



Clearinghouse on Health Indexes

National Center for Health Statistics

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Bibliography on Health Indexes

2 ACKNOWLEDGMENTS

3 ANNOTATIONS

- 3 Ahlmen, Monica; Sullivan, Marianne; Bjelle, Anders: Team Versus Non-Team Outpatient Care in Rheumatoid Arthritis: A Comprehensive Outcome Evaluation Including an Overall Health Measure: *unpublished, Gothenburg, Sweden: Sahlgrenska University Hospital, filed 1988*
- 3 Applebaum, Robert A.; Christianson, Jon B.; Harrigan, Margaret; Schore, Jennifer: The Evaluation of the National Long Term Care Demonstration: 9. The Effect of Channeling on Mortality, Functioning, and Well-Being: *Health Services Research* 23(1):143-159, 1988
- 4 Benin, Mary Holland; Stock, William A.; Okun, Morris A.: Positive and Negative Affect: A Maximum-Likelihood Approach: *Social Indicators Research* 20(2):165-175, 1988
- 4 Bergner, Marilyn; Hudson, Leonard D.; Conrad, Douglas A.; Patmont, Christine M.; McDonald, Gwendolyn J.; et al.: The Cost and Efficacy of Home Care for Patients With Chronic Lung Disease: *Medical Care* 26(6):566-579, 1988
- 4 Blomquist, Glenn C.; Berger, Mark C.; Hoehn, John P.: New Estimates of Quality of Life in Urban Areas: *American Economic Review* 78(1):89-107, 1988
- 5 Blumenfeld, Stewart N.; Newman, Jeanne S.; Parker, Barnett R.: Perspectives on Utility-Based Decision Models in Primary Health Care Within Developing Countries: *Socio-Economic Planning Sciences* 22(1):45-50, 1988
- 5 Brown, Peter G.: Policy Analysis Welfare Economics, and the Greenhouse Effect: *Journal of Policy Analysis and Management* 7(3):471-475, 1988
- 5 Bulpitt, Christopher J.; Fletcher, Astrid E.: Importance of Well-Being to Hypertensive Patients: *American Journal of Medicine* 84(suppl 1B):40-46, 1988
- 6 Carey, Raymond G.; Seibert, Jerry H.; Posavac, Emil J.: Who Makes the Most Progress in Inpatient Rehabilitation? An Analysis of Functional Gain: *Archives of Physical Medicine and Rehabilitation* 69(5):337-343, 1988
- 6 Ciampi, Antonio; Lockwood, Gina; Sutherland, Heather J.; Llewellyn-Thomas, Hilary A.; Till, James E.: Assessment of Health-Related Quality of Life: Factor Scales for Patients with Breast Cancer: *Journal of Psychosocial Oncology* 6(1/2):1-19, 1988
- 6 Coulton, Claudia J.; Dunkle, Ruth E.; Chow, Julian Chun-Chung; Haug, Marie; Vielhaber, David P.: Dimensions of Post-Hospital Care Decision-Making: A Factor Analytic Study: *Gerontologist* 28(2):218-223, 1988

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ACKNOWLEDGMENTS

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This issue contains annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, that became available in April, May, or June 1988. Materials searched in the preparation of this issue are given in the section entitled Sources of Information which follows the annotation section. Bibliographic citations are given in the standard form: author, title, and source of the article, designated by Au., Ti., and So., respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviations are avoided whenever possible.

Following the abstract, the number of references used in the preparation of the document and source of the annotation are given. There are four sources: (1) the author abstract designated by AA; (2) the author summary, AS; (3) the author abstract or summary modified by Clearinghouse personnel, AA-M or AS-M; and (4) the Clearinghouse abstract CH-P, where the initial following the "-" indicates the individual responsible for the abstract.

Copies of items cited in the Clearinghouse bibliographies should be requested directly from the authors. The address for reprints is given after the abstract. When the request is to be sent to an author other than the first listed, the appropriate name is given along with the address.

REFERENCE NUMBER 1

Au: Ahlmen, Monica; Sullivan, Marianne; Bjelle, Anders

Ti: **Team Versus Non-Team Outpatient Care in Rheumatoid Arthritis: A Comprehensive Outcome Evaluation Including an Overall Health Measure**

So: *unpublished, Gothenburg, Sweden: Sahlgrenska University Hospital, filed 1988*

In a rheumatology department, two randomized groups of female rheumatoid arthritis outpatients were studied prospectively for one year, comparing the outcome of multidisciplinary team care (team = T-group, n = 31) with that of regular outpatient clinic care (non-team = NT-group, n = 28). Pharmacological treatment and orthopedic specialist consultations were similar in both groups, while utilization of paramedical care was higher in the team group. Outcome measures concerning disease activity, specified joint function and self-rated bodily discomforts disclosed no significant differences between the two groups. Mental well-being increased in the team group. Overall health, measured by the Sickness Impact Profile, improved significantly compared to the non-team groups. (37 references) AA

Address for reprint requests: Department of Rheumatology, Sahlgrenska University Hospital, S-413 45 Gothenburg, Sweden

REFERENCE NUMBER 2

Au: Applebaum, Robert A.; Christianson, Jon B.; Harrigan, Margaret; Schore, Jennifer

Ti: **The Evaluation of the National Long Term Care Demonstration: 9. The Effect of Channeling on Mortality, Functioning, and Well-Being**

So: *Health Services Research 23(1):143-159, 1988*

A key component of the channeling evaluation was its focus on the life quality of program clients and their caregivers. In this article, life quality results in the area of mortality, functioning, and client and caregiver well-being are presented for research treatment and control group members. Results show no significant differences in mortality, some beneficial program effects on client and caregiver well-being, and somewhat mixed effects on client functioning. (7 references) AA

Address for reprint requests: Scripps Gerontology Center, Miami University, Oxford, Ohio 45056

REFERENCE NUMBER 3

Au: Benin, Mary Holland; Stock, William A.; Okun, Morris A.

Ti: **Positive and Negative Affect: A Maximum-Likelihood Approach**

So: *Social Indicators Research* 20(2):165-175, 1988

Using the LISREL maximum-likelihood program, the relation between Bradburn's positive affect and negative affect scales is examined for three age groups of adults. It is found that (a) unequal item loading fit significantly better than equal item loadings; (b) the best-fitting loadings for the elderly are significantly different from those of the non-elderly; (c) the positive and negative affect scales are substantially correlated and (d) correlations with related variables are stronger when positive and negative affect scales are formed by maximum-likelihood loadings rather than by unit loadings. Given the widespread use of Bradburn's scales, implications of these results for subjective well-being research are discussed. (24 references) AA

Address for reprint requests: Department of Sociology, Arizona State University, Tempe, Arizona 85287

REFERENCE NUMBER 4

Au: Bergner, Marilyn; Hudson, Leonard D.; Conrad, Douglas A.; Patmont, Christine M.; McDonald, Gwendolyn J.; et al.

Ti: **The Cost and Efficacy of Home Care for Patients With Chronic Lung Disease**

So: *Medical Care* 26(6):566-579, 1988

A randomized controlled trial was conducted to assess efficacy and cost of sustained home nursing care for patients with chronic lung disease. Three hundred one patients were randomly assigned to a respiratory home care group (RHC) that received care from respiratory home care nurses, a standard home care group (SHC) that received care from regular home care nurses, or an office care group (OC) that received whatever care they needed except for home care. Patients were followed for 1 year. At the end of the study year, there was no difference in survival, pulmonary function, or everyday functioning among the three groups. Average annual cost of care for all study patients was \$7,647 (1981-82 dollars). The average annual health care costs for patients in the RHC group was \$9,768; for those in the SHC group, \$8,058; and for those in the OC group, \$5,051. These results suggest that the current policy of limited coverage of home nursing services by Medicare and other third-party payers may be appropriate. (28 references) AA

Address for reprint requests: Department of Health Policy and Management, The Johns Hopkins School of Hygiene and Public Health, 624 North Broadway, Room 606, Baltimore, MD 21205

REFERENCE NUMBER 5

Au: Blomquist, Glenn C.; Berger, Mark C.; Hoehn, John P.

Ti: **New Estimates of Quality of Life in Urban Areas**

So: *American Economic Review* 78(1):89-107, 1988

Implicit markets capture compensation for intraurban and interregional differences in amenities and yield difference in housing prices and wages. These pecuniary differences become preference-based weights in a quality of life index. Hedonic equations are estimated using micro data from the 1980 Census and assembled county-based amenity data on climatic, environmental, and urban conditions. Ranking of 253 urban counties reveals substantial variation with and among urban areas. (21 references) AA

Address for reprint requests: Department of Economics, University of Kentucky, Lexington, Kentucky 40506-0034

REFERENCE NUMBER 6

Au: Blumenfeld, Stewart N.; Newman, Jeanne S.; Parker, Barnett R.

Ti: **Perspectives on Utility-Based Decision Models in Primary Health Care Within Developing Countries**

So: *Socio-Economic Planning Sciences* 22(1):45–50, 1988

In a previous issue of this journal, Newman et al. discuss the notion of preference-based heuristics and their use in studies assisted by the PRICOR (Primary Health Care Operations Research) Project. This article focuses on one class of such heuristics—those that attempt to disaggregate individual or group preferences (utilities) into definable components in an effort to evaluate a specified series of alternative strategies or programs. In particular, the Multiple Criteria Utility Assessment (MCUA) heuristic, used by several PRICOR-funded researchers, is examined. The article reviews the concept of utility as defined in five PRICOR studies (presented in this issue), outlines the procedure for performing an MCUA, discusses some of the common problems met by PRICOR researchers in using the model, and suggests ways to apply the procedure more effectively. The article closes with a postscript, outlining the direction the PRICOR Project is currently taking in assisting researchers and primary health care system managers in developing countries to use operations research in solving service delivery decision problems. (8 references) AA

Address for reprint requests: Center for Human Services, 5330 Wisconsin Avenue, Chevy Chase, Maryland 20815

REFERENCE NUMBER 7

Au: Brown, Peter G.

Ti: **Policy Analysis Welfare Economics, and the Greenhouse Effect**

So: *Journal of Policy Analysis and Management* 7(3):471–475, 1988

Welfare economics is evaluated as a framework for setting policy with respect to the greenhouse effect. It is found to be unpromising for the following reasons: (1) the concept of discounting leads to the view that events in the further future have no value, (2) the baselines necessary to use welfareeconomic decision rules cannot be established, and (3) no nonparadoxical answer can be given to the question: How should we value the welfare of future persons? As analysts begin the task of formulating policy with respect to the greenhouse effect they will need tools other than those provided by welfare economics. (7 references) AA

Address for reprint requests: School of Public Affairs, University of Maryland, College Park, Maryland 20742

REFERENCE NUMBER 8

Au: Bulpitt, Christopher J.; Fletcher, Astrid E.

Ti: **Importance of Well-Being to Hypertensive Patients**

So: *American Journal of Medicine* 84(suppl 1B):40–46, 1988

Well-being may be adversely affected in hypertensive patients by the disease process and its complications, other concomitant diseases, especially depression and anxiety, and the treatment prescribed. The adverse consequences of both pharmacologic and nonpharmacologic treatment are discussed, with emphasis on the psychological consequences of such treatment. The wider impact of side effects on the daily lives of patients is discussed—the quality-of-life approach. Areas considered include work performance and leisure activities. The problem of interpreting any changes inequality-of-life measures is considered. (46 references) AA

Address for reprint requests: Department of Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1, United Kingdom

REFERENCE NUMBER 9

Au: Carey, Raymond G.; Seibert, Jerry H.; Posavac, Emil J.

Ti: **Who Makes the Most Progress in Inpatient Rehabilitation? An Analysis of Functional Gain**

So: *Archives of Physical Medicine and Rehabilitation* 69(5):337343, 1988

This study describes the functional gain made by 6,194 inpatients in 22 rehabilitation facilities in 1985 and 1986. Functional gain was measured by the Revised Level of Rehabilitation Scale (LORSII). Results showed that age, length of stay, and functional ability at admission were all factors in patient progress, but not always in the way expected. Younger patients and those with a longer length of stay generally made more progress, but there were variations by impairment group. A curvilinear relationship between functional status at admission and functional gain was observed for several impairment groups. Head injury patients made the most functional gains. However, orthopedic patients made the most gains of all impairment groups when length of stay, age, functional ability at admission, and consistency of progress were considered. (10 references) AA

Address for reprint requests: Parkside Associates, Incorporated, 1775 Dempster Street, Park Ridge, Illinois 60068

REFERENCE NUMBER 10

Au: Ciampi, Antonio; Lockwood, Gina; Sutherland, Heather J.; Llewellyn-Thomas, Hilary A.; Till, James E.

Ti: **Assessment of Health-Related Quality of Life: Factor Scales for Patients with Breast Cancer**

So: *Journal of Psychosocial Oncology* 6(1/2):1-19, 1988

Information about health-related quality of life for patients with breast cancer, obtained using a series of linear analog self-assessment (LASA) scales, has been condensed into four summary scores using factor analysis. Three of these factor scales, incorporating 16 LASA scales related to general health, have been designated Physical, Emotional, and Social Health; the fourth factor scale, termed Disease-Related, incorporates 11 LASA scales related to breast cancer and its treatment. These factor scales were compared with an established instrument for assessing health status—the Duke-University of North Carolina Health Profile—and were found to perform satisfactorily. The factor scales provide an attractive compromise between attempts to condense all the results into a single overall score and the reporting of results for each individual LASA scale. (20 references) AA

Address for reprint requests: Ontario Cancer Institute, 500 Sherbourne Street, Toronto, Ontario, Canada M4X 1K9

REFERENCE NUMBER 11

Au: Coulton, Claudia J.; Dunkle, Ruth E.; Chow, Julian Chun- Chung; Haug, Marie; Vielhaber, David P.

