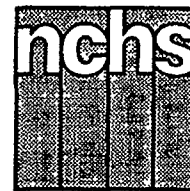


# Clearinghouse on Health Indexes



National Center for Health Statistics

Number 3, 1988

## Bibliography on Health Indexes

- 2 ACKNOWLEDGMENTS
- 3 ANNOTATIONS
- 3 Abler, Rose M.; Fretz, Bruce R.: Self-Efficacy and Competence in Independent Living Among Oldest Old Persons: *Journal of Gerontology: Social Sciences* 43(4):S138-143, 1988
- 3 Anderson, John P.; Kaplan, Robert M.; Berry, Charles C.; Bush, James W.; Rumbaut, Ruben G.: Interday Reliability of Function Assessment for a Health Status Measure: The Quality of Well-Being Scale Instrument: Unpublished, La Jolla, California: University of San Diego, Department of Community and Family Medicine
- 4 Apter, A.; Offer, R.; Blumenson, R.; Tyano, S.: Use of the Child Behavior Checklist in an Israeli Adolescent Psychiatric Unit: *Acta Psychiatrica Scandinavica* 78(1):96-101, 1988
- 4 Barry, Michael J.; Mulley, Albert G., Jr.; Fowler, Floyd J.; Wennberg, John E.: Watchful Waiting vs Immediate Transurethral Resection for Symptomatic Prostatism: The Importance of Patients' Preferences: *Journal of the American Medical Association* 259(20):3010-3017, 1988
- 4 Bebbington, A.C.: The Expectation of Life Without Disability in England and Wales: *Social Science and Medicine* 27(4):321-326, 1988
- 5 Bennett, Linda A.; Wolin, Steven J.; Reiss, David: Cognitive, Behavioral, and Emotional Problems Among School-Age Children of Alcoholic Parents: *American Journal of Psychiatry* 145:185-190, 1988
- 5 Blay, Sergio Luis; Ramos, Luiz Roberto; de Jesus Mari, Jair: Validity of a Brazilian Version of the Older Americans Resources and Services (OARS) Mental Health Screening Questionnaire: *Journal of the American Geriatrics Society* 36(8):687-692, 1988
- 5 Boyd, Stuart D.; Feinberg, Stephen M.; Skinner, Donald G.; Lieskovsky, Gary; Baron, David; et al.: Quality of Life Survey of Urinary Diversion Patients: Comparison of Ileal Conduits Versus Continent Kock Ileal Reservoirs: *Journal of Urology* 138(6):1386-1389, 1987
- 6 British and Dutch Multiple Sclerosis Azathioprine Trial Group: Double-Masked Trial of Azathioprine in Multiple Sclerosis: *Lancet* II(8604):179-183, 1988

(continued on page 55)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control  
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**BIBLIOGRAPHY on HEALTH INDEXES****ACKNOWLEDGMENTS**

Overall responsibilities for planning and coordinating the content of this issue rested with the Clearinghouse on Health Indexes, which is located in the Health Status Measurement Branch, Division of Epidemiology and Health Promotion, Office of Analysis and Epidemiology. The bibliography is compiled and edited by Pennifer Erickson with the assistance of Luz Chapman. Final publication was formatted by Annette Gaidurgis of the Publications Branch, Division of Data Services, Office of Data Processing and Services.

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 July, August, or September 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: Abler, Rose M.; Fretz, Bruce R.

Ti: **Self-Efficacy and Competence in Independent Living Among Oldest Old Persons**

So: *Journal of Gerontology: Social Sciences* 43(4):S138-143, 1988

It was hypothesized that self-efficacy would add significantly to health as a predictor of competence in independent living among oldest old persons. Sixty-seven participants aged 85 and older (15% males, 85% females) were administered measures of health, self-efficacy, psychosocial competence, and competence in activities of daily living (ADL). Self-efficacy contributed, beyond the effects of health, to the prediction of psychosocial competence, but not to competence in ADL. Health status significantly predicted competence in ADL, but not in psychosocial competence. (17 references) AA

Address for reprint requests: Department of Psychology, The University of Maryland, College Park, Maryland 20742-4411

#### REFERENCE NUMBER 2

Au: Anderson, John P.; Kaplan, Robert M.; Berry, Charles C.; Bush, James W.; Rumbaut, Ruben G.

