longitudinal validation of the premenstrual symptoms impact survey (PMSIS)
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Objective: To validate the Premenstrual Symptom Impact Survey (PMSIS), a six-item self-assessment patient-reported outcome instrument designed to evaluate impact of premenstrual symptoms on a woman's health-related quality of life. METHODS: The instrument was administered to 70 women (18-45 y). Retrospective criteria from the American College of Obstetricians and Gynecologists and the DSM-IV-TR were used to categorize women into either Premenstrual Syndrome (PMS) or Premenstrual Dysphoric Disorder (PMDD) groups respectively. PMSIS responses were analyzed for internal consistency, reliability, convergent and discriminant/factorial validity, at each time point. Responses across times were analyzed for test-retest reliability. RESULTS: At Wave 1 (N = 1100) and 2 (N = 460), 34.3% and 32.6% of participants were identified in the PMS group, while 14.9% and 14.2% were identified in the PMDD group, respectively. The mean PMSIS scores at each wave were as follows: PMS groups (54.3, 52.0), Non-PM DS groups (32.4, 28.3), PMDD groups (59.5, 55.0) and Non-PMDD groups (36.5, 32.8). Test-retest showed good internal consistency at each time (ρ > 0.88), and adequate test-retest reliability across times (intra-class correlation: 0.74). PMSIS scores correlated significantly (p < 0.001) with SF-12 Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. At each time, PMSIS scores discriminated well across presence/absence of PMS and PMDD (all P < 0.001), and between low/medium/high PCS and MCS groups (all P > 0.04, P < 0.001), indicating known-group discriminate validity. Receiver operating characteristics analyses showed satisfactory values for areas under the curve (0.78) in detecting women with PMS and/or PMDD at each time. CONCLUSIONS: This study demonstrates that the PMSIS has adequate internal consistency, test-retest reliability, and convergent and discriminant validity, making the PMSIS a viable option for identifying and assessing premenstrual problems.

development of the injection pen assessment questionnaire (IPaq) to evaluate a new device to administer human growth hormone (GH)
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Objective: To develop a questionnaire that evaluates parent and child perception of attributes of injection devices (pens) used to administer GH. Parent-child dyads with current experience using the Genotropin Pen® participated in focus groups (N = 8 dyads) and cognitive debriefing interviews (N = 8 dyads) to develop the IPAQ. Four focus groups identified attributes of injection devices relevant to children and/or parents of children being treated with GH. The IPAQ was cognitively debriefed to assess the instrument's face validity, ease of administration, and item understandability. Focus group and debriefing transcripts were analyzed using ATLAS.ti. A translation assessment was performed and revisions were made to improve the usefulness of the IPAQ. RESULTS: Ease of use and convenience were highly valuable attributes for the device, setting the dose, injecting the medicine, and maintaining the device were identified as major attributes influencing preference. Findings from the debriefings suggest that ease of use and convenience were considered similar concepts when evaluating device attributes. Equivalent terms describing the concept of convenience are difficult to find in languages other than English, where the term “convenient” is most often translated as “easy”. Revisions based on debriefings, translation assessment, and internal discussions resulted in a 29-item questionnaire: 14 items assessing ease of use for each device (5-point response scale ranging from “very easy” to “very difficult”), 14 items comparing ease of use for the two devices (“Genotropin Pen® easier to use,” “new injection pen easier to use,” and “no difference”), and 1 item assessing preference (“prefer Genotropin Pen®,” “prefer new injection pen,” and “no preference”). CONCLUSIONS: The IPAQ, which assesses convenience/ease of use and preference for injection device attributes, can be used to evaluate and compare current and newly developed devices from the perspective of the parent-child dyad.
Abstracts

38 states. Using the data-analysis software SAS Enterprise Guide, the data were analyzed for significant variables by comparing a treatment and control group through frequencies, densities, summary statistics, logistic regression, and linear regression models. RESULTS: Initial analyses reveal the majority of infants diagnosed with perinatal infections are male. There is a higher occurrence of the disease in Hispanic and black infants and lower occurrence in whites. The disease is life-threatening and is linked to a longer length of stay and higher total charges. Regression models showed that there are inversely and directly proportional relationships between disease prevalence across specialties and non-specialists. We examined the differences in physician satisfaction achieved and the total care obtained by patients from different caregivers in the health care system like obstetricians and gynecologists, primary practitioners and other specialty physicians. METHODS: We conducted a cross sectional and retrospective web based survey anonymous perinatal care physicians on the basis of treatment satisfaction that they received from their most recent outpatient visits. The survey was user friendly, validated and helped patients identify their physicians as per specialties and rate them on a scale of 0 (“not at all satisfied”) to 10 (“extremely satisfied”). We compared the perception and patient rating of total care among obstetricians and gynecologists, other specialists and primary practitioners was assessed using ordered logistic regression. RESULTS: A total of 35,312 patients who rated physicians belonging to the categories of obstetricians and gynecologists (14%), primary practitioners (38%) and other specialists (36%) were included in the study. After controlling other variables, the log odds of patient rating of total care for non-specialty physicians were 0.26 less in value that those for obstetricians and gynecologists (p < 0.001). Other things being equal, the log odds of patient satisfaction for specialty physicians were 0.17 higher in value than those for non-specialists (p < 0.001). For all subgroups, the log odds of patient satisfaction for non-specialty physicians were 0.15 less in value than those for obstetricians and gynecologists (p < 0.001). CONCLUSIONS: Patient rating of total care was strongly associated with obstetricians and gynecologists physically and professionally with other practitioners. The patient satisfaction ratings in obstetricians and gynecologists were higher compared to primary practitioners and lower compared to other specialists.

