OBJECTIVE: With the progression of the renal insufficiency (RI) produced in the chronic allograft nephropathy (CAN), the patients’ HRQoL worsens. The treatment of the anemia associated to the RI with rh-EPO improves the HRQoL. The objective of present study was to evaluate the HRQoL of kidney transplant patients with CAN and anemia associated to the RI, and the effect of the treatment with rh-EPO on the HRQoL. METHODS: Prospective study of 24 kidney transplant patients with RI caused by CAD and anemia who received rh-EPO to treat the anemia. The hemoglobin target was 12 gr/dL. HRQoL was evaluated with the SF-36 Health Survey at start treatment, 3 months later and at the end of follow-up. SF-36 scores (8 dimensions, Physical-PCS and Mental Component Summary-MCS) were standardized by age and gender using the Spanish general population norms. The “Effect Size” was also calculated for each dimension and for summary scores. RESULTS: Hemoglobin statistically improved from start to third month (p < 0.01). SF-36 scores of studied patients were worse than those of the general population and that of a transversal sample of transplant patients with good renal function: PCS = 36.08 ± 12.83 vs. 48.68 ± 9.86; MCS = 47.16 ± 14.46 vs. 51.91 ± 10.25. Three SF-36 dimensions statistically improved with the correction of anemia with the rh-EPO treatment: Role Physical, Vitality and Mental Health. The “Effect Size” was very small for Physical Functioning and Social Functioning; small for General Health (0.28) and PCS (0.23); moderate for Pain (0.41), Role Emotional (0.39) and MCS (0.42); and large for Role Physical (0.65), Vitality (0.81) and Mental Health (0.74). CONCLUSIONS: The poor HRQoL of kidney transplant patients with CAN and anemia improves with the treatment of the anemia with rh-EPO. The “Effect Size” for this change in the HRQoL is moderate to large in majority of HRQoL areas.

VALIDATION STUDY OF THE SPANISH VERSION OF THE ICIQ-SHORT FORM. A USEFUL INSTRUMENT IN DETECTING URINARY INCONTINENCE
Esquena M1, Rebollo P2, Puig M1, Pérez A1
1Hospital Clinic. Universidad de Barcelona, Barcelona, Catalonia, Spain; 2Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

OBJECTIVE: A great proportion (50–70%) of patients with urinary incontinence (UI) do not ask for medical advise. Symptom questionnaires may help in detecting the UI. The objective of present study was to analyze the psychometric properties of the Spanish version of the questionnaire of UI symptoms “ICIQ-SF”. METHODS: A total of 500 women who consulted at a UI-specialized unit answered the questionnaire. Urodynamic study was carried out, and sociodemographic and clinical data were also collected including the symptoms expressed by the patients. So there were two diagnostic tools for the assessment: clinical and that of the urodinamic study. Feasibility, validity (comparing the scores between groups according to both diagnostic methods, between groups of different sort of UI and between groups of different severity degrees) and reliability (Cronbach’s alpha) were assessed. Sensitivity (Se), specificity (Sp), positive (PPV) and negative (NPV) predictive value with respect to clinical diagnostic and that of the urodinamic study were also calculated. RESULTS: Mean time of administration was 3 minutes. All patients answered all the items of the ICIQ-SF. According to clinical diagnostic, patients with UI showed higher score on the ICIQ-SF (11.6 ± 5.9) than women without UI (4.5 ± 6.3) (p = 0.000). The same occurs with the groups according to the urodinamic study (11.1 ± 6.3 vs. 6.2 ± 6.5; p = 0.000). A higher severity degree was associated to a higher score on the ICIQ-SF: low degree (10.47 ± 5.61) vs. intermediate (12.4 ± 5.72) vs high degree (13.61 ± 5.42). Cronbach’s alpha was 0.89. The values of Se, Sp, PPV and NPV were 92.1%, 55.6%, 88.3% y 65.9% with respect to clinical diagnostic and 87.7%, 40.8%, 85.1% y 46.2% with respect to the urodinamic study. CONCLUSIONS: This is the first questionnaire design for diagnostic of UI validated in Spain. The psychometric properties of the ICIQ-SF are satisfactory and allow to recommend the use of the questionnaire in the clinical practice.

LOWER IMPACT ON HEALTH RELATED QUALITY OF LIFE (HRQoL) IN ELDERLY PATIENTS STARTING AND AFTER ONE YEAR OF HEMODIALYSIS (HD) THAN IN YOUNGER PATIENTS: A PROSPECTIVE STUDY
Garcia-Mendoza M, Valdés C, Rebollo P, Ortega T, Moreno D, Ortega F
Hospital Central Universitario de Asturias and Institute “Reina Sofia” for Nephrological Research, Oviedo, Asturias, Spain

