OBJECTIVE: With the progression of the renal insufficiency (RI) produced in the chronic allograft nephropathy (CAN), the patients’ HRQoL worsens. The treatment of the anemia associated to the RI with rh-EPO improves the HRQoL. The objective of present study was to evaluate the HRQoL of kidney transplant patients with CAN and anemia associated to the RI, and the effect of the treatment with rh-EPO on the HRQoL. METHODS: Prospective study of 24 kidney transplant patients with RI caused by CAD and anemia who received rh-EPO to treat the anemia. The hemoglobin target was 12 gr/dL. HRQoL was evaluated with the SF-36 Health Survey at start treatment, 3 months later and at the end of follow-up. SF-36 scores (8 dimensions, Physical-PCS and Mental Component Summary-MCS) were standardized by age and gender using the Spanish general population norms. The “Effect Size” was also calculated for each dimension and for summary scores. RESULTS: Hemoglobin statistically improved from start to third month (p < 0.01). SF-36 scores of studied patients were worse than those of the general population and that those of a transversal sample of transplant patients with good renal function: PCS = 36.08 ± 12.83 vs. 48.68 ± 9.86; MCS = 47.16 ± 14.46 vs. 51.91 ± 10.25. Three SF-36 dimensions statistically improved with the correction of anemia with the rh-EPO treatment: Role Physical, Vitality and Mental Health. The “Effect Size” was very small for Physical Functioning and Social Functioning; small for General Health (0.28) and PCS (0.23); moderate for Pain (0.41), Role Emotional (0.39) and MCS (0.42); and large for Role Physical (0.65), Vitality (0.81) and Mental Health (0.74). CONCLUSIONS: The poor HRQoL of kidney transplant patients with CAN and anemia improves with the treatment of the anemia with rh-EPO. The “Effect Size” for this change in the HRQoL is moderate to large in majority of HRQoL areas.

VALIDATION STUDY OF THE SPANISH VERSION OF THE ICIQ-SHORT FORM. A USEFUL INSTRUMENT IN DETECTING URINARY INCONTINENCE
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OBJECTIVE: A great proportion (50–70%) of patients with urinary incontinence (UI) do not ask for medical advise. Symptom questionnaires may help in detecting the UI. The objective of present study was to analyze the psychometric properties of the Spanish version of the questionnaire of UI symptoms “ICIQ-SF”. METHODS: A total of 500 women who consulted at a UI-specialized unit answered the questionnaire. Urodinamic study was carried out, and sociodemographic and clinical data were also collected including the symptoms expressed by the patients. So there were two diagnostic tools for the assessment: clinical and that of the urodinamic study. Feasibility, validity (comparing the scores between groups according to both diagnostic methods, between groups of different sort of UI and between groups of different severity degrees) and reliability (Cronbach’s alpha) were assessed. Sensitivity (Se), specificity (Sp), positive (PPV) and negative (NPV) predictive value with respect to clinical diagnostic and that of the urodinamic study were also calculated. RESULTS: Mean time of administration was 3 minutes. All patients answered all the items of the ICIQ-SF. According to clinical diagnostic, patients with UI showed higher score on the ICIQ-SF (11.6 ± 5.9) than women without UI (4.5 ± 6.3) (p = 0.000). The same occurs with the groups according to the urodinamic study (11.1 ± 6.3 vs. 6.2 ± 6.5; p = 0.000). A higher severity degree was associated to a higher score on the ICIQ-SF: low degree (10.47 ± 5.61) vs. intermediate (12.4 ± 5.72) vs high degree (13.61 ± 5.42). Cronbach’s alpha was 0.89. The values of Se, Sp, PPV and NPV were 92.1%, 55.6%, 88.3% y 65.9% with respect to clinical diagnostic and 87.7%, 40.8%, 85.1% y 46.2% with respect to the urodinamic study. CONCLUSIONS: This is the first questionnaire design for diagnostic of UI validated in Spain. The psychometric properties of the ICIQ-SF are satisfactory and allow to recommend the use of the questionnaire in the clinical practice.

LOWER IMPACT ON HEALTH RELATED QUALITY OF LIFE (HRQOL) IN ELDERLY PATIENTS STARTING AND AFTER ONE YEAR OF HEMODIALYSIS (HD) THAN IN YOUNGER PATIENTS: A PROSPECTIVE STUDY
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OBJECTIVE: To evaluate the HRQoL of the patients who started RRT in our region during last 2 years (N = 284) following them along the time and searching for differences between elderly (≥65 years) and younger patients. METHODS: Preliminary results of 66 patients who remained in HD during one year are shown. Patients excluded: a total of 8 because of cognitive deterioration. An interview was carried out at three months from start and one year later, using the SF-36 Health Survey, obtaining a Physical (PCS) and a Mental (MCS) Component Summary Scores, and the Physical Symptom scale (PSS) of the Kidney Disease Questionnaire (KDQ). Sociodemographic and clinical data, Karnofsky Scale and a comorbidity index were also collected. SF-36 scores were standardized using the Spanish general population norms. RESULTS: Mean age = 66.8 ± 13.1 years (elderly 71.2%); 56% men. The main analytic and clinical parameters did not change after one year: hemoglobin = 11.5 ± 1 versus 11.1 ± 1.5gr./dL.; Albumin = 3.6 ± 0.2 versus 3.6 ± 0.4gr./L.; Creatinine = 8.13 ± 2.39 versus 7.87 ±