CONCLUSIONS: Over the past 6 months, those experiencing menopause had higher mean PCP scores (47.3 vs. 50.3), more patients visited general practitioners (29% vs. 23%), high blood pressure 25%, high cholesterol 22%, arrhythmia/cardiac 17%, and lower mean number of visits (5.9 vs. 5.1) were observed over the past 6 months. Furthermore, those experiencing menopause reported higher frequency in daily activity (28%) compared to the non-menopause group (22%). All comparisons were statistically significant (p < 0.05).

CONCLUSIONS: Results from the Brazil NHWS indicate women currently experiencing symptoms of menopause suffer from impairment in QOL, work/productivity loss, greater usage of healthcare resources and more co-morbidities. Findings indicate there is still an unmet medical need in menopause patients in Brazil.

PIH62
OVER-THE-COUNTER MEDICATION USE AND ITS IMPACT ON QUALITY OF LIFE – COMORBIDITY INDEX?
Mhatre S, Sanagiy S
University of Houston, Houston, TX, USA

OBJECTIVES: Use/misuse of over-the-counter (OTC) medications may cause adverse drug events (ADEs), more so ever in the elderly population. The study evaluated for the impact of OTC medication misuse and associated ADEs on Health related quality of life (HRQOL) in elderly by using a Structural Equation Modeling (SEM) approach. METHODS: A cross-sectional study was conducted using retrospective data, collected from elderly patients in Houston, Texas. Cronbach’s alpha and principal factor analysis was used to evaluate internal consistency and factor validity, respectively, for HRQOL (measured using SF-12 version 2) and physical component summary score (PCS) and mental component summary score (MCS). SEM was used to simultaneously evaluate the effect of OTC medication use and misuse on associated ADEs and the effect of OTC medication misuse and associated ADEs on HRQOL. RESULTS: Of the 153 respondents, 77.8% misused OTC medications and 22.9% experienced ADE due to OTC medications. The SEM best fit model indicated that OTC medication misuse, rather than use, was a significant predictor of experiencing an ADE (beta = -0.2; p < 0.05). While OTC medication misuse was not a direct predictor of HRQOL, ADEs associated with OTC medication misuse were responsible for decrease in PCS (beta = -3.8; p < 0.05) and MCS (beta = -3.3; p < 0.05). CONCLUSIONS: Misuse of OTC medications lead to ADEs. ADEs arising due to OTC medication misuse have the potential to reduce patients’ HRQOL. Understanding which OTC medications lead to ADEs and reduction in HRQOL would help improve patient’s health.

PIH63
HEALTH RELATED QUALITY OF LIFE TRAJECTORIES AMONG GENERAL POPULATION IN THE STATE OF PENANG, MALAYSIA USING SF-36V2 HEALTH SURVEY
Asif M, Sulaeman SAS, Shafie AA, Hassali MA, Saleem F
Universiti Sains Malaysia, Penang, P.Pinang, Malaysia

OBJECTIVES: To describe the quality of life of general population in state of Penang, using SF-36V2 Health Survey. METHODS: A cross-sectional study was carried out among 398 residents randomly selected from 10 grids in Penang Island during January 2011 using the official translation of SF-36v2 Health Survey questionnaire in Malay, Mandarin, Tamil and English. SF-36v2 questionnaire consists of eight domains: Physical functioning (PF, 10 items), role-physical (RP, 4 items), role-emotion (RE, 3 items), bodily pain (BP, 2 items), vitality (VT, 4 items), social functioning (SF, 2 items), general health (GH, 5 items) and mental health (MH, 5 items). PF, RP and GH domains reflect physical health whereas VT, SF, RE and MH reveal mental well being. Scoring of questionnaire was done by Scoring software version 4 for SF-36v2. Each domain is scored from 0-100 with higher scores indicating better or good health. Study subjects were also interviewed for socio-demographic information (age, sex, ethnicity, educational level, employment status, monthly income). Respondents having any illness at the time of survey, age less than 18 years and with no formal education were excluded from study. RESULTS: Mean (+SD) scores for PF, RP, BP, GH, VT, SF, RE and MH were 81.8±6.0, 76.5±6.6, 64.3±10.9, 75.0±10.4, 73.3±24.7 and 73.0±17.1, respectively. These benchmarks are different from those reported for SF-36v1 Health Survey for Malaysian population in 2003. Likewise, these mean scores for SF-36v2 Health Survey are also different from 1998 US general population norms. CONCLUSIONS: Since mean scores for SF-36v2 health survey were not available for Malaysian population, therefore these findings can serve as a baseline for comparisons in future surveys looking at HRQOL in general and diseased population. However there is need for future studies with a larger sample size representing whole Malaysia.