Ti: **Dimensions of Post-Hospital Care Decision-Making: A Factor Analytic Study**

So: *Gerontologist* 28(2):218-223, 1988

Aspects of post-hospital care decisions were examined for elderly patients (n=314) being discharged. Factor analysis identified 6 dimensions of the patients' perceptions of the decision-making: certainty about outcomes, family support for decision-making, restriction of choice, feeling of being rushed, control over the choice, and hypervigilance. These dimensions, supported by confirmatory factor analysis, revealed aspects of patient decision-making useful for assessing the quality of discharge planning. (35 references) AA

Address for reprint requests: School of Applied Social Sciences, Case Western Reserve University, 2035 Abington Road, Cleveland, Ohio 44106

REFERENCE NUMBER 12

Au: Dallosso, H.M.; Morgan, K.; Bassey, E.J.; Ebrahim, S.B.J.; Fentem, P.H.; et al.
Ti: **Levels of Customary Physical Activity Among the Old and the Very Old Living at Home**
So: *Journal of Epidemiology and Community Health* 42(21):121-127, 1988

With an activity inventory designed specifically for use among elderly people, detailed profiles of customary physical activity were obtained from 507 old (aged 65-74 years) and 535 very old (aged 75 years and over) individuals randomly sampled from the community. Participation in four categories of activity was assessed: outdoor productive activities, indoor productive activities, leisure activities, and walking. Customary engagement in many activities was found to be low, age (old versus very old) and sex being among the most important determinants of participation. The method of assessment is described, and activity profiles normative for older age groups are presented. (56 references) AA

Address for reprint requests: Department of Geriatric Medicine, Royal Free Hospital, Pond Street, London NW3 2QG, United Kingdom

REFERENCE NUMBER 13

Au: Ellwood, Paul M.
Ti: **Shattuck Lecture—Outcomes Management: A Technology of Patient Experience**
So: *New England Journal of Medicine* 318(23):1549-1556, 1988

In this paper, the author outlines a proposal for outcomes management, which consists of a common patient-understood language of health outcomes; a national data base containing information and analysis on clinical, financial, and health outcomes that estimates as well as possible the relationship between medical interventions and health outcomes, as well as the relationship between health outcomes and money; and an opportunity for each decision maker to have access to the analyses that are relevant to the choices they must make. Outcomes management would draw on existing techniques, including the measurement of generic functioning and well-being as well as disease-specific clinical outcomes of patients. (13 references) CH-P

Address for reprint requests: InterStudy, Excelsior, Minnesota 55331

REFERENCE NUMBER 14

Au: Farber, Jonathan F.; Schmitt, Frederick A.; Logue, Patrick E.
Ti: **Predicting Intellectual Level from the Mini-Mental State Examination**
So: *Journal of the American Geriatrics Society* 36(6):509-510, 1988

The Mini-Mental State Examination and the WAIS-R were administered to 105 patients in the early stages of Alzheimer's disease. MMSE scores correlated 0.83 with full scale IQ, which indicates that the MMSE may be a reasonable alternative measure of overall intellectual functioning in Alzheimer patients, for whom more extensive testing is impractical or clinically inappropriate. The prediction formula is presented, along with a prediction table. Folstein and McHugh report that as the WAIS Performance IQ falls below 100 in demented patients, there is a concomitant decline in the MMSE below 24 points. Data from our laboratory further support what some clinicians have long suggested, i.e., that in those cases where only the mental status examination can be given, this short test can provide a reasonably valid and reliable prediction of the patient's IQ score. (9 references) AA

Address for reprint requests: Psychology Department, Davie Hall 013-A, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27514

REFERENCE NUMBER 15

Au: Flaherty, Joseph A.; Gaviria, F. Moises; Pathak, Dev; Mitchell, Timothy; Wintrob, Ronald; et al.
 Ti: **Developing Instruments for Cross-Cultural Psychiatric Research**
 So: *Journal of Nervous and Mental Disease* 176(5):257-263, 1988

The growth of cross-cultural psychiatry is now occurring at a time when psychiatry in general is emphasizing diagnostic clarity and the use of quantifiable and reliable methods of collecting clinical and research data. It is now imperative that crosscultural psychiatry also examine its methods for developing instruments for use in cross-cultural research. This paper outlines a method for developing instruments designed in one culture for use in a second, and particular attention is given to cross-cultural validity or equivalence. Five types of equivalence are enumerated and defined: content, semantic, technical, criterion, and conceptual. These concepts are illustrated by examples from the authors' experience in research on internal migrants in Peru. (36 references) AA

Address for reprints requests: Department of Psychiatry, University of Illinois at Chicago, 912 South Wood Street, Chicago, Illinois 60612

REFERENCE NUMBER 16

Au: Flor, Herta; Turk, Dennis C.
 Ti: **Chronic Back Pain and Rheumatoid Arthritis: Predicting Pain and Disability from Cognitive Variables**
 So: *Journal of Behavioral Medicine* 11(3):251-265, 1988

Cognitive-behavioral models of chronic pain emphasize the importance of situation-specific as well as more general cognitive variables as mediators of emotional and behavioral reactions to nociceptive sensation and physical impairment. The relationship of situation-specific pain-related selfstatements, convictions of personal control, pain severity, and disability levels was assessed in samples of chronic back pain and rheumatoid arthritis patients. Both the more general and the situation-specific sets of cognitive variables were more highly related to pain and disability than disease-related variables. This association was found in the back pain patients who displayed only marginal levels of organic findings as well as the rheumatoid arthritis sample who had a documented basis for their pain. The combination of both situation-specific and general cognitive variables explained between 32 and 60 percent of the variance in pain and disability, respectively. The addition of disease-related variables improved the predictions only marginally. These results lend support to the importance of cognitive factors in chronic pain syndromes. (31 references) AA

Address for reprint requests: Herta Flor, Center for Pain Evaluation and Treatment, University of Pittsburgh School of Medicine, 3600 Forbes Avenue, Site 600, Pittsburgh, Pennsylvania 15213

REFERENCE NUMBER 17

Au: Follick, Michael J.; Gorkin, Larry; Smith, Timothy W.; Capone, Robert J.; Visco, John; et al.
 Ti: **Quality of Life Post-Myocardial Infarction: Effects of a Transtelephonic Coronary Intervention System**
 So: *Health Psychology* 7(2):169-182, 1988

The impact of an outpatient, risk-management system, including a transtelephonic electrocardiographic monitor and lidocaine injector, on the quality of life in post-myocardial infarction patients was examined. Patients (n=238) were assigned randomly to either the system or to standard medical care (control). Quality of life was defined in terms of psychological status, return to work, and social functioning. Relative to control patients, system patients showed a significant decrease in concerns about physical functioning and symptoms, and over time, reported less depressive affect. At 9-month follow-up, control patients were more than twice as likely to be in the range of clinical depression. Patients' perceptions of their ability to manage a recurrence of cardiac symptoms appeared to be related inversely to depressive affect. Moreover,

a larger percentage of system patients (92%) had returned to work by the 9-month follow-up, compared with control patients (76%). There were, however, no significant differences between groups in the degree of impairment in social interaction. Overall, these results indicated that the use of a "system" to encourage patient participation in treatment can significantly improve quality of life after a myocardial infarction. (53 references) AA

Address for reprint requests: Division of Behavioral Medicine, The Miriam Hospital, 164 Summit Avenue, Providence, Rhode Island 02906

REFERENCE NUMBER 18

Au: Frank, Scott Howard; Zyzanski, Stephen J.

Ti: **Stress in the Clinical Setting: the Brief Encounter Psychosocial Instrument**

So: *Journal of Family Practice* 26(5):533-539, 1988

Integration of knowledge regarding the relationship between stress and illness into clinical practice has been slowed by a lack of clarity in the definition of stress and the difficulties involved in rapid assessment of stress in a busy office setting. The stimulus, response, and interactional models of stress are discussed, and the development of a new stress measure, the Brief Encounter Psychosocial Instrument (BEPSI), is detailed. The reliability of this six-item instrument is demonstrated (Cronbach's alpha .80). Validity is measured through correlation with a variety of instruments measuring stress, including depression ($r = .52$), anxiety ($r = .61$), life change ($r = .56$), and a total stress score ($r = .67$). The BEPSI also demonstrated appropriate negative correlations with family cohesion ($r = -.29$) and support ($r = .31$). When the single open-ended item is strongly positive, 77 percent of patients also score high on the BEPSI. A negative response to the same question corresponds to a low BEPSI value 52 percent of the time. Suggestions are made regarding clinical and research applications. (34 references) AA

Address for reprint requests: University Hospital Family Practice Residency, 2078 Abington Road, Cleveland, Ohio 44106

REFERENCE NUMBER 19

Au: Friedman, Lois C.; Baer, Paul E.; Lewy, Arthur; Lane, Montague; Smith, Frank E.

Ti: **Predictors of Psychosocial Adjustment to Breast Cancer**

So: *Journal of Psychosocial Oncology* 6(1/2):75-94, 1988

Sixty-seven women treated for breast cancer completed a battery of psychological tests to examine which psychological variables contributed most to several indexes of adjustment. An avoidant style of coping was associated with poorer adjustment on several different indexes, and an active coping style was associated with better adjustment on several indexes. Denial was related to poor adjustment on only one index-orientation to health care. Day-to-day stresses were an important predictor of both psychological and domestic adjustment. Health locus of control and the stage and duration of cancer were not related to any adjustment indexes. (57 references) AA

Address for reprint requests: Department of Psychiatry, Baylor College of Medicine, Houston, Texas 77030

REFERENCE NUMBER 20

Au: Fries, James F.

Ti: **Ageing, Illness, and Health Policy: Implications of the Compression of Morbidity**

So: *Perspectives in Biology and Medicine* 31(3):407-428, 1988

The compression of morbidity thesis notes that the life span is fixed and that the onset of chronic disease can be delayed; this is in contrast to the usual paradigm of an extendable life span with fixed onset of

disease. This article addresses the question of whether it is easier to prevent mortality or morbidity. The data reviewed indicate that it is easier to reduce sickness rates than death rates. (54 references) CH-P

Address for reprint requests: Department of Medicine, HRP Building, Room 109C, Stanford University School of Medicine, Stanford, California 94305

REFERENCE NUMBER 21

Au: Garcia Pintos, Claudio C.

Ti: **Depression and the Will to Meaning: A Comparison of the GDS and PIL in an Argentine Population**

So: *Clinical Gerontologist* 7(3/4):3-9, 1988

Geriatric depression is one of the most complex problems for therapist to solve. Most theoretical and practical discussions about the etiology of this disorder turn around the organic or psychological causes. This is the first report of an experience applying GDS and PIL Test in an Argentine population, and points out a third possible etiology: the spiritual one. The frustration of the natural "will to meaning" guides people to a feeling of life's meaninglessness and existential vacuum which promotes the emergence of a geriatric depression. (5 references) AA

Address for reprint requests: Department of Psychology, Argentine Catholic University Santa Monica de los Buenos Aires, Argentina

REFERENCE NUMBER 22

Au: Gerbarg, Zachary B.; Horwitz, Ralph I.

Ti: **Resolving Conflicting Clinical Trials: Guidelines for Meta-Analysis**

So: *Journal of Clinical Epidemiology* 41(5):503-509, 1988

Contradictory results among randomized clinical trials addressing similar questions are common and occur when the conclusions of different groups of investigators disagree, or when the results of several trials are statistically inconclusive. Meta-analysis, a term used to describe the process of evaluating and combining the results of conflicting studies, has been proposed as a method for reconciling the contradictory results. In this review of meta-analysis, we distinguish between the pooled and methodologic techniques, describe the highly variable strategies used, and propose guidelines for improving the conduct of meta-analyses. In pooled analyses the results of multiple clinical trials are combined and the outcome is compared for patients receiving the principal and comparative therapy. In methodologic analyses the clinical trials are judged according to a set of standards used to assess scientific validity and clinical applicability. Since neither technique alone appeared satisfactory for resolving the conflicting results, we propose an approach to meta-analysis that requires methodologic criteria to identify scientifically valid studies and pooling criteria to combine data from each of the studies. We believe this new strategy of meta-analysis will have enhanced scientific validity and clinical applicability. (19 references) AA

Address for reprint requests: Ralph Horwitz, Yale University School of Medicine, Room IE-61 SHM, P. O. Box 3333, New Haven, Connecticut 06510

REFERENCE NUMBER 23

Au: Green, Dianne E.; Walkey, Frank H.; McCormick, Iain A.; Taylor, Antony J.W.