ASSOCIATION BETWEEN SEXUAL DRIVE CHANGE AND PREMENSTRUAL SYMPTOMS

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OBJECTIVES: Premenstrual symptoms can interfere in a woman’s life in many areas, including sexual desire. This study objective was to evaluate characteristics of women with severe premenstrual syndrome (PMS) and to identify common additional diagnoses and procedures associated with the disease can significantly prolong a patient’s length of stay and increase total charges. Applying these results to perinatal infection research, there should be more focus on these factors in order to improve the efficiency and quality of perinatal infection treatment and management.

ASSESSING WORK PRODUCTIVITY IMPAIRMENT IN PREMENSTRUAL SYNDROME AND PREMENSTRUAL DYSPHORIC DISORDER

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OBJECTIVES: Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) can have significant impact on women’s work productivity. This study objective was to assess the degree of productivity impairment associated with PMS and PMDD. METHODS: Data were collected through an online survey of employed females ages 18–45 years (N = 634), with some premenstrual symptoms such as irritability, depression, headache, and abdominal bloating. Responses from the Work Productivity and Activity Impairment Questionnaire (WPAI) and the Work Limitations Questionnaire (WLQ) and its subscales (Time Management, Physical, Mental/Interpersonal and Output) were analyzed. The retrospective criteria of the American College of Obstetricians and Gynecologists and the DSM-IV-TR were used to identify women with Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) respectively. The study controlled for age using multivariate ANOVA and compared the following: 1) women that did not meet criteria for PMS or PMDD (66.4%); 2) women that met the criteria for PMS but not PMDD (18.9%); and 3) women that met the criteria for PMDD (14.7%). RESULTS: Multivariate ANOVA showed significant differences across the three groups for the composite Productivity Loss of the WLQ and its subscales as well as for the WPAI (p < 0.001). When compared to women without PMDD or PMS, the model estimated greater work impairment scores for the PMDD group than for the PMS group. Post-hoc analysis revealed significant differences in scores between all groups and for all outcomes (p < 0.05 except between PMS and PMDD groups for the WLQ-Time Management and PMS and non-PMDD groups for the WLQ-Physical. CONCLUSIONS: Presence of PMS and PMDD substantially impairs women’s work productivity.

PATIENT SATISFACTION AND PERCEIVED CARE IN OBSTETRICIANS AND GYNECOLOGISTS COMPARED TO OTHER SPECIALTIES: ANALYSIS OF US SELF-REPORTED SURVEY DATA

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OBJECTIVES: Very few studies have tried to evaluate comparative physician satisfaction across specialties and non-specialists. We examined the differences in physician satisfaction achieved and the total care obtained by patients from different caregivers in the health care system like obstetricians and gynecologists, primary practitioners and other specialty physicians. METHODS: We conducted a cross sectional and retrospective web based survey anonymous perinatal care physicians on the basis of treatment satisfaction that they received from their most recent outpatient visits. The survey was user friendly, validated and helped patients identify their physicians as per specialties and rate them on a scale of 0 (“not at all satisfied”) to 10 (“extremely satisfied”). We then used these results to perinatal infection research, there should be more focus on these factors in order to improve the efficiency and quality of perinatal infection treatment and management.

WORK DISABILITY AND RETIREMENT IN DUAL-EARNER FAMILIES

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OBJECTIVES: The objective of this study is to determine whether spouses with work disability in dual-earner families are at an increased risk for retirement and how the risk varies among different conditions. METHODS: The study uses eight biennial waves (1992–2006) of the Health and Retirement Study (HRS), a nationally representative panel survey of the U.S. population over age 50. The findings indicate that married couples in which both a husband and a wife were in the labor force and did not mention being retired at the first interview, Retirement is defined as a departure from the labor force. Work disability (whether health limits amount or kind of work) and retirement are linked to the chronological date (month and year are available in the data). Separate Cox proportional hazards model estimates hazards of wives' and husbands' retirement as a function of own health and other confounding factors. The analysis start date is a wife's (a husband's) 50th birthday or the date of the first interview, whichever comes last. RESULTS: Work disability is associated with much higher risk of retirement. Wives with work limitations have a 2.23 times higher hazard of retirement (HR 2.23 [95% CI, 1.98–2.50]) than do wives without a work disability. The onset of own work disability raises the conditional probability of husbands’ retirement by 2.7 times (HR 2.70 [95% CI, 2.42–3.02]). Health conditions that caused work disability and associated with the highest risk of retirement for wives are: heart, cancers, and respiratory, in that order. For husbands similar conditions are: emotional and psychological, cancers, and heart. CONCLUSIONS: Work disability prevention can decrease loss of productivity related to earlier retirement. Identifying best-practice disease prevention and health promotion programs through evidence-based research will help government, employers, health plans and workers to decrease the risk of developing a disabling condition.

HOURLY AND ANNUAL OBJECTIVE PRODUCTIVITY (PRESENTEISEM) ACROSS SEVERAL DISEASES: BIPOLAR DISORDER, OTHER MENTAL DISORDERS, CHRONIC ILLNESS, FUNCTIONAL DYSPEPSIA, GERD, GOUT, AND INSOMNIA

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OBJECTIVES: To compare the at-work productivity (presenteism) among employees with bipolar disorder (BDP), other mental disorders (OMD), chronic constipation (CC), functional dyspepsia (FD), gastroesophageal reflux disease (GERD), and insomnia. METHODS: A 2001–2007 US employee database was used to identify subjects with BDP, OMD, CC, FD, Gerd, goit, and insomnia (based on medical claims ICD9s) using objective electronically collected productivity data for employees in task-oriented positions. All studies used regression models to control for demographic differences between subjects with the condition and control groups of subjects without the condition. For all subjects (by study), the controls used the average index