OBJECTIVE: To evaluate the HRQoL of the patients who started RRT in our region during last 2 years (N = 284) following them along the time and searching for differences between elderly (≥65 years) and younger patients. METHODS: Preliminary results of 66 patients who remained in HD during one year are shown. Patients excluded: a total of 8 because of cognitive deterioration. An interview was carried out at three months from start and one year later, using the SF-36 Health Survey, obtaining a Physical (PCS) and a Mental (MCS) Component Summary Scores, and the Physical Symptom scale (PSS) of the Kidney Disease Questionnaire (KDQ). Sociodemographic and clinical data, Karnofsky Scale and a comorbidity index were also collected. SF-36 scores were standardized using the Spanish general population norms. RESULTS: Mean age = 66.8 ± 13.1 years (elderly 71.2%); 56% men. The main analytic and clinical parameters did not change after one year: hemoglobin = 11.5 ± 1 versus 11.1 ± 1.5 gr./dL; Albumin = 3.6 ± 0.2 versus 3.6 ± 0.4 gr./L.; Creatinine = 8.13 ± 2.39 versus 7.87 ±
1.14 mg/dL. Karnofsky Scale score showed small variation: 70.3 ± 17.2 versus 72.5 ± 17.9 (n.s.). The mean score of the PSS slightly increased after one year, indicating improvement: 4.1 ± 1.3 versus 5.1 ± 2.1 (n.s.). The PCS mean score of younger pts. (39.6 ± 15.0) was statistically significant worse than that of elderly (47.0 ± 8.6) at the start (p < 0.05), but not at the end (44.4 ± 12.5) vs. (48.0 ± 8.2) (n.s.). The PCS mean score of younger pts. was statistically significant better after one year, indicating improvement: 39.6 ± 15.0 vs. 44.4 ± 12.5 (p < 0.05). No statistically significant differences were found for MCS.

CONCLUSIONS: Elderly pts. showed lower loss of HRQoL than younger pts. at start and one year later. The HRQoL of elderly who started RRT remained stable after one year of follow-up. The HRQoL of younger pts. improved at one year of follow-up in physical aspects but not in mental aspects.

WOMEN’S & MEN’S HEALTH

WOMEN’S & MEN’S HEALTH—Clinical Outcomes Studies

**PWH1**

**EFFECT OF ORAL LOW-DOSE HORMONAL REPLACEMENT THERAPY (COMBINED ESTRADIOL 1 MG AND NORESTISTERONE ACETATE 0.5 MG) ON CARDIOVASCULAR RISK IN SPANISH POSTMENOPAUSAL WOMEN**

Mirada A1, Barnés E2, López JS3

1Laboratorios Isdin, Barcelona, Spain; 2Pharma-Consult, Barcelona, Spain

**OBJECTIVES:** The aim of this study is to evaluate cardiovascular risk factors in a group of early postmenopausal women and the impact of low-dose hormonal replacement therapy on long-term cardiovascular risk replacement therapy (LD-HRT) (combined estradiol 1 mg and noretisterone acetate 0.5 mg). METHODS: Epidemiological, observational, prospective and multicenter study on menopausal women who initiate LD-HRT Activevle® (combined estradiol 1 mg and noretisterone acetate 0.5 mg). Anthropometric and demographic characteristics, dietetic and hygienic habits, gynecologic and obstetric history of patients were recorded. Menopausal symptoms were measured using kupperman index (KI) scores: hemorrhages, vertigo, fatigue, arthralgia, headache, palpitation, and pruritus. After 6 months of treatment, menopausal symptoms were registered. Lineal regression model was played to quantify the response to treatment. RESULTS: A total of 728 women were enrolled, mean age 51.6 ± 4.3 years. 98.8% of women improved their symptomatology, mean decrease of KI score was 13.46 ± 7.73 points (from 19.98 ± 8.53 to 6.41 ± 5.83). In 23.9% of women KI score decrease was a value included in the interval between 18 and 24. Fulfillment of treatment was observed in 82.6% of women. Adverse events were reported in 22 patients (3% of total). Effectivity of treatment predicting factors resulted: greater KI score, fulfillment of treatment, and initiate treatment as a result of de novo diagnose of menopause. (R2(ad) = 65.10%). CONCLUSIONS: LD-HRT achieves a significant improvement on climacteric symptomatology. Tolerability of treatment is confirmed by the high rate of fulfillment and the low rate of adverse events reported.

**PWH2**

**EFFECTIVENESS AND SAFETY OF ORAL LOW-DOSE HORMONAL REPLACEMENT THERAPY (COMBINED ESTRADIOL 1 MG AND NORESTISTERONE 0.5 MG) IN CLIMACTERIC SYMPTOMS ON SPANISH POSTMENOPAUSAL WOMEN**

López JS1, Barnés E1, Mirada A2

1Pharma-Consult, Barcelona, Spain; 2Laboratorios Isdin, Barcelona, Spain

**OBJECTIVES:** The aim of this study is to evaluate effectivity and safety of low-dose hormonal replacement therapy (LD-HRT) (combined estradiol 1 mg and noretisterone acetate 0.5 mg) in a group of early postmenopausal women. METHODS: Epidemiological, observational, prospective and multicenter study on menopausal women who initiate LD-HRT Activevle® (combined estradiol 1 mg and noretisterone acetate 0.5 mg). Anthropometric and demographic characteristics, dietetic and hygienic habits, gynecologic and obstetric history of patients were recorded. Menopausal symptoms were measured using kupperman index (KI) scores: hemorrhages, vertigo, fatigue, arthralgia, headache, palpitation, and pruritus. After 6 months of treatment, menopausal symptoms were registered. Lineal regression model was played to quantify the response to treatment. RESULTS: A total of 728 women were enrolled, mean age 51.6 ± 4.3 years. 98.8% of women improved their symptomatology, mean decrease of KI score was 13.46 ± 7.73 points (from 19.98 ± 8.53 to 6.41 ± 5.83). In 23.9% of women KI score decrease was a value included in the interval between 18 and 24. Fulfillment of treatment was observed in 82.6% of women. Adverse events were reported in 22 patients (3% of total). Effectivity of treatment predicting factors resulted: greater KI score, fulfillment of treatment, and initiate treatment as a result of de novo diagnose of menopause. (R2(ad) = 65.10%). CONCLUSIONS: LD-HRT achieves a significant improvement on climacteric symptomatology. Tolerability of treatment is confirmed by the high rate of fulfillment and the low rate of adverse events reported.