PIH64
RESULTS OF 100 DISEASES WITHIN GENERAL PRACTICE: RESULTS OF THE EPI3 PROGRAM
Grimaldi-Bensouda L1, Bégoué BF, Lert P2, Rouillon P3, Massol F1, Engel P4, Guillemot D4, Avouac B5, Duru G2, Magini AM2, Rossignol M5, Abenhaim L1, 1. LA-SER and 2. Equipe d’Epidémiologie et de Santé Orale, Centre Hospitalier et Universitaire, Lille, France, 3. Equipe d’Epidémiologie et de Santé Orale, Centre Hospitalier et Universitaire, Lille, France, 4. Univerité Paris V, 5. Université de Paris X, Villejuif, France

OBJECTIVES: The EPI3 program, aims at evaluating the burden of diseases and quality of life (QOL) of patients seeking care for a large variety of conditions within general practice. METHODS: GISs included 8559 patients attending the practices. Data on QOL (12-item Short Form questionnaire) and other individual characteristics were documented by the independent investigators for all participants at the moment of enrolment. Medical information was recorded and cross-validated to national standards using the CALMAR weighting procedure. Associations of lower scores (i.e., below or above the first quartile) of physical and mental component scores (PCS and MCS) with main diseases and patient characteristics were estimated using multivariate logistic regression. Weighted morbidity rates, PCS and MCS were computed for 100 diagnoses using the international classification of diseases (ICD-9, 9th version). RESULTS: Overall mental impairment was observed amongst patients in care with an average MCS of 41.5 (SD = 8.6), ranging from 33.0 for depressive disorders to 45.3 for patients exhibiting fractures or sprains. Musculoskeletal diseases were found to have the most pronounced effect on impaired physical health (OR = 2.31; 95% CI [2.08 - 2.57]) with the lowest PCS: 45.6 (SD = 8.8) and ranked first (29.0%) amongst main diagnoses experienced by patients followed by cardiovascular disease (24.7%), and psychoneurosis (22.0%). When combining both prevalence and QOL, musculoskeletal diseases represented the heaviest burden in general practice. CONCLUSIONS: Although social and medical determinants of patients’ QOL were somewhat similar than those found in primary care, the burden of mental impairment in French patients is the first study to provide reference figures for burden of disease in general practice across a wide range of morbidities, particularly valuable for health economics and health care system evaluation.

PIH65
PSYCHOMETRIC VALIDATION OF THE TUMMY TUCK QUESTIONNAIRE
Abrams S1, Hudgens S2, Randeras B2, Krishnan S1, Ho D1, Li-McLeod L3
1. Baxter Healthcare Corporation, Westlake Village, CA, USA, 2. Baxter, Westlake Village, CA, USA

OBJECTIVES: Patient satisfaction and improved quality of life (QOL) are important considerations determining success in cosmetic surgery. For patients with unwanted skin and excess tissue in their abdomen, abdominoplasty is a viable solution to improve QOL in patients. The objective was to assess the psychometric properties of a new 14-item abdominoplasty measure, the Tummy Tuck Questionnaire (TTQ) which was developed following FDA Guidance to Industry on Patient-Reported Outcomes. METHODS: A prospective, controlled, randomized study of 40 patients was conducted to compare the efficacy and safety of ARTISS to standard care in adhering tissue flaps in patients undergoing standard abdominoplasty. Subjects were administered the TTQ at Day 1 post-abdominoplasty and up to 90 days after. The TTQ contains 19 items encompassing four domains: symptoms, physical impact, emotional impact, and satisfaction. Psychometric measurement properties were assessed for construct validity, internal consistency reliability, clinical validity, and responsiveness. RESULTS: Thirty-nine subjects participated in this psychometric evaluation (mean age 46 ± 11.75). Upon removal of several items, the domains of the TTQ demonstrated acceptable internal consistency (range 0.68 to 0.84). Floor effects were present by Day 3 (postop) on the TTQ Symptoms and Physical Impacts scales and ceiling effects found at Day 3 (postop) on the TTQ Satisfaction. Moderate to high correlations were observed on the QoR-40 Physical, Emotional scales as well as the Numness and Pain VAS with the TTQ, supporting strong concurrent validity. Clinical validity was observed for patients experiencing hematomas/seromas. By Day 90, subjects in the “hematoma or Seroma absent” group, on average, had lower scores on the TTQ than subjects in the group experiencing this condition, however this result was not statistically significant. Overall, TTQ was most sensitive to change in the initial days post-surgery. CONCLUSIONS: The TTQ demonstrated acceptable reliability and validity and ability to detect change over time.

PIH66
DO WE NEED A GENDER-SPECIFIC HEALTH RELATED QUALITY OF LIFE – COMORBIDITY INDEX?
Cupta F, Aparasu RR, Johnson M
University of Houston, Houston, TX, USA

OBJECTIVES: Recently, a health related quality of life comorbidity index (HRQol-CI) was developed to risk adjust SF-12 Physical Component Score (PCS) and Mental Component Score (MCS). HRQol-CI, however, does not include gender-specific diseases. This study aimed to evaluate the performance of existing HRQol-CI across gender and if required, revise the index to include gender-specific diseases. METHODS: Using Medical expenditure Panel Survey (MEPS) 2003, the performance of HRQol-CI was assessed in overall population, and in population stratified by gender, for adults ≥18 years of age. All the analysis was done using cluster-specific Self-administered Questionnaire weights. The Least Square Absolute Shrinkage and Selection Operator (LASSO), with a portion fraction of 0.25, was used to identify best gender-specific predictors for PCS and MCS. Results compared using graphical di