younger ones. The objective of the present study was to assess the differences 65 years) and younger ones on hemodialysis ≥ in HRQoL between elderly patients (and renal transplantation during the first two years. **METHODS:** Longitudinal prospective study of 199 patients starting RRT. HRQoL was assessed using the SF-36 health survey at three, 12 and 24 months from the start of RRT. PCS, MCS and standardised scores by age and sex were obtained using Spanish general population norms. The t-student test for unpaired samples was used to compare HRQol of elderly and younger at each moment. **RESULTS:** Preliminary data of 144 patients collected at three months, of 118 at 12 months and of 76 at 24 months are presented. Mean age was 63.5(14.31) and 60.5% were elderly patients. At three months, all patients were on hemodialysis; elderly patients had lower loss of HRQoL in Physical Functioning ($p = 0.039$), Role Physical ($p = 0.005$), General 0.0001), Role Emotional ($p = 0.014$), and PCS ($p = 0.048$), than younger < Health (p ones. At 12 months, elderly transplanted patients had lower loss of HRQoL in Physical Functioning ($p = 0.018$), General Health($p = 0.021$) and Vitality ($p = 0.067$),and elderly patients on hemodialysis had less loss of HRQL in Physical Functioning ($p = 0.002$), Role physical ($p = 0.044$), Bodily Pain ($p = 0.015$), General Health ($p = 0.001$), Mental Health ($p = 0.034$) and PCS ($p = 0.007$). At 24 months, elderly transplanted patients had less loss of HRQoL in Physical Functioning ($p = 0.017$) Bodily Pain ($p = 0.025$), General Health ($p = 0.027$). **CONCLUSIONS:** It's the first time that it is demonstrated that, using standardised scores by age and gender, elderly patients have less loss of HRQoL than the younger ones during the first year on RRT.

PUK15

PATIENTS UNDERGOING PERITONEAL DIÁLISIS HAVE BETTER PERCEIVED HEALTH IN SEVERAL SPECIFIC PROBLEMS RELATED WITH RENAL DISEASE THAN PATIENTS UNDERGOING HEMODIALYSIS

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OBJECTIVES: Analyze differences in Health Related Quality of Life (HRQoL) between hemodialysis (HD) and peritoneal dialysis (DP). **METHODS:** This multicentric study is from 14 dialysis units in our country of a randomized sample of 221 patients, 152 in HD and 69 in DP. HRQoL was evaluated using EuroQoL-5D scale: 5 dimensions (Mobility-M, Self-Care-SC, Usual Activities-UA, Pain-P, Anxiety/ Depression-AD) and their Tariff (T), and the Visual Analogue Scale (VAS). Patients also answered the KDQOL–SF which includes the SF-36 with the physical and the mental component summary (PCS, MCS) and specific questions about kidney disease. Sociodemographic and clinical data, the Karnofsky Scale and a comorbidity index were also collected. SF-36 scores were standardized using the Spanish general population norms. **RESULTS:** Patients undergoing DP were more frequently in employment, had a higher level of education, lower age (54.4 vs.63.2), less time on dialysis (33.6 vs.48.9 months), were less often diabetic (10.5%vs.23.3%). However, comorbidity (6.5 vs. 5.6), Karnofsky score (82.2 vs. 84.1), Sf-36 scores (PCS: 40.9 vs. 40.4; MCS: 47.9 vs. 47.3) and Tariff of EuroQoL-5D (0.74 vs. 0.70) were similar. Statistically significant differences were found in the VAS (64.7 vs. 55.9; $p < 0.001$) and in several specific dimensions of the KDQOL–SF in which patients in DP scored higher (better HRQoL): symptoms/problems of kidney disease (79.7 vs. 75.8; $p = 0.05$), effects of the renal disease (72.2 vs. 62.6; $p = 0.005$), social support (84.8 vs. 78.6; $p = 0.013$) and support of the dialysis staff (94.4 vs. 85.03; $p = 0.001$), although these scores are not standardized for age and sex in the absence of Spanish population norms for patients in dialysis. **CONCLUSIONS:** Patients undergoing DP show similar status of general health as those of HD, but seem to have a better perceived health in several specific problems related with renal disease. Results emphasize the importance of using, in comparative studies, specific scales for patients on dialysis.