Ti: **Development and Evaluation of a 21-Item Version of the Hopkins Symptom Checklist with New Zealand and United States Respondents**

So: *Australian Journal of Psychology* 40(1):61-70, 1988

The Hopkins Symptom Checklist (HSCL) is a widely used measure of symptom distress and in particular is a valuable criterion measure in psychotherapeutic drug trials. Its reliability, validity, and sensitivity to

change have been well established. However, its factor structure has been subject to much debate. In previous studies a wide range of different factor structures has been found by various researchers. The aim of the present study was to produce a short, less arduous, but acceptably reliable version of HSCL with a replicable factor structure. The factor structure, which was based on a previously described, robust three-factor version of the HSCL, was established using a twostep process that began with a two-factor analysis of the largest subscales: General Feelings of Distress (GFD) and Somatic Distress (SD). This was followed by a three-factor analysis of seven items from each of three subscales. The robustness of the factor structure of the resulting scale was revealed by the factor comparison procedure FACTOREP using the responses of the three subject groups. Consistent replications were obtained for the two-factor structure of the GFD and SD items and for the three-factor structure of the seven GFD, seven SD, and seven Performance Difficulty (PD) items. The outcome was a 21-item version of the HSCL with excellent psychometric properties, which was subsequently confirmed using a fourth independent group of subjects. (24 references) AA

Address for reprint requests: Frank Walkey, Department of Psychology, Victoria University of Wellington, Private Bag, Wellington, New Zealand

REFERENCE NUMBER 24

Au: Guez, David; Crocq, Louis; Safavian, Alain; Labardens, Patrice

Ti: **Effects of Indapamide on the Quality of Life of Hypertensive Patients**

So: *American Journal of Medicine* 84(suppl 1B):53-58, 1988

This study analyzed the variation in the parameters characterizing the quality of life and well-being of hypertensive patients treated with indapamide. Thirty patients (10 men and 20 women; mean age, 52.5) were selected after a three-week observation period during which patients received placebo. They all had essential hypertension, defined as a diastolic blood pressure between 95 and 120 mm Hg. After the three-week placebo treatment period, indapamide was prescribed as single-agent therapy at a dose of one tablet per day (2.5 mg) for three months. The quality of life and the feeling of well-being of the treated subjects were analyzed on the basis of two selfassessment scales completed by patients and on the responses to a clinical observation scale completed during the consultation by the doctor. The decrease in blood pressure was significant ($p < 0.01$) by the first month of treatment and the blood pressure was controlled (diastolic blood pressure less than 90 mm Hg) in 79.3 percent of patients by the third month. Statistical analysis of the modifications in the different scores demonstrated a significant improvement between the start and the end of the indapamide treatment period for the three types of scales ($p < 0.01$). Analysis of the results also confirmed the homogeneous and significant concordance between the improvement in the responses to the doctor and patient scales. These results on the improvement in quality of life and well-being observed with indapamide demonstrate the importance of taking these aspects into consideration in the drug treatment for permanent essential hypertension. (24 references) AA

Address for reprint requests: Institut de Recherches Internationales Servier, 27, rue du Pont, 92202 Neuilly-sur-Seine Cedex, France

REFERENCE NUMBER 25

Au: Haber, Lawrence D.

Ti: **Identifying The Disabled: Concepts and Methods in the Measurement of Disability**

So: *Social Security Bulletin* 51(5):11-28, 1988

This article describes the methods and procedures used to develop a new survey instrument to identify the adult disabled population. It provides conceptual and methodological explanations for previously observed underestimates of work disability and describes the development and testing of the revised approach to the

identification of the disabled population. This article is reprinted from the *Social Security Bulletin* 1967 and is included as part of a review of the use of national surveys on disability that appears in this volume. (41 references) CH-P

Address for reprint requests: Office of Research and Statistics, Office of Policy, Social Security Administration, Altmeyer Building, 6401 Security Boulevard, Baltimore, Maryland 21235

REFERENCE NUMBER 26

Au: Hawkins, Wesley E.; Duncan, David F.; McDermott, Robert J.

Ti: **A Health Assessment of Older Americans: Some Multi-dimensional Measures**

So: *Preventive Medicine* 17:344-356, 1988

This study examined the relationships among self-reported health practices and self-reported health status variables for 126 older adults drawn from a population of senior center participants, homebound elderly, and nursing home residents. Canonical correlation was used to determine significant relationships among linear combinations of the health variable set and the health practices-demographic data variable set. One significant canonical variable indicated that older adults who were more satisfied socially, were free of or low in depression, had fewer or no physical disabilities, and internal locus of control, higher self-esteem, and fewer or no symptoms of aging also tended to report engaging in current and lifelong exercise, sleeping 7 or 8 hr per day, having a higher educational attainment, and being in the younger age group of elderly. Current health practices of older adults were related to important health status variables. This finding contradicts some earlier investigations and suggests that older adults are indeed appropriate targets for health education and health promotion activities. (13 references) AA

Address for reprint requests: Department of School and Community Health, University of Oregon, Eugene, Oregon 97403

REFERENCE NUMBER 27

Au: Helliwell, Barbara E.; Drummond, Michael F.

Ti: **The Costs and Benefits of Preventing Influenza in Ontario's Elderly**

So: *Canadian Journal of Public Health* 79(3):175-180, 1988

We analyzed the costs and benefits to the Ministry of Health of Ontario of the current annual immunization of persons 65 years of age and older against influenza. The costs of the program in 1982, comprising vaccine production, distribution, administration, and the treatment of side effects was \$1,337,700. This represented \$7.54 per immunization. The benefits of the program considered were hospitalization, physician, and prescription costs averted by preventing influenza in the elderly. This benefit was \$2,021,267, representing \$11.40 per immunization. The net benefit was \$683,567. Sensitivity analysis was performed owing to the lack of precise data for some of the key variables. Under most assumptions the analysis showed a net benefit from vaccination. This suggests that the present program should continue, although further research is required in order to advise on whether the program should be expanded. (24 references) AA

Address reprint requests: Department of Clinical Epidemiology and Biostatistics, McMaster University, Health Sciences Centre, Hamilton, Ontario, Canada

REFERENCE NUMBER 28

Au: Hendrie, Hugh C.; Hall, Kathleen S.; Brittain, Harry M.; Austrom, Mary G.; Farlow, Martin; et al.
Ti: **The CAMDEX: A Standardized Instrument for the Diagnosis of Mental Disorder in the Elderly: A Replication with a U.S. Sample**
So: *Journal of the American Geriatrics Society* 36:402-408, 1988

The Cambridge Mental Disorders of the Elderly Examination (CAMDEX) was developed by Roth et al. (1986) to assist in the early diagnosis and measurement of dementia in the elderly. In this study the CAMDEX was administered to a mixed group of independently diagnosed elderly psychiatric patients and control subjects in the United States. The CAMDEX was found to have a high interrater reliability with a mixed group of clinicians of varying backgrounds. The diagnostic scales and the cognitive section of the CAMDEX demonstrated considerable promise in distinguishing between independently diagnosed populations of depressed, demented, and normal subjects. The results suggest comparability between samples of subjects in England and the United States, and that the CAMDEX is a promising instrument for use in both research and clinical settings. (17 references) AA

Address for reprint requests: Department of Psychiatry, Indiana University School of Medicine, 791 Union Drive, Indianapolis, Indiana 46223

REFERENCE NUMBER 29

Au: Herzog, A. Regula; Fultz, Nancy H.; Brock, Bruce M.; Brown, Morton B.; Diokno, Ananias C.
Ti: **Urinary Incontinence and Psychological Distress Among Older Adults**
So: *Psychology and Aging* 3(2):115-121, 1988

We examined the relationship between urinary incontinence and psychological distress in a sample of community-dwelling older adults. The data are from a probability sample of Washtenaw County, Michigan, residents, ages 60 years and older, who were interviewed in 1983 and 1984. A total of 747 women and 541 men were included in the analyses. Experiencing urinary incontinence, particularly in a severe form, was weakly related to depression, negative affect, and low life satisfaction. These relationships are partly explained by the fact that incontinent respondents are less healthy than are continent respondents. (40 references) AA

Address for reprint requests: Institute of Gerontology, The University of Michigan, 300 North Ingalls, Ann Arbor, Michigan 48109-2007

REFERENCE NUMBER 30

Au: Irwin, Patrick H.; Kramer, Simon
Ti: **Social Support and Cancer: Sustained Emotional Support and Successful Adaptation**
So: *Journal of Psychosocial Oncology* 6(1/2):53-73, 1988

An hypothesized relationship between level of social support during a life-threatening health crisis and subsequent amelioration of psychological distress—the stress buffering hypothesis—was tested with a longitudinal, quasi-experimental research design. A sample of 181 adult patients who had recently been diagnosed with cancer and were about to undergo curative radiation therapy was followed through two months post-treatment. Perceived satisfaction with socioemotional support was assessed at the onset of treatment and at its completion six weeks later. Patients' responses were used to develop an index of sustained social support. Distress associated with depressive symptoms was assessed at the completion of treatment and two months later using the SCL-90-R. Depression at the two-month follow-up was not significantly related to level of support after controlling for depression when treatment was completed. The

results echo those of other empirical studies with oncologic samples questioning the cost-effectiveness of psychosocial interventions that merely increase the level of social support for patients. (63 references) AA

Address for reprint requests: Simon Kramer, Department of Radiation Therapy and Nuclear Medicine, Thomas Jefferson Medical College, Thomas Jefferson University, 10th and Walnut Streets, Philadelphia, Pennsylvania 19107

REFERENCE NUMBER 31

Au: Joos, Sandra K.; Ewart, Shirley

Ti: **A Health Survey of Klamath Indian Elders: 30 Years of the Loss of Tribal Status**

So: *Public Health Reports* 103(2):166-173, 1988

In the winter and spring of 1985 a health status and health care needs assessment was conducted among 202 Klamath Indians ages 40 years and older with the use of a shortened version of the Older Americans Resources and Services (OARS) instrument. The data were compared with those of national surveys of Indian and nonIndian elders that also used the OARS instrument. Even though the Klamaths surveyed were younger than the comparison groups, their health status was no better than that of other Indians and was worse than that of the non-Indian population. Moreover, among these Klamath adults, health insurance coverage was lower and perceived unmet needs for medical care were higher than in either of the comparison groups. (15 references) AA

Address for reprint requests: Portland State University, Institute on Aging, P. O. Box 751, Portland, Oregon 97207

REFERENCE NUMBER 32

Au: Kaplan, Robert M.; Anderson, John P.

Ti: **A General Health Policy Model: Update and Applications**

So: *Health Services Research* 23(2):203-235, 1988

This article describes the development of a General Health Policy Model that can be used for program evaluation, population monitoring, clinical research, and policy analysis. An important component of the model, the Quality of Well-being scale (QWB) combines preference-weighted measure of symptoms and functioning to provide a numerical point-in-time expression of well-being, ranging from 0 for death to 1.0 for asymptomatic optimum functioning. The level of wellness at particular points in time is governed by the prognosis (transition rates or probabilities) generated by the underlying disease or injury under different treatment (control) variables. Well-years result from integrating the level of wellness, or health-related quality of life, over the life expectancy. Several issues relevant to the application of the model are discussed. It is suggested that a quality of life measure need not have separate components for social and mental health. Social health has been difficult to define; social support may be a poor criterion for resource allocation; and some evidence suggests that aspects of mental health are captured by the general measure. Although it has been suggested that measures of child health should differ from those used for adults, we argue that a separate conceptualization of child health creates new problems for policy analysis. After offering several applications of the model for the evaluation of prevention programs, we conclude that many of the advantages of general measures have been overlooked and should be given serious consideration in future studies. (55 references) AA

Address for reprint requests: Division of Health Care Sciences, Department of Community and Family Medicine, Mail Code M-022, University of California, San Diego, La Jolla, California 92093

REFERENCE NUMBER 33

Au: Karlsson, Jennifer A.; Holmes, Clarissa S.; Lang, Rosemary
Ti: **Psychological Aspects of Disease Duration and Control in Young Adults with Type I Diabetes**
So: *Journal of Clinical Epidemiology* 41(5):435-440, 1988

Self-report questionnaires completed by young adults with Type I diabetes were examined to determine if individuals differing in recent metabolic control (Poor, Moderate, or Very Good) or disease duration (Long, Short) also vary in either occurrence or type of life events during the past year or occurrence of recent emotional distress. Subjects in Poor control reported more positive and neutral life events during the past year, suggesting even those life changes individuals view benignly may be associated with metabolic control difficulties. Individuals in Poor control also reported more recent symptoms of depression, anxiety and hostility than did individuals in Moderate or Very Good control—symptomatology which may further impair their ability to adhere to a complex self-care regimen. Individuals with Long disease duration reported more positive and negative recent life experiences than did subjects with Short disease duration, but did not evidence concomitant disruptions in metabolic control. The role experience with a chronic disease may play in this finding was unclear, however. Although more research is required to clarify the exact relation of psychosocial variables and diabetic control, these findings suggest that clinically relevant subgroup parameters, subjects' perceptions of life change, and demographic variables may be important factors to assess. (23 references) AA

Address for reprint requests: Department of Pediatrics, Medical College of Wisconsin, P.O. Box 1997, Mail Station No. 744, Milwaukee, Wisconsin 53201

REFERENCE NUMBER 34

Au: Kaye, Janet M.; Lawton, M. Powell; Gitlin, Laura N.; Kleban, Morton H.; Windsor, Lisa A.; et al.
Ti: **Older People's Performance on the Profile of Mood States (POMS)**
So: *Clinical Gerontologist* 7(3/4):35-57, 1988

This paper reports on the psychometric properties and feasibility of using the Profile of Mood State (POMS) with older adults to establish its cross-age usefulness in assessing emotional states. The POMS Scale, along with measures of functional status and Bradburn's Affect Balance Scale, was administered to 505 older adults 65 and over recruited from four different locations. Exploratory factor analysis indicated a similar factor structure for both the older adult and the original standardized samples for five of the six original factors (Tension, Depression, Anger, Fatigue, and Vigor). There were enough differences between the sixth original factor (Confusion) and the older-person's Confusion factor to warrant a different scoring for older samples. Tests of validity demonstrated concurrent relationships of the POMS scores with indicators of competence and psychological well-being. Cross-sectional age comparisons on the POMS factors indicated that older subjects appeared relatively healthier than the original samples on all the symptom scales except Vigor. In this case, the older sample demonstrated less vigor or positive affect. The research affirmed the validity of the POMS and it is recommended for use with at least minimally competent older groups. (27 references) AA

Address for reprint requests: Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Pennsylvania 19129

REFERENCE NUMBER 35

Au: Keren, Gideon B.; Raaijmakers, Jeroen G.W.

