MULTIPLE DISORDERS—QUALITY OF LIFE

PMDQ1

GENERAL POPULATION-BASED QUALITY OF LIFE MEASUREMENTS USING THE EQ-5D QUESTIONNAIRE

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OBJECTIVES: Today, there is increasing interest in understanding health related quality of life of the population in addition to traditional health indicators. The objective of this study was to identify socio-economic variations in HRQoL of the Hungarian general population. **METHODS:** Surveys including the EQ-5D instrument and other questions about socio-economic status were conducted on representative samples of adults at 2 typical cities in Hungary and 3 typical districts of the capital of Hungary in 1996. Data were pooled from the five data-sets. Overall sample size was 4083. Mean HRQoL values were calculated in various socio-economic groups. Quality adjusted life expectancy was calculated by combining life expectancy data of the Central Statistical Office and HRQoL values from the current data-set. **RESULTS:** Main risk factors for having lower HRQoL were age, low income, being divorced or widow, having lower education, and being female. The youngest age group had much higher QoL than the oldest group, 0.97 vs. 0.50. Mean QoL values in the four income groups were 0.73, 0.84, 0.95, 0.93, respectively. People being divorced or widows had lower quality of life than people being single or married, 0.72 versus 0.86. People with lower education had lower HRQoL than people with higher education level, 0.76 versus 0.87. Apart from the youngest age group, women had consistently lower HRQoL values than men, 0.86 vs. 0.79. However, quality adjusted life expectancy results still were higher for women, 64.2 versus 60.6. *P* values were less than .05. **CONCLUSIONS:** Substantial socio-economic differences exist in HRQoL within the Hungarian population. Data implied that health promotion should focus on lengthening life in the case of men while it should focus on improving quality of life in the case of women. Results suggested that reduction in inequalities in health status could not be achieved without tackling income inequalities.

PMDQ2

CHANGE AND STATUS IN QUALITY OF LIFE *(CASINQOL)* IN NORTHERN SWEDEN IN 1997/98: BY DECLARED REGULARITY OF PHARMACEUTICAL DRUG INTAKE

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OBJECTIVE: Change and status in quality of life (*CaSinQoL*) was explored by the mini *QLcs* in a population-based sample in northern Sweden in 1997/98. Correlation patterns with self-declared regularity of intake of various pharmaceuticals during last two weeks were explored. More regular intake was expected to accompany greater change for the worse in retrospect during last six months and, possibly, poorer status. **METHODS:** Sixty-five percent or 14279 of all addressed in 18+ ages responded to a broad public health postal survey. Quite fewer subjects pursued both the various intake records and the *QLcs*. Pharmaceutical use was labelled: "No intake", "Yes, temporarily" and "Yes, regularly". **RESULTS:** It turned out that the more regular intake, the weakly but significantly greater change for the worse, and the lower current status. That was valid for blood pressure descending drugs, analgesic, sleeping drugs, tranquillisers, antidepressants, medicine against gastric ulcer, oestrogen drugs (only asked for in 25+ ages), and also naturopathic medicine. Intake of cough mixture and nose drops, and medicine against asthma/allergy and vitamins, was not as consistently and pervasively related. The linkages to change in cohabitation/family life frequently deviated from the general outcome line. After ruling out recurrent significant influences of age and access to a close social confident, and less strongly, of access to a cash marginal and gender, intake regularity only raised the multiple correlation with *CaSinQoL* diminutively. **CONCLUSIONS:** More regular drug intake certainly goes with essentially poorer quality of life and perceived health. Although there was a striking outcome pattern across drug type, more complete analyses await. It may be that age and lack of a close confident account for most of the relationships noted. Thus, pharmaceutical drug intake may actually play a minor and less straight part in relation to *CaSinQoL*.

PMDQ3

HEALTH-RELATED QUALITY OF LIFE AMONG FRENCH PATIENTS HOSPITALIZED IN INTERNAL MEDICINE

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OBJECTIVE: Normative data using the MOS SF-36 generic questionnaire are available in general population and in different diseases. Less data exist for older hospitalized patients and presenting acute or chronic disorders. The aim of this survey is to examine health-related quality of life, as measured by the MOS Short-Form-36 across patient population hospitalized for different medical conditions. **METHOD:** Patients hospitalized in internal medicine unit of a Parisian university hospital and of a suburb general hospital were asked to complete the French version of the MOS SF-36 questionnaire, four