCLUSIONS:** The questionnaire showed good results, but it requires adjustments and evaluate other psychometrics properties. The associated factors suggest the urgency to implement and to evaluate interventions in scholar and familiar setting, in order to enhance healthy styles of life and to improve the quality of life of the adolescents.

151/1650/Complementary Program Of Physical Activity And Nutrition Associated To The Acquisition Of Healthy Lifestyles In Low-Income High School Chilean Students

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AIMS: High school students in Lagunillas, Coronel, Chile, belong to one of the most poor communities in the country. Our studies indicated that these adolescents have lifestyle conducts associated with risk factors. **METHODS:** Activities for Health Promotion: Creation of an Informative Board and Healthy Zoneplaces inside the educational establishment. Creation of educational health bulletins. Workshops on Nutrition for the overweight and obese students: Body composition, macro and micronutrients, healthy diet, understanding food labeling, healthy lunch, fats, oils and cholesterol. Workshops on Health Promotion to student parents. Active Pause in the classroom. Workshop for the evaluation of the nutritiom status by measuring body mass index and heart frequency. Recreational Activities planned to promote physical activity **RESULTS:** smoking (31.7%), dyslipidemia (33.3%) and obesity (24.1%). From a nutritional point of view, even when the caloric contribution corresponds to the recommendied for the age, the quality of the diet is inadequate, with low contribution from milk, fruits and vegetables, and a high consumtion of carbohydrates and saturated fat. As for level of physical activity, when students were asked "In my leisure time and free time, I prefer", 48% indicated computer playing or television watching. Only 11% it declared practicing sports. In conclution, the majority of students has a sedentary conduct. Therefore, we have designed an Intervention Program to be applied to the school community with the following objectives: " To decrease the prevalence of overweight and obesity in the students, by introducing an interdisciplinary program of Physical Activity and Nutrition. " To involve the student_s family in the process of changing habits toward a healthy lifestyle where adequate physical activity and nutrition are fundamental elements for the self-preservation. **CONCLUSIONS:** All activities are designed as elements to support the pedagogical work and of formation of the youths inside the normal school day, to augment school performance, to reduce school desertion, to maintain the assistance to classes and to promote a good quality of life.

152/1488/Recovery of Health after Abdominal and Pelvic Surgery

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AIMS: Some surgical innovations are touted to improve patient outcomes; however, their adoption may be associated with a learning curve and unforeseen consequences. We used a validated instrument, the Convalescence And Recovery Evaluation (CARE), to measure patient-reported return to baseline health after surgery, and explored clinical factors associated with faster recovery. **METHODS:** Using CARE, patient health was measured at baseline and at 5 intervals postoperatively among 96 patients undergoing abdominal and pelvic surgery (response rate=90%) by 3 different specialties. CARE measures recovery in 4 dimensions and is summarized as a composite score (with higher scores representing a better health state). Patients were sorted into groups depending on when they achieved recovery to 90% of baseline (< 2 weeks, 2 to 4 weeks, > 4 weeks). Chi square tests and logistic models were used to measure relationships between recovery and patient characteristics, processes of care and outcomes. **RESULTS:** 44%, 28%, 28% of patients reached 90% of baseline health within 2 weeks, between 2 to 4 weeks, and > 4 weeks, respectively. Patients who recovered faster were generally younger, female, single and undergoing ambulatory surgery for benign conditions that did not involve the intestines (all $p<0.05$). The magnitude of associations between measured covariates and recovery to 90% of baseline were strong, even after adjusting for patient differences. For example, patients undergoing non-bowel-related surgery near 10 times more likely to recovery by 2 weeks compared to those undergoing a bowel-related procedure (adjusted OR 9.9, 95% CI 1.4-67.8). **CONCLUSIONS:** In this heterogeneous population, discrete clinical factors associated with recovery to baseline health after abdominal and pelvic surgery were identified using CARE. Thus, this novel measure will be useful not only for tracking surgical recovery but also for specifying potential targets for improving post operative management.

153/1777/Are There Differences in Patient Satisfaction with Medications To Treat Benign Prostatic Hyperplasia? Pilot Results from a Novel Registry

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AIMS: Benign prostatic hyperplasia (BPH) involves the enlargement of the prostate gland and is a prevalent condition among elderly males. Three widely used therapies for the treatment of BPH include dutasteride, tamsulosin and terazosin, each with a different mechanism of action and side effect profile. The objective of this study was to assess patient satisfaction with medications for the treatment of BPH. **METHODS:** Patients were recruited from multiple sources including physician, pharmacy and online referrals. Patients were asked to report ongoing medications on the project website (www.iGuard.org). A random sample of patients on medications for BPH were contacted to complete a questionnaire that included the Treatment Satisfaction Questionnaire for Medication Version 1.4 (TSQM). The TSQM is a 14-item reliable and valid instrument to assess patients' satisfaction with medication, providing scores on four scales - effectiveness, side effects, convenience and global satisfaction. TSQM scores range from 0 to 100, with higher scores indicating higher satisfaction on the domain. Analyses were conducted to explore differences in patients' satisfaction across medications. **RESULTS:** A total of 87 male patients, 33 on dutasteride, 29 on tamsulosin and 25 on terazosin, completed the study questionnaire. The mean age (SD) of the patients was 65.3 (9.2) years: 66.7% Caucasian, 25.3% Hispanic and 3.5% Black. The TSQM domains had good internal consistency, with Cronbach's alpha for all domains exceeding 0.87. There were no differences in age, race or self-reported disease severity among patients on dutasteride, tamsulosin or terazosin. The mean TSQM scores ranged from 63.4 (tamsulosin) to 64.8 (dutasteride) on effectiveness, from 86.1 (tamsulosin) to 96.9 (dutasteride) on side effects, from 84.7 (dutasteride) to 91.1 (terazosin) on convenience and from 60.6 (terazosin) to 68.2 (tamsulosin) on global satisfaction. **CONCLUSIONS:** Although no statistically significant differences in patient satisfaction with medications for BPH was found in this pilot study, there appears to be some trends that suggest differences in the satisfaction profiles associated with BPH medications.

154/1116/Between The Happiness And The Discipline: Conceptual Dimensions Of The Well-Being Of People With Chronic Illness

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AIMS: Title:Between The Happiness And The Discipline: Conceptual Dimensions Of The Well-Being Of People With Chronic Illness Authors Teresa M. Torres López* José Gpe. Salazar Estrada* Carolina Aranda Beltrán* Manuel Pando Moreno* * Departamento de Salud Pública. Centro Universitario de Ciencias de la Salud. Universidad de Guadalajara, México Abstract The study goal was to explore the well-being conceptual dimensions of people with chronic illness of Guadalajara city, Mexico. Identify popular knowledge of the people with chronic sufferings allows a health professionals approach of more quality. The final purpose was to generate health educational programs. **METHODS:** It was an exploratory cross-sectional study. The sample was 40 diabetes mellitus and arterial hypertension subjects selected by propositive sampling. They were collected of Health Centers support groups. Semi-structured interviews were applied by free-listing and pile sorts techniques. Well-being associated terms and conceptual dimension groupings were investigated. A consensual analysis was applied by factorizing the major components as well as a dimensional analysis with hierarchical conglomerates and multidimensional scales. **RESULTS:** The main results show a holistic vision of well-being concept. With three cultural dimensions: the responsibility, the discipline and the happiness. The people interviewed were it pointed out that the responsibility and the discipline like a voluntary and personal decision, where the family and the community are not included. The third dimension is about mental and social aspects, included to the happiness and lives comfortable. It implies the practices of mental health care, besides the spiritual and social life. It was found the association of well-being with mental health concept. **CONCLUSIONS:** About educational intervention proposals is important to point out the integral attention. The point of view of people with chronic sufferings should be considering. Like the respect or support of cultural beliefs, emotional control, general cares, satisfaction of material needs, besides the medical care. Words key: well-being, chronic illness, cultural conceptions

155/1344/Quality Of Life In Myopic Patients Treated With Laser Insitu Keratomileusis

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AIMS: The purpose of this study was to evaluate the quality of life(QOL)in myopic patients treated with laser insitu keratomileusis(LASIK). **METHODS:** 31 myopic patients treated with LASIK at Tsuboi Eye Center participated in this study. Our new original self-administered QOL questionnaire including 40 questions divided into 15 categories and quality of vision(QOV)specific one including 20 questions divided into 7 categories were used. **RESULTS:** Cronbach's alpha coefficients of our both QOL and QOV questionnaires were high enough to accept for clinical use : 0.96 in dietary problems, 0.95 in medical service etc. in QOL questionnaire and 0.91 in daily life, 0.81 in visual impairment etc. in QOV questionnaire, respectively. Our QOL questionnaire contained 10 main factors and cumulative contrlbution was 0.86. Our QOV questionnaire contained 5 main factors and cumulative contribution was 0.77. After LASIK surgery, almost all patients except for one dry eye patient indicated the improved total QOVs, on the other hand, two thirds patients showed the improved total QOLs and one third patients demonstrated the deteriorated total QOLs. Compared with before LASIK surgery, significant improvements of QOL were demonstrated in the strata of general well-being and medical service($P<0.05$), and there was no significantly deteriorated category after LASIK surgery. There was significantly positive correlation between QOL changes and QOV changes by LASIK operaton($P<0.01$). Furthermore QOV was very excellent as acute index of LASIK's efficacy, while QOL was more available as chronic index of LASIK's usefulness. Except one patient, almost all deteriorated QOL patients under total 280 QOL scores before operation showed the improvements in total QOLs after LASIK operation. **CONCLUSIONS:** These finding indicate that our QOL and QOV questionnaires have high enough reliability and potency of validity to use for myopic patients treated with LASIK surgery. LASIK surgery is very effective for both QOL and QOV improvements for myopic patients, especially for deteriorated QOL patients before surgery. We should use the QOV as the acute index of LASIK's efficacy and the QOL as the chronic index of LASIK's one.

156/1479/Validation of the ASK-12 Survey Assessing Barriers to Medication Adherence

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AIMS: Poor adherence with prescription medication is a widespread problem that contributes to deteriorating health and reduced health-related quality of life (HRQL). The patient-reported ASK-20 ("Adherence Starts with Knowledge") Survey was developed to assess barriers to adherence and related behavior. In the current analysis, a 12-item short form (ASK-12) was derived and validated. **METHODS:** Patients who were on prescription medication for asthma, diabetes, or congestive heart failure for at least the past year were recruited from a university outpatient setting. Participants completed the 20-item version of the ASK, Morisky Adherence Survey, SF-12 health survey, and additional questions regarding adherence behavior. Item and exploratory factor analysis were used to reduce the ASK-20 to the 12-item version and to derive subscales. **RESULTS:** The 112 participants were 75.9% female and 53.6% African-American with a mean age of 46.7 years. Based on exploratory factor analysis, three subscales were derived: behavior (5 items), treatment beliefs (4 items), and inconvenience/forgetfulness (3 items). The total score was based on all 12 items in these subscales. Cronbach's alpha for the total scale was 0.75 (subscales ranged from 0.61 to 0.66). The two-week test-retest intra-class correlation coefficient was 0.80 for the total score (subscales ranged from 0.67 to 0.79). The ASK-12 total score was significantly correlated with the Morisky scale ($r = -0.74$; $p < 0.0001$), the SF-12 mental component score ($r = -0.31$; $p < 0.01$), and proportion of days covered by prescription refills based on insurance claims data ($r = -0.21$; $p < 0.05$). The ASK-12 significantly discriminated among groups of participants differentiated by adherence behavior (e.g., the self-reported amount of time medications were taken as directed). **CONCLUSIONS:** The ASK-12 demonstrated adequate factor structure, reliability, criterion validity, and discriminant validity. The relatively brief ASK-12 may be used in research to assess adherence behavior and barriers, and it may also assist clinicians in assessing specific barriers to adherence that could be a target of intervention with individual patients.

157/1485/Quality of life instruments in burn victims: a systematic review of the literature

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AIMS: We aimed to identify the HRQL instruments used in all published studies assessing burned patients. We also evaluated the adequacy of their metric properties for original and other versions. **METHODS:** The following electronic databases were reviewed: PUBMED, LILACS, Web of Knowledge and Índice Médico Español. Also, two virtual libraries of HRQL questionnaires were reviewed: ProQolid and BiblioPRO. A manual search was carried out of selected congress annals as well as all relevant references of papers reviewed. Key words used were: burns, quality of life, health status, questionnaires, scales, reliability, validity, adaptation and cross cultural. Publications in English, Portuguese, Catalan or Spanish were eligible. Validity and reliability of the identified instruments. We considered information about the measurement, reliability (internal consistency and reproducibility), validity (content, construct and criteria), sensitivity to the change, responsiveness and cultural or linguistic adaptation, translation stages and back-translation. These properties were evaluated following recommendations from the Advisory Committee of the Medical Outcome Trust. **RESULTS:** Fifty-two studies were finally included. Nine generic (SF-36, CHQ-50, CHQ-87; EuroQol 5D, QLQ, QOLS; ITLQ, GHQ e QLI) and three specific instruments had been used: Burn Specific Health Scale (BSHS), Children Burn Outcomes Questionnaire (BOQ) and Health Outcomes Burn Questionnaire (HOBQ). The original versions presented Cronbach_s alpha scores from moderate to high: BSHS from 0.61 to 0.95, BOQ equal to or higher than 0.70 and HOBQ from 0.74 to 0.94, which were similar for the adapted and short versions. The strategies adopted for validity assessment included face, construct, concurrent, criterion and discriminant validation and sensitivity to change, with satisfactory results when considering the previously established hypotheses. **CONCLUSIONS:** The specific instruments presented acceptable validity and reliability results. Further research is needed to identify the instrument(s) that perform best.

158/1487/Discrimination of CARE to patient differences: A useful tool for evaluating quality?

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AIMS: For patients undergoing surgery, measuring health status postoperatively provides insight into a period during which quality concerns often manifest. However, patient differences may obscure such feedback unless the instrument demonstrates sufficient discrimination. We prospectively evaluated the sensitivity of the Convalescence And Recovery Evaluation (CARE), a patient-reported measure of health status after surgery, to case mix and processes of care after surgery. **METHODS:** Patient health status was measured before and at 5 intervals after abdominal and pelvic surgery for a wide variety of indications among 96 patients using CARE, a validated instrument (response rate = 90%). CARE measures recovery in 4 dimensions (activity, pain, GI, cognitive) and is summarized as a composite score (with higher scores representing a better health state). We measured the association between patient demographics (e.g., age), clinical characteristics (e.g., preoperative albumin), processes (e.g., surgical approach), and outcomes (e.g., complications) and CARE scores. **RESULTS:** After surgery, patients experienced a precipitous drop off in health (preoperative composite score = 80.0 vs. week 1 composite = 58.6, $p<0.01$). For each of the 4 domains, patients who developed a postoperative complication had significantly lower scores at 2 weeks postoperatively than those who did not (each $p <0.05$). The activity and GI domain score were sensitive to surgical approach (lap vs. open), length of stay, and indication for surgery (bowel vs. other). Patients requiring parenteral nutrition had significantly lower pain and GI scores at 2 weeks. **CONCLUSIONS:** Postoperative recovery as measured by CARE varies with a wide variety of constructs. Because of its sensitivity, CARE is a useful platform for objectively measuring the implications of surgical innovation to the patient and for potentially identifying quality concerns with their implementation.

159/1963/The psychological impact of accidents on recreational divers: a prospective study

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AIMS: To assess the frequency, intensity and duration of post-trauma sequelae in the victims of diving accidents; and to compare the sequelae with those of other people on the same diving expedition. **METHODS:** This was a prospective cohort study of 52 divers who attended the Orkney Hyperbaric Unit after a diving accident. Trauma symptoms were assessed at 3, 6 and 12 months post-accident, using the Revised Impact of Events Scale. Victims' responses were compared with those of their diving companion ('buddy') and of a non-diving control from the same diving expedition. The General Health Questionnaire (GHQ12) was used to estimate the pre-accident psychological health of all participants. **RESULTS:** The accident victims endorsed significantly more trauma symptoms than the buddy and the boat control, and experienced them significantly more intensely and for longer; but there were no significant differences in the means of the GHQ12. **CONCLUSIONS:** The victims were considerably more affected by the accident than the buddies and controls. This is unlikely to be due to pre-accident differences in psychological state. A significant minority of diving accident victims (between 25% and 50%) continued to suffer from the psychological impact of the accident, some for over a year. This has important implications for their future health care, for their quality of life, for their safety on subsequent dives, and for dive training.

160/1731/A Systematic Review of Patient Reported Outcome Measures After Facial Cosmetic Surgery and/or Non-surgical Facial Rejuvenation

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AIMS: The face is of paramount importance in determining a person's identity, body image, and ability to achieve successful interpersonal relationships. However, remarkably few studies have examined patients' perceptions of their appearance following surgical and/or non-surgical facial rejuvenation. The assessment of such patient-reported outcomes is especially pertinent to clinicians because patient satisfaction and improved QOL are the predominant considerations determining success in cosmetic surgery. The purpose of this study was to identify patient-reported outcome measures (PROMs) developed and validated for use in patients undergoing surgical and/or non-surgical facial cosmetic procedures. **METHODS:** A systematic review of the literature was performed. PROMs designed to assess patient satisfaction and/or QOL following facial cosmetic surgery and/or non-surgical procedures were identified. Qualifying instruments were assessed for content and adherence to international guidelines for questionnaire development and validation. **RESULTS:** A total of 442 articles were retrieved and 47 PROMs were identified. 32 generic instruments were excluded. Detailed analysis of the remaining measures revealed that 8 instruments (ROE, FOE, BOE, SROE, FLO-7, GBI, FAST and DAS59) had undergone limited development and validation. The remaining measure, the Facial Line Treatment Satisfaction (FTS) questionnaire, demonstrated adequate psychometric properties, yet had significant content limitations. **CONCLUSIONS:** Valid, reliable and responsive instruments designed to measure patient-reported outcomes following surgical and non-surgical facial rejuvenation are lacking. A PROM that represents perceptions of facial cosmetic surgery patients and satisfies accepted health measurement criteria is needed. Once developed, this instrument would be vital to research efforts evaluating patient satisfaction after elective facial procedures, allow comparisons between various techniques, and aid in identifying patients at risk for dissatisfaction.

161/1740/Conceptual issues and measurement properties of HRQOL questionnaires used in critically ill patients from 1998-2007

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AIMS: Traditionally the assessment of critical care has focused largely on mortality. However in the last years there is more attention for the quality of that survival. HRQOL is an important issue for both patients and family. We evaluated conceptual issues regarding HRQOL measurement in critically ill patients and performed a review from 1998-2007 of measurement properties of instruments that have been used in adults with critically illness, before and after discharge from intensive care unit (ICU). **METHODS:** Conceptual issues regarding HRQOL in critically ill adults were evaluated. Medline, CINAHL, Embase, the Cochrane Library, and reference lists from relevant articles were searched. We reviewed the existing literature from 1998-2007 on HRQOL assessments conducted in critically ill patients. Studies were selected for review if they met the following criteria: 1. representative population of adult ICU survivors (16 year and older), 2. including data after discharge from critical care or before and after discharge from critical care, 3. including data outcome on at least 20 patients, 4. measurement instruments had been used in at least two studies in critically ill patients. **RESULTS:** Evaluating conceptual issues did not give conclusive results. Some studies reported moderate agreement between patients and their proxies, although lower levels of agreement were reported for psychosocial functioning. Furthermore, response shift seems an important phenomenon, but is seldom measured when estimating HRQOL in critically ill patients. The SF-36 and EQ-5D are currently the most used instruments to assess the HRQOL of critically ill patients. Content validity, construct validity and reliability are well documented, but evidence on other measurement properties in ICU populations is poor. Both questionnaires do not include items and domains relevant to critically ill patients, such as cognitive dysfunction, severe physical problems, neuropathy or psychological problems like anxiety, depression, memory and concentration disturbances. **CONCLUSIONS:** A generic instrument including these key problem areas is needed to assess the full impact of critical illness on health related quality of life.

162/1868/Scientific Production On Spirituality In Nursing Journals From 2000 To 2007

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AIMS: This study aimed to analyze the articles on the theme Spirituality published in nursing journals from 2000 to 2007. **METHODS:** Articles were searched using the keywords spirituality, religiosity and health, in the MEDLINE, EMBASE and LILACS (Latin American and Caribbean Literature of Health Sciences) databases. Articles which main subject was the study of spirituality and the ones with full texts available were included, by using the University of Sao Paulo provider. The articles were classified according to their year of publication, geographic origin of the first author, type of article (review, original research, case reports and opinion articles), type of population and research design. **RESULTS:**

5881 articles were identified from which 1365 had the study of spirituality as the main focus and, among those, 598 were obtained in their full versions. 133 of them were found in 36 different Nursing journals. An increasing number of publications was observed each year, mainly in 2006. The Journal of Holistic Nursing (JHN) and the Journal of Advanced Nursing (JAN) were the ones with the largest number of published articles (20% and 12%, respectively). The majority of the articles were from the USA (63.9%). Articles classified as research represented 74.4% of the publications, with predominance of the qualitative methods (53.4%). Studies on spirituality in the clinical practice were the most frequent (55.6%). Cancer patients and nurses were found to be the most studied populations. Articles described as exploratory/ descriptive were predominant (31,5%). **CONCLUSIONS:** The study shows a gradual increase in the number of nursing publications on spirituality, but the contribution from Latin American nursing on this theme is still small.

163/1730/Health Related Quality Of Life (HRQL) Evaluation Of Critical Patients One Year After Intensive Care Unit (ICU) Discharge

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AIMS: To evaluate HRQL of patients discharged from ICU, followed during 12 months. **METHODS:** A longitudinal prospective and descriptive study of patients discharged from our ICU, with e 48 hours stay (10/ 2005 to 5/ 2007) is described. Patients were interviewed at 3, 6 and 12 months during regular follow up at a Specialized Ambulatory Clinic. Cognitive evaluation was performed using Folstein_s MMSE (Mini Mental State Examination) and results were use to exclude patients with cognitive deterioration. Barthel index and SF-36 v2 were used to evaluate functional activity and HRQL. **RESULTS:** Ninety eight patients were included. Age: 39 ± 17 years, Gender: male 56. Education: 62% incomplete secondary education, with an average education of 8 ± 3 years. Clinical data: SAPS II (Simplified Acute Physiology Score) on admission 31 ± 11. Stay in unit 21 ± 16, stay in hospital 41 ± 17 days. Admission causes: neurologic 47, septic 16, trauma 13. Forty nine of the included patients had a previous job, 5 (10%) returned to work during the first 3 months, rising to 21 (43%) one year post- discharge. Only 11 patients had a MMSE with a cut-point lower than 27. Excluded patients were mainly neuro-critical. The SF-36 showed better results in all areas in patients with d 10 days stay, being significant for the physical function. Higher physical dependence was associated with worse perception of health and quality of life. Comparing SF-36 dimensions at 3,6 and 12 months, better results were obtained in Physical Role and Function (50/71 and 40/58), Social Function (54/64), General and Mental Health (58/72 y 49/64). Longitudinal analysis of Barthel Index shows an improvement in all categories. One year after discharge, only one patient is still on critical dependence, the rest is low-dependent or independent. **CONCLUSIONS:** This study represents the first national follow up project of ICU discharged patients including HRQL as an outcome measure. Results showed worse HRQL perception in patients with longer stays. However, a year after discharge, most patients followed in this Hospital-based Specialized Clinic (which is an innovative approach for an integrative follow up, including biological, social and psychological problems) showed an improvement in HRQL perception and lower physical dependency levels.

164/1427/What Similarities Can Be Found in Somatically Ill Persons' Descriptions of Quality of Life? A Structured Literature Review

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AIMS: To examine the extent to which similarities can be found in descriptions of quality of life (QoL) derived from heterogeneous groups of somatically ill persons by comparing QoL domains (1) elicited by SEIQoL versus study-specific questions, and (2) as defined by cancer patients versus other somatically ill patients. **METHODS:** We conducted two systematic literature searches for papers using (1) SEIQoL and (2) study-specific QoL questions in the databases PubMed/Medline, CINAHL and PsychInfo. To be included, studies had to be published since 1980 and had to meet several methodological criteria (e.g. inductive data analysis, sufficiently detailed categorization of QoL domains). Two researchers independently assessed all abstracts for eligibility. **RESULTS:** The two literature searches yielded 23 and 9 eligible papers respectively. Independent of using the SEIQoL or study-specific questions, patients nominated the domains health, family, friends, work, and hobbies as constituting their QoL. Studies using the SEIQoL were unique in presenting the QoL sub-domains physical activity/mobility, marriage/partnership, finances and sexuality. Conversely, in studies using study-specific questions more sub-domains related to psychological wellbeing and coping/positive attitude were presented. Fifteen of the 32 eligible papers were based on data from cancer patients. QoL domains as defined by cancer patients and patients suffering from other somatic illnesses proved highly comparable irrespective of whether the SEIQoL or study-specific questions were used, although studies conducted with cancer patients presented more sub-domains related to coping/positive attitude and role functioning. **CONCLUSIONS:** The extent to which similarities can be found in somatically ill persons' descriptions of QoL domains appears to depend on the procedure for data collection. Although an unequivocal conclusion about similarities in somatically ill patients' descriptions of QoL is hindered by the varying extent to which authors aggregate patients' descriptions of QoL domains, this review provides a useful overview of studies aimed at exploring somatically ill patients' self-defined QoL.

165/1112/Expectations About And Experiences With Insulin Therapy Questionnaires: A Preliminary Validation Study

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AIMS: Expectations about and experiences with treatment contribute to treatment satisfaction. Treatment satisfaction is linked to adherence which, in turn, is linked to better outcomes. The aim of this study was to validate a measure of expectations about/experiences with insulin therapy. **METHODS:** Individuals with type 2 diabetes on multiple oral therapy [Expectation group (N=148, Mean age=61, 47% male, 64% Caucasian)] or on insulin therapy [Experience group (N=146, Mean age=55, 50% male, 67% Caucasian)], receiving treatment at 8 US sites, were administered the 15-item Expectations About Insulin Therapy Questionnaire (EAITQ) or corresponding Experiences with Insulin Therapy Questionnaire

(EWITQ). Both groups were also administered measures of treatment satisfaction, diabetes-related symptoms, and health status. Factor analyses and reliability analyses (1 week test-retest and Cronbach's alpha) were performed for EAITQ and EWITQ;Pearson correlation coefficients were calculated between EAITQ/EWITQ subscale scores and both demographics and other patient-reported outcomes measures. **RESULTS:** Factor analysis indicated that both EAITQ and EWITQ consist of three subscales: Positive Expectations/Experiences (6 items), Negative Expectations/Experiences (4 items), and Self-efficacy (5 items). Subscale test-retest (0.67-0.82) and Cronbach's alpha (0.61-0.84) coefficients were acceptable. More positive expectations about insulin therapy were associated with poorer perceived health state, having comorbidities, and more neurological symptom burden ($r=0.17-0.21$, $p<0.05$) while, in contrast, more positive experiences were associated with better perceived health state, greater satisfaction, and lower symptom burden ($r=0.21-0.55$, $p<0.05$). **CONCLUSIONS:** The EAITQ and EWITQ show reliability and validity for assessing expectations about and experiences with insulin therapy. These measures may assist clinicians in better understanding the patient_s perspective of insulin therapies and devices and enhance their ability to recommend the best therapeutic option for patients.

166/1838/Quality of Life and Hemodialytical Treatment

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AIMS: Chronic diseases treatment can cause singular impact on people lives. The different claims of chronic renal failure patients under hemodialytical treatment about daily life alterations motivated questioning about what had been modified and influenced their quality of life. The present study main objective was to evaluate the quality of life of patients with chronic renal failure under hemodialytical treatment. **METHODS:** It was a descriptive and exploratory study carried out in a hemodialytical center in Goiânia - Goiás - Brazil. Seventy two patients were interviewed between april and may 2005 using an instrument called Kidney Disease and Quality of Life Short Form (KDQOL-SF). Descriptive statistics was used to characterize the patients and was calculated the mean score of each KDQOL-SF dimension. Statistical analysis was performed on data using 95% of confidence interval and $p < 0.05$. **RESULTS:** The mean age of patients was 51.1+16.6 years and male predominance had been showed with 52.8%. Results demonstrated that patient_s quality of life was prejudiced in some aspects. The highest mean scores were obtained in the dimensions Dialysis Staff Encouragement (88.37), Quality of Social Interaction (80.83), Patient Satisfaction (80.09), Sexual Function (73.86) and Cognitive Function (80.74). The Dimensions Physical Role, Work Status, Burden of Kidney Disease and Emotional Role had the lowest mean scores (20.49, 22.2, 34.55 and 36.57 respectively). The population perception was influenced by religious choices, gender, time of study, advanced age, time of treatment, family support and by work status. **CONCLUSIONS:** We concluded that people under hemodialytical treatment suffer many alterations in their quality of life, showed by the lowest scores that indicate which aspects need more professional attention. It_s a way to qualify health care as the one nursing is responsible for and everyone has the right to receive.

167/1805/Use of health-related quality of life measures to predict clinical outcome in patients with diabetes and foot ulcers

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AIMS: To assess ulcer healing during a one-year follow-up in patients with diabetic foot ulcers (DFU), to compare health-related quality of life (HRQL) among those healing and those with ulceration, and to assess whether HRQL at baseline may predict clinical outcome among DFUs. **METHODS:** The Study was cross-sectional and longitudinal, and data were collected at baseline, after six months (T2) and 12 months (T3). Adult patients (n=127) with diabetes type 1 or 2 were recruited from outpatient clinics. Self-assessed HRQL was measured using the SF-36 at all measurement points. Sociodemographic- and clinical data were obtained at baseline, and data on healing was obtained at T2 and T3. **RESULTS:** Significant differences in HRQL were observed between patients with healed and persistent ulcers at baseline; and between patients stricken with amputation, serious illness or death during the study. Those with healed ulcers at T3 reported a better HRQL at baseline than those with persistent ulcers or those with serious illnes. Furthermore, HRQL improved significantly in social functioning and mental health in parallel with healing of the ulcers, and deteriorated in the social functioning subscale in those not healing. **CONCLUSIONS:** Poor HRQL during follow-up was associated with poor ulcer prognosis. The findings may indicate that self-assessed health status may be a good predictor of mortality and morbidity. As such, HRQL instruments could be included in the early evaluation of patients with DFUs. The results might be helpful in predicting which ulcers are likely to heal, and may be useful in the formulation of strategies to improve function and HRQL in these patients.

168/1152/Determinants of quality of life in patients in dialysis.

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AIMS: There are limited studies that could shed light on the particular perceptions of patients with end stage renal disease(ESRD)living in non-industrialized countries. The purpose of this study was to understand the underlying relationships among the different determinants of QOL in patients under renal replacement treatment(RRT)in Uruguay. **METHODS:** A cross-sectional study design was used with a convenience sample of 303 patients attending five hemodialysis and peritoneal dialysis centers of the city of Montevideo; 243 (80.2%) accepted to participate; 60 (19.8%) were excluded due to various reasons (cognitive deficits, refusal to participate, too sick to complete the questionnaire, others). Forty-seven independent variables were included grouped in three categories: biological/clinical, sociodemographic, psychosocial and mode of administration. QOL outcomes were evaluated using the SF-36 Health Survey 8 subscales, PCS and the MCS. Univariate analysis was performed for each independent variable. Variables shown to have significant association ($p<0.10$) were included in a multivariate regression analysis. **RESULTS:** Ten regression models were studied, for the 8 SF-36 subscales, PCS and MCS scores. Sixteen variables were significant in the multivariable models (time in RRT, urea, creatinine, serum phospate, hemoglobin, serum iron, blindness, acute illness, hospitalizations, age, gender, living with someone, working status, mantainance of sex life, administration of antidepressive and antipsychotic medications)explaning 43% of the variance of PCS and 35% of MCS. The type and relevance of the explanatory variables differ along the various dimensions of HRQL. Urea, hemoglobin, serum iron, acute illness, hospitalization, and age were significantly associated with PCS, and creatinine, hospitalization, living with someone, and administration of antipsychotics were associated with MCS. **CONCLUSIONS:** We underline the entwining of biological, sociodemographic and psychosocial factors as determinants of ESRD patients' HRQL, thus supporting the multidimensional definition and modeling of the construct.

169/1204/Psychometric evaluation of the Diabetes Treatment Satisfaction Questionnaire for Inpatients (the DTSQ-IP) and investigation of predictors of satisfaction

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AIMS: To evaluate psychometric properties of the newly designed Diabetes Treatment Satisfaction Questionnaire for Inpatients (DTSQ-IP) and assess predictors of diabetes inpatient treatment satisfaction in a UK Hospital. **METHODS:** The DTSQ-IP, based on the original DTSQ for outpatients, was distributed to 770 adult diabetes inpatients at the Norfolk and Norwich Hospital (UK). Data were also collected on duration of diabetes, insulin use, diabetes monitoring and length of hospital stay (LOS). Questionnaires were completed by 408 (53%) inpatients: 366 reported having insulin treatment during their inpatient stay. Psychometric properties were evaluated with Principal Components Analysis (PCA) and reliability analysis. Unpaired t-test or Mann Whitney U tests assessed subgroup differences with multiple regression analysis to identify independent contributors to DTSQ-IP score. **RESULTS:** All 19 DTSQ-IP items except 2 and 3 (perceived frequency of hyperglycaemia and hypoglycaemia, respectively) loaded highly onto a single component in PCA. Items 2 and 3 are analysed individually, as in the original DTSQ, while summing the remaining items. Cronbach's alpha (excluding items 2 and 3) indicated excellent internal consistency reliability (0.92). Mean DTSQ-IP score was 79.2 (possible max=102). Hypoglycaemia was a major concern with 53% feeling that their blood glucose levels had frequently been too low while 21% had concerns about hyperglycaemia. Considerable dissatisfaction was reported with meal choices and timings. Inpatients who were women, had longer duration of diabetes and insulin use, more injections pre-admission, longer LOS and those on surgical wards were significantly ($p<0.05$) more dissatisfied. Multiple regression accounted for 8.2% variation in DTSQ-IP scores with LOS and injection frequency preadmission as significant independent contributors. **CONCLUSIONS:** DTSQ-IP shows strong psychometric properties and is sensitive to subgroup differences. The DTSQ-IP will be useful in designing and evaluating interventions to improve diabetes inpatient satisfaction.

170/1893/HIV/AIDS and its consequences on health and socio-economic: an empirical study on Bangladesh

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AIMS: The study attempts to investigate current situation of HIV/AIDS in Bangladesh based on empirical evidence which was published in different Medias including daily national newspapers. **METHODS:** The analysis shows that Bangladesh is at risk of a rapid spreading HIV epidemic. Unawareness about the HIV transmission, common premarital sex, increasing number of sex workers, STDs/STIs, high number of drug addicts, unscreened blood transfusion in most cases, rapid urbanization, internal and international migration, poverty , have put Bangladesh at high risk for HIV epidemic. This paper also tries to analysis based on gender differences and age groups and socio-economic classes. **RESULTS:** This research findings support to the modernization and gender stratification theories in relation to HIV/AIDS in the context of Bangladesh. **CONCLUSIONS:** Finally, the author concludes the paper by giving some recommendations so that Bangladesh can control the spread the dreadful HIV/AIDS disease that are amenable to policy.