Ti: **On Between-Subjects versus Within-Subjects Comparisons in Testing Utility Theory**

So: *Organizational Behavior and Human Decision Processes* 41(2):233–247, 1988

Empirical studies of expected utility theory often employ a between-subjects design. This practice has been recently criticized by J.C. Hershey and P.J.H. Schoemaker (1980). The present paper provides a critical analysis of the controversial issues concerning the use of between-subjects vs within-subjects comparisons. It is claimed that the choice of experimental design should be determined, among other things, by theoretical aspects (e.g., the interpretation of utility theory) and the nature of the scientific problems. We present relevant psychological considerations and conclude that, in the contest of testing utility theory, a between-subjects design will often be more desirable. We then describe three different hypotheses that a researcher may be interested in testing, and identify the appropriate design for testing each of these hypotheses. The relationships between the different hypotheses are discussed. We apply our framework to reanalyze the reflection effect and compare it with the analysis proposed by Hershey and Schoemaker (1980). Methodological implications for future research are briefly discussed. (14 references) AA

Address for reprint requests: TNO Institute for Perception, Post Office Box 23, 3769 ZG Soesterberg, The Netherlands

REFERENCE NUMBER 36

Au: Krenz, Claudia; Larson, Eric B.; Buchner, David M.; Canfield, Connie G.

Ti: **Characterizing Patient Dysfunction in Alzheimer's-Type Dementia**

So: *Medical Care* 26(5):453–461, 1988

Although Alzheimer's-type dementia (ATD) is characterized by global intellectual deterioration, few systematic efforts have been made to characterize overall dysfunction of ATD patients. The Sickness Impact Profile (SIP) was administered to ATD patients and family members to determine the concurrent validity of family member assessments of functional status. Using the Mini-Mental State score and modified Dementia Rating Scale as validation criteria, family member SIP scores showed consistently higher correlations with the Mini-Mental State and modified Dementia Rating Scale than did patient scores. Comparing family member SIP scores for ATD and nondemented patients revealed that ADP patients maintained high levels of psychosocial dysfunction at both initial evaluation and 1-year follow-up. By contrast, APD patients showed high levels of physical dysfunction relative to nondemented patients only at follow-up. Physical deterioration over time is also suggested by comparison of ATD patients initial and follow-up scores. This study documents the well-known psychosocial dysfunction in ATD and emphasizes the importance of physical dysfunction as the disease progresses. (16 references) AA

Address for reprint requests: Eric B. Larson, Department of Medicine, R6-20, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 37

Au: Lee, Maw Lin; Liu, Ben-Chieh

Ti: **Measuring Socioeconomic Effects When Using Income as Quality of Life Indicator**

So: *American Journal of Economics and Sociology*, 47(2):167–175, 1988

By generalizing Stigler and Becker's idea of maintaining the "capital stock intact" and incorporating it with other contributions to welfare economic analysis, this paper presents a modified conceptual framework for measuring and adjusting impacts of socioeconomic and environmental factors when income or consumption expenditure is used solely as a quality of life indicator. Such measurements and adjustments are made for differences in public needs and in the process of satisfying these needs. Application of this conceptual framework is illustrated using statistics on police protection and crime rates. (7 references) AA

Address for reprint requests: University of Missouri-Columbia, 118 Professional Building, Columbia, Missouri 65211

REFERENCE NUMBER 38

Au: Leonetti, Gastone; Rappelli, Alessandro; Salvetti, Antonio; Scapellato, Luigi

Ti: **Tolerability and Well-Being with Indapamide in the Treatment of Mild-Moderate Hypertension: An Italian Multicenter Study**

So: *American Journal of Medicine* 84(Suppl 1B):59-64, 1988

Since hypertension is an important risk factor of cardiovascular morbidity and mortality that can be at least in part decreased by pharmacologic reduction in elevated blood pressure, it is necessary that an antihypertensive agent be effective, but at the same time well tolerated, and, according to some recent hypotheses, have no deleterious effect on serum electrolyte levels, as well as lipoprotein and glucose tolerance. However, due to different cultural and social backgrounds, lifestyles, and so on, the tolerability may differ from one population to another and the conclusions drawn from a population cannot be extrapolated to people of other countries. For these reasons, the well-being of patients, as well as the tolerability of indapamide, a non-thiazide diuretic, have been investigated in patients with hypertension of mild and moderate degree from different parts of Italy with a satisfactory blood-pressure response to this drug. Simultaneous to the significant bloodpressure reduction, the only significant change among the metabolic effects was a slight reduction in plasma potassium levels. The tolerability was, on the whole, very good with a tendency toward an improvement of well-being in patients, the majority of whom were already asymptomatic before starting the treatment. (16 references) AA

Address for reprint requests: Istituto di Clinica Medica Generale e Terapia Medica, Universita di Milano, Milan, Italy

REFERENCE NUMBER 39

Au: Liptzin, Benjamin; Grob, Mollie C.; Eisen, Susan V.

Ti: **Family Burden of Demented and Depressed Elderly Psychiatric Inpatients**

So: *Gerontologist* 28(3):397-401, 1988

No significant difference in burden was found for relatives of demented and depressed patients who were admitted to a geriatric psychiatry inpatient unit. Although at follow-up depressed patients were more improved than demented patients, their caregivers did not experience any greater decrease in burden. Families of depressed patients may require as much attention as relatives of demented patients. (16 references) AA

Address for reprint requests: Department of Psychiatry, McLean Hospital and Harvard Medical School, 115 Mill Street, Belmont, Massachusetts 02178

REFERENCE NUMBER 40

Au: Lomranz, Jacob; Bergman, Simon; Eyal, Nitza; Shmotkin, Dov

Ti: **Indoor and Outdoor Activities of Aged Women and Men as Related to Depression and Well-being**

So: *International Journal of Aging and Human Development* 26(4):303-314, 1988

This article examines the relations between reported level of activity and measures of affect in old people, exploring possible sex differences. It was hypothesized that these relations are mediated by the satisfaction from the specific activity. The sample consisted of fifty-four women and forty-five men, ranging in age from sixty to eighty, functioning normally in the community. A questionnaire assessed participants' levels of indoor/outdoor activities. Participants rated their satisfaction for each of these activities. Negative affect was measured by Zung's Self-Rating Depression Scale, and positive affect was measured by Bradburn's Well-Being (Affect-Balance) Scale. For male respondents, results showed significant negative correlations between depression and both activities, and significant positive correlations with respect to well-being. Significant positive correlation was obtained only between wellbeing and outdoor activity for female respondents. When satisfaction from the specific activity was controlled for, only two correlations remained

significant in the male participants, leading partial support to the hypothesis. A multiple regression analysis revealed reported levels of activity could predict both depression and well-being for men much better than for women, whereas satisfaction from activity could do that much better for women than for men. Discussion deals with the sex differences regarding the meaning of activity in old age and its implications for affect. The differentiation between kinds of activity as well as measures of affect is also referenced. (40 references) AA

Address for reprint requests: The Psychology of Adulthood and Aging Unit, Department of Psychology, Tel-Aviv University, Tel Aviv, Israel

REFERENCE NUMBER 41

Au: Magni, Guido; Schifano, Fabrizio; De Dominicis, Maria Grazia; Belloni, Giuseppe

Ti: **Psychological Distress in Geriatric and Adult Medical In-Patients**

So: *Archives of Gerontology and Geriatrics* 7(2):151-161, 1988

Psychological distress was evaluated in two groups of medical inpatients, one composed of geriatric subjects (n=178), the other of adults (n=201). The instrument used for this purpose was the SCL-90. The predominant pattern of emotional response among the geriatric patients was depression; although this pattern was also present among the adult patients, reactions of an anxious type were more common in these subjects. Women of both groups of patients scored significantly higher than men on many of the subscales of the SCL-90. No significant differences emerged in relation to the type of organic disease among the adult patients, while among the geriatric patients, subjects with disorders of the CNS, muscular-skeletal system, and blood scored significantly higher than those with other diseases. (22 references) AA

Address for reprint requests: Department of Clinical Research, 58, rue de la Glacière, 75013 Paris, France

REFERENCE NUMBER 42

Au: Malzer, Ronald L.

Ti: **Patient Performance Level During Inpatients Physical Rehabilitation: Therapist, Nurse, and Patient Perspectives**

So: *Archives of Physical Medicine and Rehabilitation* 69(5):363-365, 1988

A study was undertaken to contrast the perspectives among rehabilitation nurses, physical therapists, and occupational therapists in their ratings of patient mobility and self-care capabilities. Staff members rated every patient (n=66) whose stay on a physical rehabilitation inpatients unit ended within a specified three-month period. Considerable divergence of view was found in all six areas rated, with nurses rating patients at admission as significantly less independent than did the therapists. The difference remained in the ratings at discharge in four of the six areas. Additionally, those patients able to be interviewed (n=53) were surveyed as to the degree to which they saw progress (or deterioration) during their stay. Correlations between these patient ratings and change ratings by the staff were not statistically significant. The findings suggest the need for additional communication among the various disciplines, as well as between staff members and patients, to work toward a consensus view of the rehabilitation process. (4 references) AA

Address for reprint requests: Department of PM&R, Ravenswood Hospital Medical Center, Chicago, Illinois 60640

REFERENCE NUMBER 43

Au: McCormick, Marie C.; Athreya, Balu H.; Bernbaum, Judy C.; Charney, Edward B.
 Ti: **Preliminary Observations on Maternal Rating of Health of Children: Data from Three Subspecialty Clinics**
 So: *Journal of Clinical Epidemiology* 41(4):323-329, 1988

Although routinely used in health surveys, the factors affecting maternal perceptions of health in children, especially those with health problems, have received little examination. This question has been addressed using a telephone interview of families of 483 children followed in one of three clinics at Children's Hospital of Philadelphia: the Neonatal Follow-up Program, the Pediatric Rheumatology Center, and the Spina Bifida Program. Limitations in activities of daily living due to the health of the child, medical care use, and variables indicative of socio-economic disadvantage were associated with a maternal rating of child health as fair/poor in all groups. The relationship was strongest in the rheumatologic group and less strong in the other two, suggesting the disability following a neonatal event in conceptualizing health. The results add to our information about maternal perceptions in assessing child health and suggest ways in which such ratings may prove useful in assessing health and health services for children with health problems. (35 references) AA

Address for reprint requests: Joint Program in Neonatology, Brigham and Women's Hospital, 75 Francis Street, Boston Massachusetts 02115

REFERENCE NUMBER 44

Au: Meyers, Allan R.; Branch, Laurence G.; Lederman, Ruth I.
 Ti: **Temporary Disability Among Independently Living Adults with Major Disabling Conditions**
 So: *Medical Care* 26(5):499-503, 1988

This study concerns the epidemiology of temporary disability in the independently living population of adults with major disabling conditions. Among the health status measures used are self-assessed health status, activities of daily living, and instrumental activities of daily living. The study addresses rates of temporary disability and the predictors of subsequent disability. (7 references) AS-M

Address for reprint requests: School of Public Health, Boston University School of Medicine, 80 East Concord Street, Boston, Massachusetts 02118

REFERENCE NUMBER 45

Au: Mohide, E. Ann; Torrance, George W.; Streiner, David L.; Pringle, Dorothy M.; Gilbert, Raymond
 Ti: **Measuring the Wellbeing of Family Caregivers Using the Time Trade-off Technique**
 So: *Journal of Clinical Epidemiology* 41(5):475-482, 1988

In the absence of a quality of life instrument that is applicable to the caregivers of elderly relatives and amenable to a cost-utility analysis, the Caregiver Quality of Life Instrument (CQLI) was developed using Torrance's time trade-off technique. The CQLI was administered to 30 family caregiver situations and the subject's own state. The CQLI could be completed by almost all subjects. Good test-retest reliability was established. The subjects were able to discriminate between degrees of caregiver wellbeing using standardized states, and the CQLI scores discriminated among groups of subjects. The CQLI detected within-subject change in caregivers whose relatives received institutional respite care. The CQLI appears to be feasible, reliable, valid, and responsive to change. Further CQLI applications and research are recommended. (18 references) AA

Address for reprint requests: Faculty of Health Sciences, 1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 46

Au: Moller, H.J.; Schmid-Bode, W.; Cording-Tommel, C.; Wittchen, H.U.; Zaudig, M.; et al.