Ti: **Interday Reliability of Function Assessment for a Health Status Measure: The Quality of Well-Being Scale Instrument**

So: Unpublished, La Jolla, California: University of San Diego, Department of Community and Family Medicine

The Quality of Well-being (QWB) scale is a component of a General Health Policy Model that is used to calibrate utility weighted function at a defined point in time. This paper reports the interday reliability of the QWB function assessment instrument from 5 studies involving more than 1,500 respondents. Data were obtained in several languages in addition to English. Reliability was estimated using two methods: (1) Pearson correlations among QWB scores in adjacent days, and (2) Calculation of an Agreement Percent among reports of dysfunction in adjacent days. Pearson correlations between adjacent days were regularly above .9, similar to or higher than findings with other health measures. The Agreement Percents were on average above .8, and frequently above .9. The place of these findings in terms of other methodological studies involving the QWB is reviewed, and some possible implications of these findings are explored. (30 references) AA

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

**REFERENCE NUMBER 3**

Au: Apter, A.; Offer, R.; Blumenson, R.; Tyano, S.

Ti: **Use of the Child Behavior Checklist in an Israeli Adolescent Psychiatric Unit**

So: *Acta Psychiatrica Scandinavica* 78(1):96-101, 1988

This article deals with the Hebrew version of an instrument for the diagnosis of psychopathology in young adolescents: the Child Behavior Checklist and the associated Child Behavior Profile developed by Achenbach (1978). The authors report on a study of the reliability and validity of the checklist and its suitability for use with severely disturbed adolescents in Israel. Parents of 130 adolescents, 89 healthy and 41 sick, participated in the research. The scales were found to be valid in that two-thirds of the items were correctly assigned by clinicians in Israel to their respective scales; it is internally consistent as measured by the Cronbach coefficient; and it is reliable in distinguishing between patient and control groups. Scores for control adolescents in Israel were found to be very similar to norms in the United States, the Netherlands and Chile. This finding may have important implications for cross-cultural research. (9 references) AA

Address for reprint requests: Department of Psychiatry, Bronx Municipal Hospital Center, Nurse's Residence 4th Floor, Pelham Parkway South and Eastchester Road, Bronx, New York 10461

**REFERENCE NUMBER 4**

Au: Barry, Michael J.; Mulley, Albert G., Jr.; Fowler, Floyd J.; Wennberg, John E.

Ti: **Watchful Waiting vs Immediate Transurethral Resection for Symptomatic Prostatism: The Importance of Patients' Preferences**

So: *Journal of the American Medical Association* 259(20):3010-3017, 1988

The rate of resection for benign prostatic hypertrophy shows considerable variability among small geographic areas. To help inform the decision to recommend prostatectomy to men with prostatism without signs of chronic retention, the authors performed a decision analysis to compare the expected outcomes with immediate transurethral resection and watchful waiting. Data used in the model originated from the medical literature, Medicare claims data, and patient interview studies. In our base-case analysis for 70-year-old men, immediate surgery resulted in the loss of 1.01 months of life expectancy, but when adjustments were made for quality of life, immediate surgery was favored with a net utility benefit of 2.94 quality-adjusted life months. However, the analysis was particularly sensitive to the degree of disutility attributed to the index symptoms of prostatism. The authors conclude that patient preferences should be the dominant factor in the decision whether to recommend prostatectomy. (36 references) AA

Address for reprint requests: General Internal Medicine Unit, Massachusetts General Hospital, Bulfinch 1, Fruit Street, Boston, Massachusetts 02114

**REFERENCE NUMBER 5**

Au: Bebbington, A.C.

