IMPROVED QUALITY OF LIFE AND DECREASED USE OF HEALTHCARE RESOURCES ARE MAINTAINED DURING 3 YEARS OF GROWTH HORMONE (GH) SUBSTITUTION IN HYPOPITUITARY ADULTS WITH GH DEFICIENCY

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OBJECTIVES: To investigate whether the improved well-being and quality of life (QoL) and decreased use of healthcare resources seen during the first year of GH substitution therapy in GH-deficient adults are maintained over subsequent years of treatment.

METHODS: Data were analysed from 237 Swedish hypopituitary adults with GH deficiency (GHD) who had received 2 (n = 196) or 3 (n = 130) years of GH replacement therapy (mean dose, 0.43 mg/day). All patients (117 men, 120 women; mean age at baseline, 51.5 years; range, 35–69 years; 141 (60%) with at least three additional hormone deficiencies, and 16 with isolated GHD) were included in KIMS (Pharmacia International Metabolic Database)—a pharmacoepidemiological survey of adults with GHD. None had previously received GH replacement in childhood. Eighty-five (36%) had had <10 years of formal education; 142 (60%) were in full or part-time work, and 39 (17%) had taken early retirement or were receiving a disability pension. QoL was assessed using AGHDA—a disease-specific questionnaire—and the generic PGWB index. Information on the patients’ social situation and well-being was obtained from a patient life situation form. Statistical analysis was by repeated measurements regression.

RESULTS: A significant subjective improvement in well-being was noted by 78% of patients after 1 year and by 86% after 3 years. QoL (both AGHDA and PGWB) showed statistically significant improvements after 1 year, which were sustained for up to 3 years. The VAS score for leisure-time activity also increased significantly during the whole follow-up period, as did patients’ satisfaction with their level of physical activity. Use of healthcare resources (days of reported sick-leave and doctor visits) decreased significantly during the first year of treatment.

CONCLUSIONS: Three years of GH treatment in adults with GHD has a sustained positive effect on well-being, QoL and physical activity, and decreases the consumption of healthcare resources.
OBJECTIVES: The purpose of this project was to prepare and test culturally and linguistically appropriate versions of the SF-36v.2 in Crow and Salish. Prior translation efforts (e.g., IQOLA) have shown that cultural as well as linguistic considerations must be made when creating culturally-appropriate versions of the MOS SF-36 Health Status Survey (SF-36). The populations selected for this project were two Native American populations in Montana who are interested in preserving their native languages.

METHODS: Representatives of the Confederated Salish Kootenai Tribes (CSKT) expressed a preference for an English version of the SF-36; this was based on the need to preserve a pure form of the native language. Representatives of the Crow Tribe eventually decided to not participate in the study. In spring 2001, four hundred adult members of the CSKT were randomly selected to receive a mailed copy of the SF-36v.2 (English) along with a questionnaire (e.g., demographic, co-morbidity, and health care encounters), a cover letter, and a five-dollar incentive.

RESULTS: Response rate was 51% (205/400). Item-to-scale correlations ranged from −0.0166 (Pain) to +0.932 (Role-Emotional) with most in the 0.7 to 0.8 range. Scale-to-General Health Scale correlations were all positive, ranging from 0.2611 (Pain) to 0.5986 (Mental Health). The Pain Scale (Items 7 and 8) had the poorest item-to-scale and scale-to-General Health Scale correlations. The transformed norm-based z-scores for the CSKT population ranged from 38.1688 (Pain) to 48.1198 (Vitality).

CONCLUSIONS: While Native Americans may be interested in preserving and promoting the use of their native languages, they may not be interested in doing so in health surveys. The performance of all scales but the Pain Scale in the CSKT population appears to be good; however, further investigation into the Pain Scale results is needed. It is also important to recognize that other tribes may have different norms and response issues.

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PREVENTABLE DRUG-RELATED MORBIDITY IN OLDER ADULTS IN NOVA SCOTIA, CANADA: DEVELOPMENT OF QUALITY INDICATORS

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The role of quality measurement of medication use is becoming more critical as consumers, employers and others demand increased accountability and transparency from the delivery of health care. At this time, however, there are no explicit quality indicators of preventable drug-related morbidity (PDRM) that could be used by clinicians and/or a health care organization.

OBJECTIVES: To create consensus-approved clinical indicators of PDRM in older adults applicable to the Canadian health care system.

METHODS: A written survey was constructed, listing the clinical outcome and pattern of care related to a number of possible PDRMs in older adults. Using the Delphi technique, two independent six-member expert panels (geriatricians, clinical pharmacologists) in Nova Scotia, Canada were asked to judge whether the outcome in each situation was foreseeable and recognizable, and whether causality was identifiable and controllable. The panel could also suggest additional PDRMs. Subsequently, a focus group of 12 general practitioners (GPs) evaluated these PDRM indicators. The inclusion of this third panel provided a triangulation of expert opinion across three practice areas.

RESULTS: The two expert panels proposed 58 indicators of PDRMs in older adults after two rounds of the Delphi technique. The GPs agreed with 52 (90%) of these PDRM indicators.

CONCLUSIONS: This study showed that consensus on quality indicators of PDRM can be reached among experts. These indicators could be used by a health care organization to proactively identify patients at risk for a PDRM and to improve the quality, safety and appropriateness of medication use. Additionally, the indicators form an important bridge between processes and outcomes of care and could be used in conjunction with existing medication use quality indicators. Subsequent phases of this study will involve pharmacist validation of these PDRMs, and identification (through an integrated medical database of older Nova Scotians) of patients who experienced PDRMs.

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CONTENT ANALYSIS OF QUALITY OF LIFE AND PHARMACOECOLOGIC MESSAGES IN PHARMACEUTICAL PRODUCT ADVERTISEMENTS

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Medical journal advertisements have been evaluated for pharmacoeconomic and quality of life (QoL) content, however no studies have compared advertisements from general health care (General) and managed care (MC) journals.

OBJECTIVES: The specific objectives of this study were to: 1) determine the number of pharmacoeconomic and QoL messages encountered in General and MC journals; and 2) evaluate the frequency of advertisements with respect to the type and content of pharmacoeconomic or QoL messages.

METHODS: The study was a review of all advertisements in six journals appearing from July 1999–June 2001. Journals were divided into two categories: General and MC. Three independent reviewers evaluated the content of each advertisement, and designated advertisements as those containing QoL, implicit or explicit, and/or pharmacoeconomic messages. Advertisements were also evaluated based on their use of supporting evidence for these messages. Advertisements in General and MC