CONCLUSIONS: EQ-5D detects significant differences in health status between patients with known mental health problems, and is sensitive to changes in patients with diagnosed mental illness. However, the anxiety/depression dimension may have different sensitivity to its two components.

THE EFFECT OF ORDER OF ADMINISTRATION OF GENERIC AND DISEASE-SPECIFIC QUALITY OF LIFE QUESTIONNAIRES
Lee TA, Sullivan SD
University of Washington, Seattle, WA, USA

OBJECTIVES: The purpose of this study was to determine if order of completion of the Asthma Quality of Life Questionnaire (AQLQ) and the Short-Form 36 (SF-36) affected responses to domain or summary scores.

METHODS: A double-blind, randomized cost-effectiveness trial compared triamcinolone 800 mcg per day versus placebo in adult asthmatics over 12 months. Within the clinical trial, 124 patients were randomized at the baseline visit to one of two groups in which the order of the self-administered health status questionnaires was alternated. The first group received the AQLQ followed by the SF-36 (N = 63), and the second group was reversed (N = 61). Scores from the eight domains of the SF-36 and the four domains of the AQLQ were compared between the two groups. The groups were also compared with regard to the overall quality of life score from the AQLQ and the two summary scales from the SF-36.

RESULTS: The two groups did not differ significantly in any of the domain scores, SF-36 summary scores, or the total score on the AQLQ. The overall quality of life score from the AQLQ was 4.566 in the group that received the AQLQ first and 4.702 in the SF-36 first group (p = 0.500). The summary estimates for the physical component summary scale (PCS) were 75.0 for the AQLQ first group and 74.1 for the SF-36 first group (p = 0.589). The mental health component summary scale (MCS) estimates were 74.3 versus 73.7 (p = 0.711) for the respective groups.

CONCLUSION: The order in which questionnaires were administered did not affect the domain or component scores on the generic or disease specific health status measures.

RETROSPECTIVE DATABASE ANALYSIS

PHARMACOECONOMIC ANALYSIS OF WARFARIN VERSUS ENOXAPARIN USED PROPHYLACTICALLY IN HIP SURGERY
Egan T
Office of Professional Programs, University of the Sciences in Philadelphia and Clinical Pharmacotherapeutics, Inc., Philadelphia, PA, USA

About 270,000 surgeries for total or partial hip replacement are performed annually in the United States. Patients not receiving prophylaxis agents result in an unacceptably high incidence of deep vein thrombosis (DVT) and pulmonary embolism (PE). The primary agents used to prevent these complications are warfarin and low molecular weight heparins.

OBJECTIVES: This study examined the cost and outcomes of hip surgery patients seen at Graduate Hospital from October 1994 to September 1995.

METHODS: Economic and clinical outcomes data were collected respectively for patients undergoing hip surgery at Graduate Hospital in Philadelphia. The data were analyzed utilizing a risk adjusted outcome program developed for the Corporate Hospital Rating Project. Direct costs were calculated using Medicare cost reporting data by the hospital’s finance department.

RESULTS: Fifty-three patients were analyzed. Four received both enoxaparin and warfarin, one received neither. These patients were excluded from the analysis. Results indicate the total direct cost ($6860 versus $10,320), LOS (6.6d versus 10.5d) and complication rate (39.6% versus 50.7%) were lower with warfarin versus enoxaparin. Risk adjusted data also favored warfarin. There was no evidence of DVT or PE in either group during the 6-month follow-up period after discharge.

CONCLUSIONS: The purported advantages of enoxaparin over warfarin were not seen in our institution.

INCIDENCE OF SMALL-BOWEL OBSTRUCTION AND ADHESIOLYSIS FOLLOWING OPEN COLORECTAL AND GENERAL SURGERY
Beck DE, Opelka FG, Bailey HR, Rauh SM, Pashos CL
1Ochsner Clinic, New Orleans, LA, USA; 2University of Texas, Houston, TX, USA; 3Rochester Colorectal Surgeons, Rochester, NY, USA; 4Abt Associates Clinical Trials, Cambridge, MA, USA

Although postsurgical adhesions following general abdominal surgery are directly responsible for negative clinical outcomes that require additional medical management and surgical re-intervention (and concomitant costs), the magnitude of these outcomes is not readily understood. Previous studies have been primarily case series in academic centers.

OBJECTIVE: We sought to establish the incidence of small-bowel obstruction, adhesiolysis for obstruction, and additional abdominal surgery following open colorectal and general surgery among the elderly across all settings.

METHODS: We conducted a retrospective cohort study using patient-specific HCFA data to evaluate a random 5% sample of all Medicare patients undergoing surgery in 1993. Of these, 18,912 patients had an index abdominal procedure. Two-year follow-up data documented outcomes of hospitalizations with obstruction, adhesiolysis for obstruction, and/or additional open colorectal or general surgery.