Ti: **The Expectation of Life Without Disability in England and Wales**

So: *Social Science and Medicine* 27(4):321-326, 1988

This paper calculates the Expectation of Life Without Disability (ELWD) for England and Wales, following the method of Robine et al. using a question about limiting long-standing illness from the General Household Survey. Trends over the last decade are estimated. At present ELWD from birth is about 59 years for men, 62 for women. The trend is upward, but by no more and possibly less than the rate of increase in expectation of life. Men live a greater proportion of their lives without disability than do women. The improvement in ELWD is most marked in the highest age-groups, but the evidence is that the health of the elderly in relation to that of the population as a whole has been poorer in England and Wales than in two other countries for which similar evidence is available. (21 references) AA

Address for reprint requests: PSSRU, University of Kent at Canterbury, Canterbury CT2 7NF, England

**REFERENCE NUMBER 6**

**Au:** Bennett, Linda A.; Wolin, Steven J.; Reiss, David  
**Ti:** **Cognitive, Behavioral, and Emotional Problems Among School-Age Children of Alcoholic Parents**  
**So:** *American Journal of Psychiatry* 145:185-190, 1988

Sixty-four children from 37 families with an alcoholic parent were compared with 80 children from 45 families that did not have an alcoholic parent on measures of intelligence, cognitive achievement, psychological and physical disorders, impulsivity-hyperactivity, social competence, learning problems, behavior problems, and self-esteem. On 9 of 17 tests, the children of alcoholic parents scored less well than did the children of nonalcoholic parents, although both were within normal ranges. Factor analysis yielded significant differences between the two samples in emotional functioning and cognitive abilities and performance; marginally significant differences were found with respect to behavior problems. (38 references) AA

Address for reprint requests: Department of Anthropology, Memphis State University, Memphis, Tennessee 38152

**REFERENCE NUMBER 7**

**Au:** Blay, Sergio Luis; Ramos, Luiz Roberto; de Jesus Mari, Jair  
**Ti:** **Validity of a Brazilian Version of the Older Americans Resources and Services (OARS) Mental Health Screening Questionnaire**  
**So:** *Journal of the American Geriatrics Society* 36(8):687-692, 1988

A validity study of the Brazilian version of the 15-item Short Psychiatric Evaluation Schedule (SPES), included in the mental health assessment of Older Americans Resources and Services (OARS), designed to detect psychiatric disorders in the elderly, against the "caseness" criterion suggested by Cooper and Schwarz was carried out with a community sample, as part of a survey to study health and living conditions of the elderly in a large urban center of a developing country, Sao Paulo, Brazil. The screening questionnaire was completed by 292 subjects, and 91 were selected for the psychiatric interview. The validity coefficients were as follows: sensitivity 61%, specificity 89%, positive predictive value 66%, negative predictive value 87%, and misclassification rate 18%. A discriminant analysis using a stepwise procedure was then applied to select the best item discriminators of the screening questionnaire. The best set of discrimination comprised six items leading to the following validity coefficients: sensitivity 82%, specificity 77%, positive predictive value 58%, negative predictive value 92%, and misclassification rate 21%. The possible factors related to false positive and false negative response on the screening are discussed. (18 references) AA

Address for reprint requests: Escola Paulista de Medicina, Departamento de Psiquiatria e Psicologia Medica, Rua Botucatu, 740, CEP 04023, Sao Paulo, Brazil

**REFERENCE NUMBER 8**

**Au:** Boyd, Stuart D.; Feinberg, Stephen M.; Skinner, Donald G.; Lieskovsky, Gary; Baron, David; et al.  
**Ti:** **Quality of Life Survey of Urinary Diversion Patients: Comparison of Ileal Conduits Versus Continent Kock Ileal Reservoirs**  
**So:** *Journal of Urology* 138(6):1386-1389, 1987

