treated with docetaxel-based chemotherapy. EQ-SD and FACT-P data were collected for a subset of patients at baseline and throughout the study until treatment discontinuation or death. Three steps of mapping techniques were employed. The patients’ EQ-SD index scores determined using the UK-tariff: (a) linear regression estimated by generalized estimating equation (GEE) algorithms; (b) two-part model (TPM) combining logistic and linear regression estimated by GEE algorithms; (c) separate mapping for patients with health defined as fit/normal. The analyses showed that the 13-item peer relations scale is a reliable and unidimensional measure of an important PSUD treatment outcome.

PHS65

OUTCOMES AND DETERMINANTS OF CAREGIVER BURDEN AFTER FIRST-EVER STROKE: THE ERLANGEN STROKE PROJECT (ESPRO)


OBJECTIVES: Informal caregivers of stroke survivors provide extensive care which can be perceived as a burden. With regard to the high prevalence of stroke and increasing costs of care, limited attention is given to informal caregivers. The purpose of this study is to investigate specific caregiver burden outcomes 12 months after first-ever stroke. The objective was to identify determinants of caregiver burden. METHODS: Data were collected from the Erlangen Stroke Project among 10,106 residents of the Erlangen community of Erlangen, Germany. Analysis includes stroke survivors, followed-up 12 months after stroke as well as their informal, primary caregivers. The burden of caregiving scale (CBS) was used to assess caregiver burden. The CBS consists of 13 items related to emotional and physical support, the degree of patient’s physical disability and inactivity in activities of daily living, frequency of health problems, and the degree of patients’ inactivity in activities of daily living. RESULTS: A total of 1,134 subjects were assessed prospectively. With regard to the high prevalence of stroke and increasing costs of care, limited attention is given to informal caregiving. The purpose of this study is to investigate specific caregiver burden outcomes 12 months after first-ever stroke and to identify determinants of caregiver burden methods. RESULTS: Data were collected from the Erlangen Stroke Project among the 106,000 residents of the community of Erlangen, Germany. Analysis includes stroke survivors, followed-up 12 months after stroke. The CBS was used to assess caregiver burden. Explanatory factors of burden were examined in terms of socio-demographic data, functional status (Barthel Index, Frenchay Activity Index), hours per day provided for care, caregivers’ relationship to patient and health status. RESULTS: A total of 1,134 subjects were assessed prospectively. Mean age of caregivers is 62.9 years. Informal care is mainly provided by spouses (55.8%) and children (34.6%). 12 months after stroke, over one third of caregivers were experiencing considerable burden. Main burden of caregiving out of 15 dimensions was for emotional support (46.3%), dealing with behavioural difficulties (38.8%) and for ‘transport of the patient’ (30.6%). Both, the degree of patients’ physical disability (p < 0.001) and the degree of patients’ inactivity in activities of daily living (p < 0.001) were significantly associated with a high level of experienced burden. The time of care per day provided by the caregiver was positively correlated with a higher caregiver burden (p < 0.001). CONCLUSIONS: Results confirm that caregiver burden of stroke survivors is still an unmet need in terms of public health. Effective preventive and situation-specific strategies should be implemented, based on understanding the reported factors. Further research is required to investigate self-rated somato-psychic health of alcoholic patients treated according to the Minnesota model, and changes in this treatment population.

PHS67

RASCH MODEL VALIDATION OF A PEER RELATIONS SCALE FOR PEOPLE TREATED FOR PSYCHOACTIVE SUBSTANCE USE DISORDER

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OBJECTIVES: There is strong evidence in the literature indicating that positive supportive peer relations are protective of relapse for people treated for psychotropic substance use disorder (PSUD). Unfortunately, no standard measure of peer relations exists. The objective of this research is to use Rasch item response theory (IRT) modeling to validate a 13-item peer relations scale for use in outcome studies in this treatment population. METHODS: The participants are 408 adults (average age 36.4) discharged from primary substance abuse treatment (ASAM Level 1A) in 2004-2010. The data is from an outcome study conducted approximately six months post discharge via a 190-item questionnaire that included the 13-item peer relations scale. The scale is made up of behaviorally-anchored items that assess the degree to which the individual’s behavior is perceived by others as having the potential to contribute to or prevent relapse. The response rate was 58 percent. RESULTS: The person reliability is 0.98 and the Cronbach’s alpha raw score reliability is 0.92—both indicating the scale is internally consistent. The item reliability of 0.96 is high indicating that the model is reliable. The item separation is 6.69 meaning items are placed appropriately on the Rasch ‘ruler’ with about six levels of importance identified. The mean-square (MNSQ) statistic of the infit and outfit values were 0.5 and 1.5 for all of the items indicating a low level of randomness and true unidimensionality of the scale. Additionally, the scale is made up of four ordered thresholds. Visual inspection of a Wright Item Map shows the scale is hierarchically structured with a consistent amount of inter-item spread. Similarly, the standardized t-tests (z-STD), shown on a pathway bubble chart indicate minimal item overlap. CONCLUSIONS: The Rasch analysis shows the peer relations scale is a reliable and unidimensional measure of an important PSUD treatment outcome.