171/1404/Determinants of Quality of Life in HIV-Infected Patients

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AIMS: Considering the prevalence and spread of HIV in Portugal, it seems necessary the understanding of variables surrounding quality of life (QoL) in such population. The purpose of this study was to examine the impact of socio-demographic and HIV-related characteristics on quality of life of HIV patients. **METHODS:** The Portuguese version of WHOQOL-HIV was administrated in a sample of 200 HIV-positive patients. The assessment protocol also includes the Portuguese versions of Beck Depression Inventory and Brief Symptom Inventory. Additional data were collected on age, education, marital status, socio-economic status, mode of transmission, HIV clinical stage, and health perception. **RESULTS:** Gender, age, and marital status were minor determinants of QoL. The most important contexts of influence of QoL of HIV patients were socio-economic status (SES) and education: lower SES ($p=.001$) and education ($p=.007$) was significantly associated with poorer QoL. Regarding HIV-related variables, patients infected through IV drugs, and AIDS patients showed the worst QoL. The best predictor of physical and psychological QoL was the patients' health perception ($p<.001$). **CONCLUSIONS:** The WHOQOL-HIV is particularly useful to address the impact of HIV not only in physical and psychological well-being but also in several domains beyond health. In a complete perspective of care, knowing these data will be useful for helping providers to consider not only disease-related variables but also individual and socio-economic factors for planning interventions addressing QoL improvement for HIV-infected patients.

172/1403/Quality of Life in Women Living with HIV Infection

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AIMS: It is well known that focusing on quality of life as an outcome allows researchers to consider a wider range of psychosocial interventions to help women living with HIV. The purpose of this study was to examine the impact of demographic, clinical and psychological variables on quality of life in women living with HIV infection. **METHODS:** The Portuguese version of WHOQOL-HIV-BREF was administrated in a sample of 188 HIV-positive women. The assessment protocol also includes the Portuguese versions of Beck Depression Inventory (BDI) and Brief Symptom Inventory (BSI). Additional data were collected on age, education, marital status, employment status, mode of transmission, total CD4 count, health perception, depression and psychopathology. **RESULTS:** The patients' mean age was 40.95 years; 53,5% had less than 6 years of schooling; a total of 41% had CD4 count higher than 500 copies/ml; and 31.2% achieved scores for moderated or severe depression. Lower education, being retired, poor health perception, and lower CD4 count were associated with poorer quality of life. However, the variables that better explained the scoring variation on both the psychological and physical domains of WHOQOL-HIV-BREF were related to mental health and health perception ($p<.001$).

CONCLUSIONS: The quality of life of women living with HIV was greatly associated with the presence of mental symptoms. These results have important implications for the type of treatment that is being provided, suggesting that women may benefit from additional psychosocial support.

173/1559/Male Perspectives On Women's Use Of Vaginal Microbicides In India

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AIMS: To understand men's views on women's use of microbicides and to identify most acceptable circumstances for microbicide use with their wives. **METHODS:** : Between October 2003 and May 2004, as part of formative research to identify and develop psychometric measures for use in future microbicide acceptability research, progressive in-depth interviews were conducted with 15 consenting men whose wives agreed to their study participation. The information was tape recorded, transcribed, translated and analyzed using QSR-N6" software. **RESULTS:** Men were aged 18 - 45 years, and were from middle to-lower income groups. Of the 15 men, six were HIV infected/ STD patients, six husbands of past microbicide trial participants and remaining low-risk. Overall, men felt that women with identifiable HIV risk (sex workers or women married to HIV infected men) and literate women were most likely to use marketed microbicides. Men at high-risk (5/6) mentioned that they would permit/force their wives to use gel and had a higher intention to use microbicides than men at low-risk who did not perceive susceptibility (4/6). Majority of men experienced to microbicide use stated that privacy was important for using the gel. Most low-risk men believed that covert gel use was not possible as their wives were under their control and they would notice the chemical or gel due to change in sexual experience. Most men would be angry with their wives if they learnt about their secret use. At the same time they felt husbands_ permission was not required if he was HIV infected/having sex outside Some stressed the need for men to exercise sexual control while women to have preparatory time prior to gel insertion. **CONCLUSIONS:** Men's knowledge, safety concerns, risk-perception and behavior affect acceptability of gel use by their wives. Involvement and cooperation of men is imperative for gel use by women in India.

174/1635/People living with HIV/AIDS in Maputo, Mozambique: quality of life and socio-demographic aspects

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AIMS: This study was designed within a context of increased access to antiretroviral treatment (ART) in Mozambique and it aimed to investigate the quality of life (QoL) perception and its association with socio-demographic variables (gender, education, marital status) of people living with HIV/AIDS in Maputo. **METHODS:** The study was descriptive and cross-sectional related to a larger research about adherence accomplished in a HIV/AIDS specialized service. We surveyed a convenience sample of 35 men and 30 women initiating first line ART, between 18 and 65 years of age (M=36.12; SD=10.47). Forty percent of the participants completed primary schooling and 32.3% the secondary level. More than half of sample (56.9%) informed stable union. The instruments included interviews and HAT-Qol questionnaire (HIV/AIDS Targetered Quality of Life) in Portuguese version which validation were held with Brazilian patients' sample. Descriptive statistical techniques, Student's t test and Mann-Whitney were used ($p<0.05$). **RESULTS:** The HAT-QoL domains that reached averages and medians significantly lower (less than 50) were "financial concerns", "concerns related to secrecy", "concerns related to health" and "sexual activity", suggesting worse evaluation of the sample in those aspects of QoL. In "concerns related to secrecy" and "satisfaction with life", the averages of women's scores were significantly lower than the men's. The averages of "satisfaction with life" scores of participants who informed stable partnership were significantly higher than participants without partners. People with less years of study (primary level) reached averages significantly lower in "general activities" and "concern related to secrecy", suggesting larger difficulty for daily tasks and more fear of disclosure negative impact. **CONCLUSIONS:** There is a need to consider socio-demographic and cultural aspects that seem to affect negatively quality of life of people with HIV/AIDS in order to develop supportive and most effective interventions within African context.

175/1156/Social Representations about the sexuality of stomized patients

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AIMS: A stoma affects various aspects of a person_s life, including sexuality, as well as that of the partner. The theme sexuality encompasses innumerable aspects of human physicality/subjectivity, involves perceptions and meanings. To find out the social representations (SR) on the sexuality of people with permanent intestinal stoma and to identify factors that enhance and/or hamper their lives were the objectives of this study **METHODS:** SR theory as theoretical-methodological reference. This study is based on the analysis of material obtained through open interviews carried out with 15 people who have had permanent intestinal stomas for year or more and who are registered with the Associação Vale Paraibana de Ostomizados, Taubaté SP. **RESULTS:** The analysis of data allowed for three thematic units: THE MEANING OF SEXUALITY FOR A STOMIZED PERSON, THE EXPERIENCE OF SEXUALITY BEFORE THE STOMA, and GIVING NEW MEANING TO SEXUALITY. This study demonstrated that intestinal stoma interferes with dynamics of sexual experience, revealing that meanings attributed to it are anchored in individual life stories, in quality of the personal/conjugal relationships that are established through practice, and in perception of sexuality despite the stoma. On the other hand, it showed that physical and psychological preparations are necessary for sexuality to be reincorporated as routine practice by stomized patients. Simple and practical solutions and strategies were adopted by the stomized, facilitating moment of intimacy, making it closer to what the partners experienced before the existence of stoma. These may be incorporated into health practice of the professional who assists stoma patients, through clear and objective guidance, which can facilitate the resumption of important aspect of life, and minimize worries, fears and suffering **CONCLUSIONS:** The sexuality of the stomized person is determined by multiple factors which, interconnected, influence and sometimes define the path that this person will take. Among them are: the capacity of comprehending reality and of overcoming personal blockages and beliefs; personal, economical, and social values; the quality of the conjugal relationship, and the access to information, products, and qualified health services.

176/1356/Poor reliability of the anchor leads to an underestimation of the minimal important difference - results of a simulation study

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AIMS: When determining the minimal important difference (MID) of a quality of life (QOL) scale by an anchor-based method, it is obvious that the anchor should have good psychometric properties and that lacking validity or reliability of the anchor may negatively affect the estimation of the MID. However, this has rarely been studied systematically. The aim of the present study was to investigate the effect of the reliability of the anchor on the estimated MID. **METHODS:** We performed a small simulation study based on simulated QOL data whose distribution was modeled according to characteristic features of real QOL data. The simulated anchors were devised to measure a construct related to "change in QOL score" (but not necessarily identical with it). MIDs were then estimated on the basis of the simulated QOL data and anchors. Within the simulation study, reliabilities of the QOL scales and of the anchors were varied systematically. **RESULTS:** Main finding of the study was that insufficient reliability of the anchor results in a marked attenuation of the MID estimate. Thus the MID estimate obtained under the ideal condition of an anchor with reliability 1 decreased by approximately 20% to 30% for an anchor with reliability 0.7 and by about 40% to 50% for an anchor with reliability 0.5. In contrast, the reliability of the simulated QOL scale only affected the precision of the MID estimate, but hardly its size. **CONCLUSIONS:** Anchors with poor to moderate reliability may lead to considerable underestimation of the MID. Therefore it is important to assess the reliability of the anchor and to consider bias correction if the reliability is not sufficiently high.

177/1273/New QOL Evaluation Approach Using Pocket Telephone Screen

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AIMS: The purpose of this study was to investigate the possibility on new quality of life(QOL) evaluation approach using pocket telephone screen. **METHODS:** 50 medical students participated in this study. Completely same our new original questionnaires both the pocket telephone screen version(PTSV)and the traditional paper questionnaire version(TPQV)were used. All participants replied to the both TPQV questions using papers and PTSV questions using pocket telephones at the same time successively. Our new original self-administered QOL questionnaire consists of 37 questions divided into 13 categories. **RESULTS:** Cronbach's alpha coefficients of our questionnaire were high enough to accept for clinical use:0.75 in school life and 0.73 in environmental problems etc. Our PTSV questionnaire contained 12 main factors and cumulative contribution was 0.79. Our TPQV questionnaire contained 11 main factors and cumulative contribution was 0.80. There was remarkably significant positive correlation between PTSV total QOL scores and TPQV total QOL ones($r=0.91$, $P<0.01$). In addition, compared with the total QOL level of female medical students, the total QOL one of male medical students was significantly deteriorated($P<0.01$.) **CONCLUSIONS:** These findings indicate that both our new PTSV original QOL questionnaire and our new TPQV original QOL questionnaire have high enough reliabilities and potencies of validity for clinical use. Especially, the possibility as new QOL evaluation approach using pocket telephone screen was demonstrated, because there was significantly strong positive correlation between PTSV and TPQV total QOL scores. Our new QOL evaluation approach using pocket telephone screen has the dream to play very important roles to develop the QOL research as the new IT skill in future. On the other hand, we must pay more attention to keep the individual privacies secret more carefully, too.

178/1203/A systematic review of instruments assessing participation: Challenges in defining participation

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AIMS: To summarize available instruments for assessing participation and to review the extent to which the instruments measure participation. **METHODS:** A systematic search was performed in Pubmed to find generic or disease-specific instruments that primarily aim to measure participation, according to the authors of the instruments. Excluded were instruments measuring related concepts such as work productivity, work limitations, job satisfaction, self efficacy, autonomy, quality of life, or well-being. We defined participation as performing socially-defined tasks and roles in general and in the domains of social functioning, family, home, financial, and work/education. A distinction was made between three levels of participation: extent of participation (i.e. the extent to which a person participates), participation problems (i.e. person perceived problems with participation) and perceived participation problems (i.e. person-perceived problems with participation in relation to what a patient wants or expect). Two reviewers independently selected the abstracts and rated each item as measuring participation yes/no/indeterminate. All participation items were categorized according to the domain and level of participation. **RESULTS:** We screened 3416 abstracts and 184 full-text articles on 126 instruments and included 96 articles on 71 instruments. It was difficult to define which items really measured participation. Most problems were encountered with items about shopping, leisure/recreational activities (e.g. going to movies), visiting church, transportation and sexual relations. Most discussion was about the extensiveness of the concept participation, e.g. whether items should be regularly performed, and consisting of multiple related activities, to be considered participation. Most instruments did not entirely measure participation according to our definition. Only 22 instruments contained at least 50% participation items. **CONCLUSIONS:** Participation is operationalized in different ways in measurement instruments. Exisiting literature (including the ICF definition) provides insufficient understanding of the concept participation. Consensus on the definition and operationalization of participation is needed.

179/1205/Development of a methodological PubMed search filter for finding studies on measurement properties of outcome measures

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AIMS: Systematic reviews of measurement properties are important tools for instrument selection. Our aim was to develop a sensitive search strategy for finding studies on measurement properties in PubMed. **METHODS:** A random sample of 10.000 records was drawn from Pubmed (from 1990 onwards) as a representation of the literature. From this reference set we excluded publications types other than original research, such as editorials, reviews, comments, and we excluded animal research. The remaining set (6352 records) was hand-searched (title and abstract) for studies on measurement properties. Three sources were used to select search terms: - relevant MESH headings and textwords from the relevant articles in the reference set - relevant terms from title and abstracts of the relevant articles in the reference set - relevant terms from the search strategies and full-text of 100 published systematic reviews on measurement properties. Sensitivity and precision was determined of all individual terms. The filter was developed by combining terms, starting with the terms with the optimal combination of sensitivity and precision. The filter was evaluated by calculating sensitivity, precision, and number needed to read. The final search filter was validated in two existing searches from systematic reviews on measurement properties that had not used search terms on measurement properties. These were a systematic review of (1) physical activity questionnaires and of (2) the WOMAC questionnaire for assessing pain and functioning in osteoarthritis patients. **RESULTS:** We found 116 studies on measurement properties in the reference set. The most sensitive filter was able to identify 113 of these studies (sensitivity 97%, precision 4%). A more precise filter was also developed with a sensitivity of 93% and a precision of 9%. In the review on physical activity questionnaires sensitivity of the filter was 90% and precision was 10%. In the review on the WOMAC questionnaire sensitivity was 94% and precision was 25%. **CONCLUSIONS:** A highly sensitive search filter was developed for finding studies on measurement properties of outcome measures in PubMed. The filter performed very well in the validation sets.

180/1250/The COSMIN study: development of a checklist to evaluate the methodological quality of studies on measurement properties

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AIMS: The purpose of the COSMIN study was to develop a consensus-based checklist to evaluate the methodological quality of a study on measurement properties of health related-patient reported outcomes (HR-PROs). Our aim was to reach consensus among a large group of experts on 1) which measurement properties should be included in the checklist and how these should be defined, and 2) how these measurement properties should be assessed in terms of study design and statistical analysis, i.e. standards. **METHODS:** A Delphi study was carried out with four written rounds among 57 international experts from the field of psychometrics, clinimetrics, statistics and clinical medicine and with experience in measuring health status, coming from Northern America (25), Europe (29), Australia (2), and Asia (1). Twenty panel members (35%) completed all four rounds. After reaching consensus on which measurement properties should be included in the checklist, questions were asked about terms, relevance, place in the taxonomy, definition, design requirements and preferred statistical methods. Consensus was reached when 67% of the panel members scored agree or strongly agree on a 5-point scale. Panel members were encouraged to give arguments, alternatives or additional items. **RESULTS:** We reached consensus on terms (range of agreement: 56-84%), definitions (68-92%), a taxonomy of all measurement properties (68-84%), design requirements (68-97%), and statistical methods (68-100%). The steering committee had to decide on one term (structural validity). The final COSMIN checklist consists of 3 sections: Section 1 (23 items) is for extracting descriptive information about the measurement instrument. Section 2 and 3 focus on a single study of a measurement property. Section 2 (18 items) is aimed to extract information about the study. In section 3 the methodological quality of the study is evaluated against the standards (9 properties, 52 items). **CONCLUSIONS:** The COSMIN checklist can contribute to an improvement of the methodological quality of studies of measurement properties and its critical appraisal. A next step should be to develop criteria of adequacy for good measurement properties.

181/1176/Comparative psychometric performance of questionnaire data derived from actual and retrospective pre-test

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AIMS: A common method to detect response shift (RS) consists of the collection of retrospective pre-tests in addition to actual pre-tests. The present study collected actual and retrospective pre-test data as well as post-test data from n=314 participants of chronic disease self-management programs using the Health Education Impact Questionnaire (heiQ). In this setting it has been found that actual pre-test/post-test assessment is confounded by RS as respondents change their perspective as a result of the intervention. The aim of this study was to compare psychometric properties of actual with retrospective pre-test/post-test. **METHODS:** A factor-analytic approach of measurement invariance was applied. First an unconstrained base model was specified. In a second step all model parameters were constrained to be equal across respective measurement occasions. This model was then relaxed until a final model with satisfactory fit indices was obtained. Based on the assumption that RS should only be present in actual pre- and post-tests, it was expected that a) at least some of the items of this dataset would be non-invariant (i.e. indicating RS); b) items of the dataset of retrospective pre- and post-tests would be largely invariant. **RESULTS:** Contrary to the expectations, the analyses indicated that at a group level RS did not confound change scores based on actual pre-test/post-test data. That is, only a small number of heiQ items was found to be non-invariant across occasions. In contrast, when the factor-analytic model was applied to retrospective pre-test/post-test data, more items were found to be non-invariant indicating potential problems with this form of measurement. **CONCLUSIONS:** The results of this study do not support retrospective pre-test data collection as a remedy to the influence of RS on results of evaluations of self-management programs. A range of possible explanations for the weaker psychometric performance of retrospective pre-test/post-test data are discussed including implicit theory of change, social desirability and/or recall bias.

182/1884/Predicting health service utilization with the PCS and MCS of the SF-36

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AIMS: We aim to predict outpatient consultation and inpatient consultation with two summary scores of the SF-36, physical component summary (PCS) and mental component summary (MCS). **METHODS:** A retrospective cross-sectional design was carried out among primary care patients in mainland China. Health-related quality of life (HRQOL) was measured by two summary score of the SF-36, PCS and MCS, Either the electronic or the paper version of validated Chinese SF-36 was used in the survey. Outpatient consultation was calculated by the monthly outpatient consultation rate and inpatient consultation was calculated by the annual hospitalization rate. Binary logistic regression for consultation and inpatient consultation was adopted in the analyses. 733 valid subjects were eventually recruited in this study. **RESULTS:** For the monthly outpatient consultation rate, the odds ratios (OR) and 95% confidence interval (CI) were 0.919 (0.891, 0.947) for PCS and 0.995 (0.970, 1.021) for MCS. For the annual hospitalization rate, OR and 95% CI were 0.907(0.884, 0.930) for PCS and 0.951 (0.927, 0.975) for MCS. **CONCLUSIONS:** PCS of the SF-36 can predict both outpatient consultation and inpatient consultation, whereas MCS of the SF-36 can predict inpatient consultation among primary care patients in mainland China.

183/1050/WHOQoL-BREF: Psychometric properties in persons with chronic diseases

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Objective: To evaluate the psychometric properties of the WHOQoL-BREF in persons with chronical diseases. Method: A cross sectional study was performed in a total of 440 people in Chile and Spain, of which 220 people had physical chronic conditions (includeding cardiovascular, endocrina, muscle esqueletical and broncopulmonar diseases). Setting: Primary Health Care Centers. Results: The structure with 4 factors was confirmed using confirmatory analysis. With exception of the social domain (?=.59), all the domains showed good internal consistency (Cronbach ? range:.73 -.74). The discriminant validity was good in all the domains except for the environmental domain. Conclusion: The Spanish version WHOQoL-BREF scale is good for meassure the quality of life in people with physic chronic conditions in primary health care settings.

184/1076/Generating linguistic models based on Fuzzy Sets Theory to measure health-related quality of life

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AIMS: The evaluation and discussion about health-related quality of life (HRQL) are involved in subjective definitions and have the constant presence of imprecision and doubt. However, the traditional mathematic structures show some important limitations to this panorama. This study is concerned to investigate and incorporate the Fuzzy Sets Theory in generating linguistic models destined to measure HRQL. **METHODS:** There were selected volunteers from a public health program at Londrina _ PR. These professionals worked on interviews where, based on individual knowledge, an instrument called _QWB _ Quality of Well-being Scale and on Fuzzy Sets Theory they generated the linguistic models. To notice the performance of this mathematic theory the volunteers also did judgments of a pool of cases or health states. That evaluation was considered as a reference value. After that it was promoted a concordance analysis. **RESULTS:** There were elaborated three fuzzy linguistic models whose steps were descript and detailed to accompany the generating process and the particularities appointed by the professionals. The Fuzzy Sets Theory shown important proprieties during the interviews that were confirmed by the concordance analysis. The best fuzzy linguistic model had an intraclass correlation coefficient that suggests almost perfect concordance between the model and the pool of cases. **CONCLUSIONS:** The Fuzzy Sets Theory is useful and consistent in generating linguistic models because it allows the appropriation of indispensable elements inherent to HRQL measurement process.

185/1687/Mathematical coupling must be taken into account when examining the association between minimally important difference values and baseline severity

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AIMS: Research on back pain, musculoskeletal pain, post-surgical pain and obesity has suggested that anchor-based 'minimally important difference' (MID) values tend to be higher in patients with greater baseline severity and lower in patients with lower severity. There may be a statistical flaw in the analytical approaches taken in previous studies: mathematical coupling between baseline and change scores has not been taken into account. This study aimed to generate anchor-based values for the MID for a number of commonly used HRQOL measures and to examine whether these values could be applied across the continuum of baseline severity after taking mathematical coupling into account. **METHODS:** The analyses presented are derived from six prospective cohort studies of patients undergoing elective surgery at hospitals in England and Wales. Patients completed questionnaires about their HRQOL before and after surgery. MID values were calculated using the mean change score for a reference group of patients who reported they were "a little better" after surgery. The association between baseline severity and MID values was examined using Oldham's method. **RESULTS:** The number of patients in each cohort who completed a baseline questionnaire was as follows: 2561 sino-nasal surgery; 866 cataract surgery; 570 groin hernia repair; 363 varicose vein surgery; 512 hip replacement; 526 knee replacement. The association between baseline severity and MID values was generally low. In only three of ten instances a statistically significant association was observed. These were for the Sino-Nasal Outcome Test in sino-nasal surgery patients (p = 0.006), the EQ-5D in varicose vein surgery patients (p = 0.03) and the EQ-5D in knee replacement patients (p = 0.01). **CONCLUSIONS:** It is commonly believed that anchor-based MID values cannnot be applied to the range of baseline patient severity. This belief has arisen largely because of a failure to account for the effect of mathematical coupling between baseline scores and change scores. MID values may be more generalisable than was previously believed although difficulties remain for some HRQOL instruments.

186/1583/A Qualitative Approach towards Inclusion of the Right to Health of Torture Victims in India : Quality of Life Perspective

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AIMS: The present paper is based on ethnographic filed work carried out for doctoral thesis in a difficult domain on custodial torture in India. Qualitative approach was used for the purpose of study. It is an explorative research study aimed at in depth understanding of the causes, consequences and preventive measures of custodial torture in the context of District Muzaffarnagar in U.P.India **METHODS:** This explorative research of inquiry is adopted case study design. Multiple methods of data collection used in order to gather a rich picture including in-depth interview methods to gather insight from participants and also engaged in non-participant observation to understand the reliability of their information though symbolic world supported by visual, document and artifact data. **RESULTS:** The study reveals the dimensions of the vulnerabilities of the victims of torture includes individuals, families and communities have been suffering from physical and psychological health problems in social life. The majority of survivors of torture have manifested pain, suffering, nightmare, anxiety, irritated behavior, lost of memory, depression in lost of family member and other different forms of disability etc. Also, experienced do not have access any treatment or rehabilitation due to poverty. However, exclusion from providing health access or rehabilitation of marginalized and vulnerable victims of torture precisely violates their basic health and human rights. Despite the fact that India is the party of various International human rights treaties including a signatory country of the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT). **CONCLUSIONS:** In sum, it explores various international human rights obligations and commitment made by Indian Government to its citizens and builds up health and human rights issue and rebuilding health and dignity after trauma, to secure equity in health access and quality of life to the victims of torture in the context of right based approach of development and inclusive democracy.

187/1466/The effect of phone versus mail survey methods on HRQoL measurement results in children and adolescents

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AIMS: Telephone interviews have become established as an alternative to traditional mail surveys for collecting epidemiological and HRQoL data in public health research. However, the use of different data collection methods raises the question, to what extent the results of telephone and mail surveys deviate from each other. Especially regarding children and adolescents there is still a lack of empirical studies on such differences. We thus sets out to study possible effects of the telephone and mail survey methods on the measurement of HRQoL in children and adolescents. **METHODS:** 1700 German children and adolescents (8-18 years) and their parents were interviewed randomly either by telephone or by mail. HRQoL was assessed with the KINDL-R children self-report and parent proxy report versions. Standardized mean differences and differences in SDs and Cronbach alpha were examined. Within a multi-trait-multimethod (MTMM) analysis Pearson correlation were calculated across and between childrens and parents scores. Results were compared across survey modes using Fisher-Z transformation. **RESULTS:** Both the phone and mail survey methods resulted in similar completion rates. No differences occurred in terms of the sociodemographic and socioeconomic make-up of the samples. Telephone survey methods resulted in more positive self-report and parent proxy report of childrens HRQoL in the KINDL total and most subscales. Standardized mean difference were up to .20/.27 (self/proxy). SDs were slightly smaller in the phone survey. For the phone survey lower Cronbach alpha (self/proxy total: .79/.84(mail=.84/.87)) and weaker MTMM results were observed: Mono-trait-multimethod mean r=.31(mail=.45); multi-trait-monomethod mean r=.29/.36(mail=.34/.40) (self/proxy); multi-trait-multimethod mean r=.14(mail=.21). **CONCLUSIONS:** Found differences are small but could be valued as relevant in certain settings. Therefore we approve the use and development of factors of amendment. The weaker reliability and MTMM validity issued from phone methods demands to improve phone adaptations of paper & pencil questionnaires.

188/1094/International co-development of the first Quality of Life instrument specific to cosmetology and physical appearance : the BeautyQol initiative

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AIMS: To co-develop an internationally validated Quality of Life (QoL) instrument specific to cosmetology and physical appearance. This instrument will allow to measure the impact of the use of cosmetic products in various QoL dimensions. **METHODS:** Several studies have demonstrated the positive impact of cosmetic products in dimensions. However, no specific instrument exists to assess the main QoL dimensions in the general population of cosmetic users. The BeautQol questionnaire is designed to be a multi-dimensional, self-administered QoL questionnaire developed simultaneously in 13 countries. The questionnaire focuses on concerns identified by users using cosmetic products or physical appearance techniques. Semi directive interviews were carried out simultaneously in 10 countries with a total of 309 users by clinical psychologists in France (32), UK (18), Germany (46), Spain (27), Sweden (19), Russia (16), USA (53), Brazil (32), Japan (48), and China (18). 3 additional countries joined the project at the acceptability phase (Italy, India and South Africa). Interviews have been audio or video recorded and reported in a standard format report. Interviews were analyzed both semantically and using text-mining techniques (Alceste software). **RESULTS:** From the analysis of the 10 interview country reports, 61 items were selected leading to 61 questions in the first prototype questionnaire describing major domains such as well being, self esteem, social life, love life, sexual life, confidence, happiness, image, status, emotion, seduction, success, vitality, charisma, motivation, joy, fun, dignity, etc. The acceptability study is currently in progress with 800 users. The planned validation study will include a minimum of 3000 users worldwide. **CONCLUSIONS:** BeautyQol is the first and, to date, the only user centered instrument specific in cosmetology and physical appearance that is being developed simultaneously in 13 countries. BeautyQol is going to be a very valuable tool for national and international assessment of various cosmetic strategies.

189/1662/The use, feasibility and psychometric properties of an individualized quality-of-life instrument: a systematic review of the SEIQoL-DW

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AIMS: Individual measures are derived from an idiographic approach in contrast to standardized measures that use a nomothetic approach. One of the most widely used individualized measures, the Schedule for the Evaluation of Individual Quality of Life - Direct Weighting (SEIQoL-DW), have been around for a full decade by now. Some studies have reported adequate levels of validity for the instruemnt, however, no systematic review has been performed. The aim of this study was to review published studies regarding the use, feasibility, and psychometric performance of the SEIQoL-DW in clinical research. **METHODS:** A systematic literature review was conducted. Papers were included if they were published in English, had used the SEIQoL-DW in quantitative studies and employed sample sizes >30. Thirty-one papers were reviewed according to a pre-defined checklist. **RESULTS:** Opinions of participants, patients and non-patients including those who are severely ill, are overall positive even among those quite disabled, and the internal attrition is overall low. Construct validity assessed by convergent and discriminant validity was found to be acceptable. Criterion-based validity examined by relations to clinical variables present mostly non-significant results. The results regarding responsiveness are somewhat contradictory due to difficulties to analyze data. **CONCLUSIONS:** SEIQoL-DW appears to be a feasible instrument with a relative low burden on participants. Evaluation of construct validity revealed satisfactory results, however, content valdity is recommended to be further evaluated. Results concerning criterion-based validity indicate that the SEIQoL-DW index score and measures of physical function tap into different constructs. Responsiveness of the instrument will be discussed.

190/1425/Interpretability, Validity and Response Shift

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AIMS: In 2006 the FDA issued a document stating that patient-reported outcomes can be used to provide evidence of a drug's effectiveness. But to do so these measures must be reliable, valid, sensitive to change and interpretable. In this paper I focus on a measure's interpretability to argue that interpretability is not the property of a measure and that the difficulty interpreting a measure_s outcomes signal a problem with a measure_s validity. **METHODS:** Researchers have found that a measure's MID changes from individual to individual depending on their baseline severity. I argue that we have good reasons to think that these differences are not merely clinical phenomena, but also interpretive phenomena; that what counts as a minimal change after an intervention also has to do with individual expectations and how they understand what makes for a good or bad life. What makes for a significant improvement in quality of life is not a property of the measure, but rather a property of what we take a good quality of life to consist in. **RESULTS:** There are two main lessons from this paper. First, interpreting change may require us to know something about what makes for a good quality life. Second, appropriate validation of patient-reported outcomes ought to provide us with some understanding of what makes for a good life. Valid measures should be interpretable. If many so-called valid measures lack interpretability, then I argue that this incongruence implies a deeper difficulty in how we validate these measures. **CONCLUSIONS:** If a lack of interpretability implies a problem with validation, then not only do we not know how to interpret the significance of our outcomes, but we may not know what it is that we are measuring. These problems would suggest that patient-reported outcomes should not be used as evidence for effectiveness or benefit unless and until these difficulties are overcome. I suggest that the first step toward reconciling these problems requires an investigation into a substantive understanding of what respondents take to constitute a good quality of life.

191/1475/Telephone interviews to measure out-of-pocket costs and wage losses among cancer patients

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AIMS: Cancer patients experience out-of-pocket costs and wage losses that could lead to financial strain and affect quality of life. Although a few studies have evaluated patient costs, there are few structured instruments that measure both out-of-pocket costs and wage losses resulting from cancer in comprehensive and valid manner. We will describe telephone interviews and methods we developed to estimate direct and indirect costs of breast cancer. **METHODS:** The structure and content of telephone interviews to be conducted 1, 6 and 12 months after treatment initiation were developed based on existing literature and instruments. To increase data validity, questions were anchored to treatments, costs were divided into their components and most questions focussed on facts instead of dollar amounts spent. Combination of this information into cost estimates was done by the research team, not the respondent. **RESULTS:** Interviews were individually pre-tested and validated from the patient perspective using focus groups (Lauzier et al, Psycho-Oncol, 2005). Feasibility of aggregating information into cost estimates was then verified in a prospective cohort among 47 women. These interviews were used in a cohort study aimed to evaluate costs among 800 women. Comparison between estimates of wage loss components obtained in our cohort study and those from independent sources, as well as verification of a priori hypotheses about groups of women likely to have higher costs, provided evidence of validity of the information collected. For example, the means of 14.6 weeks compensated at 53% of usual salary by the government salary insurance program reported in our cohort were similar to the maxima available through this program (15 weeks, 55%, respectively). As hypothesised, women who had 0-1, 2 or 3 different types of adjuvant treatment lost a higher proportion of their annual wages (18%, 23% and 35%, respectively) (Lauzier et al, JNCI 2008). **CONCLUSIONS:** Evidence to date supports the validity of information obtained on costs of cancer using these interviews. These interviews could be adapted to estimate costs for other types of cancer or illnesses, thus contributing to knowledge about this neglected but important aspect of patient quality of life.

192/1753/Two Subpopulations in the Locked-in syndrome (LIS): a Happy Majority and a Miserable Minority

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AIMS: With conventional measures, patients with severe disability most often give similar subjective wellbeing (SWB) ratings as healthy subjects. Locked-in syndrome (LIS), in which the mind is intact but only eye movements remain and allow communication, is generally considered as the ultimate physical devastation. A majority of healthy people consider it worse than death. The SWB of LIS patients has so far not been studied systematically. We chose to study it by means of Anamnestic Comparative Self Assessment (ACSA), a self-anchored uniscale of overall SWB using biographical anchors which was shown more sensitive than the conventional question on global SWB and which circumvents some relativity biases. **METHODS:** N = 186 members of the French Association LIS, who are in steady state of LIS, received a questionnaire on their physical, mental and social condition. They rated their overall subjective wellbeing on the ACSA scale, whose anchors were their memory of the best period in their life before LIS (rating +5) and their worst period ever (rating -5). **RESULTS:** The response rate was 57%. The M/F ratio was 2, the age when struck with LIS 42 +/- 12 yrs and the duration of LIS 9 +/- 6 yrs (range 10 months to 23 yrs). The distribution of ACSA ratings was sharply dichotomous, 3/4 of respondants professing happiness (median ACSA +3) and 1/4 misery (median ACSA -4). No physical, functional or social factors were significantly predictive for belonging to either group, but personality and quality of affective relationships were not explored. **CONCLUSIONS:** Dichotomous response distributions were never observed with ACSA in any of eleven previously studied other chronic disease conditions. The observed dichotmy may be unique in QOL research. Probably because of the biographical anchors of the scale, which prevent 'under- the-circumstances' answers, a subpopulation of patients is revealed who appear not to have succeeded in reconstructing what they consider a good life. Our findings have consequences for clinical practice. Recently affected LIS patients who wish to die should be assured that they have a substantial probability to with optimal care rebuild a happy life. End-of-life decisions should be deferred until steady state is attained. Furher studies on the determinants of happiness or misery in LIS are needed.

