the Beck at six months (48% vs. 37%, P = .05). Greater quantitative reduction in symptom scores on the Hamilton at six months (10.4 vs. 8.1, P = .006) were observed. Telehealth care improved mental functioning at six weeks (47.1 vs. 42.6, P = .004) and treatment satisfaction at six weeks (4.41 vs. 4.17, P = .004) and six months (4.20 vs. 3.94, P = .001). Medication adherence was the same in all groups and adding peer support to telehealth care did not improve the main outcomes.

CONCLUSION: Nurse Telehealth Care improves clinical outcomes of antidepressant treatment, improves patient satisfaction, and fits well in primary care. The nurse telehealth care program has been implemented in Maine, Ohio and Southern California.

MH3

RECENT WEIGHT GAIN AND THE COST OF ACUTE SERVICE USE AMONG INDIVIDUALS WITH SCHIZOPHRENIA

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OBJECTIVE: Newer antipsychotics have been associated with increased weight gain. There is also mounting evidence that this leads to noncompliance and a lower quality of life. Gaining weight is also undesirable for health reasons and may lead to increased use of health-care resources. This study considers the association between weight gain and acute service use for patients with schizophrenia.

METHODS: Questionnaires were mailed to people with schizophrenia identified through National Alliance for the Mentally Ill and the National Mental Health Association in spring 2000 (n = 390). Data presented here are from the 345 respondents who reported weight loss (n = 94, 27%), no weight change (n = 106, 31%), some weight gain (1–14lbs; n = 70, 20%), and significant weight gain (≥15lbs; n = 75, 22%) within the last six months. Acute service use was defined as emergency room (ER) visit or hospitalization. Cost values were those reported in Ernst and Hay (1994). For each individual, total costs were computed by summing across categories.

RESULTS: The group reporting significant weight gain was significantly more likely to use acute services than the other three groups (p < .001 for hospitalization, p < .005 for ER visit). The association remained significant when controlling for other variables in multivariate analyses, including age, gender, ethnicity, and overall distress. Overall costs were highest for those who gained 15 or more pounds ($9,486). Those who lost weight incurred costs of $7,400, those who did not change weight incurred costs of $4,095, and those who gained 1–14 pounds incurred costs of $3,647.

DISCUSSION: Our preliminary results suggest that recent weight gain is associated with greater use of acute services and higher costs. There are several plausible explanations. For example, physicians might change medications for people doing poorly (e.g., start a new medication after an acute psychiatric episode). Another possibility is that acute medical services are more likely to be needed after an episode of rapid weight gain.

QUALITY OF LIFE

QL1

CAN HEALTH STATE VALUES BE PREDICTED FROM HEALTH-RELATED QUALITY OF LIFE MEASURES?

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OBJECTIVE: To predict Health State Values (HSV) from health-related quality of life (HRQL) assessments could, if possible, be a fruitful way to use HRQL values for health-economic evaluations. With this in mind, we investigated to what degree values from the EuroQol instrument, the EQ-5D index, and the EQ-VAS visual analog scale, could be predicted using HRQL measures for patients with respiratory diseases.

METHODS: Data from two surveys of patients with respiratory disease were used for this evaluation. The first data set was from 206 patients in Hungary suffering from asthma, and the other was from 120 patients in the northern part of Sweden with COPD. Both surveys included patients with different severities of the diseases. The HRQL instruments used in both surveys were the SF-36, a generic instrument, and St George’s Respiratory Questionnaire (SGRQ), a disease-specific instrument. The two data sets were analyzed separately using a multiple logistic regression model in a stepwise manner to predict EQ-5D and EQ-VAS from the eight domains of SF-36 and the three domains of SGRQ, after transformation of EQ-5D and EQ-VAS to a 0–1 range.

RESULTS: The amount of variation in both the EQ-5D and EQ-VAS that could be explained from the combined HRQL measures was at most 56%. EQ-5D had larger values than EQ-VAS. Using SF-36 domains only as predictors gave marginally lower values. The two domains from SF-36 with best predictability explained about 90% of the reduction achieved with all 11 domains together from the two HRQL-measures, indicating correlation between the different domains.

CONCLUSION: Values for EQ-5D and EQ-VAS predicted from SF-36 and SGRQ have moderate precision and should be used cautiously.

QL2

ESTIMATING PATIENTS’ PREFERENCES IN TREATMENT CHOICES INVOLVING RISK: A NEW MODIFIED STANDARD GAMBLE METHOD

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