Barcelona, Spain, between the same variables almost disappears (r < 0.029). The results underscore the importance of LFTA in shaping trajectories of HRQL.

OBJECTIVES: To analyze the relationship between the economic performance and the epidemiological transition in Mexico for the period from 1985 to 2008.

METHODS: Data on Gross State Product (GSP) per capita and Gross Domestic Product (GDP) per capita were drawn from both unofficial and official sources, while mortality data by cause were extracted from vital statistics. Causes of death were grouped in communicable and non communicable diseases, excluding cancer because of the infectious etiology of some types of cancer. The epidemiological profile at state level was measured by dividing the mortality rate by communicable diseases by the mortality rate by non communicable diseases. So a value greater than one of this ratio reveals a predominance of communicable diseases and hence an epidemiological lag. Scatter plots and correlation coefficients were used to analyze the data.

RESULTS: Throughout the study period a negative correlation was observed between the GDP per capita and the mortality rate by communicable diseases, while a positive correlation was observed between the GDP per capita and the mortality rate by non communicable diseases. On the other hand, the correlation between the epidemiological profile at state level and the GSP per capita for 1985 was negative but moderate (r = -0.53), but for 2008 the correlation between the same variables almost disappears (r = -0.029).

CONCLUSIONS: For the whole country the relationship of both time series suggests interactions between economic performance and mortality by causes, but within the country the results reveal convergence of mortality running independently of economic performance.

This evidence may support the design of public policies to reduce inequalities in health.

OBJECTIVES: To delineate implications for future research. METHODS: A systematic literature search was conducted in relevant literature databases. The identified publications were screened by predefined inclusion and exclusion criteria. Information on the accuracy of self-reported health care utilization was extracted from all included publications and analyzed.

RESULTS: Te accuracy of self-reporting varies strongly across different types of resource use. Underreporting appears to be the most common problem and increases with the frequency use and length of recall period. Comparisons across studies are difficult because of substantial heterogeneity in study populations, measurement methods and validation approaches. Many studies used self-reports and other data sources. Most validated studies were characterized by non-experimental designs. Consequently, the influence of modifiable attributes of data collection, e.g. recall period, was not considered in accuracy studies.

CONCLUSIONS: More experimental studies are needed to better quantify the impact of modifiable attributes of data collection, such as for example different recall periods and modes of questionnaire administration, on quality of self-reported health care utilization.

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ECONOMIC PERFORMANCE AND EPIDEMIOLOGICAL TRANSITION IN MEXICO
Reyes-Lopez A
Mexican Children Hospital, Mexico City, Mexico

OBJECTIVES: To analyze the relationship between the economic performance and the epidemiological transition in Mexico for the period from 1985 to 2008.

METHODS: Data on Gross State Product (GSP) per capita and Gross Domestic Product (GDP) per capita were drawn from both unofficial and official sources, while mortality data by cause were extracted from vital statistics. Causes of death were grouped in communicable and non communicable diseases, excluding cancer because of the infectious etiology of some types of cancer. The epidemiological profile at state level was measured by dividing the mortality rate by communicable diseases by the mortality rate by non communicable diseases. So a value greater than one of this ratio reveals a predominance of communicable diseases and hence an epidemiological lag. Scatter plots and correlation coefficients were used to analyze the data.

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SOCIOECONOMIC INEQUALITIES CONCERNING THE SELF-RATED HEALTH STATUS IN GREECE: A COMPARATIVE ANALYSIS OF POST-CRISIS EFFECTS
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OBJECTIVES: To examine the socio-economic inequalities concerning the self-rated health status in 2006 and in 2011. Thus, a comparison between the findings will highlight the changes concerning this topic in times of economic crisis.

METHODS: The research is based on two cross-sectional surveys, which took place in 2006 and 2011, and the sample size was 4003 and 6569 respectively. Moreover, a random, stratified sampling was applied in both cases, which took into account the age, the gender, the urbanization rate and the geographical region.

RESULTS: Initially, the self-rated health status was measured with a Likert scale (1: very bad, 2: bad, 3: moderate, 4: good, 5: very good). However, it was dichotomized into two major scales (0: very bad, bad and moderate, 1: good and very good), in order to facilitate the methodology. Afterwards, the Concentration Index (Ranking Variable: Income) was estimated at 0.08 in 2006. The same procedure was repeated in 2011, and the new Concentration Index was approximately 0.07.

CONCLUSIONS: Despite the fact that the small positive values of this index (which approximate the zero) do not indicate important inequalities, there are some key conclusions concerning these findings. Specifically, it is noteworthy that the high-income people seem to have a higher health status. In addition, the decrease of the Concentration Index in 2011 highlights the impact of economic crisis on health status of middle and upper class.

HEALTH CARE USE & POLICY STUDIES - Prescribing Behavior & Treatment Guidelines

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CHARACTERISTICS OF PATIENTS NOT CONSUMING PHARMACOLOGICAL RESOURCES DUE TO A LACK OF DRUG PRESCRIPTION DURING THEIR HOSPITAL ADMISSION
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OBJECTIVES: A high proportion of patients consume pharmacological resources during a hospital admission but little is known about the characteristics of those not receiving a drug prescription (DP). The aim was to assess independent patient’s factors associated to a non-DP drug prescription. Both cross-sectional and longitudinal surveys were included in this observational study including all patients admitted in a teaching hospital during 2010. 

Exclusion criteria: direct admission at the Intensive Care Unit. Data collected: patients with and without a DP, demographics, programmed or urgent admission, Charlson index, length of hospitalisation (LOH), type of Drug Related Group (DRG) (medical or surgical), DRG weight, readmission, mortality. Statistical analysis: Uni- variable analysis were performed, using Chi-Square test, Fisher exact test and Mann-Whitney test. A binary logistic regression was applied to identify independent factors associated with the area under the curve of the Risk-Outcome characteristics ROC curve (AUC). RESULTS: Patients: 16,485. Included: 15,750.

Without a DP: 1,822 (11.6%). Univariate: Patients with and without a DP: Age: 55.40 (±24.26) vs 23.70 (± 29.8) (p < 0.001); Male: 6830 (49.0%) vs 9720 (53.3%) (p < 0.001). Urgent admission: 5,183 (37.9%) vs 1,334 (73.2%) (p < 0.001); Charlson (0): 7,724 (51.5%) vs 1,259 (0.1%) (p < 0.001). LOS: 8.5 (±1.0) vs 1,529 (8.39%) (p < 0.001); DRG weight: 1.78 (+1.0) vs 0.742 (±1.0) (p < 0.001); Readmission: 3,767 (27.2%) vs 194 (10.6%) (p < 0.001); mortality: 383 (7.4%) vs 74 (27.6%) (p < 0.001). Independent factors related to non-DP: Age < 18 years (OR: 4.830, CI95%: 3.172-5.592, p < 0.001); Charlon 0 (OR: 1.625, CI95%: 1.372-1.925, p < 0.001), LOS < 2 days (OR: 11.71, CI95%: 11.701-16.066, p < 0.001), medical DRG: (OR: 2.772, CI95%: 2.354-3.264, p < 0.001). AUC: 0.917 (CI95%: 0.910-0.924, p < 0.001). CONCLUSIONS: Paediatric population, an urgent admission, a low comorbidity status, a short LOS and 4 medical factors were related to a non-DP hospital admission. These patients could be managed in an ambulatory setting, what would help to reduce the economic burden in hospitals.