193/1416/Comparing methods for modelling the Visual Analogue Scale

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AIMS: Self-reported health status is often measured in health surveys with a visual analogue scale general health (0-100). This variable is usually skewed and presents high ceiling effects when assessed in general population. Regression methods to predict general health that ignore the presence of ceiling effect and skewness can produce biased results. The objective of the study is to compare the performance of several modelling methods that have been proposed in the literature. **METHODS:** Data come from the ESEMeD project (n=8796), a cross-sectional face-to-face household interview survey based on probability samples representative of the adult population of Belgium, France, Germany, Netherlands, Italy and Spain (overall response rate=61.2%). The models compared were: a) Ordinary Least Squares (OLS), b) 6 Generalized Linear Models (GLM) with alternative specifications for the mean and variance functions and, c) 3 two-part models (TPM) using log-normal retransformation, or 1 or 2 smearing factors. Model selection strategies were: examination of predictions against sample means for different groups, evaluation of the mean square error (MSE) and the mean absolute prediction error (MAPE). **RESULTS:** The OLS, the GLM with constant variance and link power(0.5) and the TPM with 2 smearing factors had the lowest MSE (265.5, 265.6, 265.8 respectively) and lowest MAPE (11.6 in all). The TPM with log-normal retransformation presented the worst results (MSE=274.3, MAPE=11.8). Graphically, when predictions means are compared to sample means by deciles of predicted, the TPM with 2 smearing factors fitted well over the whole range, while the rest of the models either under or over predicted in the upper deciles. **CONCLUSIONS:** The TPM with 2 smearing factors performed well in terms of calibration of predictions, MSE and MAPE. Finding the best estimator for a given situation requires performing a considerable number of specification checks. There is not only one model to be used and researchers should find which suits their application. Funding:EC(QLG5-1999-01042;SANCO 2004-0123);CIBER en Epidemiología y Salud Pública(CIBERESP);DURSI-GENCAT(2005-SGR-00491); AGAUR(2007FIC 00544);ISCIII Spain(FIS 00/0028);MCT(SAF 2000-158-CE);unrestricted educational grant from GlaxoSmithKline.

194/1386/The SF-36 Potentially Shows Response Shift Pre to Post-Surgery

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AIMS: The SF-36 is a widely used measure of health related quality of life (HRQL) and is one of the few patient reported outcomes used to evaluate the outcome of surgery. As major surgery is a life altering experience, it is likely that people will experience a response shift pre- to post-surgery affecting reporting of HRQL constructs. This exploratory study assessed the extent to which the factor structure of the SF-36 changed pre- to post-surgery in two different surgical populations. **METHODS:** Using the SF-36, 81 persons were assessed before and after (average 9 weeks) scheduled colon cancer surgery and 36 elderly persons were assessed pre- and 6 months post-heart surgery. Confirmatory factor analysis was applied to the pre- and post-surgery data. **RESULTS:** For the colon, self-rated health on the EQ-5D VAS was 65 pre- and 73 post-surgery; the value for physical health (PCS) was 46 both pre- and post-surgery; for mental health the values were 46 and 49, respectively. Pre-surgery there were two factors, one that represented "vitality" and a second representing "role". Post-surgery there was only one factor that covered all sub-scales except roles ("recovery"). For the heart group, scores on EQ-5D VAS was 59 pre- and 80 post-surgery; values for PCS were 35 and 49 and for MCS, 52 and 57, pre- and post-surgery. Pre-surgery, one factor comprised all sub-scales except Role Emotional and Mental Health Index which comprised the 2nd factor. After surgery, the 1st factor was all subscales except pain which was the only subscale in the 2nd factor. **CONCLUSIONS:** The 2 factor physical and mental health generic structure of the SF-36 potentially does not hold for persons scheduled for colon or heart surgery suggesting that living with chronic heart disease or having a serious diagnosis requiring colon surgery has already induced a response shift. A second response shift potentially occurs after surgery. It is recommended that, before using complex health profiles such as the SF-36 to evaluate change after interventions which potentially could induce a response shift, the factor structure be examined and a sub-scale specific analysis used if there is evidence for change in the factor structure over time.

195/1126/Computer-Assisted Measurement of Quality of Life: Visual Analogue Scale, Face Scale, and the 8-Item Short Form Health Survey (SF-8) Japanese Version

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AIMS: Computer-assisted measurement has the advantages of preventing missing data, being able to display the results to the respondents, and saving time and effort of data input. The validity of personal-computer (PC) version of different scales was compared with the paper-and-pencil versions. **METHODS:** We developed PC versions of the Visual Analogue Scale (VAS), the Face Scale (FS), and the 8-Item Short Form Health Survey (SF-8) Japanese version. The VAS and FS comprise 3 items: (1) generic quality of life, (2) health status, and (3) stress. In November 2006, 293 participants (105 males and 188 females) completed the PC versions of VAS, FS and the Japanese version of the Perceived Stress Scale (JPSS), as well as the paper-and-pencil versions of VAS, FS, and the SF-8 (Survey 1). In May 2007, 172 participants (51 males and 121 females) completed both versions of the SF-8 (Survey 2). **RESULTS:** In Survey 1, the Spearman's correlation coefficients of the PC and paper-and-pencil versions of the VAS varied between 0.677 and 0.827, and those of the FS varied between 0.738 and 0.845. There were strong or moderate correlations between the VAS and FS, between the JPSS and the stress-related items of the VAS and FS, between the physical component summary (PCS) of the SF-8 and the health status items of the VAS and FS, and between the mental component summary (MCS) of the SF-8 and the stress-related items of the VAS and FS. In Survey 2, the Spearman's correlation coefficients of the SF-8 between the PC and paper-and-pencil versions were 0.758 for PCS and 0.630 for MCS. **CONCLUSIONS:** Since the three PC versions of the scales developed were strongly correlated with the paper-and-pencil versions, computer-assisted data collection was considered to be valid. The conceptual validity of the VAS and FS was also confirmed. Further investigations should be conducted to improve the PC versions of the scales and to clarify the validity of their use with elderly people.

196/1201/Do Dose and Experience of Toxicity Affect Quality Of Life (QOL) During Adjuvant Chemoradiation For Gastric Adenocarcinoma?

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AIMS: QOL has not been reported during adjuvant chemoradiation (CRT) for gastric cancer. We evaluated QOL in patients with resected stage 1B to IV(M0) gastric adenocarcinoma in a phase I study using 45Gy in 25 fractions, 12 weeks of infusional 5FU and escalating doses of bi-weekly cisplatin. **METHODS:** Thirty-three patients completed the EORTC-QLQC30 at baseline, completion of radiation (RT), then 4 weeks, 6-12 months, and 2-3 years after completion of CRT. A 10% difference was considered clinically significant. We assessed the association of QOL with dose-limiting toxicity (DLT) [>grade 2 toxicity], and with dose cohort using the linear mixed model. **RESULTS:** Mean age was 56 years (31-77), M:F 55:45%. Median follow up was 2.7 years (0.3-5). Three-year overall and relapse free survival were 83% and 71%; 5 patients had DLT. Compliance with QOL was 74-97%. Median scores on global QOL, social, role, emotion, nausea/vomiting and fatigue scales showed clinically significant worsening at completion of RT; in addition statistical significance was found for physical and appetite scales (median difference (MD): global -29 p=<0.0001, physical -7 p=0.0002, role -33 p=<0.0001, emotion -13 p=0.06, social -17 p=0.002, nausea/vomiting 17 p=<0.0001, fatigue 44 p=<0.0001, appetite 3.3 p=<0.0001). At 4 weeks post CRT global QOL (MD 8 p=0.0002) and fatigue (MD 14 p=0.001) remained depressed compared to baseline. By 6-12 months no subscale showed differences from baseline scores on average but up to 45% of patients remained below baseline on at least one subscale. Patients with DLT had worse scores in the emotional (p=0.05) and nausea/vomiting (p=0.02) scales at completion of RT. Global QOL (p=0.0007) and nausea/vomiting (p=0.04) were significantly associated with chemotherapy dose. **CONCLUSIONS:** QOL is impaired during CRT. Higher chemotherapy doses and DLT were associated with poorer QOL on some subscales. Whilst in most patients scores return to baseline, recovery may take 6-12 months and scores remain below baseline in a significant proportion of patients.

197/1919/Family Member Participation in Treatment Decision Making for Men with Newly Diagnosed Local Stage Prostate Cancer

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AIMS: To evaluate the role of family members of newly diagnosed prostate cancer patients in the treatment decision-making process. **METHODS:** Newly diagnosed local stage patients at urology practices in, Los Angeles, San Antonio, and Charleston, South Carolina were approached following biopsy but prior to initiating treatment to participate in a take-home survey. Family members were recruited at the clinic or if not present, men were asked to identify a family member for participation. Urologists completed a brief survey. **RESULTS:** A total of 239 men and 192 family members completed surveys. Family members were less likely to participate if the patient was unmarried (p<0.001) or black race (p=0.031). Most (93%) family members were wives; 5% were the patient's children. Ninety-four % reported attending visits or having contact with the patient's physician. Age, education, and clinical characteristics including PSA and Gleason score were not associated with family member involvement. Most family members (79%) reported being very comfortable discussing therapy options with the physician. In contrast, physicians reported that 23% of family members were somewhat/very involved in the visit discussion. Eighty-one % of patients and 77% of family members reported that the physician encouraged them to ask questions. Family members reported considerable more worry/anxiety with a mean score of 82.6 (0-100 scale with higher scores indicating more worry). Patients reported mean scores of 54.9. Urologists recommended a single treatment in 68% of discussions, and recommended multiple options in 31% of the discussions. Among patients, 10% recalled no clear recommendation, 43% reported one recommendation, and 47% recalled multiple options. Among family members, 8% recalled no clear recommendation, 50% reported one recommendation, and 42% recalled multiple options. **CONCLUSIONS:** Family members are very involved in the decision-making process for newly diagnosed localized prostate cancer. Future analyses will examine how their involvement influences patient preferences, treatment choice and satisfaction.

198/1951/Is coping a determinant of quality of life in breast cancer patients?

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AIMS: Coping could be determinant of Quality of life. Coping as quality of life depends on the subjective evaluation of what_s going in. The present study examines the relationship between quality of life and coping in breast cancer patients after surgery. **METHODS:** Patients were interviewed after surgery: Patients self-reported through a battery of scales applied after surgery. Applied scales were, Mental Adjustment to Cancer (MAC) for coping assessment and SF-36 v1 for Health related quality of life (HRQL). Nonparametric correlations were used to analyse the data. **RESULTS:** Mental adjustment to cancer (coping) was significantly correlated with SF-36 subscales. Coping strategies (Mac) determined higher or lower levels of HRQL. Sample included 71 patients of the Mastology Unit, mean age 62, SD 12.8. Minimac fighting correlates positively with physical functioning r= 0. 30 p < 0. 01 , general health r= 0. 42 ,p < 0. 0001, vitality r= 0. 48 p < 0.0001, social functioning r= 0.32 p < 0.01, and mental health r= 0.44 p < 0. 0001. Mini Mac Helplessness correlates negatively with general health r= - 0. 51 p < 0. 0001 vitality r= - 0. 60 p < 0. 0001, social functioning r=- 0.37 p < 0. 003, role emotional r= - 0. 39 p < 0. 002, mental health - 0. 56 p < 0.0001. Mini Mac anxious worrying correlates negatively with SF 36- general health - r=0.51 p < 0. 0001 vitality - 0. 57 < 0. 0001 mental health r= - 0. 68 p < 0.0001, social functioning r=- 0.27 p < 0. 04 and role emotional r= - 0.29 p < 0. 03. MiniMac cognitive avoidance correlates negatively with mental health - 0. 28 p < 0. 02. MiniMac fatalism correlates positively with general health r= 0. 33 p < 0. 01, vitality r= 0. 36 p < 0.005 and social functioning r= 0. 30 p < 0. 01 **CONCLUSIONS:** Significant positive and negative associations of HRQL were found which can be addressed in psychosocial interventions. Results point to the importance of coping mechanisms for HRQL.

199/1542/Validation of instrument for measuring health-related quality of life QLQ-C30/BR-23 according to type of surgery for breast cancer

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AIMS: To validate the generic instrument QLQ-C30 and the specific QLQBR-23 for measuring HRQL,comparing patients treated with breast-conserving surgery versus patients who received mastectomies for breast cancer. **METHODS:** Cross-sectional study with non-probabilistic consecutive sampling.Self-administered QLQ-C30 and the QLQBR-23,version 3 in Spanish in 2006-2007 to 451 patients treated for breast cancer,Province of Cautín,Chile. Descriptive and analytical statistics were used to evaluate internal consistency with Cronbach_s alpha and the discriminatory power of the instrument. **RESULTS:** The mastectomized patient group had 251 (55.7%),age 56+13.2 years.The breast-conserving surgery group had 200 (44.3%),age 57+11.9 years. Internal consistency QLQ-C30:the values of alpha went to 0.8 for ítems functional scale,symptoms scale and overall state of health. Discriminatory Power QLQ-C30:there were significant differences in the dominions emotional (irritable,p 0.009; depressed,p 0.001)and cognitive (difficulty remembering things,p 0.0000),according to type of surgery. Internal Consistency QLQ-BR23:the values of alpha went to 0.8 for ítems functional scale and symptoms scale. **CONCLUSIONS:** Good reliability.Strong discriminatory power according to the type of surgery.Variables that show differences are consistent with the type of surgery and allow a clear differentiation between a patient who has been treated with conserving surgery or a mastectomy.EORTC QLQ-C30 and EORTC QLQ-BR23 adequately measures quality of life in patients with breast cancer.

Discriminatory Power QLQ BR-23

	Conserving Surgery (Mean + SD)	Mastectomy (Mean + SD)
Body image		
" Less attractive	1.97 +/- 1.07	2.22 +/- 1.14
" Less feminine	1.80 +/- 1.04	2.06 +/- 1.10
" Difficulty seeing herself nude	1.82 +/- 1.04	2.47 +/- 1.17
" Disappointed with her body	1.76 +/- 1.03	2.30 +/- 1.13

200/1870/Evaluation of Quality of Life in Breast Cancer Patients with Mastectomy, treated in the National Institute Cancer-Chile between 2003 and 2005

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AIMS: Describe the quality of life of women with mastectomy, treated in the National Institute of Cancer between 2003 and 2005. **METHODS:** The measurement was done on a group of 159 patients out o a total of 280, which age rate was between 32 and 90 years old, with a average of 60.3 years old, at the moment when these women assisted to their medical appointments or through specific dates for the application of the SF-36 questionnaire, which is conformed by two measurements: physical and mental. In this case it was used the instrument in its second version, applied in a way of personal interview, valid and confident instrument and adapted to the spanish population. For the data analysis from the two questionnaire_s components, a descriptive statistic analysis was applied using median and standard deviation. **RESULTS:** - About the personal data of the group, the palliative patients have worst quality of life that the curative patients, however, the groups were very different about the number of patients to afirm that conclusion. - There is a tendency to better medias en the physical area in younger, no comorbility and with surgery no coincident with the dominant side patients. On the other hand, in the mental area this tendency occurs in the older, with other pathologies and in the dominant side affected patients. - Among the socioeconomics data, significative differences and better scores was observed in the patients with good economic situation and upper education. - Better scores was observed in the patients without perception of increase of volume in the upper extremity ipsilateral to the surgery. **CONCLUSIONS:** After the results interpretation, we can conclude that the quality of life is significant higher in both components, in the patients that didn_t receive an increase of volume in their upper extremities and in those who had a good economic and educational situation. There were other cases where distinct groups of each variable didn_t behave in the same way in both components and situations where the distribution of the number of patients was not equal, so there was not a clear tendency of the variables.

201/1265/Age and coping strategies in breast and prostate cancer patients

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AIMS: Cancer patients have to mobilize personal and social resources to preserve physical and psychological integrity. Coping strategies are important as a determinant of patients_ response to cancer treatment and diagnosis. Psychological responses to cancer could be a factor of prognosis, affecting treatment compliance and survival. The aim of this study is to increase the knowledge of age differences in coping with cancer, by comparing coping strategies in women with breast cancer and men with prostate cancer. **METHODS:** 60 breast cancer and 55 prostate cancer patients answered to a socio-demographic questionnaire and to Brief Cope Inventory. We used t-student for independent samples. **RESULTS:** 71,7% of women and 81,8% of men were married. 50,0% of women had an educational level that ranged between 1-4 years and 81,8% of men had an educational level that ranged between 1-4 years. At the time of the interview, the majority of patients (26,7% of women and 45,5% of men) had been diagnosed over 24 months ago. 29,1% of men had been in treatment for over 24 months and 43,3% of women had been in treatment between 0 and 3 months. We found statistically significant differences between women with more than 50 years and less than 50 years old for the coping strategies denial (p=0.04) and religion (p=0.03). For prostate cancer patients, we found statistically significant differences between those over 65 years and below 65 years for planning as coping strategy (p=0.02). **CONCLUSIONS:** Breast cancer patients over 50 years use more religion as a coping strategy, while women with breast cancer less than 50 years old use more denial. Prostate cancer under 65 years, use more planning as a coping strategy when compared to men over 65 years old. It_s necessary to pay attention to the coping strategies used by each group, in order to improve a better care for each patient. This will lead to a better understanding, by the health care providers, of how each patient deals with the diagnosis and changes in their life style and so, in their quality of life. Knowing that, health care providers can improve their understanding of how patients might feel about their diagnosis and respond to it.

202/1310/Quality of Life and Sexual Functioning of Cervical Cancer Survivors

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AIMS: The purpose of the study was to investigate the long term treatment side effects on the quality of life (QoL) and sexual functioning of cervical cancer survivors undergoing different treatment regimens. **METHODS:** QoL and sexual functioning were measured using the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ C30), the Cervix Cancer Module (QLQ CX24) and the Sexual Activity Questionnaire (SAQ). **RESULTS:** One hundred twenty-one cervical cancer survivors (63 Surgery, 38 Surgery/CT, and 20 Surgery/RT) participated. Patients in the Surgery/RT Group reported significantly worse QoL outcomes (lower scores on physical, role, cognitive, and social functioning) compared to patients in the Surgery Group or patients in the Surgery/CT Group. The level of symptoms such as nausea/vomiting, pain, appetite loss, frequent urination (p=.019), leaking of urine (p=.015) and the feeling of a tight vagina (p=.018) was significantly higher in irradiated patients. Concerning sexual functioning patients in the Surgery/RT Group reported a significantly lower sexual activity rate compared to women in the Surgery Group or women in the Surgery/CT group (p<.05). However, there were no statistically significant differences concerning sexual pleasure and sexual discomfort among the three treatment groups (p>.05). **CONCLUSIONS:** Cervical cancer survivors treated with adjuvant radiotherapy are more likely at risk for impaired QoL. Survivors treated with surgery or adjuvant chemotherapy return to a similar level of QoL as women without a history of cancer. Although the sexual activity rate is lower in irradiated patients their sexual pleasure is similar to patients after surgery and chemotherapy.

203/1670/The Relationship between Ethnicity, Values, and Quality of Life in Breast Cancer Survivors

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AIMS: Ethnicity is frequently correlated with cancer-related outcomes including quality of life (QOL). Studies seldom go beyond investigating sociodemographic correlates of ethnicity (e.g., acculturation, income). This study assessed personal values and QOL in a multiethnic sample of breast cancer survivors to understand more about the meaning of ethnicity. **METHODS:** 466 breast cancer survivors identified through a population-based tumor registry completed mailed questionnaires 6-9 years post-diagnosis. QOL was measured by a global QOL uniscale, and values by the Schwartz Value Survey (SVS). The SVS is a well-validated 56-item inventory indicating respondent identification with 10 different values. The SVS has been applied in 1000's of individuals worldwide, but not previously in cancer patients. The study sample was ethnically diverse: Chinese (12%), Filipino (11%), Native Hawaiian (13%), Japanese (34%), and Caucasian (31%). **RESULTS:** Univariate and multivariate analyses identified correlates of values and QOL, and relationships between values, ethnicity, and QOL. Ethnicity, marital status, age, income, and education were used as predictors of values. Age and ethnicity were the most consistent predictors, with age linked to greater value endorsement for 7/10 values. Correlations of the above predictors plus the value scores with QOL showed that only ethnicity was not correlated with QOL. Filipinas consistently reported the highest scores across all values. A multivariate analysis of QOL using values as predictors indicated that, as expected, values were significantly related to QOL in this omnibus model (R-square=.087). When ethnicity was added, this variable emerged as a significant predictor (p=.04) and the R-square increased to .107. Thus, ethnicity functioned as a suppressor variable in this model. **CONCLUSIONS:** The relationship between QOL, ethnicity, age, and values is complex. In this study, ethnicity reduced error variance in values measurement and improved model fit. Greater understanding of the meaning of ethnicity, going beyond its use as a label, is needed to move forward both measurement and application.

204/1665/Quality of life in breast cancer survivors: the influence of voluntary work

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AIMS: As breast cancer (BC) treatment improves and survival rates increase, the needs of survivors demand special attention, particularly quality of life (QoL). In most studies, BC survivors report good overall QoL, many of them comparable or better than healthy controls. Engaging in voluntary work, by providing support to newly diagnosed patients, is an important way to find purpose and meaning in life and indeed, for well-being and adjustment to survivorship. This research examines BC impact on survivors QoL and the influence of voluntary work in an institution designed to provide help for other women with BC in QoL of BC survivors. **METHODS:** The sample of this exploratory and cross-sectional study is composed by 62 BC survivors, 27 recruited in Coimbra University Hospitals (Gynaecology Department) (Non-volunteer group) and 35 recruited in a volunteering association made up of BC survivors (Volunteer group). 62 women from general population were also recruited. All the participants completed a QoL assessment instrument - WHOQOL-bref - and a clinical and sociodemographic data form. The comparisons of means between different groups in the QoL domains and facets were done with independent t-test, and non-parametric Mann-Whitney and Kruskall-Wallis tests. **RESULTS:** The only difference between BC survivors and controls was in physical domain of QoL measured by WHOQoL-bref ($t=-2.006$; $p<.05$): survivors reported more pain and discomfort and worst work capacity in physical QoL domain than healthy controls. Besides that they had poor sexual activity ($t=-2.288$; $p<.05$) but better social support ($t=2.470$; $p<.05$) in QoL social domain. Comparing with non-volunteers, BC survivors who engage in voluntary work (volunteer group) had better QoL in all domains of WHOQOL-Bref but this difference is only significant in Overall QoL facet ($z=2.501$; $p<.05$). **CONCLUSIONS:** These findings suggest that QoL of BC survivors is good and comparable to women from general population, excepting on physical and sexual functioning. Moreover, evidences the important influence of voluntary work on QoL. These results show the need to incorporate formal and informal psychosocial support programs in order to improve QoL of BC survivors.

205/1755/Evaluation of the quality of life in a group of patients with head and neck cancer in the surgery service of the National Cancer Institute of Chile

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AIMS: This research has as objective to evaluate the life quality of head and neck cancer patients that enter into the surgery service of the Cancer National Institute, describing the life quality pre and post surgical, and the relation among gender, age and the localization of the tumor. How is the quality of life of the patients with head and neck cancer undergo surgery? **METHODS:** This is a descriptive, longitudinal, and not experimental study, that was made in three measures; that is pre surgical, in a month and finally after two months post treatment, using same the evaluation instrument. It was used as an evaluation instrument the _Functional Assessment of Cancer Therapy-General (FACT-G) and its specific scale of head and neck, validated by the Spanish speaking population. The sample was of 22 head and neck oncologists patients submitted to a surgical treatment between June and August 2005 in the Cancer National Institute: 10 men and 12 women; 10 younger than 60 years and 12 older than 60 years. The stadistic analisys was done with the SPSS program, with a stadistical signification of 95%. **RESULTS:** The result was a general tendency to the diminution of the life quality on the first month with a later increase about the second month, but not reaching the obtained before the surgery, this was observed in most of the variables used in the study. The results encountered weren_t statistically significant. **CONCLUSIONS:** - Differences founded in this study were not stadistically significant for any relation between variables. - The result was a general tendency to the diminution of the life quality on the first month with a later increase about the second month, but not reaching the obtained before the surgery - Women have the tendence or better scores of quality of life - Persons older 60 years old have better scores of quality of life - The most frecuent diagnosis was the skin cancer - It's not possible found diferences between localization of cancer - The specific area for patients with head and neck cancer has better scores in preop period - The emotional status area has worst score in preop period and improve after two months postop - The functional capacity area has the most changing conduct in the postop period .

206/1489/Canonical Correlations In The Validation Of Quality Of Life Questionnaires In Breast Cancer Patients

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AIMS: Different releases of a Cuban questionnaire (CV-MM-INOR) to measure quality of life in breast cancer patients have been issued, used and validated since 1997. It comprises seven scales or dimensions: economic situation, physical capacity, symptoms related to treatment and disease, emotional condition, social, family and marital relations. In several previous instances of validation the questionnaire was assessed for content and some components of criteria validity. Our **aim** now was to cross-validate it with three other quality of life instruments: EORTC QLQ C-30, SF-36 and FACT _B. We expect to prove that CV-MM-INOR has good overall convergent validity and its dimensions correspond to well defined dimensions of the other questionnaires. The work is part of an institutional line of research in quality of life, as a routine component of the study and assessment of cancer patients. **METHODS: Methods:** 150 patients were randomly assigned to six different groups, each one given by one of all six possible pairs of questionnaires. Canonical correlation analysis was used to assess overall association and to identify correspondence between components of the questionnaire. **RESULTS: Results:** We only include the comparisons which involve CV-MM-INOR. There are very high levels of association between CV-MM-INOR and the rest of the questionnaires as given by the first canonical correlation: SF-36 (0.85; p=0.000), EORTC (0.75; p=0.000), FACT-B (0.70; p=0.000). Pairwise correspondences were as follows: CV-MM-INOR (physical capacity) _ SF-36 (body pain and social functioning); CV-MM-INOR (economic situation, physical capacity) _ EORTC (financial difficulties, symptoms); CV-MM-INOR (symptoms, physical capacity) _ FACT-B (physical condition as overall health status). **CONCLUSIONS: Conclusions:** (1) CV-MM-INOR is highly convergent with other well validated questionnaires for quality of life in breast cancer patients. (2) Particular component areas can be distinctly identified in each questionnaire which account for the high levels of association.

207/1813/Patterns of Quality of Life Associated with Radiation Therapy for Prostate Cancer

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AIMS: Since little is known about the patterns of quality of life associated with changes in radiation therapy side effects for men with prostate cancer, this study describes the physical, psychological, social, and spiritual patterns of well-being before, during, and three months after the end of radiation treatment. **METHODS:** A total of 188 patients were asked to participated since they met the age (>18 years), language and literacy (able to read, write and understand

English), disease and treatment (scheduled for radiation treatment for prostate cancer), and physical function criteria (Karnofsky Performance Status score >60). Quality of Life was measured with the Quality of Life _Cancer questionnaire. The questionnaire includes 41 items that measure physical, psychological, social, and spiritual well-being (items scaled 0 to 10, higher scores signify better quality of life). ierarchical linear modeling (HLM) was used to describe patterns of QOL. **RESULTS:** On average, patients were 67 years old (SD=7.8), well educated (M=16 years, SD=3.2), highly functional (Mean Karnofsky Performance score = 95.7, SD = 6.8), mostly white (63), did not live alone (63), and 61.1% had Gleason scores >7 (Mean = 6.8 (SD=0.9). The quadratic model was significant for physical and social well-being. A U-shaped pattern of scores was detected. For psychological and spiritiual well-being, the linear model was significant. **CONCLUSIONS:** The findings show physical and social well-being decline as treatment progresses and then improve as side effects abate; while psychological and spiritual well-being improve from beginning to end of study. Additional research is needed to uncover the predictors of these response trajectories.

208/1601/The influence of tumour and patient characteristics on health-related quality of life after oesophageal cancer surgery

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PURPOSE: To clarify whether selected patient and tumour characteristics predict patients_ health-related quality of life (HRQL) at 6 months after oesophageal cancer surgery. PATIENTS AND METHODS: A Swedish nationwide cohort of patients undergoing oesophagectomy for cancer in 2001-2005 was studied prospectively. Data regarding characteristics of patients (age, sex, body mass index (BMI) and co morbidity) and tumours (histology, stage, and location) were collected at the time of operation. Validated questionnaires (EORTC QLQ-C30 and QLQ-OES18) assessed HRQL at 6 months postoperatively. All scales and items were dichotomised. _Less symptoms or _good function included responses _not at all or _a little within a scale or in a single item, while _more symptoms or _poor function included at least one response of _quite a bit or _very much . Logistic regression analysis adjusting for potential confounding factors calculated odds ratios with 95% confidence intervals. RESULTS: Of 616 patients undergoing oesophagectomy, 402 (65 %) survived for at least 6 months and were eligible for this study. Of these, 374 patients (93%) responded to the HRQL questionnaires and remained for final analysis. Age, sex and BMI had no clear influence on HRQL. Patients with adenocarcinoma had generally a reduced risk of deterioration in HRQL and symptoms compared to patients with squamous-cell carcinoma. Factors associated with worse HRQL scores were comorbidity, more advanced tumour stage (III-IV) and proximal tumour location (upper or middle oesophagus). CONCLUSIONS: Older age, sex and high BMI should not influence clinical decision-making, while squamous-cell carcinoma, proximal tumour location and comorbidity are markers of worse HRQL after oesophagectomy.

209/1801/Personality And Quality Of Life In Psycho-Oncological Cycle Of The Breast Cancer

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AIMS: The breast cancer it is one of the most common and feared female cancer with a psycho-oncological cycle begin with the diagnosis (phase 1) and continued with the surgery (phase 2) and the treatment after surgery (phase 3). The main goal of this study was the analysis of the changes occurred in the quality of life in the psycho-oncological cycle of breast cancer in relation with the personality of this women. **METHODS:** Participants were 360 women, 30 of them evaluate in the 3 phases (longitudinal study) and the others distributed in equivalents groups for the same moments (transversal study). The personality was assessed with the NEO-FFI (60) and the quality of life was assessed with the EORTC QLQ- C 30 and the EORTC QLQ- BR 23. We used also a sample characterisation questionnaire. The study was comparative and correlational. **RESULTS:** The results show good levels of QL in all the phases and an interesting change in neuroticism levels. **CONCLUSIONS:** Breast cancer seems to impact the personality functioning permitting that the neuroticism (a variable assumed as state) to decrease in the psycho-oncological cycle.

210/1462/Patient compliance in renal replacement therapy and its impact on patient reported outcomes

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AIMS: Between 30% and 60% of dialysis patients do not adhere to diet, fluid-intake, and medication regimes. The aims of this study were to determine patient_s compliance with dietary/fluid restrictions and with immunosuppressant drugs, to assess the difference in QOL between compliers and non-compliers and to examine if RQOL scores can predict compliant and non-compliant patients. **METHODS:** Male and female patients with end stage renal disease (ESRD) aged 18 and over receiving different treatment modalities were recruited into the study from renal outpatient clinics of the University Hospital Wales, Cardiff. Patients were asked to complete the Renal Quality of Life Profile (RQLP), the Leicester Uraemic Symptom Scale (LUSS) and a compliance questionnaire (Morisky Scales). In addition, patient_s biomechanical data and medication information were recorded. **RESULTS:** 66 patients (mean=53; median=53.5; range=22-79; male=45; stopped working due to ESRD=29) consented to take part and completed the RQLP, LUSS Scale and Morisky Scale. 21, 17 and 28 received unit haemodialysis (UHD), peritoneal dialysis (CAPD) and renal transplantation (TX), respectively. 29 patients reported that they led a normal life and 37 did not. TX patients had the least impaired and UHD patients the most impaired QoL. QoL was significantly more impaired for the older patients (p<0.01) and females (p<0.001). Morisky Scales scores and biomedical markers for compliance were contradictory. **CONCLUSIONS:** The findings of this study indicate that the RQLP accurately reflects the differences between the QoL of renal patients receiving different treatment modalities and has potential for differentiating between compliers and non-compliers. Early detection of non-compliers could improve return to work and enable patients to pursue a normal life.

211/1373/Social support and selfcare in renal patients

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AIMS: The relationship between social support and health outcomes is reported in published papers, but some researchers found no relation between them. The renal patients who need haemodialysis treatment have worse quality of life because they are dependent of the machine. We need to find the way to improve the quality of life of renal patients who are in haemodialysis. In this research we wanted to know if the social support is an important aspect for patients in haemodialysis and what psychological aspects are relevant for their selfcare behaviour and quality of life **METHODS:** Semi structured interviews to fifteen patients in haemodialysis and twelve familiars of haemodialysis patients were conducted in a renal centre in the city of Talca, Chile. A content analysis, was done for determining what categories, the patients used, when they tell about their illness and the renal treatment. The information of patients was compared with what their familiars said. **RESULTS:** The patients and familiars are aware that haemodialysis help to the former for surviving. But the patients present some irrational cognition about the treatment, which influence their behaviour between sessions of haemodialysis. About food intake restriction in house, they say "The machine empty me, so I need to eat a lot to be fine" or "The machine take out the bad and good things, then one is worsening with the time". So they don't adhere to instructions about drink or food from their physician or nurse. **CONCLUSIONS:** The social support wasn't relevant for the patients who have better selfcare. The behaviour between sessions of the patients was associated more to irrational ideas, than social support they perceived. These ideas are related with concern about the renal treatment. Then, our findings are showing that the behaviour of renal patients is affected by the treatment representation, particularly necessity and concern about the treatment.

212/1571/Quality Of Life In Patients With Living And Cadaveric Renal Transplantation

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AIMS: The purpose of this study was to evaluate the quality of life(QOL) in patients with living and cadaveric renal transplantation. **METHODS:** 128 patients with living and cadaveric renal transplantation participated in this study. Our original self-administered questionnaire including 41 questions divided into 13 categories with the Life Satisfaction Index(LSI) were used. **RESULTS:** Pearson's correlation coefficients between our questionnaire and LSI were r=0.77(P<0.01) before renal transplantation, and r=0.77(P<0.01) after renal transplantation. Cronbach's alpha coefficients of our questionnaire were high enough to accept for clinical use:0.87 in dietary problems, 0.86 in social participation etc. before renal transplantation, and 0.87 in mental function, 0.86 in well-being etc. after renal transplantation, respectively. Our questionnaire contained 11 main factors and cumulative contribution was 0.73 before renal transplantation, and 12 main factors and cumulative contribution was 0.75 after renal transplantation. 109 patients indicated the improved total QOLs, but 18 patients showed the deteriorated total QOLs after renal transplantation. Significant improvements were shown in strata of well-being, dietary problem, and medical service after renal transplantation(P<0.05). Significantly positive correlations were indicated in between total QOLs and passion for life, total QOLs and meaningful use of time, total QOLs and dietary problems(P<0.05). **CONCLUSIONS:** These findings indicate that our original QOL questionnaire has high enough reliability and potency of validity to use for the patients with living and cadaveric renal transplantation. Renal transplantation showed the significant total QOL improvement after renal transplantation. Passion for life and mental supports including religion may play very important roles to improve the total QOLs after renal transplantation. We must pay more attention not only to medical complications but also to comprehensive care including mental support and counseling etc. for the patients with living and cadaveric renal transplantation.