PUK16

VALIDATION OF TWO QUESTIONNAIRES ON SYMPTOMS AND QUALITY OF LIFE IN ITALIAN WOMEN WITH LUTS: THE FLOW STUDY

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OBJECTIVES: No validated questionnaires are available for assessing symptoms and quality of life (QoL) in Italian women with lower urinary tract symptoms (LUTS). In a large multicentre observational study of women with LUTS (FLOW-Female LUTS: Observational Study in Women), we translated into Italian and validated the long and short forms of female-specific questionnaires (ICIQ-LF and ICIQ-SF). **METHODS:** The validation process consisted of forward and backward translation, test of comprehension, discriminant validity, test-retest reliability. A first set of women was interviewed after they had filled in the questionnaires. A comprehension rate was built as the percentage of correctly understood questions and pre-coded answers of all items by all patients. A case-control study was then performed. Cases were women aged >18 year affected by LUTS from at least 3 months and with negative dipstick. Controls were defined as healthy women of comparable age. All women were enrolled consecutively. In order to evaluate reliability, cases were retested after seven days and a correlation analysis was performed between the first and the second measurement (Pearson's r). Discriminant validity was assessed by comparing the scores of cases and controls with ANOVA. **RESULTS:** The comprehension rate was 99.4% for ICIQ-LF and 99.1% for ICIQ-SF. Four out of 16 patients did not correctly understand 1 item (hesitancy) of ICIQ-LF, which was changed. Cases and controls were respectively 42 and 47 (ICIQ-SF), 80 and 61 (ICIQ-LF). All the ICIQ-SF patients were valuable for test-retest, while only 25 patients for ICIQ-LF. Pearson coefficient between ratings was >0.93 for 23 out of 48 items of ICIQ-LF and 0.96 for ICIQ-SF total score ($p < 0.001$). Cases and controls were discriminated at ANOVA ($p < 0.001$) with both questionnaires. **CONCLUSIONS:** These data show that ICI questionnaires are generally easy to understand, have a good to excellent reliability and a high discriminant validity.

PUK17

EVALUATION OF TREATMENT OF FEMALE URINARY INCONTINENCE WITH THE ICIQ-UI SF QUESTIONNAIRE

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OBJECTIVES: To evaluate the sensitivity to change of the Spanish version of the ICIQ-UI SF questionnaire, in order to recommend its use in clinical practice to evaluate treatment outcome for Urinary Incontinence (UI). **METHODS:** Prospective study of 115 women with diagnostic of Stress UI (SUI) who received treatment for their incontinence: Pelvic floor training (PFT) or surgery. All the patients had clinical and urodynamic

diagnosis at inclusion, along with the ICIQ-UI SF score. After six months, the treatment outcome was clinically evaluated and the ICIQ-UI SF was newly applied. Mean pre and post-treatment ICIQ-UI SF scores were compared for the whole sample and for the two treatment groups. Mean scores were also compared between "cured" patients and the rest ("improved" or "no change"). Reliability was assessed with the Cronbachxs alpha before and after treatment. Percentage of agreement and Cohenxs Kappa were calculated for the ICIQ-UI SF with respect to clinical outcomes. **RESULTS:** From all the patients treated with PFT (N = 53), 26 (54.2%) were cured. From all the patients treated with surgery (N = 62), 35 (62.5%) were cured. Post-treatment scores were lower than pre-treatment scores: 4.1 (3.6) vs. 12.3 (4.3) for PFT (p = 0.000); and 2.1 (4) vs. 11.1 (6.3) for surgery (p = 0.000). Post-treatment scores for cured patients were lower than that of not cured 2.4 (3) vs. 5.2 (3.3) for PFT (p = 0.03); and 0.7 (1.3) vs. 4.5 (5.8) for surgery (p = 0.008). Pre- and post-treatment Cronbachxs alpha were 0.91 and 0.94. The agreement for the ICIQ-UI SF was moderate. **CONCLUSIONS:** The Spanish version of the ICIQ-SF questionnaire can adequately evaluate the change after treatment in groups of patients with SUI.