There has been a recent marked increase in interest in continent urinary diversions. While considerable time has been spent on the technical aspects of these diversions the psychological impact has not yet been fully explored. This article describes an extensive survey that was conducted among 100 consecutive adults (87 respondents) who had undergone urinary diversion via an ileal conduit and 100 consecutive adults (85 respondents) in whom a continent Kock ileal reservoir was created during the last 3 to 5 years at our university by the same surgeons. The Kock pouch patients were stratified further into 63 with primary

diversion and 22 who underwent conversion from previous conduit diversion. The survey consisted of a questionnaire that included a social and sexual survey, the Beck Depressive Inventory, the Profile of Mood States and a physical impact study. The results revealed that all patients surveyed generally were satisfied with the diversions and they had adapted reasonably socially, physically and psychologically. The key to adaptation seemed to be a detailed, realistic preoperative education about the type of diversion used. Patients with ileal conduit diversions had the lowest expectations of the form of diversion as defined by the preoperative awareness of the need to wear an external ostomy appliance with its associated inconveniences and change in the external body image. Postoperatively, ileal conduit patients also had the poorest self images as defined by a decrease in sexual desire and in all forms of physical contact (sexual and nonsexual). The subset of patients who underwent conversion from conduit diversions to Kock pouches, however, were statistically the most satisfied, and they were the most physically and sexually active. The authors conclude that the Kock continent urostomy offers an important alternative to noncontinent forms of diversion. (15 references) AA

Address for reprint requests: Departments of Psychiatry and Preventive Medicine, University of Southern California School of Medicine, Los Angeles, California 90033

#### REFERENCE NUMBER 9

Au: British and Dutch Multiple Sclerosis Azathioprine Trial Group  
 Ti: **Double-Masked Trial of Azathioprine in Multiple Sclerosis**  
 So: *Lancet* II(8604):179-183, 1988

354 patients with multiple sclerosis were randomised to receive either azathioprine 2.5 mg/kg daily or placebo in a double-masked trial. During follow-up of at least 3 years only small differences emerged between the groups. After 3 years the mean deterioration in Kurtzke disability score was 0.62 in the azathioprine group and 0.80 in the placebo group, a difference of 0.18 and in the ambulation index it was 0.84 and 1.25, respectively, difference 0.41. After 3 years there had been slightly fewer relapses in the azathioprine group (average 2.2) than in the placebo group (average 2.5) but the difference of 0.3 was not significant. Although the results favour a small beneficial effect from azathioprine the benefit is so small that the use of azathioprine cannot be generally recommended for most patients with multiple sclerosis. Analysis of subgroups (by sex, age, severity, rate of progression, HLA status, relapsing or progressive course) has not revealed any that have shown clear clinical benefit. (16 references) AA

Address for reprint requests: Department of Neurology, United Medical and Dental Schools, Guy's Hospital, London SE1 9RT, United Kingdom

#### REFERENCE NUMBER 10

Au: Broadhead, W.E.; Gehlbach, Stephen H.; De Gruy, Frank V.; Kaplan, Berton H.  
 Ti: **The Duke-UNC Functional Social Support Questionnaire: Measurement of Social Support in Family Medicine Patients**  
 So: *Medical Care* 26(7):709-723, 1988

A 14-item, self-administered, multidimensional, functional social support questionnaire was designed and evaluated on 401 patients attending a family medicine clinic. Patients were selected from randomized time-frame sampling blocks during regular office hours. The population was predominantly white, female, married, and under age 45. Eleven items remained after test-retest reliability was assessed over a 1- to 4-week follow-up period. Factor analysis and item remainder analysis reduced the remaining 11 items to a brief and easy-to-complete two-scale, eight-item functional social support instrument. Construct validity, concurrent validity, and discriminant validity are demonstrated for the two scales (confidant support—five items and affective support—three items). Factor analysis and correlations with other measures of social

support suggest that the three remaining items (visits, instrumental support, and praise) are distinct entities that may need further study. (64 references) AA

Address for reprint requests: Department of Community and Family Medicine, Box 2914, Duke University Medical Center, Durham, North Carolina 27710

#### REFERENCE NUMBER 11

Au: Brock, Bruce M.; Haefner, Don P.; Noble, David S.