213/1438/QUALITY OF LIFE OF PATIENTS WITH RECURRENT PAINFUL RENAL COLIC

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AIMS: Background: Quality of Life (QoL) has not been a priority goal for patients with recurrent painful colic of renal lithiasis. Aim: To evaluate Qol in patients with recurrent painful symptoms due to renal colic. **METHODS:** Methods: In this case-control study, 194 subjects (97 cases/97 controls) were matched according to age and gender. Cases were patients at an outpatient clinic with a confirmed diagnosis of nephrolithiasis with recurrent painful renal colics. The control group consisted of patients seen at an ophthalmology out-patient clinic for refraction symptoms. Main outcome measures: Qol was measured using the SF_36. **RESULTS:** Results: Average SF-36 dimension scores for cases and controls respectively were: Physical Function 70/95, Role-Emotional Function 33.3/100, Role Limitations due to Physical Problems 25/100, Bodily pain 41/84, General Health Status 52/82, Vitality 45/80, Social Function 62.5/100 and Mental Health 52/84. All values were statistically different (p<0.001). Using multiple linear regression, there was a statistically significant Qol drop in subjects with lithiasis. Low social and economic levels were associated with the following SF-36 domains: Physical Function, General Health Status, Vitality and Mental Health. The influence of the diagnosis on Role-physical and Role-Emotional domains. Analysis of the Physical and Mental components of the SF-36 Scale showed significantly lower averages between cases and controls: PCS (p < 0.001) and MCS (p < 0.001). **CONCLUSIONS:** Conclusion: The quality of life of patients with painful recurrent symptoms due to renal colic was substantially impaired.

214/1343/The study of quality of life in the elderly who are member of Tehran Senile Culture House Clubs

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AIMS: The purpose of this study was to assess, quality of life and the some factors that affect on itin elderlyin Tehran Tran. **METHODS:** We conducted a cross-sectional and descriptive analytical study that included 300 subjects who were >/=60 years of age and chosen randomly.We assessed quality of life, using the WHOQOL-BREF questionnaire with foure domains : physical , psychological, social and environmental. Data gathering was done with face to face interview method and the data were analyzed by using T-Test , ANOVA and linear regression in SPSS. **RESULTS:** The result of study indicated that there is a significant difference between the mean of QOL scores with gender in physical ($P<0.001$) and psychological ($P<0.014$) domains and women had lower QOL scores than men. there is significant difference between QOL score and age in physical ($P<0.036$) and psychological($P<0.097$) domains too. The persons who were widowed had lower levels of QOL scores than married and single had better scores in physical domain than the others . Quality of life scores were strongly correlated with educational status and currently ill in all domain scores **CONCLUSIONS:** Some variables and factors such as illness , level of education, marital status, gender and age affect on quality of life, so the strategy should be directed toward in this variables mentioned for planning ,and solving their problems at present and future.

215/1927/Quality of Life among dependence elderlies

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AIMS: The elderly dependency to realize the activities of daily life (ADL) can start with biological, social and environment modifications. These fragilities can affect the life quality of the old people. This study wants to assessment the life quality of the physics dependency and considers strategies for the maintenance and improvement of this one. The research was carried through in the Recreational center (called in Portuguese Centro de Referência do Idoso) of the zone the east of São Paulo. **METHODS:** The sample was formed by 19 people with 60 to 85 years. 78,9% of the participants were composed by women. The collection of data was made by interview with socio-demographic informations, ADL scale, Geriatric Depression Scale (GDS) and the WHOQOL-Bref and WHOQOL-Old to assessment the life quality. These data could to identify correlation between socio-demographic, degree of dependence in activities of daily life and depression with the life quality. **RESULTS:** The results identified that the elderly did not describe negative answers (_really bad and _bad) related to the elderly life quality. About the healthy satisfaction, 52,7% answered to be nor satisfied nor unsatisfied with the current state of health. The data showed the WHOQOL-Bref the lower media was concentrated in the physical and environment. The answers of the WHOQOL-Old showed more dissatisfaction in the autonomy and social participation. **CONCLUSIONS:** From the results of the study we can think strategies to improvement the life quality of dependent elderly, like: creation of Recreational center and the inclusion of programs to give palliatives care of old people they_re out of therapeutic possibilities.

216/1920/Quality of life among elderly homeless: an ethnographic study

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AIMS: According to Brazilian public data, over 10,390 persons lives in the São Paulo city streets. Approximately 49% were composed by older adults. However, the elderly people were given less attention. We do not know how olders adults begin to live in the streets and, in the same way, we need understand their values and meanings about quality of life. The objectives were to analyze the life style of the elderly homeless while living on the streets and to know the survival strategies used by the elderly homeless. **METHODS:** This study was qualitative and ethnographic research. The process was informed by six interviews with older people. The guiding questions of the interviews were: " Can you tell me your history?", "What is quality of life for you?", "What strategies did you use to survive? And, now what strategies do you use?". Interviews were transcribed and analyzed according to thematic analysis. **RESULTS:** The days that they stayed in the street were variable. During this period, the elderly lived with other residents of the street and they lived individual and social risk. The social relations in the streets were established by little confidence. The strategies for survival were: the services of attention to elderly homeless, use the alcohol, frequencies in the therapy sessions offered in the institution. In this way, the thematic categories of quality of life were: the self-assessment of health, the presence of fear and suffering of living in the street, the importance of family relationships, the recovery of conjugal relations and leisure **CONCLUSIONS:** Concerning the homeless and, mainly the elderly homeless, it was necessary to identify which processes turned this social segment into a problem and an issue of political action.

217/1691/The Results of Searching Databases for Quality of Life Research in Chronic Illness: Quality of Life As Outcome or a Term Used in Another Context

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(presented as a paper on Thurs. at 12:15

AIMS: Quality of life (QOL) is often mentioned in research in which the subjects are adults who live with chronic diseases. The purpose of this review of the literature is to determine how often QOL is an outcome compared to how often the term is used in other contexts and the nature of the context, and when an outcome whether the intervention made a difference. **METHODS:** Quality of life was used a subject term to search three primary databases - CINAHL, Medline, and PsychInfo. Searches were limited to research, 2000 to 2008 publications (peer-reviewed journals if possible), and to English (given limitations in author_s language skills). Subsequent searches were conducted combining QOL with chronic disease and then related terms (e.g., common chronic diseases such as arthritis, CVD, chronic pain) given limited results with the term chronic disease. The abstracts of all citations were reviewed to identify the term QOL, if not in the title. If the term was not in the abstract, the full article was reviewed, when available. When QOL was an outcome of the study, the effectiveness of the intervention was reviewed for its affect on QOL. **RESULTS:** In CINAHL, QOL (2743) and chronic disease (216) were both used in 11 articles in which QOL was an outcome. In Medline, QOL (2278) and chronic disease (414) were both used in only 3 review papers. In PsychInfo, QOL (10758 peer reviewed journals) and chronic disease (865) with 103 using both terms. The final analysis of this review is yet to be completed given the larger results using related terms, but the pattern emerging is that the term quality of life is used in combination with chronic disease appropriately in that QOL is an outcome. However, when disease specific terms were used, in particular terms such as chronic pain, QOL was often not measured but was referred to as affected by the disease. **CONCLUSIONS:** Use of the term quality of life in the chronic disease literature remains a popular term. When QOL is used in combination with chronic disease, QOL was usually an outcome of an intervention that improved persons_ QOL. In the broader literature of chronic diseases, QOL is not consistently an outcome measure; QOL may be affected by the condition as stated in the introduction or conclusion as a general statement.

218/1663/Memantine Discontinuation in Nursing Home Residents with Alzheimer's Disease was Associated with a Declining Health Status: A Factor Analysis

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AIMS: The purpose of this study was to estimate the effect of memantine discontinuation on the health status of nursing home (NH) residents with Alzheimer's disease (AD). **METHODS:** Data on 31 common geriatric and AD symptoms were collected from medical charts of individuals with AD, residing in NHs for >/= 90 days. Residents who took memantine continuously for >/= 90 days were compared with those who took memantine for >/= 30 days, then discontinued for >/= 60 days. Each patient was assigned a score, based on the emergence or resolution of a particular symptom (+1 or -1 points, respectively), or the worsening or improvement of existing symptom (+0.5 or -0.5 points, respectively), compared to baseline. The unadjusted between-group differences were analyzed using a non-parametric, two-sided Wilcoxon rank sum test. In addition, a maximum-likelihood factor analysis with oblique promax rotation was applied to all collected items. Multiple regression was used to determine the adjusted mean differences between groups for the factor scores and the scores of individual items that did not load into factors. **RESULTS:** Data were collected from 521 residents: 248 who discontinued memantine treatment, and 273 who took memantine continuously. Memantine discontinuation was associated with significantly higher scores for 17 out of 31 symptoms, reflecting symptom worsening/emergence. Four distinct factors emerged: mood (7 items), activities of daily living (ADL; 6 items), psychosis (3 items), and cognition (3 items). The factors of mood, ADL, and cognition were all significantly higher ($P<0.001$) for the discontinuation group, while the psychosis factor was not significantly different between the two groups. Scores of 4 unloaded items (does not sleep through the night; displays disorganized speech; loss of appetite; anxiety) were significantly higher in the discontinuation group; the remaining 8 item scores were not different between the two groups. **CONCLUSIONS:** In nursing home residents with AD, memantine discontinuation, compared to continuous treatment, was associated with a declining health status, particularly in the domains of cognition, daily functioning, and mood.

219/1258/Health-related quality of life in elderly women patients after hip fracture

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AIMS: to evaluate the effect of hip fractures in elderly women on HRQOL assessed by the Brazilian version of the 36-item Short Form Health Survey (SF-36). **METHODS:** twenty-seven elderly women (75.40 ± 7.3 years) with hip fracture described their HRQOL during the four weeks preceding the hip fracture (baseline) and in the first and fourth months after surgery. SF-36 scores were compared by Friedman test and Dunn Test (post hoc). **RESULTS:** negative effects of hip fracture were shown on the physical (physical functioning and role limitation physical) and psychosocial domains (mental health and social functioning) of the SF-36. **CONCLUSIONS:** hip fracture negative affects the HRQOL of the women elderly, who frequently do not return to their prefracture lifestyle.

220/1827/Secondary Analysis of Clinical Trial Data: The National Eye Institute Visual Function Questionnaire-25 in Patients with Age-related Macular Degeneration

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AIMS: Evaluate the validity and responsiveness of the National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25) to changes in contrast sensitivity in patients with age-related macular degeneration (AMD) using data from two clinical trials. **METHODS:** The NEI VFQ-25 was completed by 1,146 patients with subfoveal choroidal neovascularization due to AMD with minimally classic or occult with no classic types in MARINA and predominantly classic type in ANCHOR at baseline and months 1, 2, 3, 6, 9, 12 and 24 (MARINA only). The SF-36 Health Survey was administered at baseline, and months 6 and 12. Contrast sensitivity and other clinical assessments were completed throughout the studies. Internal consistency reliability, construct validity, and responsiveness were examined. **RESULTS:** For the combined sample, average age was 77 (SD=7.5; range 52-96) with 59% women. Internal consistency reliability was 0.96 for the NEI VFQ-25 overall score and ranged from 0.62 (ocular pain) to 0.91 (near activities) for the subscales. The NEI VFQ-25 total and subscale scores were significantly correlated with contrast sensitivity ($p<0.05$) with the exception of the general vision subscale. Overall score, and near activities, distance activities and dependency subscale scores were significantly correlated with SF-36 subscale and summary scores ($p<0.05$). NEI VFQ-25 total and subscale scores, except for ocular pain and driving, varied by responses to the SF36 transition item ($p<0.05$). The NEI VFQ-25 overall, near activities, distance activities and dependency scores were most responsive to changes in contrast sensitivity over 12 months (all $p<0.05$). **CONCLUSIONS:** The NEI VFQ-25 demonstrated good construct validity, and showed responsiveness to changes in contrast sensitivity in patients with AMD. Based on these findings, the VFQ-25 represents a good measure of patient-reported, vision-related functioning outcomes for clinical trials comparing treatments for AMD.

221/1148/Predictors Of Quality Of Life In Elderly With Heart Failure

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AIMS: Aim: Identify predictors of quality of life (QOL) in elderly with Heart Failure (HF). **METHODS:** Methods: One hundred and forty-six elderly patients with HF receiving outpatients medical care from services in the state of São Paulo, Brazil, answered to Socio-demographic Characteristics Questionnaire and the Minnesota Living with Heart Failure Questionnaire (LHFQ). For statistical analyses were used Spearman Correlation Coefficient, Mann Whitney Test, Kruskal-Wallis Test, and Univariate and Multiple Regression Analyses. Potencial predictors included age, gender, education, New York Heart Association (NYHA) classes, symptoms, co-morbidities and medications. **RESULTS:** Results: The majority of patients were male (52%); the average age was 68,6 (±6,9) years old; 3,3 (±2,7) years of education; in NYHA class I e II (65,0%; 95/146) and LVEF d 55% (66,4% or 89/134); mean of 0,46 (±0,17). Comparisons between the MLHFQ scores and the NYHA showed that patients in NYHA I and II were significantly lower than NYHA III and IV. Patients with dyspnea, fatigue and oedema, and no practice regular physical exercise had decreased QOL. The multiple regressions showed that NYHA class and dyspnea were predictors of QOL in elderly, explaining 42% of the QOL variability. **CONCLUSIONS:** Conclusion: The NYHA class and dyspnea were the strongest predictors of QOL in elderly with HF. These results points out that intervention in QOL should be able to detect and /or controle decompensation factors to HF, avoid impairment to the symptoms and functional status. Prospective studies are recommend the assess if dyspnea controls improve the QOL in elderly with HF. Keywords: heart failure, elderly, quality of life.

222/1934/Quality of life of a group of seniors successful from a qualitative approach. Carrasco y Caba. University of Chile

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AIMS: Population aging is a global phenomenon, and in turn, increased elderly who manage to develop a full and active life. They have defied their expectations of life at birth and have passed widely. **METHODS:** This is partly a qualitative study who exploring their perceptions, opinions and experiences the quality of life (QL) in old age. From a content analysis, were analyzed five in-depth interviews with elderly social activists, who had formal superiors studied, they felt satisfied with their past and present lives and exceeding eighty years of age. The study group consists of people related with the University of Chile, under informed consent, have decided to voluntarily participate. The study was conducted in Santiago, during the first quarter of 2008. The variables have been: the concept of aging, perceived health and QL, survival view success. **RESULTS:** For those interviewed, the most important dimensions that define the concept of aging are a different stage of life that requires adaptation and evaluation of the achievements, at which stage continue to develop and contribute to their environment, "Is still living and appreciating life as I have always done." The health concept is perceived from three dimensions physical, mental and social highlights the health satisfaction its past and current overall and regarding who can continue to actively participate in society. Their QL generally perceived as very good and defined as the sensation of being happy, the ability to assess what has to be healthy and actively participate in society. The success of survival as explained by the possibility of having the "ability to do what we want to do," "fulfill the dreams and challenges", resilience, having a good health state, family support and access to education. **CONCLUSIONS:** Faced with which we can preliminarily conclude that the study group agree to define the very good overall QL in old age, as an important feature of their lives, the product of the relationship between their skills, healthy habits, family formation, social relationships, physical and mental health as part of the success and survival.

223/1816/Aging, Quality of Life and Contemporary Society

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AIMS: To discuss and analyze the different disciplinary perspectives that have studied and conceptualized the Quality of Life. To characterize the factors that have influenciated the elders quality of life, from a sociocultural perspective **METHODS:** Since the early studies of Quality of Life, the contemporary society has incorporated new values and life styles. This makes necessary to observe the concept from a dynamic perspective, recognizing the complexity in its definition and measure. The concept Quality of Life bring together the implications of scientific knowledge both in health field and in the changes in the social and cultural context, including its environmental and urban-residential aspects, and its cognitive and symbolic elements. Our reflection reaches the understanding of this concept from a wide sociocultural perspective, recognizing the importance of the definitions that have been used in the health field, and focusing the view in a particular age group in expansion: the elders. This group was selected because has been traditionally treated and understood from health related perspectives; this can be observed in the researches that measure Quality of Life in terms of the presence or absence of illnesses and physical and psychological impairs, linked to the aging process. **RESULTS:** Despite that lots of studies conclude that support nets and social relationships are basic elements in the Quality of Life of older adults, there are factors such as, individualism, migrations, shortage of elder caregiver, and some others that leave them to isolation instead of social integration. Moreover, despite the recommendations of making exercises for physical and emotional wellbeing, there are factors such as delinquency, environment conditions, low pensions, and others, that leave them to stay home and have a sedentary lifestyle. **CONCLUSIONS:** These elements talks about the importance of contextualize the concept of Quality of Life, within the actual sociocultural dynamics, due the influences of activities, interactions, self comprehension, and daily life, of the elders.

224/1940/Effect of prosthetic denture treatments in elderly quality of life and psychological well-being

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AIMS: Eighty percent of the Chilean elderly attend the Public Health System. Research has determined than 50% of this group presents 7 o less remaining teeth and 25% are edentulous. This dental damage together with the poor access to dental treatment results in a high probability of quality of life and psychological well-being decrease. Objective: To determine the influence of oral prosthetic rehabilitation in the quality of life and psychological well-being in elderly. **METHODS:** A sample of 188 individuals, age ranged between 60 and 89 years old, were tested with Minimental State Examination and 26 of them were excluded because of cognitive impairment. An experimental pre-post test study was conducted in 162 elderly attending 5 Dental Centres belonging to the National Public Health Care System in Santiago, Chile. Before and three months after the prosthetic treatment the GOHAI (Geriatric Oral Health Assessment

Index) to evaluate quality of life related to oral health and the Goldberg test to measure anxious-depressive symptoms, were applied. Student t test to measure variables mean differences with the statistical software SPSS ($p < 0.05$) were used. **RESULTS:** At the beginning of the dental treatment 19.1% of the individuals showed anxious depressive symptoms. The main symptoms were sleep disorders, feelings of sadness, inability to resolve problems and feelings of depression or stress. In the second measure 70.2% kept their initial emotional status, 14.2% improved it and 15.4 % worsen it. Only 9,97 % perceived their oral health as "good" before treatment, (GOHAI score> 57 points). The second measurement showed that 43.4% maintained their initial perception, 49.3% improve it and 7.3% worsen it. Increase in anxious-depressive symptoms was associated with the worsening in perception of quality of life related to oral health ($p < 0.0001$). **CONCLUSIONS:** Prosthetic rehabilitation is associated with quality of life improvement but not with improvement in psychological well-being.

225/1807/QUALITY OF LIFE OF ELDERLY PEOPLE LIVING IN BASIC SOCIAL HOUSING, SANTIAGO, CHILE

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AIMS: The Chilean Government developed a Social Housing Program to elderly people. The objective of these work is to evaluate the quality of life perception of elderly people whose housing are located in buildings or in condominiums of this program. **METHODS:** The brief version of the quality of life questionnaire designed for the elderly by the World Health Organization (WHOQoL-BREF) was applied to elderly people of seven poor counties of the Metropolitan Region, that lived in basic housing located in buildings or condominiums. The questions were four domains: physical, psychological, social relations and environment. **RESULTS:** The WhoQol-BREF was applied to 124 elderly people, living in condominiums and 152 subjects living in buildings. The people aged 62 to 94 years old. Satisfaction was of moderate or high level for physical, psychological and social relations domains. The elderly people of both type of housing show that the perception of quality of life is deteriorating with the aging. **CONCLUSIONS:** Elderly people living in basic dwellings located in condominiums have a better quality of life perception than those living in buildings.It is important to evaluate the quality of life of the elderly people to generate appropriated Public Policy.

226/1406/The importance of social support and sense of coherence in relation to health-related quality of life among older nursing home residents

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AIMS: Little is known about the association between social support and health-related quality of life (HRQOL) among nursing home (NH) residents and whether the sense of coherence modifies the effect of social support on HRQOL. This study aimed to determine the relationship between social support and HRQOL and whether the sense of coherence may modify this. **METHODS:** Data were obtained through face-to-face interviews of 227 mentally intact NH residents (aged 65-102 years) from all NH_s in a city of 250 000 inhabitants using the SF-36 Health Survey, Social Provisions Scale (SPS) and Sense of Coherence Scale (SOC-13). Possible relationships between the SPS and the eight SF-36 subdimensions were analysed using multiple linear regression while controlling for age, sex, marital status, education and comorbid illness. Interactions between the SOC-13 and SPS were investigated. **RESULTS:** Attachment affected the mental health subdimension ($p = 0.001$), opportunity for nurturance affected social functioning ($p = 0.003$) and reassurance of worth affected vitality ($p = 0.001$) after adjustment for demographic variables and comorbid illness. After SOC-13 was included in the analysis, nurturance still significantly affected social functioning and reassurance of worth still significantly affected vitality. No interactions were found with SOC -13, and SOC-13 significantly affected all SF-36 subdimensions **CONCLUSIONS:** The opportunity to provide nurturance for others appears to be important for social functioning, and sense of self-esteem appears to be important for vitality. Further, the residents` relationships with significant others comprise an important component of mental health. Finally, independent of the sense of coherence, social support is an important resource for better health-related quality of life. Clinical nurses should recognize that social support is associated with health-related quality of life and pay attention to the importance of social support for the residents in daily practice.

227/1550/quality of life and older people: A randomized controlled trail

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AIMS: Average life expectancy has improved in the last century. Currently about 7% of the world population is aged _65 years. Maintaining a high level of quality of life into advanced age is a growing public health concern as the older adult population continues to increase. In fact, one of the primary goals of Healthy People 2010 is to improve both the quality and the number of years of healthy life. This study examines the application of health education intervention to improve quality of life for older people. **METHODS:** This study is a randomized controlled design to evaluate an educational intervention to improve health related quality of life in older people in Iranian nursing home. In this study, a sample of 60 healthy adults between the ages of 60 and 85 years completed a SF-36 questionnaire before and after ten weeks of intervention. The data were then analyzed with SPSS software. **RESULTS:** Based on the results of this study, the statistical analysis showed a significant difference for the effect of health education program on components of quality of life measures: physical functioning ($P<0.001$), role-physical ($P=0.01$), bodily pain ($P=0.001$), general health ($P= 0.04$), vitality ($P=0.003$), social functioning ($P=0.03$) and role-emotional ($P=0.002$) and mental health ($P= 0.01$). **CONCLUSIONS:** The study results may provide a new useful health educational promotion program in older people. Health education program on promoting Quality of life has had positive effect. Thus, it is recommended that health education could be used on Quality of life interventions.

228/1638/Active aging: challenge of this century

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AIMS: The study was carried out at the Multi-discipline Clinic for the Elderly (GAMIA) at the Hospital das Clinicas(HC) of the

Faculdade de Medicina, Universidade de São Paulo(FMUSP) and at the Centro de Saúde Geraldo de Paula Souza (CSGPS) at the Universidade de São Paulo, School of Public Health (geriatric health group), in 2005. The aim of the sudy was to evaluate the quality of life of participants (30 from GAMIA and 13 from CSGPS), in the initial and final stages of care, on these two programs. **METHODS:** A qualitative study was carried out , by taking statements from interviews that were collected with 16 selected elderly(11 from GAMIA and 5 from CSGPS), using the oral history methodology.Also a focus group was made with 9 from the 11 elderly that have been interviewed, in the final stage of these programs. The aim of the focus group was to complete the information collected in the first stage of the study, to know attitudes, opinions, perceptions and behavior of the sample, related to aging, health and quality of life. **RESULTS:** The results of this qualitative approach, showed the importance of active aging for the elderly participants and also that they served as examples of health maintenance and independence. **CONCLUSIONS:** It was concluded that the studied programs are Health Service that may contribute to the " National Policy for the Elderly"(Política Nacional do Idoso-PNI) and the WOrld Health Organization.

229/1845/Assessing the quality of life of elderly chronic renal: a comparison of two generic tools

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AIMS: The aim of this research was to compare-in an elderly population with ESRD in ambulatory hemodialysis-the performance of two generic instruments of quality of life (the SF-36 and the WHOQOL-bref). **METHODS:** It is a correlated research of cross-section conducted in two clinics of replacement renal therapy among 100 elderly patients with ESRD undergoing hemodialysis treatment for at least six months now. **RESULTS:** The reliability was evaluated by means of internal consistency, with the determination of the Cronbach alpha coefficient. In its entirety, both instruments (the SF-36 and the WHOQOL-bref) showed high levels of reliability (a=0,90 and a=0,87, respectively). In the analysis of each dimension/domain separately, the SF-36 showed a higher internal consistency. The impact and the severity of the ESRD-measured by the Illness Effects Questionnaire (IEQ) and by the End-Stage Renal Disease Severity Index (ESRD-SI), in that order - were used in order to evaluate the discriminating and the divergent validity. The discriminating validity was evaluated by comparing the dimension/domain scores of the SF-36 and the WHOQOL-bref, the impact (higher and lower categories), and the severity (mild and non-mild categories) of the ESRD. The WHOQOL-bref showed a greater power of discrimination than the SF-36, since all its domains discriminated the subjects by the impact and the severity of the ESRD. Concerning the divergent validity, both instruments showed a greater correlation between quality of life and IEQ measures than a correlation between quality of life and ESRD-SI. A positive correlation between dimensions of the SF-36 and the domains of the WHOQOL-bref was also noticed, except the domain social relationships of the WHOQOL-bref that did not correlate with any of the SF-36 dimensions, and which seems to point to a measure of an attribute of quality of life that there is not in the SF-36. **CONCLUSIONS:** In so doing, the SF-36 and the WHOQOL-bref proved reliable and valid instruments used to measure the quality of life of elderly patients with ESRD undergoing hemodialysis treatment, although with distinct specificity of performance.

230/1396/PAC-SYM Results From 3 Identical Randomized Placebo-Controlled Trials With Prucalopride In Patients With Severe Chronic Constipation

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AIMS: Chronic constipation is characterized by difficult, infrequent, or seemingly incomplete defecation. Symptoms such as straining, hard stools, or abdominal pain are frequently reported by patients. Prucalopride, a first in class, selective, high-affinity 5-HT$_4$-receptor agonist, was evaluated in 3 Phase III randomized controlled trials (RCT). The primary efficacy endpoint in each trial was the % of pts with an average of at least 3 spontaneous complete bowel movements per wk over 12 wks treatment. We report results on symptom relief, as measured with the Patient Assessment of Constipation Symptoms (PAC-SYM). **METHODS:** The 12 item PAC-SYM consists of 3 subscales: abdominal - (AS:4 items), stool - (SS:5), and rectal symptoms (RS:3). The PAC-SYM uses a 2 wk recall period and a 5 point Likert response scale (0=absent - 4=very severe). Score changes of -0.5 point (10%) correspond to minimum clinical improvement. The PAC-SYM was completed at baseline (BL), and at wks 4 and 12. **RESULTS:** In each of the 3 trials both 2mg and 4mg showed statistically significant superior primary response rates vs. placebo. RS showed the lowest BL severity (range: 0.98-1.29), and SS the highest (2.29-2.56). SS and RS improved in all 3 trials, but results were not consistently statistically significant at all time points. AS and overall mean changes from BL (Table: p<0.02) were significantly more improved by prucalopride in all 3 trials. **CONCLUSIONS:** Prucalopride alleviates symptoms in patients with severe chronic constipation. These results are in line with the findings of the primary endpoint. Patient-reported symptom severity provides useful information in addition to bowel movement frequency in assessing the efficacy of treatment for constipation.

Table: Overall PAC-SYM score changes from BL

**p<0.02	N	PLA	N	PRU 2 mg	N	PRU 4 mg
INT-6	239	1.74 (-0.32)	233	1.53 (-0.60)**	227	1.37 (-0.61)**
USA-11	202	1.55 (-0.41)	195	1.32 (-0.60)**	193	1.25 (-0.67)**
USA-13	211	1.56 (-0.41)	210	1.29 (-0.75)**	212	1.29 (-0.55)**

231/1272/Cumulative Distribution Curves of Prucalopride Treatment Effects in Severe Chronic Constipation

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AIMS: Analyses of patient-reported outcome (PRO) endpoints typically include comparisons of mean score changes or percentage of responders based on minimum important difference (MID) between treatment and control groups. However these summary statistics limit interpretation as they do not show the complete pattern of changes. Cumulative distribution curves (CDC) have been proposed as a new tool for PRO interpretation. We report results, as measured with the Patient Assessment of Constipation Quality of Life (PAC-QOL) questionnaire, of 3 double-blind, randomized placebo-controlled trials (RCT) of prucalopride in patients with severe chronic constipation. **METHODS:** The 3 RCT's enrolled a total of 1985 patients to be treated with 2mg or 4mg prucalopride, given orally once daily for 12 weeks. The patients completed the 28-items of the PAC-QOL, grouped into 4 subscales related to dissatisfaction (5 items), physical discomfort (4 items), psychosocial discomfort (8 items) and worries and concerns (11 items). Total and all subscale scores range from 0 to 4, with lower scores indicating better health-related QOL. The CDC of PAC-QOL score changes from baseline (from -4 to +4) were plotted by treatment group. **RESULTS:** The CDC of the patient satisfaction score (i.e. the pre-defined primary PAC-QOL endpoint) clearly distinguished prucalopride from placebo. The percentage of responders in the prucalopride group was always higher than in the placebo group whatever the level of improvement, e.g. 44% responders with more than 1 point of improvement vs. 24% in the placebo group ($p<0.05$). Prucalopride also demonstrated superior effects to placebo on all levels of the PAC-QOL total and remaining subscale scores: 24% to 48% of >1-point responders to prucalopride vs. 18% to 32% placebo responders ($p<0.05$). The smallest difference (6%) between prucalopride and placebo was observed in the psychosocial discomfort subscale. **CONCLUSIONS:** CDC of PAC-QOL scores showed consistent superior effects of prucalopride to placebo across the entire distribution. CDC provide more complete information than only one specific MID between groups point estimate.

232/1967/Symptom burden and quality of life and in Uruguayan patients with Irritable Bowel Síndrome (IBS)

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AIMS: The IBS is a highly prevalent functional disorder defined by abdominal pain and chaotic intestinal habits, with symptoms impacting on several areas of the patients_ life. This study aimed at assessing the clinical aspects of IBS in a sample of patients from a reference center in Uruguay, including physical symptoms, anxiety, depression and QOL. **METHODS:** Patients were requested to fill out a battery of tests including a daily symptom chart and the Bristol Stool Scale during a two week period as well as the HADS, the MOS SF-36, and IBSQoL. Biomedical variables included abdominal pain, bloating, defecation effort and weekly frequency **RESULTS:** Of the 31 approched, 26 (24 females, 92%) completed the daily chart with 38% reporting pain and 31% severe bloating. Mixed intestinal transit (constipation and diarrhea) was present in 54% of the subjects, constipation in 27% and diarrhea in 12%. Weekly frequency of depositions averaged 1.3 (0.29 _ 3.4); 58% experienced transit efforts. No differences were observed in these variables during the two week follow up. HADS ratings of mild and moderate/severe anxiety were observed in 46% and 42% of the cases respectively, while mild and moderate/severe depression was reported by 27% and 7.6% of the patients. A high impact on quality of life was observed as shown by the SF-36 PCS (mean 37.7, median 35.7, SD: 11) and MCS scores (mean 37.6, median 33.9, SD: 11). IBSQOL scores showed higher impact on Role Physical , Role Emotional and Sexuality (median scores of 47, 56 and 50, range 0-100). **CONCLUSIONS:** This study of conducted in a small sample of patients with IBS helped to identify relevant aspects to QOL such are the prevalence of abdominal symptoms, pain, moderate and severe anxiety, low physical and mental well-being as assessed by the PCS and MCS of the SF-36, and the Role Physical, Role Emotional, and Sexuality subscales of the IBSQOL. These findings highlight the need for future studies to evaluate the impact of treatments in the reduction of symptom burden in IBS patients.

233/1171/Reliability and Validity of WHOQoL-bref to Colostomy People, Using or not Bowel Control Methods (BCM)

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AIMS: The quality of life (QoL) of colostomy people was and has been a constant concern for the health team components. The absence of specific instruments for evaluating the QoL, adapted and validated in our environment for this population, has motivated the elaboration of this study. Objective: To analyze the psychometric measures of WHOQoL-bref - reliability and concurrent validity - when applied to colostomy people, who used colostomy irrigation and plug system, the bowel control methods (BCM). **METHODS:** Methods: This observacional study was developed with a sample of 100 colostomy people: 50 using the two methods (with BCM) and 50 not using them (without BCM). The studied variables were: social-demographic, clinical and those referred to the quality of life. The evaluating tool used was the WHOQoL-bref, according to Fleck et al (2000), and the data collection occurred from October 2005 to May 2006, after the project approval by the Committees on Ethic in Research of Universidade Federal de São Paulo and Hospital Heliópolis. The internal consistency of the instrument was analyzed using Cronbach's Alpha Coefficient and the validity using Pearson_s Correlation Coefficient. **RESULTS:** Results: It was obtained Cronbach_s Alpha Coefficient value e 0.70, as for the Domains (Physical = 0,85; Psychological = 0,81; Social Relationships = 0,70; Environment = 0,74), as for the General Quality of Life = 0,76; and the coefficients of correlation were from moderate to strong, between the mean scores of Domains and the General Quality of Life for the two groups which were analyzed together or apart (p-value <0.0001). **CONCLUSIONS:** Conclusion: The WHOQoL-bref showed to be reliable and valid to measure the quality of life of colostomy people, using or not BCM.

234/1382/Co-Occurrence Of Painful Recurrent Renal Colics And Psychiatric Morbidity

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AIMS: Background: Diseases characterized by painful episodes are strongly associated with psychiatric morbidity. However, few studies have examined the co-occurrence of psychiatric morbidity with recurrent painful colic of renal lithiasis. Aim: To evaluate psychiatric morbidity in patients with recurrent painful symptoms of renal colic. **METHODS:** Methods: case-control study. There were 194 subjects (97 cases/ 97 controls) matched accordingly to age and gender. Cases were from out-patient clinics with a confirmed diagnosis of nephrolithiasis through history, physical examination, image examination and other laboratory tests, and presented themselves as suffering subjective recurrent renal colic. Patients had a history of at least two episodes within a 3-year period, and were currently in an intercrisis interval. The control group consisted of patients seen at an Ophthalmology outpatient clinic at this University Hospital with only eye refractive errors and without accute or chronic pathologies. Main outcome measures: Psychiatric morbidity as measured by the Self Report Questionnaire (SRQ). **RESULTS:** Results: Cases were more likely than controls to present a minor psychiatric disturbance (p < 0.001). Socioeconomic status increased risk of minor psychiatric morbidity (p=0.0013), specifically for classes D or E (OR 3.40/ IC 1.26; 9.15). **CONCLUSIONS:** Conclusions: Prevalence of psychiatric morbidity in patients with recurrent symptoms due to renal stone disease is higher than in controls.

