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, quality of life (measured using the 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.

RESULTS: A total of 186 responses were received of which we excluded 28 as these respondents were not seen by a personal doctor or health care provider (Adjusted Odds Ratio (AOR): 3.50; 95% CI: 1.31, 9.30). Smaller duration of acne resulted in less likelihood of seeking treatment (AOR: 0.97; 95% CI: 0.94, 1.00). A personal doctor or health care provider (Adjusted Odds Ratio (AOR): 3.50; 95% CI: 1.31, 9.30) was the most significant factor associated with treatment seeking behavior.

CONCLUSIONS: This study shows that there is a significant negative perception among smokers regarding behavioral and pharmacological smoking cessation programs. Implementing education campaigns might be helpful for improving the perception and reciprocally the utilization of such programs. Understanding these smoking perception’s perspective, does help appropriate adoption of current and future programs.

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

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OBJECTIVES: To determine the factors that influence mental health-related quality of life (HRQOL) among adults with autism, and to compare them to population norms. Factors predicting HRQOL among adults with autism were identified using linear regression analysis.

METHODS: A cross-sectional study with autism spectrum disorder (ASD) adults from Autism Network (IAN) was conducted for this study. Adults with autism were identified based on their capacity to self-report. The HRQOL of adults with autism was compared to population norms using one-way t-test. Factors (severity status, social functioning, and other ASD core characteristics) predicting HRQOL among ASD adults 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 higher HRQOL. Mental health-related quality of life (mental health disorder, lower HRQOL) was associated with lower HRQOL.

CONCLUSIONS: 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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OBJECTIVES: 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 (PHQ9 score ≥ 10) seeking care at four VA medical centers during 2012-2013. Depression severity was measured using the Symptom Checklist 20 (SCL-20), generalized anxiety disorder (GAD) using the Mini-International Neuropsychiatric Interview (MINI), and HRQOL using 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.

RESULTS: Complete data were collected on 106 patients (mean age 58.9 ± 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 with higher depression severity 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 severity, and medications, depression severity 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.

PHS98 DEVELOPING A COMMUNITY BASED REFERRAL AND COUNTER REFERRAL SYSTEM AS A STRATEGY FOR IMPROVING ANTENATAL, POSTNATAL CARE VISITS AND HEALTH FACILITY DELIVERY, CASE OF KISII COUNTY, RURAL KENYA

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OBJECTIVES: Referral is a practice of sending patients from one to a more specialized level of care. Studies have shown that effective referral systems have a beneficial effect and could make significant contribution to a reduction in home deliveries. The study was set out to develop and test a Rapid Referral Model (CRM) that could be used to improve antenatal, postnatal care visits and hospital deliveries. The study had three outcome measures e.g. Proportion of pregnant women who attended antenatal care clinics, home deliveries who visited postnatal clinic and home deliveries who were referred and delivered in the link hospitals. METHODS: A quasi-experimental study was carried out in two sub-locations linked to a hospital within the sub-location. Secondary data on antenatal, postnatal visits and home deliveries on the past 10 months was extracted from registers in the two link hospitals before implementation of the referral system. One hundred community health workers were trained on community based referral and counter referral system and issued with referral tools. They were instructed to regularly visit referral areas in order to identify pregnant women, counsel and refer them to antenatal clinics in the linked hospitals. Each community health worker was assigned 25 households; hence 2200 households were regularly visited for a period of 10 months. An online information system was extracted from the same registers. The two sets of data were compared. RESULTS: Statistically significant differences were observed in postnatal care visits (p-value 0.007) depicting an increase of 166% and hospital deliveries (p-value 0.001) depicting an increase of 33.5%. No differences were observed in antenatal care visits. CONCLUSIONS: In order to get a better understanding of the effectiveness of a community based referral and counter referral system in a rural setting, a larger study with randomly selected intervention and control sites is recommended.

PHS95 PREDICTORS OF HEALTH-RELATED QUALITY OF LIFE AMONG ADULTS WITH CHRONIC DISEASES

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OBJECTIVES: To identify the predictors of health-related quality of life (HRQOL) among adults with chronic diseases.

METHODS: Multivariate regression analysis was conducted to identify predictors of standardized physical (PCS) and mental (MCS) component HRQOL scores.

RESULTS: Complete data were available for 158 patients. Higher physical and mental health-related quality of life was associated with better HRQOL. However, greater use of maladaptive coping and higher perceived adequacy of social support from family and friends was associated with lower HRQOL.

CONCLUSIONS: Health-related quality of life is influenced by multiple factors and interventions aimed at improving HRQOL in adults with chronic diseases should target multiple factors.