

comorbidity (mean 0.41 +/- 0.30 vs. 0.72 +/- 0.25,  $p < 0.0001$ ). In multivariate analyses, comorbidity remained significantly associated with HUI, even after controlling for age, sex, case status, and deployment. **CONCLUSIONS:** Mental health comorbidity is common among veteran populations. Its patterns resemble those found in the general U.S. population. Mental health comorbidity is strongly related to decreased quality of life among military veterans. Improvements in diagnosis and treatment of mental health comorbidity may lead to enhanced HRQoL.

**PMH55****DO HEALTH EXPERIENCES IN DEPRESSION CHANGE PATIENTS' VALUES?**

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**OBJECTIVES:** Debate continues regarding the stability of preferences across time and illness. The purpose therefore was to determine if the experience of depressive disorder changes patients' risk attitudes and elasticity for time, components of their standard gamble (SG) and time trade-off (TTO) utilities. This study tests the explanatory power of the Medical Care System Access Framework for depression experience impact on patient preferences while controlling for patient population characteristics. **METHODS:** This study used two years of data from Partners in Care, a group-level randomized controlled trial of quality improvement programs for depression. For 1218 primary care patients with depression, we examined single-item SG and TTO utilities at baseline and 24 months. Logistic regressions identified factors associated with patients' willingness to take risks and trade time and examined trends in utilities of individuals with and without remission of depression as measured by the Center for Epidemiologic Studies Depression screener and the World Health Organization Composite International Diagnostic Instrument. **RESULTS:** A dose-response gradient indicating greater willingness to take risks or trade time was found as depression increased. Patients who continued to be depressed at 24 months were nearly 3 times more likely to be willing to assume risk or trade time than patients whose depression remitted. Willingness to assume risk or trade time increased in patients who continued to be depressed at 24 months. However the SG appeared to lack sensitivity in patients whose depression remitted. Remission of depression was associated with a decrease in willingness to trade time as expected and a paradoxical increase in willingness to assume risk. **CONCLUSIONS:** Patients with depression appear to use a single-item SG measure differently at baseline and 24 months. This could be due to changes in risk attitude resulting from health experiences. Changes in values may confound the use of single-item SG utilities as measures of outcomes.

**PMH56****QUALITY OF LIFE TRAJECTORIES AMONG MASSACHUSETTS ADULTS WITH SUBSTANCE USE DISORDERS**

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**OBJECTIVES:** This analysis was designed to characterize longitudinal changes in quality of life in adults receiving publicly-funded treatment for substance use disorders. **METHODS:** Clients were randomly sampled from 13 Massachusetts facilities providing publicly-funded detoxification and outpatient drug treatment services. A total of 206 adult clients completed an in-person baseline interview and follow-up telephone interviews 1 year and 3 years later. Quality of life (QOL) was measured by the SF-12 Physical Component Score (PCS) and Mental Component Score (MCS). Latent growth modeling was used to estimate the effects of five factors—age, gender, detox status, managed care status, and drug treatment services—on QOL trajectories over time. **RESULTS:** Seventy percent of the clients were recruited from detoxification facilities, 52% were males, 52% were enrolled in Medicaid managed care plans, and 50% received drug treatment services during the year prior to the last interview. The growth models provided excellent fits for both trajectories. MCS scores increased from 31.0 at baseline to 38.9 at the time of the one year follow-up and remained stable at year 3 (39.0). Clients recruited from detox centers had significantly lower MCS scores at baseline and much higher slopes over time. The MCS trends were essentially flat for outpatients. The mean PCS score increased from 43.6 to 46.1 after 1 year but then declined back to 43.0 by the time of the 3-year follow-up. Baseline physical functioning was negatively correlated with client age and managed care status. PCS slopes declined more rapidly for older clients than for younger respondents. **CONCLUSIONS:** The results indicate that emotional well-being for substance abusers improves after one year and that this gain is maintained over the next two years. Physical functioning rises and then falls. Managed care and drug treatment during the intervening period had little impact on QOL trajectories.

**PMH57****PSORIASIS, QUALITY OF LIFE AND DEPRESSIVE SYMPTOMATOLOGY: FRENCH RESULTS**

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**OBJECTIVE:** To evaluate the effect of psoriasis on quality of life of patients and -DS- in France. To highlight a relation between DS and quality of life for patients suffering from psoriasis. **METHOD:** Seven hundred fifty anonymous questionnaires (comprised 2 scales: the Psoriasis Disability Index [PDI] and the Center for Epidemiologic Studies—Depression scale [CES-D]) were sent, via