of Life (QoL) of children and adolescents with ADHD.

METHODS: ADORE, a 2-year, prospective, observational study in Attention Deficit/ Hyperactivity Disorder (ADHD) enrolling patients across 10 European countries. ADORE main objective is to describe the relationship between treatment prescribed and QoL of ADHD, in actual practice, over a two-year period. Patients were enrolled if in the opinion of the investigator showed hyperactive/ inattentive/ impulsive symptoms. QoL was measured with the Child Health and Illness Profile (CHIP-CE). Clinical ADHD specific and generic outcomes were measured with ADHD-RS, CGI-Sverity, SDQ, and CGAS. Other outcomes included parent’s health problems, truancy, and social invites. Treatments were classified as pharmacotherapy, psychotherapy, pharmacotherapy and psychotherapy combination, other, and none. All results presented are descriptive. Percentages were calculated based on the number of patients who answered the question of interest. RESULTS: A total of 1478 eligible patients were analysed. Overall mean age (sd) for patients was 9.0 years (2.5), 84% of them being male. At baseline, 270 patients (19%) were prescribed psychotherapy, 360 (25%) pharmacotherapy, 356 (25%) pharmacotherapy and psychotherapy combination, 148 (10%) other therapy, and 294 (21%) nothing. At 3 months, nearly 70% of the patients were receiving either pharmacotherapy (442 [40.0%]) or its combination with psychotherapy (310 [28.1%]). Baseline mean CGI-Sverity score (SD) was 4.4 (0.9) for the overall group with no major differences between the treatment regimens. At 3 months, the biggest improvement was seen in the patients receiving pharmacotherapy (~1.3 [1.1]) followed by combination (~1.1 [1.1]). Results were consistent across scales (ADHD-RS, SDQ, CGAS, CHIP-CE). CONCLUSIONS: Presented information suggests that, on average, patient’s receiving pharmacotherapy or its combination with psychotherapy experienced greater improvements over the first three months in the study.

Mental Health in the First Months of Hemodialysis

PMH6

Valdés C1, García Mendoza M1, Rebollo P2, Ortega F1
1Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain, 2BAP Health Outcomes, Oviedo, Asturias, Spain

OBJECTIVES: The aim of this study was to evaluate the survival of patients initiating hemodialysis (HD), and to analyze whether low Health-Related Quality of Life (HRQoL) levels are predictors of mortality in the short term, controlling certain variables that had been shown in other studies to have a bearing on survival, and using scores, standardized for age and sex, of the HRQoL measurement tool employed. METHODS: A multicentric prospective study of all patients on HD in all the dialysis units in Asturias, a region with over one million inhabitants, from the 1st of January 2001 to the 30th September 2002. A total of 199 patients initiated HD in our region and survived the first 3 months. A total of 137 patients who remained in HD for at least three months had complete responses on HRQoL measures, those that had received a transplant during the follow-up were censored to survival analysis. RESULTS: It was observed adjusted relative risk (RR) of death increased by 5% for each year age increased; RR = 1.05 (CI 95% 1.01-1.09); p = 0.006, in the same way that for each point that MCS increased, the adjusted RR of death diminished 4%; RR = 0.96 (CI 95% 0.94-0.99); p = 0.006. CONCLUSIONS: Mental health has been shown to be a factor independently associated with mortality; as the MCS score worsens the adjusted relative risk of death of a patient in HD increases.