Ti: **Alameda County Redux: Replication in Michigan**

So: *Preventive Medicine* 17(4):483-495, 1988

This article describes an attempt to reproduce, in Michigan, cross-sectional findings concerning the relationship between health habits and health status previously obtained in California by Belloc and Breslow. Data for this study were gathered by a telephone interview of a state-wide sample of 3,259 adult Michigan residents. The ridity (relative to an identified distribution) analyses presented included a comparison of findings from the Michigan and Alameda County studies. In Michigan, as in Alameda County, health status was found to be associated with various health practices, both individually and in combination. Consistent relationships were found between physical health status and individual health practices regarding hours of sleep, eating breakfast, eating between meals, cigarette smoking, weight for height, and physical activity. Physical health status was also linked to the overall number health practices individuals engaged in. When the confidence interval for each ridity value was taken into account, however, only some of the findings proved statistically reliable. (15 references) AA

Address for reprint requests: Information Transfer Systems, Inc., 2451 S. Industrial Highway, Ann Arbor, Michigan 48104

#### REFERENCE NUMBER 12

Au: Bullinger, M.; Frick, U.

Ti: **An Example for Medical Quality-of-Life Research in West Germany: An Overview of Activities at the University of Munich**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

This presentation reviewed work in progress in quality of life at the University of Munich. Specific topics covered were the following: (1) basic investigations into implicit quality-of-life concepts and cognitive processes involved in quality-of-life judgments in healthy and chronically ill patients; (2) the development of a modular model for quality of life assessment and its psychometric testing in different patient populations; (3) a review of published measures, with a selection according to criteria of psychometric robustness and clinical feasibility, their translation into German and their subsequent psychometric testing; (4) inclusion of quality-of-life measures into different types of cardiovascular and oncological studies ranging from cross-sectional approaches and prospective observational studies to multicenter controlled trials. (number of references unknown) AA-M

Address for reprint requests: Biometrical Center for Therapy Studies, Pettenkofer Street 35, 8000 Munich 2, Federal Republic of Germany

**REFERENCE NUMBER 13**

**Au:** Burnam, M. Audrey; Wells, Kenneth B.; Leake, Barbara; Landsverk, John  
**Ti:** **Development of a Brief Screening Instrument for Detecting Depressive Disorders**  
**So:** *Medical Care* 26(8):775-789, 1988

A very short (8-item), self-report measure was developed to screen for depressive disorders (major depression and dysthymia). The screener departs from traditional depressive symptom scales in that 1) individual items are differentially weighted and 2) two of the eight items concern diagnostically relevant durations of depressed mood. Analyses of data from a general population and from primary care and mental health patients showed that the screener had high sensitivity and good positive predictive value for detecting depressive disorder, especially for recent disorders and those that met full DSM-III criteria. The high predictive utility of the screener, in combination with its brevity, suggest that it may be a useful tool for screening for depression in health care settings. (31 references) AA

Address for reprint requests: Rand Corporation, 1700 Main Street, Santa Monica, California 90406-2138

**REFERENCE NUMBER 14**

**Au:** Cadoret, Remi J.; Widmer, Reuben B.  
**Ti:** **The Development of Depressive Symptoms in Elderly Following Onset of Severe Physical Illness**  
**So:** *Journal of Family Practice* 27(1):71-76, 1988

This study followed a group of elderly patients (ill group) with recent onset of life-threatening or severely debilitating illness to determine development of depressive symptoms. Age- and sex-matched control patients were included for comparison. Depressive symptoms increased significantly in the group of ill male patients when compared with control patients. Depressive symptoms did not show an increase in the group of ill female patients. Other variables also predicted increased depression: (1) an initial placement in nursing home, (2) a prior history of depression or higher initial level of depressive symptoms, (3) the presence of larger numbers of additional medical illnesses, and (4) following the occurrence of stressful life events. The increase in depression in the male test group was still present and significant when controlling for these additional four factors. (20 references) AA

Address for reprint requests: 500 Newton Road, Iowa City, Iowa 52242

**REFERENCE NUMBER 15**

**Au:** Caro, Francis G.; Blank, Arthur E.  
**Ti:** **Quality Impact of Home Care for the Elderly**  
**So:** *Home Health Care Services Quarterly* 9(2/3):1-203, 1988