235/1380/Mexican translation, cultural adaptation and validation of DISABKIDS 37 questionnaire: a pilot study

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AIMS: Analyse the content of the DISABKIDS 37 questionnaire from the respondent_s perspective, and to describe Mexican translation, cultural adaptation and validation in a study to collect data for first psychometric analysis. **METHODS:** Cross- sectional study conducted in pediatric hospitals across Mexico in an accidental sample of 48 children and adolescents with asthma or epilepsy, aged 8-18. The design included socio demographical variables and clinical measures concerning health status. The focus of the translation process lies on achieving conceptual equivalence amongst all versions rather than on achieving linguistic/literal equivalence. The aim of the cognitive debriefing is to determine whether concepts and questions are understood by respondents in the same way that it is intended and to record proposed solutions in order to clarify questions, which are problematic. Multitrait Analysis Program (MAP) and Statistical Package for Social Sciences (SPSS) 10.0 software were used to support the analyses. **RESULTS:** Cognitive debriefing showed good understanding of the children in items of the DISABKIDS 37 questionnaire. Internal consistency, showed good results for total (0.93/0.95 child/proxy) and domain scores. Intercorrelation between subscales indicated significant correlations with each other (self: rmin = 0.260; rmax = 0.888 and proxy: rmin = 0.237; rmax = 0.846), except for independence vs treatment, r = -0.03 (self) and r = 0.08 (proxy). The DISABKIDS 37 discriminated well between chronic conditions and well as severity. The correlation analysis among items and sub-scales, achieved by MAP analysis, showed convergent and discriminant validity properties (ajuste self: fitmin = 73.3; fitmáx = 96.7 and proxy: fitmin = 73.3 and fitmáx = 93.4). The intraclass correlation coefficient (ICC) results for total score and sub-scales in self-report version and proxy version of the DISABKIDS chronic generic module indicated a moderate convergence between children_s (self report) and parents (proxy reports). **CONCLUSIONS:** The finally versions of the DISABKIDS 37 for Mexico was easy to understand and could be a useful tool for analyse Health Related Quality of Life in children and /adolescents with chronic conditions.

236/1384/Health-related quality of life (HRQoL) measurement instruments for children and adolescents: a review in Brazil and Mexico.

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AIMS: The aims of this study are to identify instruments adapted and validated to Brazil and Mexico which evaluate children's and adolescents' quality of life and to describe the main psychometrical characteristics for the identified instruments. **METHODS:** A review of articles in three databases and two sites, was carried out, using the following terms as key words: quality of life; chronic condition, chronic illness, children and adolescents. The inclusion criteria were all complete documents in English, Portuguese or Spanish, published between 1980 and 2007. Then versions available in Brazilian Portuguese and Mexican Spanish were selected. **RESULTS:** In total, 34 generic and 72 specific instruments were selected according to the availability of a translated and/or validated version for Portuguese and/or Spanish. In this study, only 9 generic and 7 specific instruments were validated for the target languages, of which 5 generic and 6 specific tools had been validated to Brazil and 6 generic and 4 specific instruments validated for Mexico. The specific instruments found were related to cancer, arthritis, asthma, epilepsy and rhinoconjunctivitis in Brazil and to arthritis and rhinoconjunctivits in Mexico. The most common psychometrics proprieties described in adaptation and validation studies are test-reteste reability, internal consistence, correlations between different instruments, convergent and discriminant validity and floor and ceiling effects. **CONCLUSIONS:** Few instruments are available to measure HRQoL for Children and Adolescents in Brazil and Mexico, especially specifics measures. Nowadays, the evaluation of the impact that important chronic or acute conditions exert on the health of these people can be impaired. Therefore research is needed on the cross-cultural adaptation, validation the international use of Quality of Life measures in these countries.

237/1106/Translation, cultural adaptation and validation for Brazil of DISABKIDS-37: phase 1.

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AIMS: To describe the translation, cross-cultural adaptation and validation process of the DISABKIDS 37 instrument for Brazil, according to the respondents perspective, including the analysis of its initial psychometric properties. **METHODS:** Methodological, cross-sectional study, carried out in pediatric clinics, including 118 children and adolescents with asthma or diabetes and their parents or caregivers. Inclusion criteria were consent from both parents and children. The only exclusion criteria was a minimum ability to understand the questionnaires items. The translation, cross-cultural adaptation and validation procedures followed the DISABKIDS Group project. Besides the DISABKIDS® 37, two questionnaires were used, related to semantic validation. Multitrait Analysis Program (MAP) and Statistical Package for Social Sciences (SPSS) 10.0 software were used to support the analyses. Participants signed a free and informed consent term, authorizing voluntary participation in the research. **RESULTS:** Cognitive debriefing showed good participants´ understanding in DISABKIDS 37 questionnaire_s items. Cronbach's alpha was ± = 0.92 and ± = 0,93 to children/adolescents and parents/caregivers version, respectively. The DISABKIDS chronic generic module discriminates well between chronic conditions. Additionally, the correlation analysis among items and sub-scales, achieved by MAP analysis, showed convergent and discriminant validity properties. The intraclass correlation coefficient (ICC) results for total score and sub-scales in self-report version and proxy version of the DISABKIDS chronic generic module indicated a moderate convergence between children_s (self report) and parents (proxy reports). **CONCLUSIONS:** The instrument showed adequate internal consistency, intercorrelation between subscales suggesting a higher-order quality of life factor, moderate convergence between children and parents reports and discriminant validities. The final version of the DISABKIDS 37 adapted to the Brazilian culture was easy to understand and could constitute a valid and reliable instrument to measure the Health-Related Quality of Life of children and adolescents with chronic conditions.

238/1325/Cross-Cultural Validity of the Kids ITP Tools (KIT): Preliminary Results from Uruguay and Europe

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AIMS: Bleeding disorders such as idiopathic thrombocytopenic purpura (ITP) affect a relatively small proportion of the population (4/100,000 children). Rare diseases such as ITP require international multi-site trials to obtain an adequate sample size, making cross-cultural translation of disease specific quality of life quality of life (QoL) outcome tools essential. This study sought to determine the cross-cultural validity of the Kids ITP Tool (KIT). **METHODS:** Children between 2.0 and 17.9 years of age with ITP were recruited from hospital-based clinics in France and Uruguay. All of the parents as well as the children aged 7 or greater completed the KIT and the PedsQL in either French or Spanish, depending on the country where they were recruited. This abstract focuses on the proxy data. Distributions of these measures were reviewed. We hypothesized that the KIT should demonstrate moderate correlation with the PedsQL as well as detect a significant difference between acute and chronic ITP scores to confirm the validity of the measure in the new languages. **RESULTS:** This paper reports the preliminary findings from the first 17 families from Uruguay and 23 families from France. The mean (and standard deviations) of the associated KIT proxy scores were 41.1 (23.7) in Uruguay and 56.2 (20.8) in France (difference between groups p=0.04). Mean PedsQoL scores were 71.7 (20) and 77.1 (17.7) respectively. The degree of correlation between the proxy-KIT and PedsQoL scores were r=0.39 and r=0.50 respectively. The acute ITP patients had a significantly lower KIT scores than the patients with chronic ITP (37.6 versus 55.0; p=0.028). **CONCLUSIONS:** The preliminary results from Uruguay and France indicate good between group validity and moderate correlation with the PedsQL. The KIT is cross-culturally valid in these countries.

239/1135/Cultural Adaptation And Initial Validation Of The PedsQL For Uruguay

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AIMS: Few studies have addressed the adaptation and validation of questionnaires for children and adolescents in Uruguay. The purpose of this study was to culturally and linguistically adapt several of the PedsQL modules for our population. **METHODS:** The source instruments consisted of 5 modules in English (Set1: PYC, PC, FI, HSGP and GI) and 5 modules already translated and validated for Argentinean Spanish (Set 2: PT, YC, C, A and PA). For the Set 1, the linguistic validation consisted of three steps: forward translation, including the production of a reconciliation version, backward translation (by a native English bilingual professional translator) and patient testing (cognitive debriefing). For Set 2, one forward translation was performed by an independent translator that was reconciled with the Argentinean version to adequate it for a Uruguayan population. A report was sent to the authors for approval. The conditions in which the questionnaires were applied were registered. The testing was done by means of a semistructured interview of cognitive debriefing to groups of 5 participants per module. In the cases which corresponded, a group for each age (child/parent) was selected and in the others only the parents' reports were obtained. The mode of administration varied according to the application instructions. All the participants were selected among chronic patients of a public hospital in Montevideo. Informed consent was requested from parents and children. **RESULTS:** All patients agreed to participate. All questionnaires were easy to apply, understand and respond to. There were 3 cases that were read as an interview instead of self-administered. Comprehension problems arose in five YC module items (one child did not understand 3 items), in one C module item and in three A module items (one adolescent did not understand 3 items). Most of the items belonged to Social Wellbeing and School subscales. **CONCLUSIONS:** Culturally adapted translations of the PedsQL modules were obtained. These versions showed acceptable comprehension in a sample of chronic patients and parents. Therefore, at the first stage of the validation process we conclude that the Uruguayan versions of the PedsQL questionnaires are adequate for use and to proceed to field testing.

240/1432/Psychometric properties of the DISABKIDS chronic generic module

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AIMS: The DISABKIDS Chronic Generic Module (DCGM-37) was developed in collaboration with partners from seven European countries. The instrument measures health-related quality of life (HRQOL) in children and adolescents and addresses aspects that pertain to chronic conditions in general. It consists of one self-report version for children, a proxy version for parents and a version for those younger than eight years (Smileys measure). This study aims to evaluate feasibility and psychometric properties of the self-reported version of DCGM-37 when used in children on treatment for cancer. **METHODS:** A cohort of Swedish school-children (n=101) starting treatment for cancer filled out the DCGM-37 two times during the first five months of cancer treatment. Data quality (missing items, floor- and ceiling effects), internal consistency reliability, and mean values by diagnosis, gender, and age were analyzed. **RESULTS:** One item was perceived negatively by parents and therefore excluded. Preliminary results show that quality of data is high and Cronbach`s alpha coefficients were acceptable (>.70). Differences in mean values related to gender and diagnosis were revealed. **CONCLUSIONS:** Excluding one item, the DCGM-37 appears to be a feasible and reliable instrument with possibility to discriminate between groups that differ in treatment burden. Continued evaluation of the instrument's content validity and responsiveness will be performed.

241/1140/Linguistic Validation And A Pilot Study Of The Faces Pain Rating Scale (FACES) In Korea

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AIMS: Children who suffer hematologic malignancies have experienced diverse inpatient life during the diagnosis and treatment period. It is needed to develop assessment tools that explain their own painful feeling with their eye-level. Author tried to adopt the FACES pain rating scale that was already developed by Wong Baker with modification and translation into Korean culture and language. **METHODS:** According to the international linguistic validation process, conceptual definition, forward translation (consensus target language Version1), backward translation(target language Version2) were done and then, pilot testing was done for the cognitive debriefing targeting children and their mother who were admitted in the hematologic malignancy ward. Descriptive statistics were performed for the preference of measurement method and understanding level. Reliability was tested by test-retest method with Wilcoxon Singed rank test. Wilcoxon Sum test was also done for difference of pain score. **RESULTS:** Fifteen patients (M:F=7:8) and their 14 mothers were enrolled. Among them 11 were ALL, others were lymphoma, acute myelogenous leukemia, aplastic anemia, et al. Preference of measurement method were faces, 0~5 rating, and 0~10 rating in order. Understanding level were more than 80 points in average. No statistic difference were observed in the pain score by test-retest method (t=7.5, p=0.06). Difference in the pain score according to the general characteritics were significantly lower in children's recording group than mother's recording group (z=2.56, p=0.02). **CONCLUSIONS:** FACES would be reliable method to be easily used for the children and their mother admitted in the Korean pediatric hematologic malignacies ward. In this study, although it is seemed that children feel much more pain than those in general ward because frequent admission, infusion of anti-cancer drug, bone marrow puncture, insertion of chemo-port, and so on, they complain no or slight pain in the state of no specific diagnostic and treatment precedure. Therefore, it is warranted to extend this study to evaluate the influence of previous painful experience to the present pain.

242/1735/Comparing differential item functioning in quality of life measures between children with and without special health care needs

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AIMS: Few studies have examined whether discrepancies in children's quality of life (QOL) items as reported by parents are due to differential health status or differential perceptions of the QOL items. We tested differential item functioning (DIF) of parent-reported QOL for children with special health care needs (CSHCN) versus a comparison group (no special needs). **METHODS:** This study used survey data collected from parents whose children, aged 5-18 years, were enrolled in Florida's public health care programs. A random sample of 1,745 parents completed the survey and a parent-form of the PedsQL was used to measure QOL. CSHCN were identified using the CSHCN Screener. We used a propensity score method to matched sociodemographic variables between the CSHCN and a comparison group. Next, we identified items with uniform and non-uniform DIF related to CSHCN using a graded response model. Finally, we calibrated and compared the QOL domain scores by allowing DIF items to vary in item parameters across the two groups. **RESULTS:** The propensity score matching method yielded 1,195 subjects for analysis. Results of DIF test suggest that four (out of eight) items of physical functioning and two (out of five) items of social functioning were identified as having uniform DIF. One (out of five) item of school functioning was identified as having non-uniform DIF. Before DIF adjustment, QOL of the CSHCN group was more impaired than the comparison group (effect size [ES]: -0.88, -0.67, -0.92 and -0.86 for physical, emotional, social and school functioning, respectively; P<0.05). After DIF adjustment, discrepancy between the two groups was reduced significantly especially for social and school functioning. **CONCLUSIONS:** Although CSHCN are associated with impaired QOL as reported by parents, the observed discrepancy may be in part due to different item perceptions. Without DIF calibration, comparison of QOL between groups of children with different health status may be biased.

243/1522/Measurement Properties Of The WHOQOL-BREF In Alcoholics Using The Rasch Model

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AIMS The present study aims at assessing the measurement properties of the Brazilian version of the WHOQOL-BREF using the Rasch Model (Item Response Theory - IRT) in alcoholics. METHODS: A cross-sectional multi-center sample of 174 alcoholics from outpatient and inpatient clinics was collected by three research centers located in Brazilian state capitals. Rasch properties were assessed: local independence (Pearson residual correlation matrix), unidimensionality, and invariance was checked by Differential Item Functioning (DIF) analysis. Four overall measures of fit (item fit residual, person fit residual, x2; P) were also check to ensure model fit. RESULTS: All WHOQOL-Bref subscales showed to be one-dimensional and invariant by the absence of significant DIF for factors such as age group and gender (P>0.05). Nine items needed to be rescored by suppressing middle category of responses: pain, medication, finances, sleep, support, services, transport, and negative feelings. After these adjustments, the 4 overall model fit statistics in the 4 domains showed to be fitted to the model. The chi-square test (x2) was 27.4 for Physical (p=0.02), 6.3 for Psychological (p=0.90), 19.2 for Environment (p=0.25) and 6.5 for Social domain (p=0.36). CONCLUSIONS: After some adjustments, all domains of WHOQOL-BREF met expectations of the Rasch Model in this sample. Our findings suggest that the conceptual model of self-perception and satisfaction with QOL is suitable for studying QOL of alcoholics.

244/1526/Rasch analysis of the Brazilian version of WHOQOL-BREF in primary care depressed patients

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AIMS: To assess the Rasch properties of the Brazilian version of WHOQOL-BREF in adults with major depression from Brazilian baseline sample of the Longitudinal Investigation of Depression Outcomes (LIDO) **METHODS:** 208 major depressed patients were recruited in a primary care service. We used as measures the Center for Epidemiological Studies Depression Scale (CES-D) to assess intensity of depression; the World Health Organization Quality of

Life Instrument- Abbreviated version (WHOQOL-BREF) as generic quality of life (QOL) instrument; and the Composite International Diagnostic Interview (CIDI), version 2.1 for diagnostic of depression. The statistical method was the Rasch analysis. Rasch properties were assessed: local independence, unidimensionality (both using residual correlation matrix), and invariance was checked by Differential Item Functioning (DIF) analysis. Four overall measures of fit (item fit residual, person fit residual, x^2; P) were also checked to ensure model fit. **RESULTS:** Some items needed adjustments: 4 items were rescored (Pain; Finances, Services and Transport), 2 items (Work and Activity) identified they have dependency of responses, and 1 item was deleted (Sleep), showing multidimensionality. After adjustments, the 4 domains of WHOQOL-BREF showed appropriate fit to this model, the 4 overall measures of fit resulted as follows: physical (total item x^2= 51.6; P = 0.57; item fit residual = 0.28; SD = 1.46; person fit residual = -0.38; SD = 1.25); psychological (total item x^2= 47.35; P = 0.72; item fit residual = 0.33; SD 0.79; person fit residual = -0.27; SD = 1.06); environment (total item x^2= 43.1; P = 0.99; item fit residual = 0.30; SD = 0.73; person fit residual = -0.37; SD = 1.27), and social (total item x^2= 24.9; P = 0.35; item fit residual = 0.50; SD = 1.36; person fit residual = -0.57; SD = 1.21). **CONCLUSIONS:** After some adjustments, all domains of WHOQOL-BREF met expectations of the Rasch Model in this sample. The WHOQOL-BREF seems to be a psychometrically valid instrument that it is suitable for evaluating the QOL of Brazilian depressed outpatients from primary care setting. Our findings suggest that the conceptual model of self-perception and satisfaction with QOL is suitable for studying QOL of these patients.

245/1392/Performance of the Item Response Theory Scoring of the Computerized Adaptive Test in Five Domains of Quality of Life: a Simulation Study

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AIMS: We have developed the Computerized Adaptive Test in Five Domains of Quality of Life (CAT-5D-QOL), which produces 5 Item Response Theory (IRT) scores (standardized to have mean=50 and SD=10 in a general population) and a multi-attribute utility. Our aim was to compare the performance of the IRT scoring of the CAT-5D-QOL to the best fixed questionnaire from the same item banks. **METHODS:** CAT-5D-QOL has 160 items on 5 domains of QOL: Walking (WA); Handling Objects (HO); Daily Activities (DA); Pain or Discomfort (PD); and Feelings (FE). Our fixed questionnaire had 5 items per domain (F5) chosen for best coverage in the full IRT range observed in a simple random sample (n=651). 1000 simulated subjects were assigned traits evenly from min. to max. estimable IRT and random responses to items based on option characteristic curves. Questionnaires were compared on precision (mean width of 95% CIs), bias (mean error between IRT and trait), accuracy (mean absolute error), and ceiling/floor. Results were weighted for standard, unhealthy and healthy populations. **RESULTS:** In a standard population, precision of CAT-5D-QOL was from 7.9 (WA) to 10.9 (HO), F5 from 9.2 to 13.4. Bias in CAT was from -0.1 (DA) to 0.6 (FE), F5 from -1.8 to 0.3. Accuracy of CAT was from 2.5 (WA) to 3.4 (HO), F5 from 2.0 (WA) to 2.8 (FE). Ceiling in CAT was from 0.5% (FE) to 12.3% (DA), F5 from 3.4% to 28.0%. Floor in CAT was <0.1% in all domains, F5 from 0.1% (WA and HO) to 0.5% (PD). In an unhealthy population, the most substantive difference in CAT vs. F5 was floor: 0.2% vs. 20.5% in PD, and 1.2% vs. 28.0% in FE. In a healthy population, the most substantive differences were ceiling and bias. Ceiling in CAT was from 14.4% (HO) to 19.1% (FE), F5 from 30.0% (PD) to 59.7% (FE). Bias in CAT was from -0.9 (FE) to -0.3 (HO and DA), F5 from -1.9 (PD) to -8.1 (FE). **CONCLUSIONS:** CAT-5D-QOL was generally more precise, less biased, more accurate, and had reduced ceiling/floor compared to F5. Fixed questionnaires must balance extreme items for ceiling/floor with moderate items for centrality. Only adaptive designs can have the best of both worlds, utilizing extremes when needed while maximizing information near the trait. QOL research has and will benefit from the increasing use of adaptive instruments such as the CAT-5D-QOL.

246/1613/SF-36 comparative profiles in a group of mental health outpatients in Argentina

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AIMS: Aims. To present health profiles of a group of mental health outpatients and explore whether this data could be useful for thinking about equity in health. **METHODS:** Method: observational study based on a consecutive sample of outpatients attending a mental health service in an University Public Hospital in Buenos Aires, Argentina. The SF-36 Health Survey was administered and social and demographic data were collected. For the SF-36 profile, means scores, medians, percentiles, standard deviations, minimum and maximum scores were calculated for each domain, according to age and gender. SPSS version 11 for Windows was used. Descriptive statistics were applied to characterize the variables. Student´s test was used to compare means and SDs. The alpha significance level was = 0.05. **RESULTS:** Results: 320 outpatients were interviewed (68,7% female). Mean age was 39,07 ± 16,3; 92,5% were born in Argentina; and 55,3% had no health insurance. The 34.4% did not complete 12 years of education; 15.6% were unemployed. Means scores of the two components measures were Physical Health (PCS:49.4) and the Mental Health (MCS:45.3).The norm based scoring for each of the SF-36 Health Survey domains were: Physical function (PF:44,1), Role-physical (RP: 48,2), Bodily pain (BP:45.4), General health (GH: 43.9), Vitality (VT.45.1), Social functioning (SF:41.0), Role-emotional (RE:43.3), Mental health (MH.45.2). Mean values are compared with an US Sf-36 Health Survey norm based profile (1998) of patients with depression and with a sample of persons free from an illness condition (US,1998). Discussion will consider views of different authors in the sense that inequities in health are greater for severity of illness than for occurrence. **CONCLUSIONS:** Conclusion: generic standardized methods for interpreting health profiles are useful for understanding the perceived health status distribution in populations that differs in geographic, social and cultural contexts.More research is nedeed to interpret inequities in health through these standardized methodologies.

247/1625/New Clinical Hospital for the Psychotic

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AIMS:

What should a place for the healing of psychosis be like? How the society treat the mentally ill has always been an indication of its progress in humanity. Throughout history, the mental hospital had evolved from prison boats to courtyard complexes as the understanding of the mental illness changed with time.

In Hong Kong, healing in the mentally ill had largely been driven by administration and economic consideration where healing spaces for the psychotic are often tucked in a shopping center of underneath a public housing estate. There is very little concern over the qualities and spatial needs for their healing other than square footage listed in schedule of accommodation documents.

The thesis aims to, through investigation of the physical and mental needs for healing of different mental illness, suggest new possible improvements in planning and spatial design for a psychotic clinical hospital in the context of Hong Kong. It aims further to investigate the relationship between the 'sane' and 'insane', and how a positive and sympathetic attitude of the public towards the mentally ill can be fostered through program and architectural.

METHODS:

(1) Analysis of transformation of mental hospitals in western historical context;
(2) Spatial perception related to type of illness;
(3) Categorization of spatial stimulus;
(4) New design of wards and therapy area;
(5) Improvement to general clinics;
(6) Analysis of existing mental hospitals in H.K.

RESULTS: Small-scale domestic mental hospital (schizophrenic/depression; voluntary admission) is proposed in the site of existing general clinic in Tuen Mun.

Massing studies demonstrate the concepts (to apply different stimulus as therapy to the illness at different stages). This would deem as the mode for further mental hospital design in Hong Kong. Details to be presented in drawings.

CONCLUSIONS:

The master planning of mental health facilities should be implicated together with the physical health facilities. In future, mental health care facilities should never been a separate issue in our hospital design.

248/1520/Quality of life and severity of problems related to alcohol misuse

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AIMS: This study assesses the impact of problems severity related to alcohol misuse in Quality of Life. **METHODS:** A cross-sectional multi-center sample of 100 current adult substance abusers from outpatient and inpatient clinics were collected by three research centers located in Brazilian state capitals, totalizing 300 subjects. From this sample, 174 subjects considered that alcohol caused serious problems in their lives in order to make them seek treatment, and were included in this study. All of them had problems in the last 30 days with alcohol misuse The WHOQOL-BREF was used to measure QOL, and the sixth version of the Addiction Severity Index (ASI6), to investigate severity of problems related to alcohol and substance use. The main outcomes measures considered for the linear regression analyses were the domains of WHOQOL-BREF, and the independent factors were the areas of ASI score, and the potentials confounding factors as age, gender and schooling. **RESULTS:** The average age of sample was 40 years and 87% of the subjects were male. Sixty seven percent of the subjects did not graduate from high school and 35% were employed. The average years of alcohol use and abuse were 15 and 11, respectively. The regression analyses between ASI6 summary indexes and WHOQOL domains were examined with variables that presented statistical significance in the correlation analysis. All ASI problem areas showed negative correlations to WHOQOL-Bref domains: ASI Medical area is associated to lower scores in all WHOQOL domains, ASI psychiatric area to psychological and physical, ASI employment area to physical and environmental and Family Social Support to social and environmental domains **CONCLUSIONS:** Our results points to a broad negative impact of alcohol severity problems in QOL. Treatment and interventions should address these problems areas, and not only to reduce substance use to significantly improve QOL in alcoholics.

249/1633/Socio-demographic and clinical variables of Quality of Life in Schizophrenia: Data of a Portuguese Epidemiological Study

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AIMS: Assessment of Quality of Life (QoL) has become increasingly relevant in Schizophrenia. Empirical studies have explored the relationship between demographic and clinical variables and QoL. Some results converge around certain personal and social variables can have an impact on QoL; but for other variables it is difficult to draw firm conclusions. The aim of this study is to analyse the relationship between demographic and clinical variables with QoL in schizophrenic patients. We also pretend to identify which variables best predict QoL. **METHODS:** 133 schizophrenic patients were assessed with the portuguese version of WHOQOL-Bref. To compare the differences of each demographic and clinic variables in QoL scores, T-test and One-Way Anova were used. Correlations and Regression models were also used to determine the amount of variance of the QoL domains scores explained by those variables. **RESULTS:** Younger patients showed higher scores of QoL on Environment domain. Correlation models reported positive association between marital status and Physical domain. Gender, education level and employment were not associated with QoL. With regard to clinical variables, length of disease was associated with poor QoL on Physical domain. Outpatients reported better QoL and inpatients showed lower scores on Social Relationship domain. On the Environment domain outpatients revealed higher scores of QoL and resident patients showed the poorer results. Negative correlations were found between length of disease and the Physical and Environment domains. Regression models showed that these variables are not consistent predictors of QoL. **CONCLUSIONS:** Amongst factors determining QoL, this study showed that socio-demographic characteristics are relatively unimportant and can not explain the variance of the QoL scores. Therefore, paying attention to them during psychiatric treatment will probably have little effect on improvement of QoL. Further studies are needed before these results can be generalized to other populations of schizophrenic people.

250/1718/Validity of a short functioning test (FAST) in Brazilian outpatients with bipolar disorder

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AIMS: As the use of functioning outcomes is increasingly being advocated in multinational clinical trials and comparative studies, making available instruments with known validity and reliability in several languages is required. Here we present data on the Portuguese validation of the Functioning Assessment Short Test (FAST), which was explicitly designed to gauge functioning dimensions empirically linked to bipolar disorder. **METHODS:** One-hundred patients with bipolar disorder and matched controls were assessed with the FAST, which was evaluated regarding discriminant, content and construct validity, concurrent validity with functioning instruments, internal consistency and test-retest reliability. **RESULTS:** The FAST displayed a five-factor structure very similar to its conceptualization, successfully discriminated patient and control groups and correlated highly with other functioning measures; it also showed excellent test-retest reliability and internal consistency. **CONCLUSIONS:** The FAST is a measure with sufficient validity and reliability, with potential for the use in international clinical trials and comparative studies.

251/1812/Age-related functional impairment in bipolar disorder

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AIMS: Age has been associated with disability in bipolar disorder in cross-sectional studies, but as ageing is generally associated with impairment, controlled studies are necessary to verify whether there is a specific association. The present study had the objective of evaluating age-related effects on functional status in bipolar disorder, with matched controls as a standard for the age-related impairment. **METHODS:** One-hundred patients with bipolar disorder and matched controls were evaluated for disability with the Functioning Assessment Short Test, a short functioning interview validated in Portuguese and Spanish. Age-related effects, controlled for confounders, were evaluated. **RESULTS:** Patients were significantly more impaired than controls. Regression showed independent effects of age in both groups, but the effect was significantly stronger in patients. **CONCLUSIONS:** Bipolar disorder was an important effect modifier of age impact on functioning in this study. While a longitudinal design is necessary to effectively demonstrate this differential effect, this study further characterizes bipolar disorder as a chronic and impairing illness.

252/1491/Perceptions of quality of life in people with intellectual disabilities linking a centre occupational Uruguay

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AIMS: Study goal:-measure job skills and perceptions of quality of life for young people with intellectual disabilities who are developing occupational activities in a downtown Montevideo -provide information about similarities and differences in the perception of the quality of life by various informants (young people with disabilities, and family profesioanles) -determine the possibility of establishing a relationship between job skills and the perception of satisfaction with life itself Hypothesis: 1)the perception of the quality of life will be influenced by individual variables such as severity of intellectual disability or the existence of a greater number of deficiencies associated 2)variables such as age or gender does not significantly affect the perception of the quality of life for these young people 3)better job skills will associated with greater perception of the quality of life **METHODS:** Sample of convenience, participants in a job training center that agrees to participate in this pilot study. 25 young people with intellectual disabilities between mild and moderate, 3 and 25 concerning family teachers. Instruments used: Profile of professional staff from Bolton and Roessler Scale and Quality of Life Schalock and Keith. We used SPSS. For reliability, internal consistency indices of both scales were used statistical Cronbach alpha. To check usage scenario: Lamba of Wilks, Anova, post hoc tests (Duncan, Scheffe). Pearson Correlation for comparison of the three versions of the Quality of Life Scale (users, relatives and teachers) **RESULTS:** the results do not support the hypothesis 1 that the perception of quality of life would be conditioned by variables such as severity of disability, the number of deficiencies associated or difficulties in job performance There is a high correlation between the quality of life informed by the user, family and professional **CONCLUSIONS:** Depending on the results, it is timely to suggest the need to expand the study of a representative sample of the population in Uruguay. Also take into account other variables such as programme content of job training, and longitudinal studies that include analysis of job opportunities after egresar of training programmes

253/1837/TOWARDS A COMMON METRIC OF DEPRESSION INSTRUMENTS

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AIMS: Self-report measures are important tools in the diagnosis and monitoring of mental health, but the plethora of instruments hinders their use in daily practice. The Item Response Theory (IRT) allows the development of item banks which allow comparing different tools measuring one construct. Those item banks also provide a criterion for the measurement of particular constructs, which will facilitate the standardization and acceptance of the measurement of patient reported outcomes (PRO). The aim of this project was to develop a common metric for three instruments measuring depressive symptoms allowing comparisons among the newly developed Mental Health Computer Adpative Test (MH-CAT), the Centre for Epidemiologic Studies-Depression Scale (CES D) and the Mental Health Inventory (MHI-5) as part of the SF-36 Health Survey **METHODS:** We adopted the cross-calibration approach from educational testing, including the following steps: (1) Development of an IRT based item bank, based on the data of four large studies including the Depression Guideline Studies (78% participants with a depressive disorder) with a total of 7,172 patients and 85 items, (2) calculation of the expected scale scores for the static instruments, and (3) development of calibration tables between the IRT score and the sum scores. **RESULTS:** Cross-calibrations were achieved successfully and results suggested that the scales are measuring essentially the same underlying construct of depressive symptoms. Calibration tables could be developed to compare scores easily between all three instruments. Results indicate that both static instruments perform well over a range of almost three standard deviations, with MHI-5 showing higher measurement precision in the lower theta range than CES-D. The MH-CAT reports scores for all instruments automatically. **CONCLUSIONS:** The current project demonstrates that the comparison of well established tools can be relatively easily achieved using IRT methods, and should be extended to other tools. This could be one first step to move away from an instrument oriented measurement of PRO towards a construct oriented one.

254/1962/Alcohol patterns and its influence upon Quality of life and General health in a general population sample in Norway

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AIMS: The purpose of this study was to investigate patterns of alcohol use in a random general population sample in Norway, with special reference to quality of life and general health conditions. **METHODS:** The measures used comprised of The Alcohol Use Disorders Identification Test (AUDIT), the World Health Organizations Quality of Life Bref questionnaire (WHOQOL Bref) and the General Health Questionnaire (GHQ) 20 items version. 1273 Norwegian citizens (aged 18 to 79) participated in this postal survey (575 males (45,2%) and 698 females (54,8 %) yielding a response rate of 33%. After listwise deletion of missing data 1230 persons are included in the analyses. **RESULTS:** We found a quality of life and level of education positively correlated. Men are consuming significantly more alcohol and report more drinking-related problems compared to women. Furthermore, there are significant gender-specific differences in alcohol consumption depending on the region in Norway. E.g. we found significantly higher AUDIT total scores (comprising hazardous alcohol consumption, dependence symptoms and harmful alcohol use) in densely populated areas, i.e. municipalities with more than 100.000 inhabitants compared to less densely populated areas. No significant differences in general health emerged between the five Norwegian health regions, whereas a difference could be found related to Quality of life in the social domain of the WHOQOL Bref when controlling for gender and age. General health and Quality of life was decreasing with increasing alcohol consumption after controlling for gender and age. **CONCLUSIONS:** This study reveals differences in alcohol consumption between males and females, and between regions in Norway and specific Quality of life aspects. The findings indicate the need for a growing focus on alcohol use and its negative impact upon Quality of life and might be of interest both for decision-makers and health care professionals for their planning of interventions.

255/1136/Clinical Validity of the Adult ADHD Quality of Life (AAQoL) Scale Evaluated in an Adult ADHD Clinical Trial

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AIMS: To evaluate the psychometric properties and clinical validity of the Attention-Deficit/Hyperactivity Disorder Quality-of-Life Scale (AAQoL) using data from a randomized, double-blind, placebo-controlled, crossover trial in adults with attention-deficit/hyperactivity disorder (ADHD). **METHODS:** The AAQoL was administered to subjects in a multicenter study designed to evaluate the safety and efficacy of the neuronal nicotinic receptor (NNR) partial agonist ABT-089 in adults with ADHD. There were 5 dosing groups (2 mg once daily [QD], 5 mg QD, 15 mg QD, 40 mg QD, and 40 mg twice daily [BID]) and subjects in each group received ABT-089 and placebo in random order according to a 2x2 crossover design. Treatment duration was 28 days for each period, separated by a 2-week washout. Psychometric assessment of the internal properties of AAQoL domain and total scores and modeling of the response to change in AAQoL scores in work productivity and investigator-rated ADHD scales were performed to determine the clinical validity of the instrument. **RESULTS:** Thirty-three to 36 out of 37 to 41 subjects completed the study in each dose group. Psychometric analysis demonstrated a significant correlation ($P<0.0001$) among the subscales and total AAQoL scale, with correlation coefficient (r) ranging from 0.452 to 0.911. Each of the subscales (life productivity, psychological health, life outlook, and relationship) and the total AAQoL scale also exhibited high internal consistency (Cronbach's alpha ranging from 0.781 to 0.938). Furthermore, high clinical validity of the instrument in this cohort was demonstrated by the significant correlation (-0.31 to -0.72; $P<0.0001$) of the change in AAQoL total score to the change in Conners' Adult ADHD Rating Scale-Investigator Rated score. **CONCLUSIONS:** High internal consistency of AAQoL results and significant correlation with clinician-rated ADHD symptom rating scale demonstrate the clinical validity of data on the AAQoL in adult ADHD.

256/1137/Quality of Life and Work Productivity Improvements Associated With ABT-089 in Adults With ADHD

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AIMS: To evaluate the effects of ABT-089 on self-reported outcomes in adults with attention-deficit/hyperactivity disorder (ADHD) using the Adult ADHD Quality of Life Scale (AAQoL) instrument and the Work Productivity and Activity Impairment (WPAI) scale. **METHODS:** The AAQoL and WPAI were administered to subjects in a multicenter, randomized, double-blind, placebo-controlled study designed to evaluate the safety and efficacy of the neuronal nicotinic receptor (NNR) partial agonist ABT-089 in adults with ADHD. There were 5 dosing groups (2 mg once daily [QD], 5 mg QD, 15 mg QD, 40 mg QD, and 40 mg twice daily [BID]) and subjects in each group received ABT-089 and placebo in random order according to a 2x2 crossover design. Treatment duration was 28 days for each period, separated by a 2-week washout. The mean difference in AAQoL and WPAI scores for each ABT-089 dosing group vs placebo was calculated using an analysis of covariance model, and the effect sizes (small >0.2, medium >0.5, and large >0.8) were determined. All tests were 2-sided at a 0.05 significance level. **RESULTS:** Data from a total of 213 subjects were available for quality-of-life analysis (33-36 subjects in each dose group). The 40-mg dose had a mean AAQoL total score difference from placebo of 8.77 ($P=0.032$) and 6.24 ($P=0.023$) for the QD and BID groups, respectively. The effect size was 0.56 and 0.37 for these doses, respectively. WPAI scales showed a 6.7% reduction in absenteeism ($P=0.032$) and improvements in work effectiveness (14.2%, $P=0.026$) and work productivity (17%, $P=0.011$) in the 40-mg QD group. In addition, the 40-mg QD group showed a marginally significant decrease in overall activity impairment (8.4%, $P=0.092$). The effect sizes for the WPAI results ranged from 0.35 to 0.71. **CONCLUSIONS:** These results demonstrated that treatment with ABT-089 significantly improved quality of life and work effectiveness and reduced overall work impairment in adults with ADHD as measured by the AAQoL.

257/1881/Mental health and psychological distress in individuals from families at high-risk for familial adenomatous polyposis (FAP)

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AIMS: Familial adenomatous polyposis (FAP) is characterized by the development of multiple adenomas in the colorectum that, without surgery, can lead to colorectal cancer. It is unclear whether individuals at risk of FAP experience distress due to this life-threatening disease. This nationwide cross-sectional study assessed 1) levels of mental health and prevalence and severity of psychological distress among individuals from families at high risk of FAP, and 2) the need for and use of professional psychosocial support. **METHODS:** Individuals from FAP families registered at the Netherlands Foundation for the Detection of Hereditary Tumours (STOET) were invited to participate. Mental health (MHI-5 of the SF-36), disease-specific (IES) and cancer-specific (CWS) distress were assessed. **RESULTS:** In total, 525 individuals completed the questionnaires (response rate=64%). Levels of mental health were comparable to those of the general population (m=80, sd=16). Cancer-specific distress was comparable to that of a population of sex- and age-comparable hereditary non-polyposis colorectal cancer patients. Of all respondents, 20% had moderate to severe levels of FAP-specific distress. Distress levels were more strongly associated with psychosocial variables (e.g., family functioning and risk perception), than with sociodemographic or clinical variables. Up to 43% of the variance in distress could be explained by these sets of variables combined. A third of those who reported being moderately to severely distressed had received professional psychosocial support. **CONCLUSIONS:** Levels of mental health in individuals from FAP families are comparable to the general population. A substantial minority of individuals have moderate to high levels of distress associated with FAP warranting professional psychosocial support. However, only 30% of this group received professional psychosocial support. We recommend the use of a brief screening questionnaire to identify those individuals at risk for and in need of such support.

258/1660/Effectiveness Of Psycho-Educational Intervention With Respect To Burden In Latin-American Families Of Patients With Schizophrenia

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AIMS: Reason: The aim of this study is to explore the effectiveness of psycho-educational family intervention on caregiver burden in a developing country **METHODS:** Although most studies of intervention with relatives of schizophrenic patients have been carried out in developed countries, the present research was conducted with a Latin-American sample of relatives, evaluated with the Spanish version of Zarit_s Caregiver Burden Interview in a public mental health system in Chile. **RESULTS:** Major findings: The results show a significant decrease in burden for the relatives who received the treatment (mean score on the Zarit Caregiver Burden Scale in the experimental group before family intervention: 85.06, and after family intervention: 52.44 -control group: 87.65 before, and 87.22 after-). Although treatment proved to be effective in all cases, it reached greater levels of efficacy among mothers and caregivers with a low educational level. There was a decrease of the sense of shame and nuisance felt by caregivers with respect to the patient. The social life of caregivers who participated in the treatment was notably improved. However, the intervention did not reduce caregivers_ fear about the patient_s future. **CONCLUSIONS:** Principal conclusions: It is concluded that the intervention program designed for caregiver burden in developing South American countries was effective. Future investigations should be conducted in order to estimate more accurately the contribution of the different components of a family intervention program to the reduction of burden.

259/1445/The mental health status of rural-to-urban migrant workers in Zhejiang province, China

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AIMS: The population of rural-to-urban migrant workers in China has greatly increased since its economic reforms started in the early 1980s. Studies of the mental health of migrant workers have shown controversial results. The objectives of this study were to document the mental health status of rural-to-urban migrant workers in Zhejiang province, one of the main destinations of migrant workers in China, and to compare their mental health status with urban and rural counterparts. **METHODS:** A total of 4453 migrant workers, 1957 urban residents in Hangzhou city, Zhejiang province, and 1909 rural dwellers in Kaihua county, Zhejiang province, were surveyed and eligible for analysis. Mental health was measured by 1) the 5-item Mental Health scale in Chinese SF-36 Health Survey and a separate question concerning the influence of depression on sleeping; 2) importance rank of the concerns in daily life; and 3) coping styles of mental health problems. **RESULTS:** Migrant workers had lower scores on the SF-36 MH scale than their rural counterparts, but scored higher than their urban counterparts. Migrant workers also ranked adaptation to urban life in the least important position among other daily concerns. In reporting coping styles dealing with depressions, only 26.6% of migrant workers thought of turning to their families, compared with 42.7% in urban residents and 54.4% in rural residents; in actually seeking a support, migrant workers tended to be less likely than the two controls (62.4% vs. 67.5% and 62.4% vs. 87.9%, respectively). These indicate that migrant workers lack a functional social support system. **CONCLUSIONS:** We therefore conclude that migrant workers in China have poorer mental health than rural residents due to the separation from their familiar culture, but better than urban residents, since the migration was driven by seeking better economic opportunities. In urban areas, however, migrant workers are in need of a complete, functional social support system, so a policy-making priority needs to be directed to building and developing communities and social capital for migrant workers to buffer their acculturative stresses.

260/1339/Depression and lifestyles of elementary school students in Japan

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AIMS: To identify lifestyle factors related to depressive tendency and depression among higher-grade elementary school students in Japan **METHODS:** Questionnaire_Lifestyle was investigated by creating a questionnaire on home life and school life based on the opinions of teachers. Depression was assessed using the Birleson Depression Scale, with a score of e16 points indicating depression.

Subjects_Questionnaires were administered to 4798 elementary school students in city T in Japan, and a total of 3239 responses were obtained (collection rate, 68%). After excluding 81 responses with a large amount of incomplete data, a total of 3158 responses were analyzed (response rate, 66%).Period:_ September to October 2006. Analysis:_`Significant differences were confirmed using the Mantel-Haenszel chi-square test. aLogistic regression analysis **RESULTS:** Regarding gender differences in depression, which was indicated by a score of e16 points on the depression scale, depression was significantly more common (P<.001) among girls (n=170; 11.5%) than boys (n=103; 7.4%). Depression affected more girls than boys in each grade . Result of Logistic regression analysis of factors were girl vs boy odds is 1.66(<.001),Wakeup time :After 7 AM vs Before 7AM odds is1.37(.034).Length of sleep More than 8 hours vs Less than 8 hours: odds is 1.71(<.001) Enjoy life at school No vs Yes :odds6.25(<.001).length of telephone with friends More than 30 minutes vs Less than 30 minutes:3.91(.001).Frequency of play with friends Less than 2 or 3 times per week vs Almost everyday :odds is 1.84(<.001).Self-rated health Bad vs Good: odds is 4.19(<.001). **CONCLUSIONS:** Although many children reported that school life was fun, depression was observed in many of the children who did not enjoy school life. In addition, because the present survey was conducted at schools and thus did not include students who were truants at the time of the survey, the actual rate of depression among elementary school students may be higher than the rates of 11.5% (girls) and 7.4% (boys) observed in the present study. Moreover, an interesting relationship was observed between depression and a liking for fish.

261/1721/Determining quality of life in bipolar disorder: A case for using mixed methods when developing disorder-specific scales

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AIMS: Attention is now being paid to expanding the measurement of outcome in bipolar disorder (BD) to encompass broader indicators of wellbeing. BD is uniquely complex as it can be characterized by a variety of mood states (hypo/mania, depression, mixed states, normal mood) and a wide variety of symptoms. Existing instruments may not be optimally sensitive to some of the unique aspects of BD; we therefore undertook to develop the QoL.BD. **METHODS:** Two approaches were used to generate items for the QoL.BD: a literature review and qualitative interviews (N=52). Two different approaches were then used for item reduction: an importance rating exercise and traditional psychometric evaluation. **RESULTS:** From the literature search and interviews we generated an initial list of 210 items. The draft items then underwent an importance weighting exercise in a sample (N=28) of patients whereby participants rated whether the item was applicable and how important it was in determining their QoL. Items with a high frequency×importance rating (N=138) were retained for a psychometric evaluation involving administration of the QoL.BD, other QoL scales (the SF-36, Q-LES-Q) and symptom scales (Ham-D, YMRS) in a large (>150) sample of patients at baseline and 7±2 days. Results indicate that the QoL.BD is more sensitive to change in Ham-D score than both the Q-LES-Q and SF-36; change in depression accounted for 43% of the variance observed (N=100). Exploratory factor analysis revealed a three factor model; meaning (sense of self, identity), motivation (mood) and the material world (pragmatics, finances etc). **CONCLUSIONS:** We report here on a comprehensive program of research utilizing mixed methods. Preliminary results indicate that the primary factor underpinning QoL in BD relates to having a sense of meaning in life, a factor not assessed by traditional outcome scales for BD yet appears to have a major impact on upon peoples ability to live their lives to the full. This data gives credence to the need to incorporate both qualitative and quantitative methods during scale development.

262/1591/Psychometric Evaluation of the Medical Outcomes Study - Sleep Scale in Patients with Generalized Anxiety Disorder

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AIMS: The Medical Outcomes Study - Sleep Scale (MOS-SS) is a patient-reported outcome instrument that measures several key sleep attributes including initiation, maintenance, adequacy, and quantity. The MOS-SS has been previously validated in several acute and chronic conditions. In this study, we assessed the psychometric properties of MOS-SS in subjects diagnosed with generalized anxiety disorder (GAD). **METHODS:** Data were obtained at baseline (week 0) and post-baseline (weeks 4 and 8) visits from GAD patients enrolled in a double-blind, randomized, placebo-controlled clinical trial to test the safety and efficacy of pregabalin. Patients rated their sleep characteristics over the past 4 weeks on the 12-item MOS-SS. Patients' anxiety, disability, and health-related quality of life were also measured. Analyses were conducted to measure internal consistency reliability of the MOS-SS, floor and ceiling effects, and clinically important difference (CID). **RESULTS:** Three-hundred-seventy-two patients, predominantly female (61%), participated in this trial. The mean (SD) age of the patients was 41 (±12) years. Cronbach's alpha coefficient and corrected item-total correlations for multiple-item domains over the course of the study were: sleep disturbance (Cronbach's alpha range: 0.77-0.80; corrected item-total correlations range: 0.50-0.75), somnolence (0.73-0.81; 0.45-0.75), adequacy (0.74-0.76; 0.59-0.62), and sleep problems index II (0.81-0.87; 0.40-0.68). There was no evidence of floor or ceiling effects. The estimated CID for the sleep disturbance domain was 7.6. **CONCLUSIONS:** GAD patients exhibit a variety of sleep problems. MOS-SS has been developed to measure several sleep attributes. The MOS-SS showed good internal consistency reliability, and no floor and ceiling effects among the individual items or domains. This psychometric evaluation supports using the MOS-SS instrument in clinical trials to measure sleep problems and treatment benefit on sleep in GAD patients.

263/1726/Social Profile And Social Adjustment: Important Aspects Of Quality Of Life In Patients With Schizophrenia - Preliminary Results

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AIMS: Schizophrenia is a psychiatric disorder that may evolve with deterioration in various aspects through the life span. Such losses are observed in the performance social roles, which compromises various aspects of quality of life. The NIAP- Interdisciplinary Psychosocial Program - which is a part of the Projesq (Schizophrenia Program) of Institute of Psychiatry (IPq) is developing the use of the Social Adjustment Scale and the Social and Economic Questionnaire to evaluate the proper correlation between the various aspects related to the quality of life of the patients with schizophrenia. **METHODS:** To assess the impact of schizophrenia in the patient's perception of the adequacy of their social performance, the Social Adjustment Scale (Weissman and Bothwell, 1976) was applied. The social and economic profile was investigated with a questionnaire developed by the Social Work Department of the Hospital of Clinics of University of São Paulo (version published in 2006). **RESULTS:** The questionnaires were applied to a sample of 20(twenty) patients. Of these, all were single, 10 (50%) had 8 or more years of schooling, but none of them were employed. Only 4(four) individuals are living independently of the family, and, among these, 2 were able to take care of themselves. Of the 19 patients who responded to the scale of social adjustment, 9(47.36%) had major difficulties to express their feelings to friends in more than half the time and 5 (26.31%) answered that they have no friends. The majority, 14 (73.68%), showed no evidence of feeling bad about their performance in domestic activities, but 8(42.10%) avoided contact with their families, actively or passively. **CONCLUSIONS:** The results are preliminary, and confirm reports in the literature about the damages associated to schizophrenia, leading to a great impact on the quality of life of the patient. The study concerning to the socio-economic characteristics and social perception of the adequacy of our population will be extended to enable the proper correlation between the various aspects discussed, and their implications for future therapeutic interventions.

264/1362/Overview of psychiatric Patient-Reported Outcome (PRO) instruments from the ProQolid database for use in South America

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AIMS: To see if the Patient-Reported Outcome and Quality of Life Instruments database (ProQolid, www.proqolid.org) could help researchers in South America choose a relevant instrument for a local population with psychiatric disorders, we searched the database for appropriate information. **METHODS:** To draw up a list of available instruments, the database was searched for information on psychiatry-specific questionnaires available in at least one South American language (Spanish or Portuguese). The search was completed by investigating the information available on the level of validation of each instrument (such as methodology of development and psychometric properties) as well as on the dimensions it measured. **RESULTS:** Out of the 612 instruments described in ProQolid, 85 instruments were found which could be used for a psychiatric population, but only 20 were specifically translated into South American languages. Out of these 20 instruments, 7 were generic for psychiatry. The remaining disease-specific instruments covered anxiety, dementia, depression, schizophrenia, and severe mental illness. The 20 psychiatry-specific instruments found in the database are translated into at least one of the 7 following South-American languages: Portuguese for Brazil (17 instruments), Spanish for Chile (11 instruments), Spanish for Argentina (10 instruments), Spanish for Peru (7 instruments), Spanish for Colombia (4 instruments), Spanish for South America (2 instruments), Spanish for Venezuela (1 instrument). Information on the methodology of development and psychometric properties (test-retest reliability, internal consistency, clinical validity or ability to detect change) is available for all of the 20 psychiatry-specific instruments. Summary data will be presented for depression-specific instruments. **CONCLUSIONS:** The ProQolid database provides relevant information to help researchers in South America choose an appropriate psychiatry-specific instrument. Its easy web-based access to regularly updated information makes this database a major source of information for researchers working in this field.

265/1374/Developing Health-Related Quality of Life Tools for Understanding Methamphetamine Abuse: A Work in Progress

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AIMS: To develop a patient-centric tool for assessing health-related quality of life in the context of the full range of experiences associated with the use of methamphetamine (meth), including use, withdrawal, remission, and relapse. **METHODS:** The initial version of Multi-Attribute System for Methamphetamine Use (MAS-MA) Questionnaire included 10 attributes: psychosis, craving, positive mood, negative mood, irritability, sleep, concentration, memory, agitation, and energy with four to six levels per attribute. We developed health-state descriptions based on the MAS-MA for four hypothetical health states associated with use and remission. In a pilot study, patients in remission completed the MAS-MA questionnaire and valued the hypothetical health states and their own current health state on a visual analog scale and using the standard gamble. Subjects were debriefed. **RESULTS:** In the on-going study, to date 18 subjects have completed interviews, with a mean duration of 31 minutes. Ages ranged from 19 to 53; 14 subjects were male; 4 were female. Subjects endorsed the content of the MAS-MA but also identified other attributes: relationships, skin lesions, dental problems, sexual activity, weight maintenance, and guilt/shame/regret. Subjects were readily able to rank meth-health states on the visual analog scale. The rankings were sensible. Subjects tended to rate their own health better than any of the hypothetical health states. Subjects were also readily able to provide valuations of health states using the standard gamble. In general the results were sensible; mean standard gamble scores were higher than visual analog scale scores for the same health states. **CONCLUSIONS:** The presentation will be updated to reflect additional interviews completed before October. Results to date are promising with respect to the relevance of the MAS-MA and ability of subjects to provide meaningful preference scores for health states associated with meth. Future work will include additional interviews to identify the most relevant and important attributes and further exploration of methods for obtaining preference ratings for meth-related health states.

266/1649/Test-Retest Reliability of Two Patient-Reported Outcomes Measures for Use in Adults with ADHD

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AIMS: Childhood attention-deficit/hyperactivity disorder (ADHD) frequently persists into adulthood and continues to impair health-related quality of life (HRQL). Thus, it is important to have validated symptom and HRQL measures for assessing treatment outcomes in this population. The purpose of the current analysis was to assess test-retest reliability of two measures designed specifically for adults with ADHD: the Adult ADHD Self-Report Scale (ASRS) and the Adult ADHD Quality of Life Measure (AAQoL). **METHODS:** Data were collected at a US clinic specializing in the treatment of adult ADHD. Patients completed the ASRS (6-item ADHD symptom screening version) and the AAQoL (a 29-item condition-specific HRQL measure) at two visits, two weeks apart. At the second visit, patients also completed a measure of symptom stability so that test-retest reliability could be examined in the stable population. Test-retest reliability was examined through intra-class correlations (ICC) and t-tests comparing scores from the two visits. **RESULTS:** A total of 74 participants were enrolled (62.2% male; mean age = 38.6 years), and 43 of these participants attended both visits and were stable between visits (65.1% male; mean age = 39.3 years). The ICC assessing the association between visit 1 and visit 2 ASRS scores was 0.86, and the ICCs for the AAQoL subscales were 0.88 (Life Productivity), 0.75 (Psychological Health), 0.74 (Life Outlook), 0.78 (Relationships), and 0.86 (total score). t-tests found no statistically significant differences between visit 1 and visit 2 scores for the ASRS or AAQoL. Both instruments demonstrated adequate internal consistency reliability at both visits (ASRS alpha was 0.72 at both visits; AAQoL alphas ranged from 0.75 to 0.94), with no substantial changes between visits. **CONCLUSIONS:** The ASRS and AAQoL demonstrated good test-retest reliability. Findings add to previous results suggesting that these instruments are useful outcome measures for treatments of ADHD in adults.

267/1183/Comparison of a Generic to Disease-Targeted Health-Related Quality-of-Life Measures for Parkinson Disease.

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AIMS: Parkinson's disease (PD) has both motor and non-motor symptoms affecting health-related quality of life (HRQOL). This study evaluates the construct validity (including responsiveness to change) of a generic HRQOL measure, the SF-36, and two PD-targeted measures, the PDQ-39 and PDQUALIF. **METHODS:** 96 PD patients from UCLA and the Los Angeles Veteran_s Administration Medical Center were interviewed by phone at baseline and at 18 months. We compared the relative efficiency of the 3 HRQOL measures by evaluating cross-sectional associations with 4 self-report criterion variables: PD symptom severity; depression; overall PD impact on activities of daily living (ADL); and overall quality of life (QOL). Responsiveness to change was assessed using change in PD impact on ADL and change in overall QOL ratings. Regression of criterion variables on the HRQOL scales/items provided an indication of whether the PD-targeted measures explained unique variance beyond the generic SF-36. Adequacy of original scaling of PD-targeted measures was explored by item-scale correlations. **RESULTS:** Mean age=72 years; 84% were male. Relative efficiency estimates were similar for the generic and PD-targeted measures. The SF-36 yielded large (>0.8) effect size (ES) for 3 of 8 scales for each of the two criterion variables, compared to only one large ES for one PD-targeted scale for one criterion variable. Regression analyses showed that adjusted R-squared increased from 14-27% in models that included PD-targeted items compared to those with only SF-36 scales. Item-scale correlations showed that several PD-targeted items correlated about as highly or higher with one or more other scales than with their hypothesized scale. **CONCLUSIONS:** SF-36 construct validity (including responsiveness to change) was as good as or better than the two PD-targeted measures. Yet HRQOL content of the PD-targeted measures appears uniquely important. Scaling deficiencies of the PD-targeted measures may partly explain findings. Improved PD HRQOL measurement approaches are needed, including item bank development.

268/1335/Quality of Life after traumatic brain injury (TBI): validation of the QOLIBRI instrument and the long-term quality of life outcomes from TBI recovery

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AIMS: The QOLIBRI is a new specific quality of life instrument for use in traumatic brain injury (TBI) interventions and recovery. This study evaluates it against a standard, generic QoL instrument, the AQoL. It reports on long-term QoL outcomes from TBI recovery. **METHODS:** Former TBI-patients at the Royal Melborne Hospital, Australia, were randomly sampled and participants (N=66, 61% response rate) interviewed. Participants completed an instrument battery, including the QOLIBRI. 55 participants re-completed the QOLIBRI at 2-week follow-up. Analyses included tests of internal consistency, homogeneity and test-retest reliability. Correlations with the AQoL were examined. QOLIBRI sensitivity was measured against known groups by levels of disability (GOSE), anxiety and depression (HADS) and social isolation (Friendship Scale). **RESULTS:** Loevinger H analyses suggest that the scales met the criteria for strong homogeneity, with the exception of Restrictions and Physical scales. Test-retest analyses suggested that 3 of the scales (Cognition, Emotion and Social) exceeded the criteria and that other scales were just under the test-retest criteria. Generally, the QOLIBRI generally exceeded validity checks; further refinement (work in progress) may improve its psychometric properties. The results of this study suggest that, when compared with population norms, TBI-sufferers do not fully recover even after 5 years following trauma. They experience a quality of life significantly worse than that of those without TBI. The particular areas of life affected will be delineated, as will issues around social isolation, and labourforce participation. The results of this study confirm previous reports that there are long-trerm outcomes for people who suffer TBI and that there is scope for the better co-ordination of post-treatment health care. **CONCLUSIONS:** The QOLIBRI is a new international instrument for assessing the QoL of those who have suffered TBI. It should be considered as an outcome measure by clinicians and researchers conducting treatment trials, rehabilitation studies or epidemiological surveys into the treatment or sequelae of trauma.

269/1644/Factors Associated with Patient-Reported Distress in Parkinson's Disease

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AIMS: To identify factors associated with illness-related distress in Parkinson's disease (PD). **METHODS:** 118 consecutive people with PD (54% men; mean age, 64 years; mean PD duration, 8.4 years) were assessed regarding a range of motor and non-motor symptoms using the Unified PD Rating Scale (UPDRS), the Hoehn & Yahr staging of PD, the Mini-Mental State Exam (MMSE), the Functional Assessment of Chronic Illness Therapy - Fatigue scale (FACIT-F), the Pittsburgh Sleep Quality Index (PSQI), the Epworth Sleepiness Scale (ESS), the Hospital Depression and Anxiety Scale (HADS), and the Pain and Physical Mobility scales of the Nottingham Health Profile (NHP). Distress was assessed with the NHP index of Distress (NHPD). Variables significantly associated with distress in univariate analyses were used in forward stepwise multiple regression analyses with NHPD scores as the dependent variable. **RESULTS:** Four significant independent variables (explaining 77% of the variance in distress scores) were identified: fatigue (B, 0.47; Beta, 0.1), sleep quality (B, 1.02; Beta, 0.23), pain (B, 0.20; Beta, 0.04) and depression (B, 1.6; Beta, 0.32). PD duration, disease stage, parkinsonism, motor fluctuations, dyskinesias, physical mobility, balance, orthostatism, thought disorder, motivation, anxiety, cognition, and daytime sleepiness were not significantly associated with NHPD scores. Repeating the analysis but using five UPDRS derived motor symptom profile scores (rest tremor, action tremor, rigidity, bradykinesia and axial/potural/gait scores) as independent variables instead of an overall parkinsonism score (UPDRS motor score) did not change to results. **CONCLUSIONS:** Illness-related distress in PD primarily appears to be associated with non-motor features. These observations are congruent with previous studies but also provide additional insights as this appears to be the first study to simultaneously consider a broader range of motor and non-motor aspects of the disease. Clinical recognition and effective treatment of non-motor features such as fatigue, insomnia, pain and depression may provide means of improving patient wellbeing in PD.

270/1566/Neurological Disability Predictions By Edss Have A Moderate Impact On The QOL Of People With Multiple Sclerosis, And Psychosocial Variables Can Moderate That Impact

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AIMS: Multiple Sclerosis (MS) is a neurodegenerative disease that runs its course for the remainder of the patient's life, frequently causing disability. Several studies have shown that Quality of life (QoL) assessments provide unique information not measured by the Kurtzke's Expanded Disability Status Scale (EDSS), the commonly used outcome measure of disability for MS patients. The aims of the present study are to explore the prediction power of EDSS, optimism and hope, on QoL domains. **METHODS:** The present study includes 280 persons, 71.4% female, mean age of 39.23 years, mean school level of 11.80 years, with a mean of 7.21 years of diagnosis, and an EDSS score under 7. To access neurological disability we used EDSS; for optimism we used the Life Orientation Test- Revised; for hope, we used the Hope Scale; for QoL we used the MSQOL-54. Hierarchical regression analyses tested the predictor magnitude of independent variables on QoL domains, and the moderator function of optimism and hope on the relationship between EDSS and QoL. **RESULTS:** Results show that EDSS score, and Optimism and Hope, contribute in a statistically significant way to the prediction of domains of MSQOL-54; major contributions for physical domains come from EDSS; for non-physical domains, optimism is the main predictor for the variance explained. Neurological disability, predicted by EDSS has a high impact on the physical variables (physical function and role limitations-physical) without moderation from optimism and hope, and has a lower impact on the other dependent variables, in which optimism and hope play a moderator role in the relationship between neurological disability and the domains of QOL. **CONCLUSIONS:** QoL assessment gave an important and unique contribution for understanding the disease, and psychological positive variables are important moderators of the disability.

271/1570/People With Multiple Sclerosis Can Adjust To Their Life And Maintain Good Quality Of Life

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AIMS: Multiple Sclerosis (MS) is a neurodegenerative disease characterized by chronic inflammation, demyelisation, and scarring of the central nervous system. Disease starts early and runs its course for the remainder of the patient's life, frequently causing disability. The objective of the study is to compare the Quality of life (QoL) of persons with MS with their counterparts from the community. **METHODS:** The study includes 280 persons, 71.4% female, mean age of 39.23 years, mean school level of 11.80 years, with a mean of 7.21 years of diagnosis, and an EDSS score under 7. We used the SF-36 to access QoL of MS persons, and compared them with the mean QoL values of people in the community belonging to the same age group and gender. **RESULTS:** Results show that between 1/4 and 1/3 of the MS patients report higher QOL than their counterparts in the community, for the majority of the dimensions of SF-36. If we consider one standard deviation, we can state that about 3/4 of MS persons report better or similar QoL than their counterparts from the community. Taylor and Brown (1988) defend that individuals who respond to negative, ambiguous, or unsupportive feedback with a positive sense of self, a belief in personal efficacy, and an optimistic sense of the future, will be happier than people who don_t. They defend that positive illusions are highly prevalent in normal thought and predictive of criteria traditionally associated with mental health: positive illusions have an important role in adjusting to threatening events, and people with severe diseases adopt a different perspective about life, in many ways for the better, because of the disease experience. It is probably the reason that explains the better QoL of people with MS. **CONCLUSIONS:** People with MS adjust their sense of self to their condition: self-generated feelings of control relate to adjustment in the context of chronic disease, and help them to cope better with the condition.

272/1590/Social Support and Quality of Life in Family Caregivers of Adults with Cerebral Palsy

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AIMS: To investigate specific components of social support (SS), coping and stress as predictors of quality of life (QoL) in a group of family caregivers (FC) of adults with cerebral palsy (CP). **METHODS:** Sample: 37 FC of adults with CP, recruited at Coimbra Cerebral Palsy Association (Portugal). Assessment protocol: a sociodemographic datasheet; Gross Motor Function Classification System for Cerebral Palsy; World Health Organization Quality of Life - Bref; Social Support Scale; Brief Personal Survey. Linear multiple regression analyses were performed to examine the importance that different types of SS, stress, coping and the individual's independence level, had on QoL domains. A product term between SS and stress was considered in each regression, included to test for possible interaction effects. The impact of age and sex on QoL was controlled by including these two variables on the first block of regression analyses. **RESULTS:** Informal SS was the only significant predictor of the Social Relationships domain, explaining 41,2% of its total variance. Informative SS, followed by stress were also significant predictors of the Environment domain, explaining 39,1% and 19% of its total variance respectively. Emotional SS proved to be a significant predictor of: General QoL (total variance explained (TVE)=4,9%), after age (TVE=21%) and stress (TVE=44,6%); Social Relationships domain (explained 49,5% of its total variance alone); and Environment domain (TVE=58,8%), followed by stress (TVE=6,3%). Finally, instrumental SS proved to be a significant predictor of Psychological QoL (TVE=10,4%), after stress (TVE=40,9%) and the Social Relationships domain (alone explained 29,1% of its total variance). When informative and emotional SS were considered, only stress and coping proved to have a significant impact on Psychological QoL. **CONCLUSIONS:** These results highlight the importance of the influence of different components of SS on specific QoL outcomes in FC of aduts with CP. Interventions that take into account the effects of SS may increase QoL for this group.

273/1668/The stress, hardiness and quality of life in primary caregivers of the head and neck cancer survivor

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AIMS: The aims of this study are to evaluate the stress and quality of life of the primary caregiver and to investigate the effect of hardiness character on his/her quality of life. **METHODS:** Four forms of questionnaires were requested to complete as Basic information, Stress scale, Health related hardiness scale (HRHS), and Brief form of quality of life evaluation form WHO (WHOQOL-BREF). T-test and correlation coefficient analyses were used to analyze each variable in the form and the association between different variables. Uni-variable analysis was used to examine _hardiness as a role of moderator, and the structural equation modeling (SEM) was applied to evaluate the association of the results with the hypothesis. Path analysis and gradual regression analysis were utilized to determine the prediction factors of the quality of life. **RESULTS:** There are 97 persons completed the questionnaires. The median age of caregivers is 46.7 (21-80) and of the patients is 56 (31-90). Seventy three of them are patients_ spouse and 20 are patients_ children or relatives. Nineteen persons with patients who completed radical treatment less than 3 months, 43 between 3months and 2 years and 23 more than 2 years. There are statistically significant correlations among these three factors: stress condition, hardiness character, and quality of life of primary caregiver, with negative association between stress and quality of life(r = -0.52), negative association between hardiness and stress (r = -0.23), and positive association between hardiness and quality of life(r = 0.32). It is noted that hardiness character significantly influences life quality, with high hardiness level, better quality of life, whereas high stress decrease life quality. From SEM analysis, the major four prediction factors of quality of life includes the stress status of primary caregiver, the overall income of a family, physical stress, and hardiness character **CONCLUSIONS:** It suggests that through strengthening the hardiness character of a primary caregiver, the quality of life of the primary caregiver can be enhanced, leading to benefits of the HNC patient.

274/1736/How social and demographic variables influences Quality of Life results in head and neck cancer patients

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AIMS: The signs and symptoms of head and neck cancer and the treatment sequels, conditioned the physical, social and emotional reactions to the disease and may have impact in Quality of Life (QOL). QOL in head and neck cancer depends on social support and social activities. **METHODS:** A cohort of Ninety head and neck cancer patients from Oncology Portuguese Institute of Lisbon completed in a personal interview the QLQ-C30 and the QLQ-H&N35 questionnaire of European Organization for Research and Treatment of Cancer (EORTC). Participants also answered to a socio-demographic questionnaire. Clinical data were collected from hospital records. **RESULTS:** Our sample was composed by 42, 2% males and 57, 8% females, with an age average of 57,9 (SD=15,9). The educational level of our sample varies between 1 and 9 years, with an average of 4, 5 (SD= 2, 6). In our sample, 61, 1% were married, 10% were single, 8, 9% were divorced or separated and 12, 2% were widow (er). 47,8% considered their health as being _not good, nor bad , 33,3% considered having a _bad health, 6,3% considered having a _terrible health and 12,2% considered having a _good health. In this study was not found significant correlation between sex and educational level and functional Scales of QLQ-C30. The Pearson cCorrelation between marital status and functional scales is significant at the 0, 01 level for Physical function (r (90)= .32; p<.01) and Role function(r (90)= .21; p<.01). The Pearson Correlation between health status perception and functional scales is significant at the 0,01 level for Physical function (r (90)=-.311; p<.01), Role function(r (90)=- .39; p<.01), Emotional function (r (90)=-.35; p<.01) and is significant at the 0,05 level for social function (r (90)=-.25; p<.05). **CONCLUSIONS:** The scales: Physical, Role, Cognitive, Emotional and Social Function can be evaluated in the questionnaires used in this study (QLQ-C30; QLQ-H&N35). These domains can be affected by social and demographic variables analysed.