Ti: **Psychopathological and Social Outcome in Schizophrenia Versus Affective/Schizoaffective Psychoses and Prediction of Poor Outcome in Schizophrenia**

So: *Acta Psychiatrica Scandinavica* 77:379–389, 1988

Forty-six patients with the ICD diagnosis of schizophrenic or similar paranoid psychosis, 35 patients with the ICD diagnosis of schizoaffective psychosis, and a large sample of control probands from the general population were followed up using standardized assessment procedures 5-8 years after index hospital treatment. A comparison of respective psychopathological or social outcome measures among the diagnostic groups and between patients and matched non-patients from the general population survey confirms the hypothesis that patients with the diagnosis of schizophrenia have, as a group, the poorest degree of psychopathological disturbances and social maladjustment. However, there is a large subgroup with a favorable outcome. Some predictors for poor outcome, described in the literature and in a former follow-up study of ours, could be confirmed. Under the aspects of invariance under different sample conditions, the predictive power of some prognostic scales, such as the Stephens Scale, the Vaillant Scale, and the Strauss-Carpenter Scale, was substantiated. (64 references) AA

Address for reprint requests: Psychiatric Department, Technical University, Ismaninger Strasse 22, 8000 Munchen 80, West Germany

REFERENCE NUMBER 47

Au: Moore, Michael J.; Viscusi, W. Kip

Ti: **Doubling the Estimated Value of Life: Results Using New Occupational Fatality Data**

So: *Journal of Policy Analysis and Management* 7(3):476–490, 1988

Using a new series of data on occupational fatalities compiled by the National Institute for Occupational Safety and Health, the authors reassess value-of-life calculations based on labor market tradeoffs between fatality risks and wages. The new data are less subject to the problems of measurement error that plague previously used measures of risk. They indicate higher risk levels than previously believed and a significantly different composition of risk levels within industries. The more comprehensive risk data yield value-of-life estimates of \$5 million or more — at least twice as large as estimates obtained using the Bureau of Labor Statistics risk data employed in previous studies. (15 references) AA

Address for reprint requests: Department of Business Administration, Duke University, Durham, North Carolina 27701

REFERENCE NUMBER 48

Au: Morgan, Rick L.; Heise, David

Ti: **Structure of Emotions**

So: *Social Psychology Quarterly* 51(1):19–31, 1988

Interesting structures emerge in scaling analyses of emotions when stimuli are confined to terms that are relatively free of cognitive and behavioral connotations. Study 1 focused on 99 such terms, rated on semantic differentials scales. It revealed a bimodal distribution of emotions with regard to pleasantness, further distinctions in terms of activation, and a third dimension representing flight-fight. Study 2 obtained dissimilarity ratings for a representative subset of the terms; nonmetric multidimensional scaling relocated the dimensions in Study 1 with a clarified third dimension. None of the results conform strictly to a circumflex model of emotion. Instead the results suggest that emotions are hedonically polarized feelings. Activation appears to be the main discriminating factor in positive emotions, but activation and a sense of

potency combine in discriminating negative emotions. These results encourage a dimensionally based cybernetic approach to emotion research. (20 references) AA

Address for reprint requests: Educational Testing Service, Princeton, New Jersey 08541

REFERENCE NUMBER 49

Au: Morrow-Tlucak, Mary; Haude, Richard H.; Ernhart, Claire B.

Ti: **Breastfeeding and Cognitive Development in the First 2 Years of Life**

So: *Social Science and Medicine* 26(6):635-639, 1988

The relationship between breastfeeding and cognitive development in the first 2 years of life was examined in a cohort of children being followed in a study of risk factors in development. A significant difference between bottlefed children, children breastfed less than 4 months and those breastfed more than 4 months was found on the Mental Development Index of the Bayley Scales at ages 1 and 2 years, favoring the breastfed children. At age 6 months, the direction of the relationship was the same but did not reach significance. Supplementary regression analyses examining the strength of the relationship between duration of breastfeeding and cognitive development similarly showed a small but significant relationship between duration of breastfeeding and scores on the Bayley at 1 and 2 years. Alternative explanations for the results are discussed. (13 references) AA

Address for reprint requests: Department of Psychiatry, Cleveland Metropolitan General Hospital, Highland View Hospital, 3395 Scranton Road, Cleveland, Ohio 44109

REFERENCE NUMBER 50

Au: Moum, Torbjorn

Ti: **Yea-Saying and Mood-of-the-Day Effects in Self-Reported Quality of Life**

So: *Social Indicators Research* 20(2):117-139, 1988

This paper focuses on some of the complications that may arise from errors of measurement in quality of life (QOL) scales based on self-report. It is argued that systematic errors as well as random errors (specifically in the shape of mood-of-the-day effects) will tend to suppress, mask, or "wash out" statistical association between "objective," sociologically relevant indicators of well-being and self-reported quality of life. Results from a Norwegian sample of middle-aged and old participants in a health screening operation (n = 610) are reported. The findings indicate that response acquiescence ("yea-saying") may be a source of systematic error even in balanced QOL-scales, and that this bias may lead one to underestimate QOL among the well-educated and overestimate it among older respondents. Utilizing over-time data we are able to show that self-reported QOL appears particularly vulnerable to mood-of-the-day effects among younger females. Implications for sociological research on subjective well-being are pointed out. (63 references) AA

Address for reprint requests: Department of Behavioral Sciences in Medicine, University of Oslo, P. O. Box 1111 Blindern, 0317 Oslo 3, Norway

REFERENCE NUMBER 51

Au: Norris, Fran H.; Murrell, Stanley A.

Ti: **Transitory Impact of Life-Event Stress on Psychological Symptoms in Older Adults**

So: *Journal of Health and Social Behavior* 28(2):197-211, 1987

A probability sample of 1,429 adults aged 55 and older was interviewed in their homes three times at six-month intervals. Measures of symptoms, social support, and education were obtained before measures of life-event stress. A LISREL analysis of three waves and two intervals of data yielded a goodness of fit of .989 between the data and the model. For both intervals, increases in stress led to increases in symptoms,

which supported the Dohrenwend hypothesis of a normative stress reaction. This reaction typically did not persist beyond six months unless there was high stress over both intervals. Contrary to Dohrenwend's resource mediation hypothesis, social support and education did not influence either the reaction to or the recovery from stress. Symptoms were very stable over the one-year period. Overall, the results depict older adults as quite consistent and resilient. Because life events were correlated over time and were predicted by person characteristics, they should not be considered as independent to person factors. (37 references) AA

Address for reprint requests: Urban Studies Center, University of Louisville, Louisville, Kentucky 40292

REFERENCE NUMBER 52

Au: O'Grady, Kevin E.

Ti: **Reliability, Validity, Design and Analysis: An Introduction and Overview**

So: *unpublished, College Park, Maryland: University of Maryland, filed 1988*

This paper represents a brief introductory level review of the basic measurement and statistical issues in the prediction of human behavior from a psychological perspective. The three major topic areas of (1) reliability, (2) validity, and (3) design and analysis are briefly introduced, defined, and discussed in terms of their relevance to quality of life research in each of these three areas, and as a result, some issues have been simplified, and others have been ignored entirely. (8 references) AA

Address for reprint requests: Department of Psychology, University of Maryland, College Park, Maryland 20742

REFERENCE NUMBER 53

Au: Oldenburg, Brian; MacDonald, Graham J.; Perkins, Richard J.

Ti: **Prediction of Quality of Life in a Cohort of End-Stage Renal Disease Patients**

So: *Journal of Clinical Epidemiology* 41(6):555-564, 1988

In order to assess the physical, psychological, and social impact of end-stage renal disease (ESRD), 102 patients on maintenance dialysis were assessed on standardized self-report measures, a structured interview schedule, a physician assessment and biochemical data. Patients were assessed on two occasions 18 months apart. Principal components analysis was used to develop a small number of dimensions to characterize quality of life. Multiple regression analysis of patient variables on initial factor scores (cross-sectional analysis) showed that hospital dialysis and length of time of dialysis were predictive of more psychological distress; males were less compliant than females; patients on peritoneal dialysis made a poorer adjustment to their illness; and hospital dialysis was predictive of more social distress. As long-term predictors (prospective analysis), initial level of psychological distress predicted long-term level of psychological, social distress, and illness adjustment; and initial level of compliance predicted long-term level of compliance. (28 references) AA

Address for reprint requests: School of Psychiatry, University of New South Wales, The Prince Henry Hospital, Little Bay, N.S.W. 2036, Australia

REFERENCE NUMBER 54

Au: O'Reilly, Patrick

Ti: **Methodological Issues in Social Support and Social Network Research**

So: *Social Science and Medicine* 26(8):863-873, 1988

With the plethora of articles describing a relationship between social support and/or social network and health status, it was considered useful to take stock of the current status of research in this area, focusing on two critical methodological issues: clarity of definition and validity and reliability of the measurement

instruments. Of the 33 instruments reviewed, only modest agreement was found in conceptual definition, and frequently the concepts were not defined or ill-defined. Of particular concern is the definitional confusion between social support and social network. Variables used to operationalize these concepts confirm this lack of specificity and ambiguity in definition. As for validity and reliability, many of the investigators reported no data on these issues; others provided information that only modestly supported the validity or reliability of their instrument. The conclusion of this assessment suggests the need to clarify the essential elements of social support and social networks in order to better distinguish between the behavioral (support) and structural (network) variables that may be affecting health status. A question is also raised as to the likelihood of a single questionnaire being designed that would accurately measure the perceptions of support or supportive behaviors in the variety of supportive research that will continue to be studied. Finally, more rigorous standards need to be used by investigators in establishing the validity and reliability of the instruments in order to improve their predictive utility. (88 references) AA

Address for reprint requests: Cardiovascular Institute, Boston University School of Medicine, 80 East Concord Street, Boston, Massachusetts 02118

REFERENCE NUMBER 55

Au: Petchers, Marcia K.; Milligan, Sharon E.

Ti: **Access to Health Care in a Black Urban Elderly Population**

So: *Gerontologist* 28(2):213-217, 1988

A community survey (n=396) revealed that adequate financial coverage for health care for low-income black elderly has been prevented by out-of-pocket medical expenses. Although health care facilities were regularly available, the lack of regular physicians' services at the health care location was a major cause of dissatisfaction. Discussed are policy implications for improving the affordability and acceptability of health services for this population. (27 references) AA

Address for reprint requests: School of Applied Social Sciences, Case Western Reserve University, 2035 Abington Road, Cleveland, Ohio 44106

REFERENCE NUMBER 56

Au: Quayhagen, Mary P.; Quayhagen, Margaret

Ti: **Alzheimer's Stress: Coping With the Caregiving Role.**

So: *Gerontologist* 28(3):391-396, 1988

Examined were coping patterns, management stimulation strategies, and support factors associated with well-being in 58 families experiencing the stress of Alzheimer's disease. The variables and their interrelationships were analyzed for differences with three caregiver groups (i.e., male spouses, female spouses, offspring). Variations were found in the coping, management, and support correlates of well-being for the three caregiver groups. Also the groups differed in the type of behaviors they found stressful, with dependent and disruptive behaviors being more problematic. (33 references) AA

Address for reprint requests: University of San Diego, School of Nursing, San Diego, California 92110

REFERENCE NUMBER 57

Au: Rozanski, Alan; Bairey, C. Noel; Krantz, David S.; Friedman, John; Resser, Kenneth J.; et al.

