PHM16

PHARMACISTRUN METHODONE CLINIC IN A MALAYSIAN PUBLIC HEALTH CENTER: EVALUATING PATIENT SATISFACTION AND QUALITY OF LIFE OUTCOMES

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OBJECTIVES: To assess the satisfaction and health-related quality of life (HRQoL) improvement of patients enrolled in a pharmacist-run Methadone Maintenance Therapy (MMT) program. METHODS: A cohort study design was used to measure satisfaction and to evaluate changes in HRQoL of patients after one month of receiving methadone treatment at Taiping Health Clinic. Respondent's satisfaction was measured by using an eight-item pre-validated questionnaire. A post-survey reliability analysis of the questionnaire showed a high internal consistency of the items (Cronbach's α = 0.785). Meanwhile, the HRQoL was measured using a validated EQ-SD and EQ-VAS questionnaire that are administered by face-to-face interview in two phases, after 1 month interval. The data were analyzed by using both descriptive statistics (frequencies and percentages) and inferential statistics (χ² test, paired t-test and McNemar test). RESULTS: A total of 54 patients in MMT clinic participated, but only 40 (74.1%) completed this study. Average methadone dose in both phases were low (Phase One = 37.4 mg (SD = 22.2), Phase Two = 44.4 mg (SD = 21.3)) that caused majority of respondents wishing to increase their current dose. Respondents were not satisfied with needs to come clinic daily (n = 18, 33.4%) and did not believe that MMT clinic can help in cessation of drug abuse (n = 9, 16.7%). These two items were significantly associated with travelling distance of respondents to clinic (P = 0.01 and P = 0.039, respectively). Only pain/discomfort domain of the EQ-SD showed a significant improvement from the baseline (P = 0.035). EQ-VAS score significantly improved from 64.69 (SD = 16.7) at baseline to 71.43 (SD = 14.9) during the 1-month follow-up (P = 0.008). CONCLUSIONS: MMT program was able to improve patients' QoL even in short duration of time. Improvement on dissatisfactions toward travelling distance, needs to travel daily to clinic and inadequate dose will help to increase treatment success.

PHM17

COMPARISON OF HRQOL BETWEEN PATIENT RECEIVING METHADONE MAINTENANCE THERAPY (MMT) AND REHABILITATION PROGRAM

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OBJECTIVES: This study aims to compare HRQoL between patients receiving methadone maintenance therapy (MMT) program with those in the rehabilitation program. METHODS: This was a cross-sectional study involving 400 randomly selected patients from two primary and secondary hospitals and one rehabilitation center (PUSPEN) in northern part of Malaysia. Consented patient was interviewed to collect their socio-demography, drug consumption and quality of life information. The quality of life was measured by using EQ-SD and EQ-VAS questionnaires. Their quality of life scores were then compared using independent t-test. RESULTS: Majority of MMT participants were male with mean age 38.49 (SD = 10.9), while rehabilitation patients were female with mean age 47.64 (SD = 13.5) years old. Of MMT group, 47.2% were active patients, 22.9% were switchers and 29.9% were former patients. Meanwhile, rehabilitation patients were 65.6% active, 21.1% switchers and 13.3% former patients. Of MMT group, 27.9% had complications (p < 0.001). Of rehabilitation patients, 30.9% had complications (p = 0.001). There were no significant difference found between the groups in self care activity and pain dimensions. EQ-SD was significantly lower in MMT group compared to rehabilitation group (65.5 [SD = 14.9] during the 1-month follow-up). All dimensions of EQ-VAS showed significantly lower scores in MMT group compared to rehabilitation group (P < 0.01). There was no statistically difference found between the groups in pain/discomfort domain of the EQ-5D (P = 0.039). Only pain/discomfort domain of the EQ-5D showed a significantly lower in MMT group compared to rehabilitation group (65.5 [SD = 14.9] during the 1-month follow-up). EQ-VAS score significantly improved from 64.69 (SD = 16.7) at baseline to 71.43 (SD = 14.9) during the 1-month follow-up (P = 0.008). CONCLUSIONS: MMT program was able to improve patients' QoL even in short duration of time. Improvement on dissatisfactions toward travelling distance, needs to travel daily to clinic and inadequate dose will help to increase treatment success.

PHM18

THE EFFECT OF DIAGNOSED, SELF- REPORTED, AND AT-RISK DEPRESSION ON HEALTH-RELATED QUALITY OF LIFE AND WORK PRODUCTIVITY IN JAPAN AND EUROPE

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OBJECTIVES: The aim of the current study was to establish the burden of depression diagnosed, self-reported, and at-risk in Japan and European countries. METHODS: Data were obtained from the 2008 EU and 2009 China National Health and Wellness Survey (NHWS). Patients were categorized into four groups: diagnosed depression, self-reported depression, at-risk depression, and controls. Differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13168 (24.6%) were at-risk, and 32471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 12733 (66.4%) were controls. After controlling for demographics and patient characteristics, those diagnosed with depression (Adjusted Mean [Madj] = 34.4, self-reported depression (M—adj = 35.5), and at-risk depression (M—adj = 41.0) reported significantly lower levels of MCS than controls (M—adj = 51.10, P < 0.0001) across all countries. The gap between controls and self-reported depression (b = 3.18, P = 0.001), and at-risk depression (M = 0.63, P < 0.0001) was significantly greater in Japan than in the EU. Those with diagnosed (M = 46.2) and at-risk (M = 49.4) depression reported significantly lower levels of PCs than controls (M—adj = 49.6, P < 0.05), while those diagnosed with depression (M—adj = 30.9), and at-risk depression (M—adj = 23.3%) all reported significantly more overall work impairment than controls (M—adj = 12.8%). There was also a significant interaction, such that the difference in impairment between patients diagnosed with depression and controls was significantly greater in Japan (P = 0.05). CONCLUSIONS: Levels of diagnosed and self-reported depression were lower in Japan than in Europe, yet rates of at-risk depression were higher. Although the burden of depression was substantial, the results suggest that the work impairment burden in Japan is significantly greater than in the EU.