PUK18

VALIDATION OF A PATIENT-ADMINISTERED QUESTIONNAIRE TO MEASURE ACTIVITY IMPAIRMENT AS A RESULT OF UNCOMPLICATED URINARY TRACT INFECTION: THE ACTIVITY IMPAIRMENT ASSESSMENT (AIA)

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OBJECTIVES: To validate a questionnaire assessing the activity impairment associated with uncomplicated urinary tract infection (uUTI). **METHODS:** The Activity Impairment Assessment (AIA) is a self-administered, five-item questionnaire assessing the amount of time an individuals work or regular activities have been impaired as a result of their UTI. The measure was completed by 276 women with uUTI who had participated in a prospective, open-label, non-comparative multi-centre clinical trial of CIPRO® XR (ciprofloxacin extended-release tablets). Subjects completed the AIA in electronic format at visit one (prior to first dose), then every 24 hours until their regular daily activities had been unimpaired by their UTI for 24 hours. The measure was completed at Test of Cure (TOC) visit if the UTI symptoms had persisted or if regular daily activities were impaired. Baseline scores on the King's Health Questionnaire (KHQ) were collected for validation purposes. A clinical evaluation of UTI symptoms at baseline and TOC visit was performed. **RESULTS:** Principal component analysis of the AIA revealed one component with an eigenvalue > 1, explaining 78.6% of the variance. All items loaded >0.84 on this single component. Rasch analysis showed that the AIA displayed an excellent fit to the Rasch model, supporting the factor structure. The AIA was found to have internal consistency (0.93). It shared significant relationships with relevant KHQ domains (all rs > 0.70) supporting its convergent validity, divergent validity was supported by a lack of relationship between the total score and a unrelated KHQ domain (r = 0.078). The AIA displayed excellent discriminant validity for clinical evaluations of dysuria, frequency, urgency, and suprapubic pain. It was also found to be responsive to change across all clinical evaluations. **CONCLUSIONS:** The uni-dimensional AIA shows high levels of internal reliability, convergent and divergent validity, discriminant validity and responsiveness. It is an excellent tool for activity impairment in UTI.

PUK19

DEVELOPMENT OF A QUESTIONNAIRE TO ASSESS QUALITY OF CARE IN DUTCH DIALYSIS CENTRES

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OBJECTIVES: Dialysis patients have a chronic disease. For these patients, process characteristics of their treatment are important. Therefore this study aimed at the development and testing of a questionnaire to assess the quality of care in Dutch dialysis centres from the patient's perspective: the Quality of Care in Dialysis centres Questionnaire (QCDQ). **METHODS:** In a literature study, possible sets of dimensions were identified. Four focus group sessions were organized, with 27 patients in total. The results from the focus groups were transformed into a 68-item test version of the QCDQ. This test version was discussed with four nephrologists and seven patients. A visual analogue scale (VAS) was added to determine overall satisfaction. The test version was sent to 300 patients in a postal setting. Factor analysis was applied and item reductions were conducted. The resulting QCDQ was subsequently distributed in ten dialysis centres in order to test its performance. **RESULTS:** Statistical analyses of the test version were based on 140 out of 162 returned questionnaires. The results from the factor analysis confirmed the use of the set of dimensions with the dimensions: doctors, nurses, other staff members, and facilities. After item reduction 36 items and the VAS remained. Each dimension consists of eight specific items and one item about the overall satisfaction with that dimension. Statistical analyses of this 36-item questionnaire were based on 331 out 511 returned questionnaires. The QCDQ is an instrument that is content valid, construct valid and reliable (α = 0.91). **CONCLUSIONS:** The QCDQ can be used in Dutch dialysis centres. Further research will be conducted to establish preference weights per dimension on the basis of the VAS scores. These preference weights can be applied in benchmark procedures to assess the quality of care in a dialysis centre.

PUK24

PREVALENCE AND QUALITY OF LIFE IN FRENCH WOMEN WITH STRESS URINARY INCONTINENCE

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OBJECTIVES: 1) To estimate the prevalence of stress urinary incontinence (SUI) in French women; 2) to measure the impact of SUI severity on quality of life; and 3) to identify sociodemographic factors associated with the severity of SUI. **METHODS:** In a cross-sectional study 5160 randomly selected women (age 18 to 70 years) were interviewed by phone in 2002. The SUI was defined as "having had at least one episode of urine leakage during the past 30 days at time of effort". Pregnant women or women with less than three months since last delivery were excluded. Women suffering from SUI were classified into two groups according to the frequency of urine losses: 1)first group: > two urine losses per day; and 2)second group: < two urine losses per day. The effects of the symptoms on the quality of life were evaluated using the validated French version of the Contilife© scale. This scale includes a global index of quality of life and six sub-domains. Furthermore, additional data were collected on the demographic profile of these women (age, number of children, education level). Relationships between level of urinary symptoms and patient characteristics were measured using analysis of variance and chi-square tests where appropriate. **RESULTS:** The actual prevalence of female SUI was 19.4% (CI95%: 18.3, 20.5). Among the women suffering from SUI,