275/1282/Oncology clinical practice in head and neck cancer patients: The choice of instruments for Quality of Life

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AIMS: Instruments for Quality of Life (QL) assessment translated and validated for Portugal aren't used frequently in oncology practice and in research. We aim to compare two major oncology specific QL questionnaires validated to Portugal: the QLQ-C30 and its specific module for head&neck cancer patients (QLQ-H&N35) and FACT-H&N, witch includes the FACT-G. We aim too, divulge the psychometric characteristics of both instruments used. **METHODS:** 102 head and neck cancer patients from Oncology Portuguese Institute of Porto (IPOPFG- EPE) completed the QLQ-C30, the QLQ-H&N35 and FACT-H&N questionnaire. All patients asked accepted to participate in the research. **RESULTS:** Sample was composed by 102 head&neck cancer patients, 86,3% males and 13,7% females, with an age average of 59,4 (SD=12,1). On QLQ-C30, for Functional Scales, the Cronbach´s coefficient ranged between 0,27 for Cognitive Functioning and 0,96 for Role. For the symptom scales/items, the Cronbach´s coefficient ranged between 0,79 for nausea and vomiting and 0,85 for fatigue and pain. We found a good internal consistency for Global Heath Status and QOL (0.92) and for QLQ-C30 Total Score (0.87). For the QLQ-H&N35 the Cronbach´s alpha coefficient ranged between 0,46 for Speech Problems Scale and 0,99 for Less Sexuality Scale. The QLQ-H&N35 Total Score, presented a good internal consistency (0.90). We also found a good internal consistency on FACT-H&N for physical well-being (PWB) (0.89), functional well-being (FWB) (0.84), social/ familiar well-being (SWB) (0.71), trial outcome index (TOI) (0,78), Fact-G total score (Total FG) (0.76) and FACT-H&N Total score (Total H&N) (0.79). **CONCLUSIONS:** The questionnaires used (QLQ-C30; QLQ-H&N35 and FACT H&N) are good instruments to access QL in head&neck cancer patients. To access Quality of Life in Oncology Clinical Practice depends on the instrument selected. So, it is very important to achieve the psychometric properties of instruments used but we also need to use these questionnaires in large studies to have results for specific samples.

276/1875/Quality of life in patients admitted to the National Pain Relief and Palliative Care Program in Chile

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AIMS: To assess the quality of life (QoL) of patients admitted to the National Pain Relief and Palliative Care Program (PAD y CP) and its relationship to bio-sociodemographic factors and the patient-health care professional relationship. **METHODS:** A correlational study with a purposive sample of 278 patients older than 15 years from both sexes admitted to the PAD y CP from three health authorities in the Bio-Bio Region. During an interview and after receiving the patient_s consent, we applied QoL scales from EORTC, QLQ C30 and the Quality of Patient-Professional Communication. The scales were applied firstly during admission to the program and lastly 1 to 3 months following admission. Data analysis: descriptive and inferential statistics. **RESULTS:** The average age of patients was 66 years with 52.5% of the sample being female. On admission, 56.5% of patients were aware of their diagnosis, 85,2% reported pain on admission with 57,5% ranging from intense (Visual Analogue Score 5-6) to severe pain (VAS 7-10). On admission, 21,6% was utilizing morphine and 33,9% at the follow up meeting. Pain medication most commonly used was Tramadol. QoL measurement according to QoL scores: On average 72,14 on admission and 74,97 at the follow up meeting. Analysis by categories shows that half of patients are admitted to the program in the Regular QoL category and move to the Bad QoL category at the follow up meeting. During the second measurement, 42,8% of family members responded for the patient due to general decline or patient_s death. Communication patient-professional (nurse or physician) was positively assessed. Communication regarding end of life and spiritual topics had low scores (2 to 4 out of 10). Patients_ Performance Status on admission was 2 to 4 in 67,6% of the sample. During the second measurement, 80% of the sample had a PS of 2 to 4. **CONCLUSIONS:** Half of patients are not aware of their diagnosis on admission, situation that does not improve during their stay in the program. More than half of patients report intense or severe pain on admission to the program, which does not seem to improve over time. Communication was generally well appraised, showing a few deficits in certain dimensions of communication. With regards to pain treatment, morphine usage is limited. Findings show late admission to the program of patients as shown on patients quick deterioration and death in the short term following admission. QoL of patients and families does not improve after admission to the program. Reasons that account for this finding are the persistence of pain and late admission to the program.

277/1840/Anemia Symptoms and Symptom Impacts in Patients Receiving Chemotherapy: A Conceptual Framework for Development of a Patient-Reported Outcome (PRO) Measure

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AIMS: Several patient based measures have been used to assess the symptomatic experience of chemotherapy induced anemia (CIA) but no associated conceptual framework was found. As an initial step in creating a CIA specific PRO measure, we developed a conceptual framework of CIA symptoms and symptom impacts. **METHODS:** The initial conceptual framework was based on a literature review and expert opinion from researchers and clinicians. This was further informed by telephone interviews with clinicians using a semi-structured concept elicitation guide. A purposive sample of 10 clinicians was recruited from seven US oncology clinics. Data were qualitatively analyzed using Atlas.ti 5.2 to identify key themes of CIA diagnosis, symptoms, and symptom impacts. **RESULTS:** Symptoms identified in the initial conceptual framework were fatigue, dyspnea, weakness, problems with sleep, appetite loss, palor, and reduced sex drive. Symptom impacts identified were activities of daily living, psychological well-being, and physical, cognitive, and social functioning. Five oncologists and five oncology nurses with an average clinical experience of 14.5 years, interviewed subsequently, reported that fatigue was the most common CIA symptom, followed by shortness of breath and dizziness. This group's evaluation of CIA diagnosis and severity was based on hemoglobin values in conjunction with patients' age, gender, symptoms, and overall physical condition. Symptoms of CIA were reported to impact patients' cognitive and physical functioning, social or leisure activities, mood, and motivation to continue cancer treatment. Patients with more severe anemia were reported to present with a wider range of more intense and severe symptoms including extreme tiredness and tachycardia. **CONCLUSIONS:** Anemia in patients receiving chemotherapy can involve a wide range of symptoms and symptom impacts. In-depth qualitative patient focus groups and interviews will be used to further evaluate the conceptual framework and develop a CIA specific PRO measure.

278/1576/Effect of Melatonin on Oxidative Stress, Toxicity and Quality of Life of Cancer Patients Receiving Chemotherapy

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AIMS: This study is being conducted to evaluate the effect of melatonin compared with placebo on reducing oxidative stress, reducing chemotherapy toxicity and increasing the quality of life of cancer patients. **METHODS:** This is a randomized, double-blind, placebo, controlled trial in patients with advanced cancer involving lung, breast, head&neck and sarcoma cancer. Mixed-block randomization, stratifying on cancer type, was used to divide eligible patients into three groups: melatonin 10 mg, melatonin 20 mg or placebo. Sample size of 40 patients per group is planned to detect 10 points difference in FACT-G scores. The patients are required to take the studied drugs on the first day of chemotherapy treatment and continue for six months. Blood, urine and saliva samples were collected from the patients at selected times for standard blood chemistry measures and oxidative stress evaluation. Study endpoints are chemotherapy toxicity (CTCAE version3), tumor response (Recist criteria), quality of life (FACT-G, FACT-B, FACT-L, FACT-H&N), oxidative stress(8-isoprostane, 8-hydroxy-2'-deoxyguanosine) and sleep quality. Quality of life was measured at baseline, one, three and six months of treatment. **RESULTS:** Interim analysis of 30 patients is planned. At baseline, the majority of patients were male (64%) with the average age of 54 years old. Most patients had lung cancer (96%) and 61% received cisplatin and etoposide chemotherapy regimen. Baseline functional well-being scores was quite low (mean 12.9 +/- 5.8) with an average FACT-G scores of 66.9 +/- 13.1. There was a strong association between total FACT-G scores and sleep quality (coefficient 0.66, p = 0.001). Full report of this analysis will be available in August and presented at the conference. **CONCLUSIONS:** With many postulated mechanisms for amelioration of cancer status, it is expected that melatonin could reduce chemotherapy toxicity and increase quality of life of patients receiving chemotherapy, and perhaps improve clinical outcomes of these patients.

279/1529/Psychometric Properties of the Japanese version of the EORTC QLQ-C15PAL for terminal patients with cancer

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AIMS: In consideration of the burden placed on terminally ill patients, a shorter quality of life (QOL) instruments are desirable. The aim of this study was to examine the psychometric properties of the Japanese version of the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ) C15PAL (15 items) for patients receiving palliative care relative to the original Core Questionnaire of the EORTC-QLQ-C30(30 items). **METHODS:** A QOL assessment using the QLQ-C30 was planned for 91 patients receiving palliative care between 2002 and 2005. Using the scores of the last assessment point in each patient, reliability of the equivalent forms was evaluated by calculating the intraclass correlation coefficient (ICC) for the 5 scales of the QLQ-C15PAL: physical functioning (PH2), emotional functioning (EF), fatigue (FA), nausea and vomiting (NV), and global health status/Qol (QL). Regression analysis was used to examine the degree to which the QLQ-C15PAL items explained the QLQ-C30. **RESULTS:** As 36 out of 91 patients were severely ill, they were not asked to enter the study. The remaining 45 patients provided documented informed consent. Thirteen out of the 45 were excluded due to the deterioration of the condition just before starting the investigation. The final sample consisted of 32 patients with a median age of 64 years (range 38-80). The median number of days between the last assessment and death was 15 (range 2-67). The ICC for PF2, EF, FA, NV, and QL was 0.933, 0.935, 0.942, 0.947, and 0.939, respectively. The proportion of variance explained (R2) for each scale ranged from 0.876 to 0.898. **CONCLUSIONS:** The scores on the Japanese version of the QLQ-C15PAL were consistent with 87% to 90% of the scores obtained from the original QLQ-C30. The shortened questionnaire, the QLQ-C15PAL (Japanese version) would alleviate the burden of administering the questionnaire for patients with palliative care.

280/1826/FACT-H&N and UW-QOL Show Validity and Responsiveness in Nasopharyngeal Carcinoma

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AIMS: To prospectively assess QOL in nasopharyngeal carcinoma (NPC) patients treated with intensity-modulated radiation therapy (IMRT) +/- chemotherapy (CT). **METHODS:** 45 patients took part in a phase II study of IMRT for NPC. QOL was measured using FACT-H&N and UW-QOL at baseline, during radiotherapy (RT), and at 2, 4, 6 and 12 months post-RT. A change in score of 10% of the instrument range was considered clinically significant. When used, CT was given during RT and adjuvantly for 3 months. **RESULTS:** Mean age was 48; 71% were male; 78% received chemoradiotherapy (CRT); 93% were NED at 12 months post-RT. The questionnaire compliance rates and mean scores are outlined in the table. Means for both FACT-H&N and UW social function scores decreased during RT. By 12 months, there were no clinically or statistically significant differences from baseline. The mean FACT H&N subscale score and UW physical function score decreased during RT and remained below baseline at all time points (both p<0.001). Comparing the RT and CRT groups, the mean FACT-H&N and FACT-G scores were clinically and statistically significantly better in the RT group at 2 months post-RT, and the mean FACT H&N subscale score was significantly better at 2 and 4 months post-RT. Analysis of the UW-QOL showed statistically significantly better QOL in the RT group at 2 months, and better QOL related to swallowing at 2 and 4 months. **CONCLUSIONS:** Global QOL returned to baseline at 12 months post-RT, but QOL specific to H&N symptoms remained impaired. Both FACT-H&N and UW-QOL demonstrated validity and responsiveness in NPC patients treated with IMRT +/- CT. Both instruments were sensitive to the ongoing toxic effects of adjuvant CT.

		Base-line	During RT	2m post-RT	4m post-RT	6m post-RT	12m post-RT
Compliance %	FACT-H&N	71	64	61	68	86	91
Compliance %	UW QOL	71	63	65	73	84	97
Mean score	FACT-H&N	110	72	93	93	99	106
Mean score	UW physical	94	33	60	59	67	70
Mean score	UW social	80	49	69	71	75	80

281/1847/The relationship between pro-inflammatory cytokines and health-related quality of life among patients with cancer pain

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AIMS: to evaluate the interference IL-8 in the relationship between pain and health-related quality of life (HRQOL). **METHODS:** 220 cancer outpatients (median survival time = 20 months, range: 8-44.5), who didn`t receive any antineoplastic treatment in the last 30 days, were evaluated by the Brief Pain Inventory (BPI)and HRQOL measurement, the EORTC-QLQ-30. Plasma cytokine level were measured using an enzyme-linked immunosorbent assay (ELISA). HRQOL was compared among patients with mild (G1), moderate to severe (G2) and without pain (G3) using one-way analysis of variance (ANOVA) or Kruskal-Wallis followed by multiple comparison tests. Patients in G1 and G2 had only cancer pain and were using analgesics. G3 members had cancer but felt no pain and didn`t use analgesics in the last 14 days. Multivariate analysis of covariance (ANCOVA) with interaction of pain and IL-8 was applied to examine effect of IL-8 on the association of pain and HRQOL.

RESULTS: Pain was found to be associated with HRQOL. Patients in G2 had significantly (p<0.05) lower emotional, physical, social and role function HRQOL than G3. G1 had worse cognitive HRQOL than G2(p=0,000). In the symptom scales (nausea and vomiting, fatigue, pain, loss of appetite, constipation, dyspnea, and insomnia), patients in G2 had higher scores than G3 and G1. Among patients with pain (n=125), it was observed significant correlations between: IL-8 with fatigue scale (r=0.15, p=0,035); emotional HRQOL domain and IL-8 (p=-0.26, p=0,036). ANCOVA analyses showed that the observed variability in all HRQOL domains could be accounted for by pain (p<0,01). Thirty-one percent (r2a=0.31) of observed variability in fatigue scale could be accounted for by pain (p=0,000) and IL-8 (p=0,004), independently. The interaction between pain and IL-8 (p=0,02) increased loss of appetite among G2 patients (from 34,69 [95%CI=22.49 a 46.89; standard error=6,07] to 37.10 [95%CI=27.16 a 47.04; standard error =5.04]). **CONCLUSIONS:** IL-8 may play a role in the negative impact of pain on HRQOL of patients with cancer. IL-8 is associated with fatigue and emotional HRQOL. The interaction between pain and IL-8 was associated with loss of appetite. This was the only interaction observed between pain and cytokines that determined reduction on HRQOL scale.

282/1470/Informed decision making for participation in a randomised controlled trial (NELSON) on CT screening for lung cancer

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AIMS: The decision to participate in or decline lung cancer CT screening program is ideally an informed one. We explored the actual knowledge about lung cancer (screening), attitude, risk perceptions and reasons to participate in or decline participation in the NELSON lung cancer screening trial. We also examined to what extent participants made an informed decision. **METHODS:** 2500 high-risk subjects eligible for the Dutch-Belgian randomised controlled trial for lung cancer CT screening (NELSON) were asked to complete a questionnaire three weeks after they had received a brochure with information about the trial and an informed consent form. Questionnaire response of trial participants was 80.0%, but response of non-participants in the trial was selective and low (7.5%). **RESULTS:** Knowledge of participants was fairly good about lung cancer but moderate about lung cancer screening itself. 98.7% participants had a positive attitude towards lung cancer screening. Knowledge of non-participants was worse and their attitude towards lung cancer screening was positive in 63.8%. 14.4% of the participants felt their risk of developing lung cancer was high, compared to 6.5% of the non-participants. Participants most often mentioned "maybe an advantage when lung cancer is detected in an early stage" as the decisive reason to participate and non-participants "participation too much effort" for non-participation. 44.5% of the participants made an informed decision to participate in the trial. **CONCLUSIONS:** This study showed that there is need for improvement of knowledge in people deciding about participation in a lung cancer screening trial. These results suggest that if population-based lung cancer screening will be implemented, additional efforts are needed to convey essential knowledge on (non-)participation.

283/1727/Psychometric characteristics of QLQ-C30 and QLQ-H&N 35: Head and neck cancer patients in focus

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AIMS: The study aims to assess the psychometric characteristics of the instrument and compare their applicability and adequacy in daily clinical practice. **METHODS:** One hundred and two head and neck cancer patients from the Portuguese Oncology Institute of Porto (IPOPFG- EPE) completed the EORTC QLQ-C30 (version 3) questionnaire and the QLQ-H&N35 module. All patients asked accepted to participate in the research. **RESULTS:** Our sample was composed by 86,3% male and 13,7% female, with an age average of 59, 4 (SD=12, 1). The response time to the EORTC QLQ-C30 (version 3) / QLQ H&N 35 varies between 3 minutes and 20 minutes, with an average of 9,3 (SD=2,1). The Cronbach´s coefficient for the scales/items evaluated in the QLQ-C30 varies between 0, 27 for Cognitive Functioning and 0, 96 for Role Functioning. The Cronbach´s ± coefficient for the scales/items evaluated in the QLQ H&N35 varies between 0, 46 for Speech Problems Scale and 0, 99 for Less Sexuality Scale. The QLQ C30 and the QLQ H&N 35 items are better relationated with their subscales than to the others subscales, so the Convergent/ Discriminate validity is satisfactory. **CONCLUSIONS:** To access Quality of Life in Oncology Clinical Practice is practicable. The questionnaire used (QLQ-C30; QLQ-H&N35) have good psychometric characteristics. All patients asked were able to answer and the time of response obtained in this study may introduce the Quality of Life in oncology clinical practice.

284/1690/Health-related Quality of Life in Hodgkin's lymphoma survivors after treatment by revised protocol DAL-HD-90

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AIMS: To assess health-related quality of life (QoL) in Hodgkin's lymphoma survivors after treatment by revised protocol DAL-HD-90. **METHODS:** During 1995-2006 in this study 89 patients in the age of from 15 till 33 years (median of 18 years; m - 33, f - 56) had been enrolled. Original separation of patients on three therapeutic groups (TG) has been used. Patients received 2, 4 or 6 cycles of chemotherapy accordingly. Modification of the original protocol DAL-HD-90 consisted in replacement of a procarbazine by a dacarbazine all patients and a vincrictine by a vinblastine the patients is more senior 20 years and in change of doses of radiation therapy. All patients were received involved-fields radiation therapy of 30 Gy plus boost of 6-10 Gy on residual tumors. Research QoL has been executed by the patient without signs of a progression or relapse with duration of complete response (CR) more than 4 years (n = 48; median 25.2; range 18-37 years). As healthy volunteers the group of students of not medical profile has been interrogated (n = 50; median 23.4; range 18-32 years). The questionnaire EORTC QLQ-C30 has been used. **RESULTS:** CR has reached 91% of patients. 6-years overall survival was 0.93 ± 0.03; event free survival - 0.84 ± 0.06. In group of cancer survivors in comparison with healthy volunteers there was high frequency of following symptoms: _Nausea and vomiting (8.3 ± 2.1 vs. 2.0 ± 1.1; p = 0.047) and _Dyspnoea (20.1 ± 2.9 vs. 11.1 ± 3.3; p = 0.049). On the other hand _Fatigue was stronger at healthy volunteers (25.0 ± 2.9 vs. 36.6 ± 5.2; p = 0.038) that are most likely caused by higher social and physical activity of the interrogated group of volunteers. The parameter of _Social activity was slightly above in group of healthy volunteers: 86.5 ± 3.0 vs. 95.0 ± 2.1; p > 0.05. All other parameters investigated by means of a questionnaire of EORTC QLQ-C30 have appeared identical in both groups. The _Global Health Status was also similar: 71.5 ± 2.5 vs. 78.5 ± 2.9; p > 0.05. **CONCLUSIONS:** The revised protocol DAL-HD-90 provides high QoL of adolescents and young adults cured of Hodgkin's lymphoma comparable to that at healthy contemporaries.

285/1802/Psychological Determinants of Quality of Life in Bone and Soft Tissue Cancer Patients

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AIMS: Cancer diagnosis and treatment are associated with several squeals that affect patient_s adjustment and Quality of Life (QoL). The degree of emotional distress and QoL varies from person to person, depending on clinical, psychological and social factors. However, in bone and soft tissue cancer (BSTC), still little is known about the variables that influence both the psychosocial adjustment and patient´s QoL. The present study aims to analyse the determinant role of mental health on BSTC patient_s QoL. **METHODS:** This cross-sectional study involved the recruitment of 40 patients diagnosed with primary BSTC, from 3 Portuguese Cancer Care Hospitals. All patients where in diagnostic or treatment phase of disease and answered to WHOQOL-Bref and HADS. Sociodemographic and clinical data were obtained. To analyse the influence of mental health on QoL we used Pearson correlations and multiple linear regression models. **RESULTS:** Anxiety scale of HADS is negatively correlated with physical (r=-.47; p<.01), psychological (r=-.56; p<.001) and environmental (r=-.40; p<.05) domains of WHOQOL-Bref, as well as with global facet of QoL (r=-.37; p<.05). We also observed negative correlations between depression scale of HADS and physical (r=-.46; p<.01), psychological (r=-.57; p<.001), social relationships (r=-.40; p<.05) and environmental (r=-.36; p<.05) domains of WHOQOL-Bref and with global facet of QoL (r=.-64; p<.001). Multiple regression analyses evidence that both anxiety and depression are good predictors of psychological QoL [F(2, 35)=12.62; p<.001], but only depression seems to influence overall QoL [F(2, 35)=12.67; p<.001]. **CONCLUSIONS:** This study indicates the relation between the mental health of BSTC patients and their QoL, as well as shows the determinant role of anxiety and depression on psychological domain and overall QoL. In clinical oncology practice, it_s important to assess patient_s psychological functioning and there is the need for the development of psychosocial interventions aimed at reducing the emotional distress of BSTC patients, in order to promote QoL.

286/1637/Bringing QOL Into the Clinic: Successes and Lessons Learned

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AIMS: Although assessment of quality of life (QOL) is widely acknowledged to be an important process in patient care, actual application in routine clinical practice is uncommon. A number of reasons contribute to this, including limited physician time and resources, lengthy measurement tools, increased patient burden, poor physician appreciation of how to use QOL measures, and lack of coordination with medical record systems. With the introduction of Pay for Performance initiatives, it is becoming increasingly important to document the quality of care provided. For prostate cancer, use of validated QOL measures has been proposed as a quality measure following definitive therapy. This project integrated a computerized QOL assessment into routine prostate cancer care at a large, academic medical center. **METHODS:** System specifications were created, and programmers (for creating a new system) and existing systems that could be modified were sought out. Features considered for the system included IRT/CAT (to reduce patient burden), a touch-screen interface (to make it user-friendly in what is predominantly an elderly clinic population), and a reporting system that could be used immediately during the clinic visit to guide care. **RESULTS:** A prototype system created at our university has been deployed and is currently being used for an initial study of 100 patients assessing the benefits of the system. Validated prostate cancer QOL (EPIC) and satisfaction with cancer care (SSS-CA) measures were included, and men in the prostate cancer survivorship clinic were approached to participate. Several issues arose during the course of the project, including legal issues contracting with a private programmer as a public institution, necessary compromises to the feature set, hardware/security issues in the clinic, and obtaining buy-in on the concept from clinical staff. A more extensive system is now being planned for deployment more broadly. **CONCLUSIONS:** While translating QOL assessment into clinical research remains a viable goal for the field, this project demonstrated that even in an environment friendly to QOL research, implementation can be challenging but not insurmountable.

287/1676/Quality of life after acupuncture use in chronic pain cases.

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AIMS: Pain is a signal of alert, common in sickness and with negative impact in people's life that search for alternative ways of relief. Acupuncture is used because of its analgesic effect. It was questioned if quality of life changes after acupuncture's beginning. It's essential to evaluate the intervention's result by who submits the therapy. The study aimed to analyse people's quality of life (QL) that used acupuncture treatment to chronic pain relief. **METHODS:** This was a descriptive-analytical study carried out in an acupunture clinic of Goiânia-GO, Brazil, in January/February 2006. Data were collected using the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36) with 35 individuals. The answers were analysed by descriptive statistics and obtaining each SF-36 scale's score average. **RESULTS:** Most of the interviewed individuals were female, catholic and with high school level. Pain's principal points were vertebral spine, limbs, joints and head. The highest scores were obtained in the General Health Scale (67.48), Mental Health Scale (65.94) and Physical Functioning Scale (65.57). The smallest scores were in Role-Physical Scale (42.14) and Bodily Pain Scale (47.54). Everyone asserted pain relief and changes in QL after acupuncture use. **CONCLUSIONS:** The highest scores indicate that the individual perception of QL of these people is positive despite pain limitations. They consider themselves healthy, living with pain in the possible manner. Acupuncture contributed for this perception with pain relief. The smallest scores indicate areas where is necessary immediate professional intervention to enhance QL of people with chronic pain. Future studies may be conducted, aiming to amplify sample and to better understand the magnitude of the multidimensional quality of life variables.

288/1664/Modeling the Effects of Darbepoetin Alfa (DA) in Randomized Placebo Controlled Trials Using Latent Growth Curve Models

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AIMS: The impact of darbepoetin alfa (DA) on patient reported fatigue in patients with chemotherapy induced anemia (CIA) is difficult to examine in placebo controlled studies due to the confounding effects of transfusions and the mediating effect of hemoglobin (Hb). Latent growth modeling (LGM) allows for simultaneous examination of relationships between drug exposure and outcomes taking into account mediating factors. In addition to modeling measurement error and using data at multiple time points, adjustment for confounding variables is possible. This analysis used LGM to examine the effects of DA on changes in Hb and patient reported fatigue. **METHODS:** Data from four placebo controlled studies in patients with CIA (Study 1: small cell lung cancer, n =600; Study 2: lung cancer, n = 320; Study 3: lymphoproliferative malignancies, n = 349; Study 4: non-myeloid malignancies, n = 391) were analyzed separately. Fatigue was measured by the FACT-Fatigue scale. We used LGM to assess effects of DA on changes in FACT-F mediated through changes in Hb after controlling for transfusions, age, and baseline health status (EQ-5D VAS). Assessment of LGM fit was based on the comparative fit index (CFI), root mean square error of approximation (RMSEA), and the standardized root mean residual (SRMR). **RESULTS:** Results suggest that DA was related to decreases in fatigue through maintaining higher mean levels of Hb. In study 1, increases in Hb were significantly related to decreases in fatigue (=0.30, $p<0.05$). Findings remained consistent in Studies 2 (=0.29, $p<0.05$), 3 (=0.46, $p<0.05$) and 4 (=0.33, $p<0.05$). In all studies, DA significantly increased Hb (1: =0.59, $p<0.05$; 2: =0.55, $p<0.05$; 3: =0.45, $p<0.05$; and 4: =0.30, $p<0.05$) controlling for age, baseline health status, and transfusions. The models were found to fit the data well with CFIs > 0.88 in all studies. **CONCLUSIONS:** Results showed that LGM may be a valuable statistical method for modeling complex relationships among clinical and patient-reported outcome measures. A significant indirect effect of DA on fatigue through Hb change was consistently demonstrated using LGM across four studies, after controlling for age, baseline health status, and transfusions.

289/1933/Quality of Student Life in Nursing Students at the University of Santiago of Chile, 2008. Carrasco, Luna y Caba.

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AIMS: The student life is great changes upon entering the university, this is how we feel the need to explore the quality of life (QL) of these future professionals and this, identify the variables relate to it, this will bring us closer a systematic assessment. Research questions: ¿How is the QL of our students and what variables are associated with it? The hypothesis:"the QL of students is good and is related to the physical conditions and materials from the university" **METHODS:** Analytical study, correlational, cross-sectional, conducted in a random sample of 89 students. The data collection was conducted during April, self-administered, we administered a battery of instrument adapted Ferrer and others (University of Alicante), which incorporates scales: Satisfaction with the studies, vital satisfaction, use and valuation of university services, infrastructure and academic stress, with all of Cronbach's Alpha on 0.70, were added to these instruments "You have a fantastic lifestyle" and SF12. For the analysis of the information was used descriptive statistics, the student's t test for independent samples. The coefficient of Rho Spearman was used to study association. We use SPSS 15 program. **RESULTS:** The average age was 21 years (d.e.=1.2), 98% are women, have an average of 40 hours of classroom. The student QL is characterized by the majority (58%) perceived as good and very good, is presented associated with variables: gender (p=0005), is better in men; time spent working in groups (p=0,008) To more time spent, less QL; perception of the demand level (p=0014) to greater demand, worse QL; perception of health (p=0000), evaluation and satisfaction with university services/infrastructure (p=0.009), student satisfaction (p=0016), academic stress (p=0000), lifestyle (p= 0.13), some leisure activities for favour QL go out with friends, read books unrelated to race, newspapers/magazines and relax playing on the computer. **CONCLUSIONS:** The student QL is good, better men, is related to the assessment and satisfaction of university services and infrastructure, academic stress, perception of health and lifestyle.

290/1861/Quality Of Working Life Of Nurses In Hospitals

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AIMS: This study aimed to evaluate the quality of working life (QWL) of a sample of Brazilian nurses and its association to sociodemographic and professional characteristics. **METHODS:** A cross-sectional and correlational study was performed at four hospitals of the Sao Paulo city _ two public and two private. For the evaluation of QWL the short form of the instrument developed by Carandina (2003) was used. It measures the level of satisfaction and importance in relation to different aspects of nursing work. The instrument is composed by 30 items and four dimensions: 1. Valorization and Institutional Recognition; 2. Work conditions, Security and Compensation; 3. Identity and Professional Image; 4. Team Integration. The reliability of the instrument was supported by the Cronbach_s alpha coefficients of 0.94 for the total items and 0.76 to 0.92 for the dimensions. Descriptive statistic was used to characterize the sample, Mann-Whitney and Kruskal Wallis tests to compare groups in relation to the total and dimensions scores. Dunn method was used to identify the different group. The level of significance of 5% was adopted. **RESULTS:** A representative sample of 348 nurses were interviewed _ 214 (61,5%) from public hospitals and 134 (38,5%) from private hospitals. 94,8% were women, single (46,2%), with mean age of 35,7 (±8) years, with specialization courses (68,4%), working as head nurses (75,1%), in average for 8,17 (±6,6) years, without another employment bond (72,9%), in the morning shift (52,3%), with mean salary of R$ 2.159,40 (US$ 1080). The median of the total QWL score was 15.8 (5-25 variation). The lowest score (14.90) was obtained in the dimension Work Conditions, Security and Compensation and the highest (18.75) in the domain Identity and Professional Image. **CONCLUSIONS:** The statistical analysis allowed to conclude that nurses of private hospitals perceive better conditions of work, security and compensation than those of public hospitals; to have attended courses after the undergraduation influences the overall

QWL, the valorization and institutional recognition and the integration with the team; the time of work in the institution positively affects the overall QWL and the valorization and institutional recognition.

291/1340/Quality Of Life In Anesthesiologists

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AIMS: The purpose of this study was to investigate the quality of life(QOL)in anesthesiologists. **METHODS:** 30 anesthesiologists participated in this study. Our new original self-administered QOL questionnaire including 40 questions divided into 13 categories and anesthesiologist specific 10 questions were used. **RESULTS:** Cronbach's alpha coefficients of our questionnaires were high enough to accept for clinical use : 0.88 in sexual life, 0.87 in social participation, 0.78 in mental function etc. before becoming an anesthesiologist, and 0.92 in mental function, 0.91 in dietary problems, 0.86 in social participation etc. after becoming one, respectively. Our QOL questionnaire contained 11 main factors and cumulative contribution was 0.98 before becoming an anesthesiologist. Furthermore, our QOL questionnaire also contained 11 main factors and cumulative contribution was 0.97 after becoming one, too. Compared with before becoming an anesthesiologist, one half anesthesiologists indicated the improved total QOLs but one half ones showed the deteriorated total QOLs after becoming anethesiologists. Compared with before becoming an anesthesiologist, significant improvements of QOLs were demonstrated in the strata of economical condition and social participation after becoming one($P<0.05$). Significant positive correlations were indicated in between total QOL and economical condition, total QOL and social participation, total QOL and passion for life, total QOL and work satisfaction, total QOL and private hours, respectively($P<0.01$). On the other hand almost all deteriorated QOL anesthesiologists under total 270 QOL scores before becoming anesthesiologist showed the improvements in total QOLs after becoming one, and significant negative correlations between QOL changes and total QOL scores before becoming anestheriologist was demonstrated($r=-0.48, P<0.01$). **CONCLUSIONS:** These finding indicate that our QOL questionnnaire has high enough reliability and potency of validity to evaluate the QOLs of anesthesiologists. Recently many anesthesiologists quit their jobs and leave their hospitals. Many kind of negative QOL factors might play very important roles to disturb their passions for occupation. Now we must pay more attention for the QOL of anesthesiolosts.

292/1146/Life Quality Of University Professors In Brazil

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AIMS: To evaluate the Quality of Life (QV) of the professors at the Universidade Católica Dom Bosco (UCDB). **METHODS:** Sixty seven professors voluntarily filled out the Medical Outomes Study (MOS)(SF-36) **RESULTS:** 29 was men and 38 women. The average age was 41 years. The domains of the SF-36 that were most compromised were social aspect (52); emotional aspect (50); pain (47); physical aspect (43). The most healthful aspects were functional capacity (80); general health state (81). There was no linear correlation among the eight domains. The two domains that had demonstrated greater correlation were physical aspect (51) and emotional aspect (51). Conducting a cluster analysis, it was possible to group 41 people in the group with the best state of health, in the following domains, in decreasing order: physical aspect, emotional aspect, functional capacity, general health state, social aspect, pain, mental health and vitality. In a correlation analysis for sex and the eight domains, it was observed that most healthful domains within the men were: functional capacity, general health state, mental health, pain and vitality. The domains in which did not have difference in relation to the sex were: physical aspect, social aspect and emotional aspect. **CONCLUSIONS:** The majority of the professors did not have their quality of life compromised; standing out the domains of functional capacity and general health state as the most healthful.

293/1677/Educational Organizational Climate in a Colombian University: Lessons learned during a 6 year follow up work

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AIMS: This presentation seeks to discuss the results of a 6 year study over the Educational Organizational Climate (EOC) in the Fundación Universitaria del Área Andina in Bogotá (colombia). **METHODS:** This work includes both qualitative and quantitave analysis of information, motivated in the utilization of the survey IMCOIES(Gomez, 2001). The analysis of this information is oriented by Likert´s Theory (1967) about organizational climate. According to the theory, to better such climate, informal structures are very important. The study compares both surveys and focus groups results, with particular attention to the findings of informal structures that procure the improvement of EOC. **RESULTS:** the lessons learned in this work demonstrate that: 1)The styles in direction and the practices of human interaction between team members determine the characteristics of a microenvironment; 2) All the variables that determine EOC can be affected by changes in specific politics or in the execution of punctual projects; 4)The students´ participation as involved agents rather than just clients, aid in the improvement of EOC. **CONCLUSIONS:** To generalize our results, could be said that in order to improve the quality of work life and occupational health, it is necessary to develop both politics and specific actions directed towards the contiencetization and the empowerment of each of the team members, actions in which the EOC is the result of cohesive and coordinated action. Politics without participation of those who form the base of the structure, do not generate results in the quality of life. This implies that in the next step, one must include a component of clarification of expectations and feedback prior to the implementation of programs of improvement of Quality of Working Life.