Among organized service responses to long-term care needs, services in institutional settings are much better developed than services for people living in their own homes. This disparity in services exists despite widespread preference for options which permit dependent populations to remain in their own homes. In contrast to most other jurisdictions which have been hesitant to provide substantial, ongoing funding for home care, New York City has committed itself to large-scale publicly funded home care for the elderly and other adults with serious self-care limitations. The current research is concerned with the implications of a large-scale system of publicly funded home care for the at-risk elderly and their informal supports. (number of references unknown) AA

Address for reprint requests: address unknown



**REFERENCE NUMBER 16**

Au: Chaudhuri, Gouri; Harvey, Richard F.; Sulton, Larry D.; Lambert, Ross W.

Ti: **Computerized Tomography Head Scans as Predictors of Functional Outcome of Stroke Patients**

So: *Archives of Physical Medicine and Rehabilitation* 69(7):496-498, 1988

Preadmission computerized tomography (CT) scans of the head were used to help develop a clinical method for the prediction of outcome of stroke patients. The functional gains and discharge outcomes of 100 stroke patients after inpatient rehabilitation were considered. Reports of preadmission (acute care hospital) CT scans of the head were analyzed and placed into six groups representing progressive anatomic involvement. Functional status was measured at admission and discharge using the Patient Evaluation and Conference System (PECS) and placed into four functional groups. The groups ranged from normal to total dependent in self-care activities, ambulation, and bladder and bowel functioning. Admission CT head scans reported in two categories—"normal" or "small superficial infarct"—were associated with return to independent functioning. Bihemispheric infarcts were associated with discharge to nursing home (71%), rather than to independent living. Of all patients with functional gain as measured with PECS, 79% returned home. (6 references) AA

Address for reprint requests: Marianjoy Rehabilitation Center, P.O. Box 795, Wheaton, Illinois 60189

**REFERENCE NUMBER 17**

Au: Cohen, Carl I.; Teresi, Jeanne A.; Holmes, Douglas

Ti: **The Physical Well-Being of Old Homeless Men**

So: *Journal of Gerontology: Social Sciences* 43(4):S121-128, 1988

This study addressed a variety of issues related to the etiology, prevalence, and treatment of physical disorders among aging homeless men. The sample consisted of 195 nonstreet dwellers (177 residing in flophouses, 18 in apartments) and 86 street dwellers on the Bowery in New York City. The sample comprised men aged 50 and older. Bowery men scored worse than an aged-matched sample of community men on all physical health scales, with the greatest differences occurring in the respiratory, gastrointestinal, edema, hearing, hypertension, and ambulatory scales. Frequency of visits to doctors by the Bowery men was comparable to that of the community men, and the Bowery men rated their health substantially better than did their counterparts of two decades ago. Poor physical health often appeared to antedate arrival on the Bowery. However, a hierarchical regression analysis identified several variables—stress, unfulfilled needs, being relatively young, institutional/agency contacts—that were associated with current levels of poor health. Identification of these variables pointed to areas that warrant closer attention by clinicians and service providers. (43 references) AA

Address for reprint requests: SUNY Downstate Medical Center, Department of Psychiatry, Box 1203, 450 Clarkson Avenue, Brooklyn, New York 11203-2098

**REFERENCE NUMBER 18**

Au: Colantonio, Angela

Ti: **Lay Concepts of Health**

So: *Health Values* 12(5):3-7, 1988

There is evidence suggesting that professionals and consumers of health-care services do not share the same ideas concerning health, which may be responsible for low adherence to professional advice. Thus, it would appear critical to take into account lay concepts of health to make health promotion messages more effective. The aim of this pilot study was to investigate lay conceptions of health of an adult population. One hundred subjects were stratified according to four age/sex groups representative of the study

population. Data were collected by personal interview. A content analysis on 180 responses revealed seven major response categories describing health: being fit, feeling well, not being ill, good health behaviors, looking well, good environment, and other. A chi square analysis was performed to determine any age or sex effect on the data. No significant differences were found between older and younger age groups or between sexes. