PHS93
A WEB-BASED SURVEY TO EVALUATE THE FACTORS ASSOCIATED WITH TREATMENT SEEKING BEHAVIOR IN ADULTS WITH ACNE VULGARIS

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OBJECTIVES: To examine the clinical, quality-of-life, demographic and socio-economic factors that influence treatment seeking behavior in adults with acne vulgaris.

METHODS: We designed an observational, cross-sectional survey of students, staff and faculty members of West Virginia University. We administered a web based survey that included pre-validated questions on demographic and socio-economic characteristics, respondents' subjective assessment of acne severity, duration of acne, type of acne (measured by item Acne Quality of Life Scale), pain assessment and treatment seeking behavior. Participants were considered as treatment seekers unless they had "never seen a health professional" for treatment of their acne, had not used any prescribed acne medication or topical acne treatment, or had not used any forms of store-bought acne treatment (except over-the-counter acne treatments) in the past year (60%). The survey was sent out to a total of 183 respondents. A total of 186 responses were received of which we excluded 28 as these respondents were not currently affected by acne. Majority of respondents (93%) were female and 53% had acne for > 20 years. Higher likelihood of treatment seeking behavior was observed in individuals with higher severity according to the Acne Quality of Life Scale. Higher acne severity was associated with a higher perceived utility of treatment seeking behavior.

RESULTS: A total of 186 responses were received of which we excluded 28 as these respondents were not currently affected by acne. Majority of respondents (93%) were female and 53% had acne for > 20 years. Higher likelihood of treatment seeking behavior was observed in individuals with higher severity according to the Acne Quality of Life Scale. Higher acne severity was associated with a higher perceived utility of treatment seeking behavior.

CONCLUSIONS: Treatment seeking behavior in this sample of adults with acne vulgaris was driven by access to care and clinical awareness. Pain and treatment seeking behavior were influenced by acne severity and characteristics. Improvement of access to care for individuals with acne is needed.

PHS96
NEUROAGENTS OF HEALTH-RELATED QUALITY OF LIFE AMONG ADULTS WITH AUTISM SPECTRUM DISORDERs

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OBJECTIVE: Examining factors that influence health-related quality of life (HRQOL) among adults with autism, compared to population norms.

METHODS: A cross-sectional online survey of adults with autism (N=291) was conducted using the Autism Spectrum Network (JAN) for this study. Adults with autism were identified using linear regression analysis. Results: The final sample included 291 adults with autism. Adults with autism aged 18-24 years and 25-34 years had significantly lower physical HRQOL than their counterparts in the general population. Adults with autism across all age and gender categories had significantly lower mental HRQOL than general US adult population. Regression analyses revealed greater perceived adequacy of social support from family and friends to be associated with improved HRQOL among adults with autism.

CONCLUSION: Adults with autism had lower HRQOL than their peers in the general population. Modifiable variables including social support and coping style were found to influence HRQOL among adults with autism. Interventions designed to improve HRQOL among adults with autism should emphasize on strengthening support networks and alleviating the use of maladaptive coping.

PHS97
HEALTH-RELATED QUALITY OF LIFE IN CHRONIC HEPATITIS C PATIENTS WITH DEPRESSION

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OBJECTIVE: Chronic hepatitis C (CHC) is a common condition and diminishes health related quality of life (HRQOL). Depression is the most prevalent psychiatric condition in CHC patients and may further impair HRQOL. We sought to identify the relative contribution of modifiable patient factors associated with poor HRQOL in depressed CHC patients. These data can provide a blueprint of how best to target interventions in order to improve the HRQOL of this vulnerable group of patients. METHODS: Telephone-based structured interviews were conducted on depressed CHC patients (PHQ-9 score ≥ 10) seeking care at four VA medical centers during 2012-2013. Depression severity was measured using the Symptom Checklist 20 (SCL-20), generally recognized anxiety disorder (GAD) using the Mini-International Neuropsychiatric Interview (MINI), and HRQOL with the Short Form-12 (SF12). Medical charts were reviewed for baseline severity of liver disease (presence of cirrhosis). Bivariate and multivariable linear regression models were used to identify predictors of standardized physical (PCS) and mental (MCS) component HRQOL scores (0-100). Predictors: Completeness (linear mean age 58.5±9.2 years); 97.5% male; 56% African American; and 41% married. The mean baseline SF12 PCS and MCS were 35.2±12.3 and 35.3±10.1, respectively. Individuals who were more depressed and had fewer symptoms of depression and anxiety were more likely to report poor PCS (p<0.05). Similarly, with higher depression and GAD scores, receiving care for mental health, as well as current antidepressant use was associated with poor MCS (p<0.05). There was no association between stage of liver disease and HRQOL (p>0.05). After adjusting for demographics, clinical characteristics, and psychiatric comorbidity, baseline HRQOL was associated with both poor PCS and MCS (p<0.05). CONCLUSIONS: HRQOL decrement in CHC patients with depression is primarily related to the severity of psychosocial disorders. These data support focusing efforts on co-existing mental health to improve patients HRQOL.
PHS100
THE QUALITY OF LIFE AND WORK ABILITY IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN URBAN CHINA
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OBJECTIVES: To evaluate the quality of life and work ability of patients with chronic kidney disease in China. METHODS: We recruited 401 patients diagnosed with chronic kidney disease with the nature of 241 patients in 3-4 stage of CKD and 120 patients in the 5th stage of CKD in Beijing, Shanghai, Guangzhou and Chengdu between November 2012 and December 2012. Patients or their caregivers were interviewed about quality of life by using EQ-5D and absenteeism from work in the past year. We use UK standard EQ-5D index score (0.00-1.00) to patients with CKD in urban China. RESULTS: Among 401 patients with CKD, 56.4% were male and the mean age was 58±15.7 years. 94.3% patients in 3-4 stage of CKD and 98.2% patients in the 5th stage of CKD have at least one kind of health insurance. The average EQ-5D index score of patients in 3-4 stage of CKD was 0.8986, 0.7733 and 0.7088 were for patients in the 5th stage of CKD with hemodialysis and for patients with peritoneal dialysis, respectively. For patients under 60 years old, the fulltime work proportion of patients in 3-4 stage of CKD (31.9%) was higher than 5th stage of CKD (12.2%), and the fulltime work proportion of patients with peritoneal dialysis (20.6%) was higher than those with hemodialysis (8.6%). CONCLUSIONS: The quality of life and work ability for patients in the 5th stage of CKD are rather low. Treatment to delay the time of dialysis could improve patients’ quality of life and work ability.