Ti: **Mental Stress and the Induction of Silent Myocardial Ischemia in Patients with Coronary Artery Disease**

So: *New England Journal of Medicine* 318(16):1005-1012, 1988

To assess the causal relation between acute mental stress and myocardial ischemia, we evaluated cardiac function in selected patients during a series of mental tasks (arithmetic, the Stroop color-word task,

simulated public speaking, and reading) and compared the responses with those induced by exercise. Thirty-nine patients with coronary artery disease and 12 controls were studied by radionuclide ventriculography. Of the patients with coronary artery disease, 23 (59 percent) had wall-motion abnormalities during periods of mental stress and 14 (36 percent) had a fall in ejection fraction of more than 5 percentage points. Ischemia induced by mental stress was symptomatically "silent" in 19 of the 23 patients with wall-motion abnormalities (83 percent) and occurred at lower heart rates than exercise induced ischemia. In contrast, we observed comparable elevations in arterial pressure during ischemia induced by mental stress and ischemia induced by exercise. A personally relevant, emotionally arousing speaking task induced more frequent and greater regional wall-motion abnormalities than did less specific cognitive tasks causing mental stress. The magnitude of cardiac dysfunction induced by the speaking task was similar to that induced by exercise. Personally relevant mental stress may be an important precipitant of myocardial ischemia — often silent — in patients with coronary artery disease. Further examination of the pathophysiologic mechanisms responsible for myocardial ischemia induced by mental stress could have important implication for the treatment of transient myocardial ischemia. (42 references) AA

Address for reprint requests: Division of Cardiology, Cedars-Sinai Medical Center, 8700 Beverly Boulevard, Los Angeles, California 90048

REFERENCE NUMBER 58

Au: Rozzini, Renzo; Bianchetti, Angelo; Carabellese, Corrado; Inzoli, Mariarosa; Trabucchi, Marco
 Ti: **Depression, Life Events, and Somatic Symptoms**
 So: *Gerontologist* 28(2):229–232, 1988

The relationship between somatic symptoms, depression, and life events (health status, function, social satisfaction, income) was investigated in a population of 1,201 elderly persons living at home. Depression was found to be the most important factor in the appearance of somatic complaints; however, life events are important cofactors in defining well-being. (33 references) AA

Address for reprint requests: Center for the Study of the Elderly Condition, Contrada Cavaletto 26, 25122 Brescia, Italy

REFERENCE NUMBER 59

Au: Rubenstein, Laurence Z.; Wieland, G. Darryl; Josephson, Karen R.; Rosbrook, Brad; Sayre, James; et al.
 Ti: **Improved Survival for Frail Elderly Inpatients on a Geriatric Evaluation Unit (GEU): Who Benefits?**
 So: *Journal of Clinical Epidemiology* 41(5):441–449, 1988

Previously reported data from a randomized controlled trial showed that admission to the geriatric evaluation unit (GEU) and follow-up clinic at the Sepulveda VA Medical Center leads to significantly improved outcomes for frail elderly hospital patients—including a 50% reduction of one-year mortality. In the present paper, two year survival curves for GEU and control groups are reported. In addition, we subdivided the population by potential baseline risk factors (both patient- and treatment-related) and examined one-year survival using 12-month survival curves and odds ratios. There is evidence for GEU-related survival effects in specific subgroups of patients (e.g., patients with heart and pulmonary disease, patients with low baseline scores in functional status and mental status, and patients with high baseline morale scores). Finally, employing stepwise logistic regression, we determined the predictors of one-year survival in the pooled study population. These factors were assignment to the GEU; not having a heart diagnosis; and having primarily "generation/rehabilitation" problems. A predictive model derived from the regression defines patient subgroups likely to survive only when assigned to the GEU: cardiac patients with primarily "geriatric" or "rehabilitation" problems and non-cardiac patients whose problems

are primarily "medical." The dramatic effect of the GEU on survival appears to be concentrated on certain identifiable subgroups of patients who might be targeted to maximize program cost-effectiveness. (18 references) AA

Address for reprint requests: Geriatric Research Education and Clinical Center, Sepulveda Veterans Administration Medical Center, 16111 Plummer Street, Sepulveda, California 91343

REFERENCE NUMBER 60

Au: Saltz, Constance Corley; McVey, Laura J.; Becker, Peter M.; Feussner, John R.; Cohen, Harvey Jay

Ti: **Impact of Geriatric Consultation Team on Discharge Placement and Repeat Hospitalization**

So: *Gerontologist* 28(3):344-350, 1988

A randomized controlled trial of a Geriatric Consultation Team in an acute care hospital was conducted among 185 veterans age 75 and older. Compared to the control group, intervention group patients were more likely to have recommendations concerning discharge planning and long-term care initiated. The two groups were similar in terms of placement at discharge and 6-month followup. Preadmission location, functional status, mental status, occurrence of a hospital-acquired complication, and implementation of discharge planning were significantly associated with discharge placement. (27 references) AA

Address for reprint requests: School of Social Work, Southern Connecticut State University, New Haven, Connecticut 06515

REFERENCE NUMBER 61

Au: Sandler, Robert S.; Jordan, Matthew C.; Kupper, Lawrence L.

Ti: **Development of a Crohn's Index for Survey Research**

So: *Journal of Clinical Epidemiology* 41(5):451-458, 1988

Current Crohn's disease activity indices are not suitable for survey because they rely on information from the laboratory of physical examination. We used data from a multicenter information which could be obtained exclusively by interview. The study population consisted of 89 actively symptomatic patients seen on 1,082 occasions in eight medical centers. Multiple regression analyses identified three variables which predicted the ratings of physicians: stool frequency, abdominal pain, and sense of well-being. The new index correlated very well ($r = 0.87$) with the Crohn's Disease Activity Index from which it was derived. The index may be used in epidemiologic studies to accurately place patients into quartiles of disease severity which correspond to similar quartiles of the CDAI. (25 references) AA

Address for reprint requests: Division of Digestive Diseases, CB #7080, 423 Burnett-Womack Building, University of North Carolina, Chapel Hill, North Carolina 27599-7080

REFERENCE NUMBER 62

Au: Schoenberger, James A.

Ti: **Emerging Benefits of Angiotensin Converting Enzyme Inhibitors Versus Other Antihypertensive Agents**

So: *American Journal of Medicine* 84(suppl 4A):30-35 1988

The benefit of treatment of mild to moderate hypertension is minimal over the short term. Hence, sustained control of high blood pressure over many years is required. Under these circumstances, the adverse effects of conventional antihypertensive therapy with diuretic and beta-blockers assume great importance, especially hypokalemia and alterations in blood lipid levels. These metabolic changes can negate the benefit of lowered blood pressure. The adverse effects of antihypertensive drugs, especially on the quality of life of hypertensive patients, have recently received a great deal of attention. Angiotensin

converting enzyme inhibitors are free of these adverse effects and may actually enhance the quality of life. They are effective antihypertensive agents when given in low doses, they can often be given once a day, and they are effective in all age groups. Combined with a diuretic, they are effective in black and elderly hypertensive patients. (27 references) AA

Address for reprint requests: Department of Preventive Medicine, Rush-Presbyterian-Saint Luke's Medical Center, 1743 West Harrison Street, Chicago, Illinois 60612

REFERENCE NUMBER 63

Au: Schulz, Richard; Tompkins, Connie A.; Rau, Marie T.

Ti: **A Longitudinal Study of the Psychosocial Impact of Stroke on Primary Support Persons**

So: *Psychology and Aging* 3(2):131-141, 1988

We investigated longitudinally the effects of a stroke on the social support systems and well-being of the patients primary support person, both acutely and as the condition stabilized. Individuals who had suffered a first stroke and a primary support person participated in two waves of data collection, carried out in 6-month intervals beginning 7 weeks after the stroke. Our data show that the prevalence of depressive symptoms is from 2 1/2 to 3 1/2 times higher than rates found among representative samples of middle-aged and elderly populations. Mean level of depression did not change over time, although level of optimism declined significantly. Multiple regression analyses showed that levels of depression and perceived burden in support persons are highly related to aspects of the stroke such as its severity, and that demographic variables such as age and income play a relatively minor role in attenuating these relations in the acute adjustment phase. However, from 7 to 9 months after the stroke, well-established demographic variables such as health, income, and age were significant predictors of depression. Individuals who were older and who had good health and higher incomes were least depressed. (33 references) AA

Address for reprint requests: Department of Psychiatry, 1617 CL, University of Pittsburgh, Pittsburgh, Pennsylvania 15260

REFERENCE NUMBER 64

Au: Stanley, Barbara; Stanley, Michael; Guido, Jeannine; Garvin, Lynn

Ti: **The Functional Competency of Elderly at Risk**

So: *Gerontologist* 28(Suppl):53-58, 1988

Investigated was the functional competency to make informed decisions by elderly depressed and cognitively impaired psychiatric patients. Although the depressed elderly patients did not appear to experience problems in the informed consent process, the cognitively impaired patients had difficulty in understanding important aspects of consent information. Suggested is that patients with diagnoses indicating cognitive impairment (even in the mild range) may require special aids in the consent process. (32 references) AA

Address for reprint requests: Department of Psychology, City University of New York - John Jay College, 445 West 59th Street, New York, New York 10019

REFERENCE NUMBER 65

Au: Stephens, Thomas

Ti: **Physical Activity and Mental Health in the United States and Canada: Evidence from Four Population Surveys**

So: *Preventive Medicine* 17(1):35-47, 1988

Secondary analysis of four surveys was carried out in order to examine the association of physical activity and various aspects of mental health in the household populations of the United States and Canada. Level

of physical activity was shown to be positively associated with general well-being, lower levels of anxiety and depression, and positive mood. This relationship is independent of the effects of socioeconomic status and physical health and described younger and older members of both sexes. The association is particularly strong for women and persons 40 years of age and over. The robustness of this conclusion stems from the nature of the data sources: four population samples in two countries over the span of 10 years in which physical activity levels were assessed by four techniques and psychological status was assessed by six distinct scales. Although the surveys are cross-sectional, the most plausible explanation for the results is that physical activity enhances mental health in certain respects. Data on the comparative effects of recreation and housework suggest that quality of time, and not mere energy expenditure, must be taken into account in attempts to explain the psychological benefits of physical activity. (26 references) AA

Address for reprint requests: P. O. Box 837, Manotick, Ontario, Canada KOA 2N0

REFERENCE NUMBER 66

Au: Sullivan, Marianne; Ahlmen, Monica; Augustinsson, Lars Erik; Branehog, Ingemar; Lundqvist, Christer; et al.

Ti: **The Sickness Impact Profile (SIP): An Instrument for Overall Health Assessment and a Basis for Diagnosis-Specific Evaluation**

So: *unpublished, Gothenburg, Sweden:Gothenburg University, filed 1988*

This paper examines the value of health status measurement in chronic disease. It describes the SIP, including its psychometric properties, and exemplifies current use. The SIP is concluded to be a comprehensive, multidimensional instrument with broad applicability. It describes sickness-related changes in function and behavior compared to normal life. The SIP is simple, acceptable to patients, relevant to clinicians, and has good psychometric properties and cross-cultural applicability. The instrument is increasingly used in quality-of-life measurements in health care. (10 references) AA

Address for reprint requests: Gothenburg University, Box 19085, S-400 12 Gothenburg, Sweden

REFERENCE NUMBER 67

Au: Sullivan, Marianne B.E.; Sullivan, Lars G.M.; Kral, John G.

Ti: **Quality of Life Assessment in Obesity: Physical Psychological, and Social Function.**

So: *unpublished, Gothenburg, Sweden:Gothenburg University, filed 1988*

This chapter examines the value of including patients' wellbeing in the clinical assessment of obesity. It also deals with health status measures and the current state of so-called quality-of-life research. The few and limited studies of quality of life in obesity are reviewed and preliminary results of our own work are presented. (41 references) AA

Address for reprint requests: Gothenburg University, Box 19085, S-400 12 Gothenburg, Sweden

REFERENCE NUMBER 68

Au: Vassend, Olav

Ti: **Examination Stress, Personality, and Self-Reported Physical Symptoms**

So: *Scandinavian Journal of Psychology* 29(1):21-32, 1988

Thirty-nine undergraduate students were investigated to determine the effects of examination stress on self-reported physical symptoms and sensations. Testing was undertaken six weeks prior to a final examination (phase I), immediately after the written part of the examination was over (phase II), and 12-14 days afterward but before an oral examination (phase III). The results showed that examination stress was associated with an increase in state anxiety and self-reported physical symptoms with the exception of heart-complaints which showed a gradual decline over the three experimental phases. In phase

III, all symptom measures showed a reduction below baseline levels and below the control group's levels. Correlation analyses revealed that symptom scores were associated with variables reflecting psychological vulnerability (e.g., recent stress and neuroticism) and dysphoric affect, especially anxiety. The results are discussed in light of theories of attribution, attentional focusing, and psychophysiological activation. (33 references) AA

Address for reprint requests: Institute of Psychology, University of Oslo, Box 1094, Blindern, 0317 Oslo 3, Norway

REFERENCE NUMBER 69

Au: Waltz, Millard; Badura, Bernhard

Ti: **Subjective Health, Intimacy, and Perceived Self-Efficacy after Heart Attack: Predicting Life Quality Five Years Afterwards**

So: *Social Indicators Research* 20(3):303-332, 1988

In a national sample of some 400 cardiac patients and their wives, changes in quality of life were investigated during an extended period of physical and psychosocial recovery. Scores on the Bradburn Affect Balance Scale were found to be strongly correlated with Pearson coefficients in the vicinity of 0.7 over a five-year period, indicating a certain stability of subjective perceptions of well-being and ill-being. Just as neuroticism and extraversion have been found to discriminate between "happy" and "unhappy" people in several studies, the stability of well-being in our study appeared to be influenced by subjective health perceptions, a sense of self-efficacy, and relatively stable socio-environmental conditions, associated with the level of spouse intimacy and marital stress. Substantial health-related and interpersonal problems appeared to be the cause of an erosion of feelings of personal competence and, therefore, to be predictive of high negative affect and ill-being. In contrast, positive health perceptions and marital intimacy were directly related to a sense of well-being. Stable socio-environmental conditions and perceived self-efficacy are suggested as salient factors in causal models of the effect of life events on wellbeing. (54 references) AA

Address for reprint requests: University of Oldenburg, Institute fur Soziologie, Postfach 2503, D-2900 Oldenburg, Federal Republic of Germany

REFERENCE NUMBER 70

Au: Wells, Lilian M.; Singer, Carolyn

Ti: **Quality of Life and Institutions for the Elderly: Maximizing Well-Being**

So: *Gerontologist* 28(2):266-269, 1988

Presented is an innovative method of using research findings to improve the quality of life in a long-term care institution. The impact of action research in developing service is described. Program implementation is examined in terms of the ways groups of residents, staff, and families worked to enhance their social environment by strengthening supportive relationships, highlighting personal development, maximizing independence, and increasing the residents' influence. (7 references) AA

Address for reprint requests: Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario, Canada M5S 1A1

REFERENCE NUMBER 71

Au: Werning, Claus; Weitz, Thomas; Ludwig, Beatrice

Ti: **Assessment of Indapamide in Elderly Hypertensive Patients with Special Emphasis on Well-Being**

So: *American Journal of Medicine* 84(Suppl 1B):104-108, 1988

One hundred forty-nine patients between 56 and 80 years of age with mild to moderate hypertension received indapamide (2.5 mg per day) monotherapy for 12 weeks. In addition to studies of the efficacy and tolerance of indapamide, the study comprised an assessment of well-being, which was carried out objectively by the physician, and subjectively by the patient himself, by means of a list of complaints and a visual analogue scale. The mean blood pressure was lowered from 179/91 mm Hg (supine) before treatment to 149/81 mm Hg at the end of the treatment. The general well-being of the patients, as judged by the physician, showed a markedly positive evolution. The patients themselves indicated that their most frequent symptoms, such as sleep disorders, functional organic disturbances, and sensory and motor fatigue, had improved by 65 to 85 percent, indicating a tendency to better compliance. (18 references) AA

Address for reprint requests: Saint Katharinen Hospital, 5020 Frechen bei Koeln, Federal Republic of Germany

REFERENCE NUMBER 72

Au: Williams, Dianne E.; Vitiello, Michael V.; Ries, Richard K.; Bokan, John; Prinz, Patricia N.

