MEASUREMENT OF QUALITY OF LIFE BY EQ-SD IN PROLONGED MECHANICAL VENTILATION PATIENTS: COMPARISON BETWEEN PATIENTS AND PROXIES

Sawadogo V1,2,3, Saran M1,2, Ving FC1,2, Leung PM1,2, Chen CK1,2, Wang JD1
1National Taiwan University Hospital, Taipei, Taiwan, 2Chia-Yi Christian Hospital, ChiaY, Taiwan, 3Chia-Yi Christian Hospital, ChiaY, Taiwan

OBJECTIVES: The purpose of this study was to assess the utility of quality of life (QOL) in prolonged mechanical ventilation patient and determine the difference between patients and their proxies, including family care-givers and nurses.

METHODS: We collected consecutive subjects who have been under mechanical ventilation over 21 days in three institutions of southern Taiwan. For patients with basic communication ability, to communicate their QOL with their proxies, we conducted their QOL measurements with Taiwan version of EQ-SD by face to face interview and compare with family care-givers and nurses who directly cared them. Multiple linear regression analyses were conducted to determine the risk factors for difference of scores between patients and proxies.

RESULTS: A total of 71 patients were enrolled. Their mean age was 77 years, 55% were male, 24 patients were able to assess their EQ-SD and 19 patient-family care-giver pairs and 22 patient-nurse pairs were collected, while 47 family care-giver-nurse pairs were collected for patients with unclear consciousness. The mean of utility assessed by the 24 patients was 0.30 ± 0.22. The mean differences were -0.05 ± 0.15 and 0.02 ± 0.21, for patient-family care-givers pairs and patient-nurse pairs, respectively. The results of multiple regression showed that the longer the duration of MVVC, the higher the preference score for family care-giver to assess the patient's QOL, after adjustment for age and gender. The mean difference between family care-givers and nurses for patients with poor consciousness was 0.02 ± 0.21 and there was no statistically significant variable to explain the difference.

CONCLUSIONS: The measurement of QOL for patients with unclear consciousness under MV is slightly higher for nurses than those of family care-givers. As the duration of MVVC grew longer, family care-giver also adapted an attitude closer to the patient.

RESPIRATORY-RELATED DISORDERS – Health Care Use & Policy Studies

PREVALENCE OF ASTHMA, DIABETES MELLITUS AND ESSENTIAL HYPERTENSION AND ASSOCIATION OF HEALTH INSURANCE WITH BRAND STATUS OF DIAGNOSIS SPECIFIC PRESCRIPTION DRUGS

Dwivedi RP1, Dving CW2
1St. John’s University Jamaica, NY, USA, 2Procter & Gamble Pharmaceuticals Corporation, East Hanover, NJ, USA

OBJECTIVES: To describe the prevalence of Asthma, Diabetes Mellitus (DM) and Essential Hypertension (EH) in NAMCS 2006 and NAMCS 2006, and determine the association between Health Insurance (HI) and Brand Status (BS) of prescribed diagnosis-specific medications.

METHODS: Inclusion criteria included patients with 1) physician diagnosed asthma (ICD-9 = 493.0, 493.1, 493.2, or 493.81), and/or diabetes (ICD-9 = 250.0, 250.1, 250.2, or 250.3), and/or hypertension (ICD-9 = 401.0, 401.1, 401.2, or 401.9) in NAMCS 2006, or 2) physician diagnosed asthma (ICD-9 = 493.0, 493.1, 493.2, or 493.81), and/or diabetes (ICD-9 = 250.0, 250.1, 250.2, or 250.3), and/or hypertension (ICD-9 = 401.0, 401.1, 401.2, or 401.9) in NAMCS 2006, and 3) the patients with at least one of these chronic conditions were on prescription medication. Patients with more than 1 condition were included. Patients with private insurance, government insurance and no-insurance/unsure were included in the study. Patients with blank, unknown or other HI categories were excluded. Rx was categorized into brand or generic. Chi-Square statistics were used to test the association between HI and BS. RESULTS: In NAMCS 2006, a total of 656 (2.23%) out of 29,392 patients were included in the study. Of these, 206 (0.70%) patients had asthma, 94 (0.32%) had DM and 356 (1.21%) had EH. In NAMHCMS 2006, out of 35,103 patients, a total of 910 (2.59%) were included in the study. Of these, 395 (1.12%) patients had asthma, 263 (0.75%) had DM and 252 (0.72%) had EH. Significant associations between HI and BS were discovered in patients with asthma (p < 0.018) and EH (p = 0.001) in NAMCS 2006. Private insurance patients with these medical conditions were more likely to be prescribed brand medications while patients with government or no-insurance were more likely to receive generic medications. No significant association was observed for DM in NAMCS 2006 and for all medical conditions in NAMCS 2006. These findings appeared to have an influence on whether a patient with asthma or EH received brand or generic medications based on the data from NAMCS 2006. However, it seemed that the converse was true in NAMCS 2006.