TURKISH CULTURAL ADAPTATION AND VALIDATION OF GLASGOW HEALTH STATUS INVENTORY

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OBJECTIVES: The Glasgow Health Status Inventory (GHSI) measures the effect of a health problem on the quality of life of a person and allows cross-comparison among many health conditions, among different health interventions, and among demo- graphic and cultural subgroups. The tool is suitable for use by two independent translators. A small sample consisting of 40 people was used to check the initial comprehension and factibility. Cronbach’s Alfa was used to assess reliability and factor analysis to assess dimensionality. The EuroQol questionnaire and corresponding Visual Analogue Scales were used for concurrent validity. RESULTS: A total of 163 people participated in this study, 52% of them were female, 48% of them were male. Mean age was 24.3. The internal consistency coefficient (Cronbach’s alpha) of GHSI was 0.86. Factor analysis of the scale revealed that it composed of four factors with Eigenvalues >1.00, accounting for 62.2% of the total variance. Correlations were moderate with EuroQol and VAS.

CONCLUSIONS: The culturally adapted GHSI has good validity and reliability, making it a potentially useful outcome measure in the determining the effect of health problems on the quality of life of people in Turkey.

A CONCEPTUAL FRAMEWORK FOR A PATIENT REPORTED OUTCOMES MEASURE TO ASSESS COMPLEMENTARY AND ALTERNATIVE MEDICINE IN MENOPAUSE

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OBJECTIVES: Menopause may cause hot flashes, night sweats, mood swings and other symptoms. Although hormone replacement therapy (HRT) is prescribed in severe cases, it is not suitable for all women, and increasing numbers of women refuse or discontinue HRT because of side effects, real or perceived health risks. The use of complementary and alternative medicine (CAM) in menopause has been increasing, with women perceiving CAM as safer than HRT, but this is not supported by clinical evidence. Based decisions occur when an individual’s cognition is affected by factors that includes knowledge, attitudes, preferences, and mood. Cognitive bias affecting women’s perception of CAM can impact on decisions and ultimately CAM usage in the menopause. Yet, no validated questionnaire exists to measure attitudes towards CAM in menopause, in line with accepted patient reported outcome (PRO) methodology. Our aim was to develop a conceptual framework of attitudes to CAM in the menopause to inform the development of a PRO tool. METHODS: A systematic review of the literature was conducted April-May 2010 using Medline and PsyCINFO databases with the MESH terms attitude, menopause, complementary therapy, and perception, and a total of 122 papers were included. 91 excluded on the basis of abstract review and 13 after full-text analysis, resulting in 19 studies suitable for inclusion. The papers were analyzed in line with qualitative review methodology to produce a number of themes that were later grouped together to produce the dominant categories. RESULTS: A conceptual framework was developed to reflect attitudes to CAM in the menopause. The dominant categories of perception related to menopausal symptoms, optimism about CAM, pessimism about HRT, cure-control with CAM, and relationship with physician. CONCLUSIONS: This research has identified key domains relevant to women’s attitudes towards CAM in the menopause, from which a relevant PRO instrument could be developed.

NEUROLOGICAL DISORDERS – Clinical Outcomes Studies

PND1 INDIRECT COMPARISON OF ADVERSE EVENTS AND DROPOUT RATES FOR EARLY PARKINSON’S DISEASE MONOTHERAPY TRIALS: PRAMIPEXOLE, ROPINIROLE AND RASAGILINE

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OBJECTIVES: Among the 14 studies evaluated, study designs include observational cohort studies, case control studies, population-based surveillance registries, and population-based active surveillance systems. Catchment areas are somewhat diverse geographically and range in scope from a metropolitan city, single state/province, or individual country, to multi-national/multi-continental networks of organizations contributing to a single data source. All identified studies have been ongoing for at least a decade. Studies range in size from several thousand participants in total to more than 1 million participants enrolled annually. Data reporters vary and include patients, physicians, and other health care personnel. Some studies ascertain incident outcome and birth defect status at the time of birth only, while others involve pediatricians and include follow-up for one to several years. CONCLUSIONS: There are many potential sources of comparison data for overall birth defect rates; however, the sources vary greatly in design, data collection methods, birth defect coding systems, clinical review procedures, and equation for calculating birth defect prevalence rate. Utilizing a population-based background rate can be useful, but care should be taken in selecting an appropriate comparison group. The differences between the individual pregnancy registry and the population-based comparator should be evaluated and recognized.

USING A GENERALIZED ADDITIVE MODEL TO EXAMINE THE RELATIONSHIP BETWEEN BODY MASS INDEX AND HEALTH-RELATED QUALITY OF LIFE IN THE ELDERLY POPULATION—RESULTS FROM THE POPULATION-BASED GERMAN KORA-AGE STUDY

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OBJECTIVES: Numerous cross-sectional studies reported that high body mass index (BMI) is associated with poorer health-related quality of life (HRQOL), while only few studies provided evidence for impaired HRQOL in underweight individuals. Our objective was to investigate the nonlinear relationship between BMI and HRQOL in an elderly general population sample using semiparametric regression methods. METHODS: We analyzed data from 4562 individuals aged 65 years or older, living in the region of Augsburg, Southern Germany. The data come from the KORA-Age study, which is a postal follow-up of individuals who participated in the population-based MONICA/KORA surveys S1-S4. Health-related quality of life was measured using the German EQ-5D index. For our multivariable regression analyses, we used a generalized additive model (GAM) to estimate the functional form of the relationship between BMI and HRQOL, after adjusting for confounding factors. RESULTS: We found a significant nonlinear (inverse U-shaped) relationship between BMI and HRQOL after adjusting for gender, age, socioeconomic factors and comorbid conditions. The maximum HRQOL was observed at a BMI of about 23 kg/m². Our estimates indicate that going from a BMI of 25 to 35 is associated with a EQ-5D utility loss of about 5.2 units (corresponding to 0.28 of standard deviation). On the other hand, underweight individuals with a BMI of 18 had an average impairment of 5.8 units compared to a BMI of 25. Subgroup analyses showed that the inverse U-shaped relationship is more pronounced in individuals ≥75 years than in individuals aged 65–74 years. In particular, the effect of low BMI on HRQOL is more important in the older age group. CONCLUSIONS: Generalized additive models are an adequate method to estimate the nonlinear relationship between BMI and HRQOL in the elderly population. With increasing age, low BMI has similar impairments in HRQOL as overweight.