SURVIVAL AND NURSING HOME FREE SURVIVAL (NHFS) OF AD PATIENTS

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OBJECTIVE: To model survival and NHFS of Alzheimer Disease (AD) patients. To justify the Mini-Mental Status Examination (MMSE) score as an important predictor of patient survival and nursing home utilization. **METHODS:** Survival models were applied to analyze the Minimum Uniform Data Set (MUDS), developed and maintained by Alzheimer Research Centers of California (ARCC). The study sample included 3150 AD patients, who enrolled in ARCC between Oct. 1992 and Jan. 1999. Cox regression models with and without time-dependent covariates were used in the analysis. Results were adjusted by comorbidities. **RESULTS:** The MMSE score was shown to be a strong predictor of both AD patients' survival and NHFS. One-unit increase of MMSE score (on a 30-point scale) corresponds to a 5.5% hazard reduction. That is to say, if a patient's 5-year survival probability is 0.500, with his MMSE score increased by one unit, the probability will be increased to 0.520. One unit increase of MMSE also corresponds to 6.4% hazard reduction in future nursing home utilization, which means a NHFS probability of 0.500 will be increased to 0.523. Female, black, and Hispanic had higher survival probability. Older age, longer education, and history of major psychosis in patient's primary relatives caused lower survival rate. Marriage and female gender increased NHFS; high value in Body mass index decreased NHFS. All the above results were significant at 0.01 or 0.05 level. **CONCLUSIONS:** The study showed MMSE was a strong predictor of patient survival and NHFS. Further study should be conducted to explore the possibility that MMSE score can be used as a clinical indicator for treating AD patients. It is also interesting that, older age doesn't have significant impact on NHFS although it is a strong predictor of survival. On the other hand, marriage has a significant impact on NHFS, but not on survival.

THE MIGRAINE IN FRANCE IN 2000: EPIDEMIOLOGICAL DATA

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OBJECTIVE: A French national epidemiological study on migraine was presented 10 years ago at the Migraine trust. It was the first study to cover an entire country (HENRY P. et al.: Migraine prevalence in France. In New advances in headache research: 2. Ed. Clifford Rose 1991 Smith Gordon—pp. : 11–14). This study has provided also data on the burden of migraine in terms of its economic and social impact. We would like today to update the data. **METHODS:** 1486 persons, aged over 15 and suffering from headaches were randomly selected from a large representative sample of the French population. They were asked to complete a questionnaire, which allowed discriminating sufferers of migraine according to IHS criteria. **RESULTS:** Among the 1486 headache sufferers, we find 880 migrainous people (1-1, 1-2 and 1-7 IHS criteria), 454 without migrainous headache and 152 with chronic daily headache. If we compare the results of the certain migraine group (1-1 and 1-2 IHS) we find that they are identical (8,1% (1989) versus 8,2% (1999)). However, if we include the migrainous disorder group fulfilling all criteria but one (1-7 IHS), the prevalence rate for migraine headache in France between 1989 and 1999 seems to show a clear increase, rising from 12,1% to 17,3% because of less restrictive criteria than those applied ten years ago. Regarding the prevalence in general population for chronic daily headache the rate is around 3% with 1,8% for men and 3,9% for women in 1999.

DIFFERENCES IN HEALTH-RELATED QUALITY OF LIFE BETWEEN MIGRAINEURS WITH AND WITHOUT PROPHYLACTIC MEDICATION USE

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In a previous study, sumatriptan therapy was associated with improvements in Health Related Quality of Life (HRQoL). Using the same population, the present study explores additional changes in HRQoL between patients who did and did not receive migraine prophylaxis medication. **OBJECTIVES:** To compare the difference in HRQoL of migraineurs who did and did not receive migraine prophylactic medication. **METHODS:** A retrospective database analysis was conducted using pharmacy claims and HRQoL data. Study patients were from a managed care organization, were diagnosed with migraine, and were initiated on sumatriptan (baseline). The SF-36 and Migraine-Specific Quality of Life Questionnaire-Version 1.0 (MSQ) surveys were administered at baseline, 3 and 6 months after initiation of sumatriptan. Patients were identified for the prophylaxis group if they received any medication from a previously developed list of possible migraine prophylaxis medications: 1) within 30 days prior to baseline and 2) at least 4 out of the 6 months after baseline. A two-way repeated measures ANOVA was performed comparing differences in HRQoL between the groups from baseline to 6 months. **RESULTS:** Of 178 patients, 40 were in the prophylaxis group and 138 in the non-prophylaxis group. Statistically significant increases were found in the MSQ Role Function-Restric-