EVALUATION OF THE AMERICAN (U.S.A.) VERSION OF THE ENDOMETRIOSIS HEALTH PROFILE (EHP-30)

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OBJECTIVES: Health status instruments, which measure the subjective functioning and well-being of respondents, are increasingly being used in international, multi-centre trials of new treatments. If the results of such trials in different countries are to be pooled, it is vitally important for researchers to know how comparable the instrument scores across cultures. In this study, we cross-validated response rate, data quality, score reliability and scaling assumptions of the thirty item Endometriosis Health Profile (EHP-30) in the USA. METHODS: Data were obtained from a multi-centre study which recruited 225 patients from 43 clinic sites in the United States of America. It was a randomized, evaluator-blinded, Phase III study. In the evaluation of the EHP-30 reported here the two groups (Depot Medroxyprogesterone Acetate and Leuprolide Acetate) are combined, and analyses are based on data gained at baseline. Questionnaires were self-completed by patients when they visited the clinics. RESULTS: Data completeness was very high with 97.33% of respondents completing all the items on the EHP-30. Furthermore, there were no more than a maximum of two missing responses for any given item. No floor and ceiling effects were found for any of the dimensions of the questionnaire. Internal consistency reliability was high for all dimensions (alpha ranged from 0.84–0.91). The psychometric properties of the instrument were supported by the development of the UK version, are supported in the American context. CONCLUSIONS: The data presented here suggest that the EHP-30 is a valid and reliable measure that can be appropriately and meaningfully used in studies that include respondents from the USA.

THE IMPACT OF MEDICARE PART D ON OUT-OF-POCKET DRUG EXPENDITURE OF THE ELDERLY

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OBJECTIVES: To examine the impact of Medicare Part D on out-of-pocket drug expenditures (OOPDE) in different socio-economic groups. METHODS: Health and Retirement Study data based on a nationally representative sample (2006) were used. Subjects aged 67 years were excluded so that subjects analyzed had ≥2 years Medicare coverage. Champsus or VA beneficiaries were also excluded. Subjects were asked whether their “out-of-pocket costs for prescription drugs went up, went down, or stayed the same” as a result of the Part D program, which is the dependent variable in the analysis. Multinomial logistic regression (MRL) models were applied. Age, gender, race, insurance type, logged household income, logged non-housing financial wealth, number of chronic diseases, and logged total out-of-pocket medical expenditure in the last year were the independent variables. Parallel collinearity between OOPDE and the other variables, and its implications were investigated. RESULTS: N = 1,067. The MRL analysis demonstrated that having a greater number of chronic diseases was associated with increased OOPDE (p < 0.01). Greater OOPME (p < 0.01) and being White (p = 0.03) were associated with decreased OOPDE. According to the collinearity investigation, greater OOPME were related to being female, White (vs. Hispanic, Black or other races), Medicare-only (vs. subjects with additional insurance), and wealthier. Consequently, a MRL was run without OOPME. In addition to number of chronic diseases (associated with increased OOPDE, p = 0.01), we found that being female (p = 0.02), White (vs. Hispanic (p < 0.01), or Black (p = 0.03)), Medicare-only (vs. Medicare (p < 0.01)), and wealthier (p = 0.03) were associated with decreased OOPDE. CONCLUSIONS: Having more chronic diseases associated with increased OOPDE, and higher OOPME before Medicare Part D were more likely to benefit by lowering their OOPDE. This suggests the importance of policy makers considering the financial burden of older adults who have a greater number of chronic diseases.

HEALTH RELATED QUALITY OF LIFE AMONG PARENTS WITH CHILDREN DIAGNOSED WITH A NEURO-DEVELOPMENTAL DISORDER

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OBJECTIVES: To examine and evaluate predictors of health related quality of life (HRQOL) among parents with children diagnosed with a neuro-developmental disorder compared to the typical US population. METHODS: A non-experimental cross-sectional exploratory field study design was employed. Parents of children aged 3–18 years, diagnosed with a neuro-developmental disorder and registered at schoolchild children with developmental disorders were requested to complete a self administered questionnaire. HRQOL was studied using the short form (SF-12v2) general health status survey which measures physical and mental well being. Parenting stress and child behavioral characteristics were assessed using the parenting stress index and the Columbia impairment scale, respectively. One-sample t-test, stepwise regression and factor analysis, convergent validity analysis, convergent validity analysis and internal consistency approaches were used to evaluate the psychometric properties of the instrument. RESULTS: Exploratory factor analysis revealed three sub-scales embedded within the instrument. The three sub-scales assessed specific concerns: labour pain and distress, pre-labour uncertainty and interventions. Good divergent and discriminant validity was revealed for each sub-scale. The labour and distress sub-scale score was found to be significantly associated with both self-reported ‘baby blues’ and postnatal depression. Other findings were found to be significantly associated with the labour and distress sub-scale score. CONCLUSIONS: These findings suggest that the three sub-scales can be utilised as independent self-report measures or the OWLS-9 may be used as a full-scale instrument. The OWLS-9 and OWLS sub-scales offer a valuable and clinically useful measure of birth and labour worry within the context of a short and acceptable self-report questionnaire.

A STUDY OF THE EFFECT OF MEDICAID COVERAGE ON CHILDREN’S HEALTH

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OBJECTIVES: Children currently make up nearly half of Medicaid enrollees. While the impact of Medicaid coverage on the use of medical care has been extensively

THE DETERMINANTS OF LIFE EXPECTANCY IN EASTERN MEDITERRANEAN COUNTRIES: AN ANALYSIS OF WORLD HEALTH ORGANIZATION (WHO) DATA

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OBJECTIVES: To assess production functions of health by lifestyle factors, expenditures (government and private), demographics, and mortality and burden of disease were assessed for cumulative effects on life expectancy. A random-effects regression model was used for analysis with a 95%CI, while observing between and within-effects among nations. RESULTS: Statistically significant variables at the p < 0.05 level included: GDP, death rate, infant mortality rate, total fertility rate, life expectancy of a female, incidence of tuberculosis, and time, which showed to have significant cumulative effects on total life expectancy. Between country-effects were statistically significant at the p < 0.05 level for infant mortality rate and life expectancy of female. All other variables showed no statistical significance, indicating that few between-effects exist among countries from the list of selected covariates. Within-effects yielded slightly different results: death rate, total fertility, life expectancy of a female, incidence of tuberculous, and time were significant at p < 0.05. Due to the high statistical significance of within-effect covariates, future research may be directed toward looking at different regions and cities within a country as opposed to between countries. CONCLUSIONS: Health expenditure determinants had no significant association with total life expectancy in Eastern Mediterranean countries. Demographic, risk factors, and prevalence of disease variables showed statistical significance and were the largest predictors of life expectancy in the Eastern Mediterranean region.