PHS102
QUALITY OF LIFE OF NURSING HOME RESIDENTS IN SINGAPORE
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OBJECTIVES: To identify the predictors of self-reported quality of life (QOL) of nursing home residents. METHODS: We conducted a cross-sectional survey of residents in six nursing homes operated by voluntary warfare organizations in Singapore. In face-to-face interviews, trained medical students assessed each consenting resident using a modified Minnesota QOL questionnaire for nursing home residents, a modified Katz index for independence in activities of daily living (ADL), the Abbreviated Mental Test for cognitive function, the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) criteria for depression, and questionnaires assessing association with clinical symptoms. RESULTS: A random sample of 375 residents (mean age: 77.3 years, range: 55-101 years, female: 53.9%) completed the interviews, representing an overall response rate of 59.8%. Reporting of pain was associated with depression, reporting of feeling respected was associated with lower cognitive function, and reporting of feeling safe was positively associated with longer length of stay and communication with staff; reporting of enjoyment of food and work ability for patients in the 5th stage of CKD have at least one kind of health insurance. The average EQ-5D index score of patients in 3-4 stage of CKD was 0.8986, 0.7733 and 0.7088 were for patients in the 5th stage of CKD with hemodialysis and for patients with peritoneal dialysis, respectively. For patients under 60 years old, the fulltime work proportion of patients in 3-4 stage of CKD (31.9%) was higher than 5th stage of CKD (12.2%), and the fulltime work proportion of patients with peritoneal dialysis (20.6%) was higher than those with hemodialysis (8.6%). CONCLUSIONS: The quality of life and work ability for patients in the 5th stage of CKD are rather low. Treatment to delay the time of dialysis could improve patients’ quality of life and work ability.

PHS103
QUALITY OF LIFE AND WORK ABILITY IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN URBAN CHINA
Wu J1, Yan L1
Peking University, Beijing, China
OBJECTIVES: To evaluate the quality of life and work ability of patients with chronic kidney disease in China. METHODS: We recruited 401 patients diagnosed with chronic kidney disease with the nature of 241 patients in 3-4 stage of CKD and 120 patients in the 5th stage of CKD in Beijing, Shanghai, Guangzhou and Chengdu between November 2012 and December 2012. Patients or their caregivers were interviewed about quality of life by using EQ-5D and absenteeism from work in the past year. We use UK standard EQ-5D index score (0.00-1.00) to patients with CKD in urban China. RESULTS: Among 401 patients with CKD, 56.4% were male and the mean age was 58±15.7 years. 94.3% patients in 3-4 stage of CKD and 98.2% patients in the 5th stage of CKD have at least one kind of health insurance. The average EQ-5D index score of patients in 3-4 stage of CKD was 0.8986, 0.7733 and 0.7088 were for patients in the 5th stage of CKD with hemodialysis and for patients with peritoneal dialysis, respectively. For patients under 60 years old, the fulltime work proportion of patients in 3-4 stage of CKD (31.9%) was higher than 5th stage of CKD (12.2%), and the fulltime work proportion of patients with peritoneal dialysis (20.6%) was higher than those with hemodialysis (8.6%). CONCLUSIONS: The quality of life and work ability for patients in the 5th stage of CKD are rather low. Treatment to delay the time of dialysis could improve patients’ quality of life and work ability.