Ti: **Successful Recruitment of Elderly Community-Dwelling Subjects for Alzheimer's Disease Research**

So: *Journal of Gerontology* 43(3):M69-M74, 1988

One hundred seventy-four healthy community-dwelling subjects were recruited for a research project investigating sleep/EEG measures as biological markers for early-stage Alzheimer's disease (AD). All subjects were age 55 or older. The subjects were divided into four groups: 46 subjects were diagnosed as having mild, uncomplicated AD, 31 had memory problems but did not meet the research criteria for AD, 43 had uncomplicated major depressive disorder, and 54 were normal controls. Male depressives and mild AD subjects were the groups most difficult to recruit. The ratio of initial inquiries from potential subjects to final study participants in all groups combined was 9 to 1. Successful recruiting strategies for each study group are discussed. News announcements and referrals from other AD researchers accounted for the greatest number of study participants. (17 references) AA

Address for reprint requests: Department of Psychiatry and Behavioral Sciences, University of Washington RP-10, Seattle, Washington 98195

Professional Journals Reviewed

Articles cited in the ANNOTATIONS Section have been identified from a set of journals that are routinely reviewed by the Clearinghouse staff. Each new issue is examined for book reviews, current research funding opportunities, and forthcoming conferences as well as relevant articles. Journal titles along with the volume and issue number reviewed for this issue of the *Bibliography on Health Indexes* are listed below.

- ABS-American Behavioral Scientist 31(4)
 Acta Psychiatrica Scandinavica 77(4-6)
 American Economic Review 78(1-2)
 American Journal of Economics and Sociology 47(2)
 American Journal of Epidemiology 127(4-6)
 American Journal of Medicine 84(1-6A)
 American Journal of Orthopsychiatry 58(2)
 American Journal of Psychiatry 145(5-6)
 American Journal of Psychology 101(2)
 American Journal of Public Health 78(4-6)
 American Journal of Sociology 93(6)
 American Political Science Review 82(2)
 American Psychologist 43(4-6)
 American Sociological Review 53(2-3)
 Archives of Environmental Health 43(2-3)
 Archives of Gerontology and Geriatrics 7(2)
 Archives of Physical Medicine and Rehabilitation 69(4-6)
 Australian and New Zealand Journal of Psychiatry 22(2)
 Australian Journal of Psychology 40(1)
 Behavioral Science 33(2)
 British Journal of Psychiatry 152(4-6)
 British Journal of Psychology 79(2)
 British Journal of Sociology 39(2)
 British Medical Journal 296(6632-6634) (6637) (6638)
 Canadian Journal of Public Health 79(2-3) 79(Suppl 1)
 Canadian Medical Association Journal 138(7-12)
 Child Welfare 67(2-3)
 Clinical Gerontologist 7(3/4)
 Clinical Psychology Review 8(3)
 Cognitive Psychology 20(2)
 Cognitive Therapy and Research 12(2-3)
 Community Mental Health Journal 24(2)
 Evaluation Review 12(2-3)
 Family and Community Health 11(1)
 Geriatrics 43(4-6)
 Gerontologist 28(2-3) (Suppl to issue 3)
 Hastings Center Report 18(3)
 Health Affairs 7(2 Suppl)
 Health Care Financing Review 9(4)
 Health Education Quarterly 15(2)
 Health Policy 9(2-3)
 Health Psychology 7(2-3)
 Health Services Research 23(1-3)
 Health Values 12(3)
 Home Health Care Services Quarterly 9(1)
 Human Organization 47(2)
 Inquiry 25(2)
 International Journal of Aging and Human Development 26(3-4)
 International Journal of Epidemiology 17(2)
 International Journal of Health Services 18(1-2)
 Journal of Accounting and Public Policy 7(1-2)
 Journal of Allied Health 17(2)
 Journal of Applied Behavioral Science 24(2)
 Journal of Applied Psychology 73(1-2)
 Journal of Behavioral Medicine 111(2-3)
 Journal of Clinical Epidemiology 41(4-6)
 Journal of Community Health 13(2)
 Journal of Environmental Health 50(5)
 Journal of Epidemiology and Community Health 42(2)
 Journal of Experimental Child Psychology 45(2-3)
 Journal of Experimental Social Psychology 24(3)
 Journal of Family Practice 26(4-6)
 Journal of Gerontology 43(3)
 Journal of Health and Social Behavior 29(2)
 Journal of Health Economics 7(2)
 Journal of Health, Politics, Policy and Law 13(1)
 Journal of Medical Systems 12(1-3)
 Journal of Nervous and Mental Disease 176(4-6)
 Journal of Pediatrics 112(4-6)
 Journal of Policy Analysis and Management 7(3)
 Journal of Policy Modelling 10(1)
 Journal of Political Economy 96(2-3)
 Journal of Psychosocial Oncology 6(1/2)
 Journal of Public Health Policy 9(2)
 Journal of School Health 58(4-6)
 Journal of School Psychology 26(2)
 Journal of Social Policy 17(1-2)
 Journal of the American Geriatrics Society 36(4-6)
 Journal of the American Medical Association 259(13) (20) (24)

- Lancet I(8588-8589) (8591-8599)
 Medical Care 26(4-6) (Suppl 5)
 Milbank Memorial Fund Quarterly 66(1-2)
 New England Journal of Medicine 318(14-18)
 (20) (22) (24-25)
 New York Academy of Medicine Bulletin 64(2-5)
 Operations Research 36(3)
 Organization Studies 9(2-3)
 Organizational Behavior and Human Decision
 Process 41(2-3)
 Perspectives in Biology and Medicine 31(3-4)
 Philosophy and Public Affairs 17(2)
 Policy Sciences 21(1)
 Policy Studies Journal 16(3)
 Policy Studies Review 7(3)
 Preventive Medicine 17(1) (3)
 Psychological Record 38(2)
 Psychology and Aging 3(2)
 Psychosocial Rehabilitation Journal 11(4)
 Psychosomatic Medicine 50(3)
 Psychosomatics 29(2)
- Public Health Reports 103(2-3)
 Quality and Quantity 22(1)
 Quality Review Bulletin 14(4-6)
 Review of Economics and Statistics 70(1-2)
 Risk Analysis 8(2)
 Scandinavian Journal of Psychology 29(1-2)
 Science, Technology and Human Values 13(1/2)
 Social Forces 66(4)
 Social Indicators Research 20(2-3)
 Social Problems 35(2-3)
 Social Psychology Quarterly 51(1-2)
 Social Science and Medicine 26(7-11)
 Social Science Research 17(2)
 Social Security Bulletin 51(4-6)
 Social Service Review 62(1-2)
 Socio-Economic Planning Sciences 22(1-2)
 Sociological Methods and Research 16(4)
 Sociology and Social Research 72(3)
 Sociology of Health and Illness 10(1-2)
 Statistics in Medicine 7(4-6)
 World Health Forum 9(1)

Monographs, Government Documents, and Unpublished Reports

The unpublished reports cover work in progress and articles submitted for publication. Monographs, government publications, and unpublished reports cited in the ANNOTATIONS Section have been received by the Clearinghouse during the January through March 1988 period. Thus, it is possible for unpublished materials that have been written prior to these months to appear in this issue.

This section lists citations to journal articles which have been classified under the medical subject heading health status indicator's by the National Library of Medicine (NLM) and which were entered into the NLM's SDILINE or FILE HEALTH data bases in April, May, or June, 1988. Citations are printed, with only slight modification of format, in the order and form in which they appear in the NLM files. Following NLM's convention, titles which are enclosed in brackets indicate that the article is published in some language other than English. Abstracts are printed when they are available from NLM's database.

REFERENCE NUMBER 73

AU: Sheiham A ; Maizels J ; Maizels A

TI: **New composite indicators of dental health.**

SO: *Community Dent Health* 1987 Dec;4(4):407-14

REFERENCE NUMBER 74

AU: de Paiva ER ; Juliano Y ; Novo NF ; Leser W

TI: **Swaroop and Uemura's proportional mortality ratio. The need for periodic revision of the definition.**

SO: *Rev Saude Publica* 1987 Apr;21(2):90-107

REFERENCE NUMBER 75

AU: Juliano Y ; Novo NF ; Gohman S ; de Paiva ER ; Leser W

TI: **[Haenzel's standardized coefficient of lost years of life. Comparison with the standardized coefficient of general mortality, used as a health status indicator of populations]**

SO: *Rev Saude Publica* 1987 Apr;21(2):108-22

REFERENCE NUMBER 76

AU: Sullivan MB ; Sullivan LG ; Kral JG

TI: **Quality of life assessment in obesity: physical, psychological, and social function.**

SO: *Gastroenterol Clin North Am* 1987 Sep;16(3):433-42

This article examines the value of including patients' well being in the clinical assessment of obesity. It also deals with health status measures and the current state of so-called quality-of-life research. The few and limited studies of quality of life in obesity are reviewed and preliminary results of our own work are presented.

Address for reprint requests: Department of Social Work, Sahlgren's Hospital, University of Goteborg, Sweden.

REFERENCE NUMBER 77

AU: Franke U ; Karsdorf S ; Kunert B ; Schonrok G

TI: **[Complex assessment of health status and health conditions]**

SO: *Z Gesamte Hyg* 1987 Oct;33(10):503-5

REFERENCE NUMBER 78

AU: Lorenz W ; Dick W ; Junginger T ; Ohmann C ; Doenicke A ; Rothmund M

TI: **[Biomedical and clinimetric approaches in determining the causes of perioperative risk: developing a German ASA classification]**

SO: *Langenbecks Arch Chir* 1987;372:199-209

Perioperative risk research with biomedical (biochemical, physiological) methods must grow up as a main topic in surgical research. However, operative risk has also to be analyzed with methods of clinimetrics, such as formal (objective) decision making and epidemiology. Only by this way a convincing practical dimension is added to basic scientific statements. ASA-classification of the preoperative physical status is a global index for estimating the operative risk. It contains objective findings, subjective impressions and the final clinical judgement. For this reason it is so flexible. For a multicentre trial on perioperative risk and histamine an empirical index was constructed using both the ASA-classification and the Mannheim-Munich risk check list.

REFERENCE NUMBER 79

AU: Acheson D

TI: **Nutritional monitoring of the health of the nation.**

SO: *J R Soc Health* 1987 Dec;107(6):209-14

REFERENCE NUMBER 80

AU: Wilson CC ; Netting FE

TI: **Comparison of self and health professionals' ratings of the health of community-based elderly.**

SO: *Int J Aging Hum Dev* 1987;25(1):11-25

Perceptions of 269 community-based elderly persons and eighty health-care professionals were compared for opinions related to the health-care needs of the elderly, and major barriers faced by the elderly to the utilization of health services. The data indicate a high degree of incongruence between the perceptions of the elderly and those of the professionals. Health professionals were not good predictors of the health status of the elderly, and they did not accurately predict the barriers faced by the elderly seeking health care. Congruence of responses was found only related to the cost of health services. Reasons for these differences were explored, and recommendations for future program planning were made.

Address for reprint requests: Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland

REFERENCE NUMBER 81

AU: Bouchet D

TI: **[Children's health. 41. Health conditions are a democratic and cultural concern]**

SO: *Sygeplejersken* 1987 Oct 21;87(43):30-4

REFERENCE NUMBER 82

AU: Benicio MH ; Monteiro CA ; Zuniga HP ; Rio EM

TI: **[Health conditions of children of the municipality of Sao Paulo, SP (Brazil), 1984-1985. IV—Diarrheal disease]**

SO: *Rev Saude Publica* 1987 Feb;21(1):23-8

REFERENCE NUMBER 83

AU: Tulchinsky TH ; Palti H

TI: **Infant mortality as a health status indicator: national, ethnic, and regional trends in Israel.**SO: *Public Health Rev* 1987;15(1-2):121-40**REFERENCE NUMBER 84**

AU: Westcott G

TI: **The effects of unemployment on health in Scunthorpe and related health risk factors.**SO: *Public Health* 1987 Nov;101(6):399-416**REFERENCE NUMBER 85**

AU: Scherubel JC ; Swartz JA

TI: **Developing a model for predicting hospital resource consumption.**SO: *NLN Publ* 1987 Dec;(20-2191):131-43**REFERENCE NUMBER 86**

AU: Lord SR ; Ovedoff DL ; Webster IW

TI: **Weight and overweight in a group of parliamentarians and senior public servants in New South Wales.**SO: *Med J Aust* 1987 Dec 7-21;147(11-12):534-6

The health of 75 NSW State Government members of parliament and 192 senior public servants who have undergone routine health check-ups over the last seven years was assessed. It was found that 67 of members of parliament and 57% of senior public servants were overweight. Many overweight participants thought that their diets were average, their exercise and fitness adequate, and that they were only a little overweight. Most thought their excess weight was not harmful. However, excess weight was found to be associated with other physiological variables including increased blood pressure, plasma cholesterol, triglyceride and urate levels.