294/1866/Impact of Prediabetes and Diabetes on Health Related Quality of Life (HRQL) and Work Productivity/Activity Impairment

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AIMS: To quantify the impact of prediabetes and diabetes on HRQL and work productivity/activity impairment in a sample of US adults. **METHODS:** Data were obtained from the 2007 US National Health & Wellness Survey (NHWS), an annual self-reported Internet survey of adults <=18. Information regarding demographics, health status, HRQL, and work productivity/activity impairment is also gathered. Individuals with elevated blood sugar levels/were at risk for developing diabetes were compared to those who reported a physician diagnosis of type 2 diabetes and those without diabetes. Linear regression models were used to control for confounders and determine the impact of a prediabetes state on outcome variables including: physical and mental HRQL (measured with the Short-Form Health Survey, SF-8), and overall work productivity loss and activity impairment (measured using the Work Productivity and Activity Impairment (WPAI) Questionnaire). Analyses of work productivity loss were limited to those employed full-time. **RESULTS:** Of 63,012 respondents, 5,168 (8.20%) were prediabetic; 6,836 (10.85%) had type 2 diabetes and 50,477 (80.11%) were neither. Significant differences were noted between groups in bivariate analyses for HRQL and WPAI. Prediabetic respondents had higher physical HRQL scores and lower mental HRQL scores vs those with diabetes. Higher levels of work productivity loss were also noted among prediabetic respondents. After controlling for confounders, prediabetic respondents reported lower physical ($B=-2.54$, $<.001$) and mental ($B=-1.48$, $p<.001$) SF-8 scores than non-sufferers. They also had higher levels of work productivity loss ($B=10.82$, $p<.001$), and activity impairment ($B=6.94$, $p<.001$) than non-sufferers. Those with diabetes reported lower physical HRQL ($B=-2.21$, $p<0.001$) and higher levels of activity impairment ($B=2.19$, $p<0.001$) than non-sufferers. **CONCLUSIONS:** Among US adults, the prediabetic state is associated with lower HRQL and increased work productivity loss. With future projections indicating increasing prevalence, this condition needs to be addressed and controlled.

295/1941/Health-related quality of life in medical students

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AIMS: The presence of stress and emotional instability is described among undergradute medical students and may impair students' well being and academic performance. Our hypothesis is that health-related quality of life (HRQL) may alter throughout medical course, mainly in mental domain. Our objective was to evaluate HRQL in medical students, from the first to the sixth year of graduation, using the 36-item Short Form Health Survey (SF-36). **METHODS:** 352 medical students registered in 2006 at the Federal University of Uberlândia were enrolled in this cross-sectional study. The control group was represented by 38 students of the same course, recently registered, at the second week of classes. All students answered the 36-item Short Form Health Survey Questionnaire(SF-36) and the Beck Depression Inventory(BDI). Alpha Cronbach's coefficient was used to evaluate SF-36 reliability and Kruskal-Wallis test permitted comparisons among groups. **RESULTS:** Students' median age was 22.5. Alpha Cronbach's coefficient varied from 0.66 to 0.89. In general, comparison among groups showed no significant differences. However, students in the third year scored significantly lower than the control group, mainly in mental dimension ($p<0.01$). Students in the second, third and fourth years had lower scores than controls in vitality domain ($p<0.01$). BDI scores showed presence of depressive symptoms in 14.4% of undergraduate students and in 7.9% of controls. Students with depressive symptoms in the study group also had lower scores in mental dimension, body pain and vitality domains ($p<0.05$). **CONCLUSIONS:** This study showed impairment in HRQL mainly among students in the third year of medical course, specially in mental dimension. There was a high frequency of depressive symptoms in the study group which leads to a negative impact on HRQL. These results point out the need for policies that warrant students' well being and quality of life throughout the course. Specific instruments should better evaluate mental dimension in further studies.

296/1952/Social support, coping, work stress and quality of life.

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AIMS: AIMS: The study's main purpose was to examine the association between work stress, coping, social support and quality of life in nursing staff. **METHODS:** Methods Sample included e 277 nurses, mean age 41. Nurses self-reported through a battery of scales applied : JCQ -Job Content Questionnaire, Berlin social support B SSS- Hospital Anxiety and Depression Scale (HADS), PCI - The Proactive Coping Inventory (PCI) WHOQOL_BREF (OMS)Health related quality of life - Nonparametric correlations were used to analyze the data. **RESULTS:** Results CO-worker support showed positive correlations with support given by supervisor (JCQ), strategic coping (PCI), social support, (BSSS) emotional support (JCQ) and all dimensions of quality of life WHOQOL r= (.23 to .78 p.000). Lower levels of co-worker support were related with muscular pain, sleeping problems, and anxiety JCQ (- r=. e29 - , p .000), and lower levels of HRQL. Support given by supervisor correlates positively with (BSSS , decision latitude, and WHO-RF, WHO-RS_, WHOSF, Y WHO_E . r= (.023 - 0.5 p .000) and negative correlations with anxiety, depression (HADS) and physical symptoms and sleeping troubles r= (-.25to -30, p.000) . **CONCLUSIONS:** Conclusions Social support, Co-worker support, and supervisor support modulate effects of work stress. Interpersonal Relationships at work have strong influence in Health related quality of life.

297/1964/Lifestyle Evaluation and Elaboration of a National Quality-of-Life Program

Eloir Simm, Georgia Antony, Social Service Industry, Brazil

AIMS: evaluate lifestyle profile and risk factors for chronic diseases to support a national quality-of-life program for industries in Brazil **METHODS:** An initial evaluation of lifestyle profile and leisure habits of industry employees (cross-sectional study) from Santa Catarina State in Brazil has been done between 1998 and 2004(Rev. Saúde Pública, 35(6)554-563, 2001). The results offered the basis for launching a national quality-of-life program that aims the promotion of an active and healthful life for the employee and his family. An awareness campaign took place while were offered leisure activities. The program contemplated 3 axies: awareness, motivation and oportunities to change behavior based in 5 items: nutrition, physical activities, relationships, management of stress, preventive measures. After the pilot study, the Social Service of Industry launched a national study to have a complete profile of lifestyle of brazilian industry worker. **RESULTS:** Preliminary national data on smoking, alcohol consumption, fruit and vegetables intake, physical activity, stress perception, and self-assessment of health status are available, including 31.869 workers (more than 60% are males). The prevalence of smokers is between 9% (State of Alagoas) and 28 %(State of Tocantins), higher among males. The proportion of heavy alcohol consumers is high (from 29% - State of Goias and 47% - State of Maranhão), mainly among males. Almost half of the subjects (from 32%- State of Santa Catarina to 69% - State of Acre) reported no leisure-time physical activity (high risk group _ women with more than 40 years old and lower familiar income). About 10% of workers (State of Tocantins) to 17% (State of Alagoas) reported high levels of stress and difficulty to cope with daily tasks. More than half workers reported that watch TV more than 2 hours a day in weekends. Most respondents do not go actively to work (walking or bicycling). The group of male workers, younger than 40 years and with lower familiar income is the higher risk in the matter of nutrition, most of them eating less than 5 portions of fruits and vegetables, having higher prevalence of overweight and obesity. **CONCLUSIONS:** Data obtained from an evaluation of lifestyle habits of Brazilian industry employees stimulated (1) the increase of industry social responsibility in this matter (2) launching a national quality-of-life program to improve health and wellness conditions of this population.

298/1182/Quality of Life of Speech Therapy Undergraduate Students

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AIMS: The aim of this study is to investigate the quality of life of the Speech Therapy undergraduate students at Unicamp as well as the extracurricular activities they engage in. **METHODS:** This research used a quantitative and qualitative approach. Its subjects were the students from the first to the fourth grades of the Speech Therapy Undergraduate Course at FCM/CEPRE. All students were invited to spontaneously participate in the research. To assess quality of life, the WHOQOL-BREF instrument in its Portuguese version was used. In the analyses, each domain was studied on its own and, afterwards, compared within the four grades of the course. Greater scores corresponded to better quality of life. **RESULTS:** A total of 112 questionnaires were given to the students enrolled in the Speech Therapy Course in the year of 2007. 79 questionnaires (70.5%) were returned, together with the informed consent. The sample consisted of 93.7% female students, ages ranging from 18 to 27 with an average of 21 years. From the sample, 26.5% engaged in some kind of paid extracurricular activity, most of which (60%) related to Undergraduate Research Scholarships. Most of those who do not take any extracurricular activities claimed lack of time due to the coursers schedule as the main reason. In the quality of life assessment, the data were subject to descriptive statistical procedures and when comparing the data, the non-parametric Kruskal-Wallis test was used, and followed by the Dunn test, when necessary. All the domains and grades were analyzed together and separately. The median values corresponding to each domain were: physical health 60.7%; psychological health, 62.5%, social relationships, 75.0%; environment 62.5%. **CONCLUSIONS:** The findings show that the third grade had the lowest scores, which were statistically significant when compared to the highest values in each domain in the physical, psychological, and environmental aspects as well as on the general questions. The domain social relationships did not present any statistically significant differences.

299/1162/Quality of Life of the worker-students enrolled in the Middle Level Technical School for Professional Qualification in Nursing

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AIMS: The evaluation of such students offer subsidy for educational as well as health institutes and allows the identification of the repercussion of being a worker and a student.The objectives are the identification of the characteristics of the worker-students,the evaluation of their Quality of Life, and also the verification of the associations between their Quality of Life and the characteristics of their socio-demographic status, of their study and of their work. **METHODS:** It is a descriptive, exploratory, cross-sectional field study, with a quantitative focus. The population was made up of 101 worker-students enrolled in the morning, afternoon and evening shifts of a private technical school in the city of São Paulo. In order to evaluate their Quality of Life, the Ferrans and Powers QLI was used, consisting in four dominions:Health/functioning,Socio-economic, Psychological/spiritual and Family. **RESULTS:** In the evaluation,the following scores were obtained: Quality of Life, 21.07 (SD=4.50), Health/functioning, 20.01 (SD=5.03); Socio-economic, 20.09 (SD=4.82); psychological/spiritual, 23.58 (SD=5.41); and Family, 22.18 (SD=6.61). A significative relationship between Quality of Life and the following variables was found: age, attention in theoretic classes, fulfilment of starting and finishing of class schedule and the existence of registered job. **CONCLUSIONS:** The Quality of Life of the students was considered to be good in all dominions. Evaluated independently, the itens which showed the highest score were those related to his/her children; the physical capacity of being helpful to othersand faith in God, where the quality of life of the students was considered very good. The lowerest scores were related to the level of stress and worries about life; socio-economic conditions, leisure activities and being in the mood for strolling, where the satisfaction with life was considered regular.

300/1245/To Determine The Quality Of Life In The Retired Nurses

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The purpose of this study was to describe the quality of life of the retired nurse, in six areas: physical, psychological, independence, social relationships, environment and spiritual, the parameters recognized by the WHO in defining quality of life. Methodology: the study is descriptive of the total of 79 retired nurses. With their consent, we obtained socio-demographic data and requested and guided them in the self-application of the WHOQOL-100 questionnaire which is validated and authorized by the WHO. The SPSS statistics program was used for the data base that was sent to the WHO and to determine central tendency measurements and variable correlation. Results: Socio-demographic Variables: the population_s mean age was 58±5.98, with an average period of retirement between 50 to 79 years old; 59.4% reported living as a couple. Schooling was reported as 42% technical with junior high school completed, 21% technical with junior and senior high school completed, 13% technical without junior high school, 8.7% with a bachelor_s degree, 8.7% with elementary school and 5.8% with junior high school completed. 88.4% of the group reported that they received dynamic pension and 23.2% reported holding an additional job. Quality of life: the overall perception of quality of life and general health was considered to be 80%, spirituality 77.35±17.49%, independence 72.35±17.99%, environment 68.69±11.81%, social relationships 68.38±14.79%, mental health 67.46±15.63%, and physical 67.30±17.49%. Areas of Major Impact: spirituality, independence and environment. In that order. Conclusions: the universal concept of quality of life considers the individuals´ perspectives and well-being in the context of culture and value system end in relation to their goals, expectations and standards, and as a result, despite the different context in which retired nurse live, the overall evaluation of quality of life was very good.

301/1247/Research Of The State Of Mood And Family Functionality In A Chilean Men Mine During March And April 2008

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AIMS: The copper price, the unemployment rate, the lack of opportunities in some places of the country, motivate the migration of workers towards the more less densified territories, seeking for better income.This implies living in mining camps, away from the family.Therefore, emotional stability is important for the worker to overcome the stress of beeing away. Based on this the need arises to study the mood of workers and their familiar functionality in the workers of a mining project. **METHODS:** An self-applied, voluntary and confidential survey was undertaken. The study is of a observarional, prospective and descriptive character. **RESULTS:** Results: A total of 109 workers were sureveyed with ages ranging between 20 and 55 years with an average of 35. The familiar situation of the sampled workers was with 54% of workers married, 0,9% divorced an 44.9% single. 75% of the workers have children with an average of 2,1 per person.69% of the workers work a shift consisting of 20 continuous days at labor, followed by 10 days off.According to their occupation, 13,76% are ordinary labor, 10% are carpenters, 9,1% electricians, 9,1% mining worker, 9,1% machine operators 7,33% supervisors, 6,4% specialized workers and the rest other professions or occupations.A total of 23 studied workers presented symptoms of depression and/or family disfunctions.Among them, 82,6% work the 20/ 10 shift. The findings can be grouped in the following way: 9 persons present a situation compatible with moderate or severe depression (8,2%), 7 with symptons compatible with light depression (6,4%), 6 with sever family disfunctionality (5,5%) and 6 with moderate family disfunctionality (5,5%). **CONCLUSIONS:** Conclusions: The majority of surveyed workers were qualified workers, working 20x10 shifts.There is a greater frecuency of depressive moods compared to general population, which is signified by the fact that 11´% of them show family disfunctionality.It is concluded therefore that inspite of good working conditions (fisically and economically) the workers presenta a greater percentage of depressive moods.This finding than favors the use of strategies to protect the mental health of mining workers in remote areas.

302/1318/Anesthesiologists Perception of Quality of Life

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AIMS: Anesthesiologists are thought to experience high degrees of stress because of the nature of their working conditions. The purpose of this work is to compare elements related to quality of life between anesthesiologists(A) and a group of non-anesthesiologists(Non-A). **METHODS:** A cross-section survey based on two anonymous questionnaires was carried out within the medical staff members of the HCPA from nov2007 to feb2008. Their quality of life was assessed by means of the WHOQOL-bref (World Health Organization Quality of Life Instrument-bref). Professional and demographics variables were registered in another form and t-student, chi-square, multiple regression were used for the statistical analysis. **RESULTS:** The total number of respondents was 67 from group A and 69 from Non-A. Overall, group A reported scores lower than group Non-A at WHOQOL-bref(62.3 ± 19.1 vs. 72.8 ±14;p<0,01). The differences regarding the domain rating were physical(72.9 ± 11 vs. 77.1 ± 10.8; p<0,05), psychological(66.4 ± 13.6 vs. 71.7 ± 11.4; p<0,05), social relationship(64.6 ± 19 vs. 73.3 ± 15.3; p<0,01) and environmental(68.1 ± 11.5 vs. 72.8 ± 14.8; p<0,05). The Non-A group showed better work team relationship, changeable places during the day, more time spent on professional,intellective and scientific activities. Others variables involving daily working hours, on-call duty nights and weekends, holiday periods, physical and leisure activities did not present significant differences. The multivariate analysis pointed out that working team satisfaction was a predictor of higher scores in the psychologic and social relationship domains whereas the level of scientific activities was a predictor of higher scores in the social relationship domain. In addition the duration in professional activity was a predictor of higher scores in the environmental domain. **CONCLUSIONS:** The worst WHOQOL scores were rated in the anesthesiologists group. This suggests that time allocated for upgrading, work team relationship, change in environment and professional experience might improve their quality of life.

303/1848/Lautaro, Healthy Commune - Chile

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AIMS: In November, 1997, Lautaro's commune joins to the work of Promotion of Health, forming a part of the first 12 pioneering communes in Chile, with the strategy of HEALTHY COMMUNES. In the same year, it(he,she) implemented a COMMUNAL PLAN OF PROMOTION, which in turn is inserted in the Plan of Communal Development (PLADECO). GENERAL AIM(LENS): To promote and to strengthen the actions(shares) that promote the Autocare and the life cures in Lautaro's commune - Chile. SPECIFIC AIMS(LENSES): - To stop(detain) the explosion of the factors of risk of cardiovascular diseases. - To develop the protective factors of the health of character psicosocial and environmental. **METHODS:** METHODOLOGY: The Committee LIFE Communal CHILI elaborates a plan of annual, participative and intersectorial work approaching the following strategic limits: - Educational establishments Promoters of the health (Schools, lyceums, infantile gardens) - healthy Communities (neighbors' community, United Organizations, etc.) - Places of healthy Work (Companies, public and private institutions) - health Programmes with the people (microprojects with the organized community) Thematic areas to approaching in every strategic limit: - Healthy nourishment - Physical Activity - Tobacco, alcohol and drugs - Environment - occupational Health - Accidentabilidad - sexual and reproductive Health - mouth Health - mental Health **RESULTS:** Results: - One has credited to the date 20 educational Establishments as healthy Schools with an average of 3000 pupils. - The prevalencia of obesity has diminished in 3 % in the pre-school ones of our commune - Sedentarismo's prevalencia has diminished in the community Lautarina, across the implementation of numerous workshops of entertaining and recreative gymnastics so much to urban as(like) rural level. **CONCLUSIONS:** CONCLUSIONS: - The reached achievements one owes the great civil existing participation and the intersectorial equipment(team) that they shape the VIDA communal CHILI. - It is a project that is a part(report) of a politics(policy) of government, for which, his(her,your) this given continuity because there exist the resources, the worry of the State and the problems of health are even present.

304/1724/Evolution of health indicators in the period 2000-2006: Surveys Quality of Life and Health, Chile.

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AIMS: analyze the evolution of factors of risk and health perceived in the period 2000-2006, by sex and age. **METHODS:** Data was obtained at home interview survey carried out on 2000 and 2006. These are cross-sectional studies of a multi-stage, stratified random sample of 15 years and older non-institutionalized Chilean residents. The final sample included 6,210 individuals on 2006 and 6,228 on 2000. For comparison have been appropriate databases 2000 and 2006 correcting factors weightings according to population in each year, the proportions have been standardized to obtain comparable indicators over time and have been calculated 95% confidence intervals for the proportions. **RESULTS:** The self-perception of health as very good or good, remained stable between 2000-2006 (56.8% and 56.3%, respectively), with a more favourable perception among men. During the study period, consumption of tobacco remains unchanged (2000: 40.0% 95% [38,2-41,8] and 2006: 39.5% 95% [37,9-41,2]), with a decline among adolescents aged 15 to 19 (44.6 in 2000 to 38.0% in 2006). Among men, increased the proportion who are exposed to cigarette smoke in their work (35.3% in 2000 to 44.4% in 2006), while among women there was a decline (41.5% in 2000 to 36 , 3% in 2006). Among the men there was a slight decline in the proportion of problematic consumption of alcohol, 29.9% 95% [27,8-31,9] 25.6% to 95% [23,6-27,8)] while this proportion dropped between 15-19 years and 65 to 74 years. The physical activity 3 or more days at week for 30 minutes, increased slightly, from 8.8% to 10.8% in 2006. The presence of symptoms of stress increases among women, rising from 36.2% to 42.8%, while among men remains stable **CONCLUSIONS:** The perceived health remains stable, while the principal risk factors such as tobacco, alcohol consumption and sedentary do not present important changes. However, there are different developments as sex and age, especially on younger ones.

305/1401/Coordination of clinical practice teaching to Nursing students _ quality parameters Maria Aparecida das Neves _ Santa Casa de São Paulo, Brazil Maria do Carmo Querido Avelar _ Universidade Guarulhos _ Brazil Keywords: quality, teaching, practice

Maria A. Neves, Maria C. Avelar, Nursing, University Guarulhos, São Paulo, São Paulo, Brazil

AIMS: Introduction: Quality, in the world of education and teaching, is everybody_s aim. The term quality is considered to be distinctive, shared in the processes and products (Gentili;Silva, 2002). As an attribute, quality can be achieved through investments in education, developed in a continuous and systematic form, favoring the development of aptitudes, competences and abilities. When institutions or organizations aggregate human values to an undertaking, they turn themselves to the attainment of quality, developing processes that afford to the human beings conditions of dignity, citizenship and quality of life (Cecagno, 2002). Objectives: Identify the quality parameters in the process of coordinating the clinical practice of the graduating students. **METHODS:** Method: This field study _ descriptive, transversal _ included 25 professionals responsible for the coordination of the practice of graduating students in 25 hospital schools, in the city of São Paulo, that received graduating students in the last 3 years. The data collection included semi-structured questions in the structural, pedagogical and managerial areas **RESULTS:** Results: In the process of coordinating the teaching of clinical practice, we identified in the structural dimension, hierarchical, legal and statutory aspects besides the inter-institutional requisites; in the pedagogic dimension, the combined planning of activities and the process of evaluating the agents and the actions; in the managerial dimension, the organizational instruments of the process and the directives for the development of actions. **CONCLUSIONS:** Conclusions: The basic parameters of quality in this process were identified in the politic,, pedagogic and managerial dimensions, imposing on us the ethical compromise to go deeper on our reflections and discussions, always aiming on its improvement.

306/1440/Health Dimension: Nutritional Approach - The Basis For Construction Of The Model Of Quality Of Life At Work In UNICAMP

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AIMS: State University of Campinas (UNICAMP) is a public University, founded 42 years ago, at Sao Paulo State, Brazil. It_s structure is formed by five campuses, 12,000 professionals, 75,000 pupils, 99 Units interconnected and autonomous. Quality of Life was chosen at 2004 as a strategic area of UNICAMP, next to the areas of Teaching, Research, Extension and Administration. The institutional vision of quality of life at work into UNICAMP is understood as actions to improve the individual in the approaches personal and professional, considering working relation_s humanization, social and cultural life, and care with the environment. The nutritional approach, health promotion and prevention of diseases through food, was chosen as the first practical experience to develop quality of life at work into the University. **METHODS:** Several methodologies were used to articulate professionals, in specific competences of nutrition area, and to stimulate the university community considering and changing food habits in favor of the improvement of their quality of life. The methodology_s structure was articulated with the academy (professors and students); for specialists (Nutritionists); for the employment of extern services; and with Regulatory Bodies in the area of nutrition at UNICAMP. **RESULTS:** Each action was assessed qualitatively and quantitatively, and the group formed by them, each one with its specific focus, produced a systemic action for nutrition in the context university. **CONCLUSIONS:** The chosen format for the nutritional approach allowed, in addition to the development of the approach itself, to design a model of action for Quality Life at Work into the UNICAMP, and can be implemented and extended to other approaches in this issue.

307/1620/Workplace stretching exercises program for the decrease of musculoskeletal pain incidence and intensity

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AIMS: Pain and discomfort are one of the workers' largest complaints, negatively influencing their work capacity and their quality of life. Also, musculoskeletal disorders account for a large number of workers' compensation days and disability. In the present study, the role of the workplace stretching program is discussed as a protecting and preventive agent in relation to those complaints. The objective of this work is to investigate the efficacy of daily 10-minute stretching exercise breaks accomplished in the work in the incidence of pain, its intensity and frequency. **METHODS:** An uncontrolled pretest-post-test study design tested the effects of daily 10-minute stretching exercise breaks during paid work time in the pain of 654 factory and administrative workers (n=654) from 3 companies from Campinas - Brazil, who attended the program. For such a purpose, the workers answered a questionnaire about the existence of pain symptoms, a numeric rating scale (NRS) from 0 to 10 for the intensity of pain, a pain drawing for the designation of its local and a question about the pain frequency, using a Likert scale (never / always). The questionnaire was answered before and 6 months after the beginning of the program. **RESULTS:** The statistical analysis by the McNemar test shows that there is a significant decrease in the incidence of pain after 6 months of attendance to the stretching exercises program (p<0,000), from 52,45% to 32,52% of workers with musculoskeletal complaints. The pared t-student test shows that there is a decrease in pain intensity (p<0,000) of 1,76 points in the NRS and the Wilcoxon test didn't show a significant decrease in pain frequency (p<0,059). However people who answered "always" to that question fell from 10% to 2.9%. **CONCLUSIONS:** The intervention program is associated with significant improvements in the incidence of pain and its intensity. Substantive health and organizational benefits may result from integrating brief periods of physical activity into the workday. It is recommended that the companies use a well structured program of stretching exercises carried out in the facilities of the very company for the prevention and the decrease of pain and musculoskeletal disorders.

308/1484/Leadership Styles Adopted By The Nursing Graduates Of A Private University

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AIMS: Introduction: The preparation and development of academics in experiences directed toward their professional role takes place with their entry into the reality of day-to-day work and in performing the practices focused on attaining their skills. Among the skills required for exercising the profession of nursing and set down in the National Curricular Guidelines of the Graduate Nursing Course, leadership stands out, expressed in nursing and multiprofessional team work. And so we must ask how graduates are being prepared to face the responsibility of integrating skills for leadership in performing his or her professional role. Objective: This study seeks to identify and analyze the styles of leadership expressed by nursing graduates as characteristics of their relationships. **METHODS:** Method: This is a field study, descriptive, transversal, with a quantitative approach, developed among graduates from the final year of the course, using a two-part questionnaire. The first includes socio-demographic data and the second an inventory of leadership styles. **RESULTS:** Results: demonstrated in four group that emphasize the behavior of the leader, classifying it, according to the values attributed to the propositions of this inventory, as being the one who _offers support or _takes control," or "maintains and conserves" or "adapts and negotiates." **CONCLUSIONS:** Conclusions: The relevance of this study addresses the aspects of responsibility of those involved in the training process of future nurses. This responsibility is a challenge that must be shared, involving a participative process of educational activities that offer tools to students for the skills required to exercise the profession. The intention is to provide subsidies that can encourage analysis and discussion about leadership as a required skill in the training of the future professional. Reference: HERSEY,P.; BLANCHARD,K.H. Psicologia para administradores: a teoria e as técnicas da liderança situacional. Trad. Edwino A. ROYER. São Paulo: Editora Pedagógica e Universitária, 1986.

309/1052/Diagnostic of Quality of Life in Priests in the Archdiocese of San José, Costa Rica.

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AIMS: Which ones are the characteristics of the San Jose Archdioceses priest quality of life?Generate a diagnosis of quality of life of priests in the Archdiocese of San Jose.1.Describe the main aspects of physical health, psychological health, social relations, environment and spirituality in the lives of priests.2.To establish the characteristics of functional status of priests.3.Identify the characteristics of access to resources and opportunities available to the priests. **METHODS:** Sample:100 priests.Three phases.First,test pilot, WHOQOL-Bref and EPE by Reed(1986).Second,implement those instruments and attached socio-demographic data.Analyisis the data collected with the SPSS 12.0 version.Third,a qualitative process,(Focus Group).Base on a methodological triangulation of the intermethods, the general analysis was done. **RESULTS:** High number of priests means young adults and adults.Slow Schooling of the Clergy.Over the years, denoting some needs that has to be addressed.Half the priests are overweight.Unbalanced diet.Intake of fast foods is very common.Sleep is very little benefit to a group of priests.Satisfaction with the overall normal life and lack of sense of life.Experiencing feelings of sadness, loneliness, anxiety.Good relationship with people emotionally close.Wrong handling about theme of Sexuality.Generally characterized as good and express feel satisfied with the resources at his disposal:transportation, sanitation, clean place to live, safety in the environment and access to information.Dissatisfaction with money and leisure time.Not all live so fully their spirituality as expected.Unbundling between beliefs and practice.In a high percentage there is some comfort in becoming what normal.Deep insight into the priests involved, and in their reality. **CONCLUSIONS:** The diagnosis can become a useful tool for the Archdiocese of San Jose.Implement an comprehensive care. Programs of balanced diet and exercise, psychological care.Medical checkups and respective controls should be increased. The lack of free time can be one of the causes of many diseases suffered.

310/1548/Improvements in the uptake and impact of outcomes and quality measurement: the heiQ evaluation system

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AIMS: The Health Education Impact Questionnaire (heiQ) is a suite of 8 measures that cover the intended and valued intermediate impacts of a wide variety of health education interventions across chronic diseases. The original version (v1-42 items) has excellent psychometric properties and was developed using extensive stakeholder engagement including nominal group techniques to ensure its relevance across settings. Scales cover Positive and Active Engagement in Life to Health Services Navigation. User feedback (collected systematically) indicated the 6 response options in v1 might be excessive, and 1 scale (Psychological Wellbeing-a reversed scale) might be interpreted incorrectly by some respondents. This paper aims to outline strategies used to optimize psychometric properties, usefulness and impact of the heiQ across settings, & report a refined version (v2) **METHODS:** A draft v2 was generated with 4 response options (strongly agree to strongly disagree) & ambiguous items redrafted. v1 and v2 were administered to 2000+ people before & after health education interventions. Confirmatory factor analyses (using Mplus & LISREL) using polychoric correlations and robust estimation to accommodate the ordinal nature of the items. A responder criterion was set for each scale at 0.5xEffect Size to enable calculation of the proportion of patients achieving a substantial improvement. These generate a course report highly endorsed by heiQ users **RESULTS:** The original factor structure with v1 and v2 data was confirmed. Only 2 items were multifactorial & these were deleted without substantive loss of reliability (alpha: 1 scale = 0.7, all others >0.8). The move from 6 to 4 response options did not appear to affect scale performance or overall structure. Pragmatically, 4 response options are preferred and use of a simple "proportion improving" from an intervention relative to national benchmarks were endorsed **CONCLUSIONS:** The heiQ is used across several countries and languages to provide robust outcomes data in clinical trials and community interventions. While v1 remains a good scale, v2 is an improvement, is simpler and shorter. The refined tool provides improved measurement and increased ease of application

311/1828/Physical Activity, Health and Communitarian Action at SESC São Paulo

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AIMS: The Social Service of Commerce - SESC is a nationwide private institution created in 1946 to promote the social welfare and the cultural development of commerce and service employees as well as the whole community. Culture, arts, sports, leisure, environmental education, sciences and health compose the Institutional performance. To move the community for the importance of an active life style SESC develops two major campaigns every year. These campaigns propose new attitudes throughout the inclusion of physical activities in their daily lives. It is accomplished by a variety programming developed in the 31 SESC branches and in many spots around the city. **METHODS:** SESC Summer has been promoted since 1995 and gathering around 1 million people. Different themes are explored to aware the persons about the benefits of corporal practices, using strategies that improve the knowledge and the access to several kinds of practices. Challenge Day, a world event that stimulates communities to promote the practice of daily physical activity, takes place in the last Wednesday of May and suggests that citizens break their routine and practice any kind of physical activity. Cities about the same size make a friendly competition trying to involve the greatest percentage of the population. In Brazil, Challenge Day happens since 1995 and SESC SP coordinates the activities in the American Continent though all actions are developed by the communities. **RESULTS:** SESC Summer had great response from the media and the programming counted over 1.000 activities such as lectures, workshops, championships, open classes, and exhibitions, reaching 900.000 participants. Challenge Day grows every year and in 2007 registered the participation of 3.195 cities from 25 countries of the American Continent, involving over 55 million people. **CONCLUSIONS:** Challenge Day unites the efforts of institutions, government sectors and the entire society for the promotion of physical health, remarking the role of sport and physical activity as an issue of well being and social inclusion. Both campaigns highlight the importance of the social actions promoted by this communitarian movement and incentive the adoption of permanent programs for the practice of physical activity, leading to changes in personal habits and the promotion of collective health.

Addendum

103b/1593/QUALITY OF CARE OF PEOPLE WITH DISABILITIES: FOCUS GROUP METHODS AND RESULTS IN BRAZIL

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AIMS: To explore the relevant factors to the concept of Quality of Care (QOC) for people with disabilities using a qualitative methodology. **METHODS:** This research is part of the DIS-QOL PROJECT - Quality of Care and Quality of Life for People with Intellectual and Physical Disabilities. Three cross-cultural measures will be developed, one of which is about Quality of Care (QOCS-D). The focus groups are the first phase of the research schedule. Five groups were conducted: 1) Intellectual Disabilities; 2) Mixed Physical Disabilities; 3) Specific Physical Disabilities (visual impairment) 4) Professionals 5) Relatives and carers. The sampling was made by convenience with 4-6 participants per group. They were invited to write an individual list of what contributes most to the QOC of people with disabilities. The lists were read to the group and freely discussed with a subsequent review of the individual lists. The material was recorded, transcribed and analyzed through a qualitative approach. **RESULTS:** Different aspects of education and of accessibility were mentioned in the five groups. The same happened with protective laws regarding people with disabilities. The theme "Social Inclusion" also appeared in all groups. The item "Staff Qualification" showed up as important in four of five groups. Five other topics were elicited in three groups: multidisciplinary care, training and information to the family and the care takers, training of health and education professionals to serve people with different disabilities (including learning Sign Language), job opportunities and leisure opportunities. **CONCLUSIONS:** Some of the themes that were brought up are specific of people with disabilities, while others refer to QOC in general. Some items are not related to what is usually considered QOC. The methodology used was useful to investigate the concept of QOC in this population.

103c/1213/CARDIAC REHABILITATION AND QUALITY OF LIFE: A STRATEGY TO PROMOTE HEALTH

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AIMS: One of the main cardiovascular disease, the coronary arterial disease is responsible for about 500,000 deaths in the United States every year. Coronary arterial disease represents one third of deaths in Brazil and it is the second most cause of hospital admittances. The study aimed to evaluate the follow-up of a group of participants in a cardiac rehabilitation program and to learn how their health condition has been affecting their quality of life. METHODS: To reach our goals, social demographic data, risk factors, laboratory and anthropometric exam results have been identified in three periods of time. The quality of life data was obtained by applying WHOQOL-100 at the beginning and at the end of the follow up study at a cardiological ambulatorial service from August 2006 to March 2007.

RESULTS: Six participants took part in the study: five were female between age 51 to 70 years, variable school and family income and they all worked at home. They were all hypertense, five were diabetics and four had mentioned that either father or mother suffered hearth attack, and five were sedentaries. During the follow-up only the HDL cholesterol presented normal levels in most of the evaluations. The body weight kept an BMI above 25 in spite of its reduction. During the two periods of evaluation the feature which scored the least among all was that of spirituality, religion and personal beliefs. The physical and the quality of life aspects showed a rate decrease at a second moment. Other aspects presented satisfactory levels at the period of analysis. CONCLUSIONS: In spite of the small number of participants and little expressive results, the study did not characterize itself as an unsuccess of the program, but it was a possibility to redirect the group works in an attempt to promote health while as an strategy for the management of the damages through intersectorability and multi-professional intervention.

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