Address for reprint requests: School of Community Medicine, University of New South Wales, Kensington, NSW, Australia

REFERENCE NUMBER 87

AU: Schur CL ; Bernstein AB ; Berk ML

TI: **The importance of distinguishing Hispanic subpopulations in the use of medical care.**SO: *Med Care* 1987 Jul;25(7):627-41

Rather than analyzing Hispanics as a homogeneous population, this paper uses the 1977 National Medical Care Expenditure Survey to make separate national estimates for Cubans, Puerto Ricans, and Mexicans. Utilization of various health services by these three groups is discussed, as well as their insurance coverage, mean annual expenses by source of payment, and health status indicators. The analysis has a descriptive as well as multivariate component and focuses specifically on the use of physician and hospital services and prescribed medicines. It is found that Puerto Ricans are almost twice as likely as Mexicans, and over four times as likely as Cubans, to be covered by Medicaid; Cubans, on the other hand, are most often privately insured. Of the three groups, Puerto Ricans have the highest annual expenses and are most likely to have at least one physician visit. The number of visits for those with a visit, however, is identical across the

groups. The paper discusses the policy implications of these findings, as well as the methodologic implications of classifying various Hispanic subgroups into one all-encompassing category.

Address for reprint requests: National Center for Health Services Research and Health Care Technology Assessment, Rockville, MD 20857.

REFERENCE NUMBER 88

AU: Alemi F ; Stokes J 3d ; Rice J ; Karim E ; LaCorte W ; Saligman L ; Nau R

TI: **Appraisal of modifiable hospitalization risks.**

SO: *Med Care* 1987 Jul;25(7):582-91

Nine prevention experts rated hospitalization risks of 64 hypothetical healthy adults between 20 and 65 years old. There was substantial agreement among seven out of the nine experts. Pairwise correlations between any two of the experts ranged between 0.66 and 0.86. Decision analytic tools were used to model the average of the experts' ratings. The panel of experts provided us with the factors used, the relationship between the factors, and the relative importance of each factor. An index based on this information was highly correlated with the judgments of seven experts. Thus, we concluded that the scoring procedure can simulate the experts' judgments. Next, the index was used in an interactive computer program to assess modifiable health risks of individuals. This program is provided along with the paper to facilitate further research on validity and impact of the program.

Address for reprint requests: Department of Health Systems Management, School of Public Health and Tropical Medicine, Tulane University, New Orleans, Louisiana.

REFERENCE NUMBER 89

AU: Chambers LW ; Haight M ; Norman G ; MacDonald L

TI: **Sensitivity to change and the effect of mode of administration on health status measurement.**

SO: *Med Care* 1987 Jun;25(6):470-80

A measure of global health status, the McMaster Health Index Questionnaire (MHIQ), was assessed to determine two important measurement properties related to its reliability and validity—sensitivity to change and the effect of mode of administration. Ninety-six patients in a physiotherapy clinic were randomly assigned to three mode-of-administration study groups, administered the MHIQ at four point in time including at admission and discharge from the clinic, and assessed for change by their physiotherapist. MHIQ physical function, social function, and emotional function retest scores obtained by self-completion within a 1-week interval were most stable. Physical function scores by any of self-completion, telephone interview, or personal interview were sensitive to change, that is, they improved dramatically by the time of discharge from the clinic. Mode of administration did not affect the size of the change scores. Changes reflected by the physical function scores correlated with changes in physical function reported by a patient's physiotherapist. No systematic changes occurred with social and emotional function scores; this is not surprising in a group of patients with predominantly physical function problems.

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada

REFERENCE NUMBER 90

AU: Pope GC

TI: **Medical conditions, health status, and health services utilization.**

SO: *Health Serv Res* 1988 Feb;22(6):857-77

Using data from the 1980 National Medical Care Utilization and Expenditure Survey (N = 11,530), four commonly used health status indicators are interpreted in terms of the underlying medical conditions they

reflect. It is found that self-rated health status, role limitations, restricted activity days, and functional limitations measure similar conditions. These conditions tend to be chronic and severe; heart and cerebrovascular disease are especially associated with poor health as measured by all of the variables. Disability days are most likely to reflect acute, transitory morbidity. Practical suggestions for the appropriate use of the four variables are made. In addition, the conditions associated with the most ambulatory utilization of health services are identified. Among these conditions, those which are and are not measured adequately by the health status indicators are disclosed. It is concluded that the health status variables, either individually or as a group, do not measure many variations in health that are strongly related to utilization.

Address for reprint requests: Health Economics Research, Inc., Needham, MA 02194.

REFERENCE NUMBER 91

AU: Kenny JC ; Purvis P

TI: **Computerized health risk assessment at the work site.**

SO: *Home Health Nurse* 1988 Jan-Feb;6(1):17-24

REFERENCE NUMBER 92

AU: Affleck JW ; Aitken RC ; Hunter JA ; McGuire RJ ; Roy CW

TI: **Rehabilitation status: a measure of medicosocial dysfunction.**

SO: *Lancet* 1988 Jan 30;1(8579):230-3

The Edinburgh Rehabilitation Status Scale (ERSS) measures four dimensions in which changes may occur in the course of a disabling illness or during rehabilitation: independence; activity; social integration; and effects of symptoms on lifestyle. It provides a profile of measures, the scores of which can be summated to indicate the overall level of performance of individuals or groups. Studies of its inter-observer reliability and of its application in various disability groups indicate that the ERSS reliably defines the characteristics of individual patients and of groups. The scale can be used conveniently by professional staff working independently or by a multiprofessional rehabilitation team to assess status and changes in patients. It can also be used for measurement of the effectiveness of services and for purposes of research, teaching, and administration.

Address for reprint requests: Rehabilitation Studies Unit, Princess Margaret Rose Hospital, Edinburgh, Scotland

REFERENCE NUMBER 93

AU: Ford AB ; Folmar SJ ; Salmon RB ; Medalie JH ; Roy AW ; Galazka SS

TI: **Health and function in the old and very old.**

SO: *J Am Geriatr Soc* 1988 Mar;36(3):187-97

This report advocates conceptual separation and parallel assessment of medically diagnosed health conditions and functional disability in clinical and epidemiological studies of the aged. Data from a study of urban elderly are presented to demonstrate how this can be done and to reexamine the meaning of self-reported illness and disability. One hundred thirteen subjects 74 to 95 years old, recruited from a longitudinal study of a representative sample of the elderly population of Cleveland, Ohio, participated in structured interviews and epidemiologically based medical examinations, conducted by a physician-nurse team at the place of residence. The presence or absence of 11 common chronic conditions was determined according to preestablished criteria, by self-report and, separately, by medical diagnostic evaluation. Functional disability was estimated by self-report and by physician-nurse assessment, using established measures of mobility and activities of daily living. Results indicate that interview self-report can provide useful estimates of the prevalence of medical conditions and functional disabilities in elderly populations,

although self-report alone is not a sufficiently sensitive measure to be used for case-finding or diagnosis. When functional disabilities are matched against the specific medical conditions that cause them and disease-specific mortality is also taken into account, a three-dimensional classification results that has implications for future clinical and survey work with the elderly.

Address for reprint requests: Department of Epidemiology and Biostatistics, Case Western Reserve University School of Medicine, Cleveland, Ohio 44106.

REFERENCE NUMBER 94

TI: Measuring need for health care [editorial]

SO: *Lancet* 1988 Jan 2-9;1(8575-6):29-30

REFERENCE NUMBER 95

AU: Anderson JP ; Bush JW ; Berry CC

TI: **Internal Consistency Analysis: a method for studying the accuracy of function assessment for health outcome and quality of life evaluation.**

SO: *J Clin Epidemiol* 1988;41(2):127-37

Social, mental and physical function are major components of health outcomes and health related life quality, but the accuracy of function measurement is difficult to study rigorously. Internal Consistency Analysis (ICA) uses multiple sources of evidence from a survey interview to study the accuracy of a classification. It was developed to study function classifications for a general health outcome measure, the Quality of Well-being (QWB) scale. ICA is described and evidence of its utility in improving the classifications needed for the QWB is presented.

Address for reprint requests: Department of Community and Family Medicine, University of California at San Diego, La Jolla, California 92093

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Clearinghouse Update

Over the next few months the Clearinghouse staff will be devoting its energies to bringing the Bibliography on Health Indexes series up to date. To do this as expeditiously as possible, sections other than the Annotations and Selections from NLM may be somewhat shorter than in some of the previous issues. When the Bibliography is once again current, the news sections will once again be expanded as resources permit. The Clearinghouse thanks everyone for his or her patience.

Society for Medical Decision Making
Minneapolis, Minnesota 15-18 October 1989

The core of the meeting will be the scientific program, the theme of which will be "Medical Decision Making and Public Policy." There will be a keynote symposium on this topic in which prominent national authorities will participate. Several short courses will be offered on Sunday, October 15, the day preceding the scientific program. There will be a course on practical applications of decision making. Advanced courses in decision making will include decision psychology, influence diagrams, simulation modeling, and knowledge engineering as well as other advanced topics. The advanced courses will include "hands on" problem solving using computers.

For further information contact:

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Society for Medical Decision Making
One Main Street
P.O. Box 447
West Lebanon, NH 03784
Telephone: (603) 298-9929
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American Public Health Association
Chicago, Illinois 22-26 October 1989

The theme of this year's annual meeting is "Closing the Gap: Ethics and Equity in Public Health." Many sessions focus on special subtopics within this theme, such as health equity for women, the poor and minorities. Of particular relevance for researchers interested in assessing health-related quality of life is a session entitled "Valuing Well Being, Respect, and Equity in Public Health Decisions."

For additional information contact:

American Public Health Association
1015 15th Street NW
Washington, DC 20005
Telephone: (202) 789-5668

Why "Indexes"?

In the health field the terms "index" and "indicator" have been used interchangeably when the primary measure of health status was a single measure such as a mortality rate or life expectancy. More recently, however, research efforts have focused on developing composite measures which reflect the positive side of health as well as changing disease and death patterns. Progress is being made; and the resultant health status measures are being applied. Although the measures have become more complex, the terms "index" and "indicator" are still used interchangeably. In providing information to assist in the development of composite health measures, the Clearinghouse has adopted the following definition: a health index is a measure which summarizes data from two or more components and which purports to reflect the health status of an individual or defined group.

Why a "Clearinghouse"?

It has become apparent that different health indexes will be necessary for different purposes; a single GNP-type index is impractical and unrealistic. Public interest coupled with increased government financing of health care has brought new urgency for health indexes. Their development can be hastened through active communications; the Clearinghouse was established to provide a channel for these communications.

What's Included?

The selection of documents for the Clearinghouse focuses on efforts to develop and/or apply composite measures of health status. A reprint or photocopy of each selection is kept on file in the Clearinghouse. Domestic and foreign sources of information will include the following types of published and unpublished literature: articles from regularly published journals; books, conference proceedings, government publications, and other documents with limited circulation; speeches and unpublished reports of recent developments; and reports on grants and contracts for current research. The Clearinghouse will systematically search current literature and indexes of literature to maintain an up-to-date file of documents and retrospectively search to trace the development of health indexes. Specifically, items will be included if they:

1. advance the concepts and definitions of health status by
 - a) operationalizing the definition
 - b) deriving an algorithm for assigning weights
 - c) computing transitional probabilities
 - d) validating new measures
2. use composite measure(s) for the purpose of
 - a) describing or comparing the health status of two or more groups
 - b) evaluating a health care delivery program
3. involve policy implications for health indexes
4. review the "state of the art"
5. discuss a measure termed "health index" by the author

What Services?

The Clearinghouse publishes the *Bibliography on Health Indexes* four times each year. This compilation consists of citations of recent reprints or photocopies included in the Clearinghouse file of documents. Each citation in the ANNOTATIONS Section will be followed by a brief summary of the article. The period covered and the sources used in the compilation will be clearly stated in each issue. At present, the

Bibliography, its abstracts and other notes are all printed in English. Also presented in the Bibliography is information about forthcoming conferences, notification of publication of previously cited forthcoming materials, new information sources, etc. Addresses of contributors and sponsoring organizations for conferences are given in each Bibliography. Readers should contact the authors directly to request reprints or to discuss particular issues in greater detail. To obtain additional information about purchasing the *Bibliography on Health Indexes* on a regular basis write to the following address:

National Center for Health Statistics
ATTENTION: Scientific and Technical Information Branch
3700 East West Highway
Room 1-57 Center Building
Hyattsville, Maryland 20782

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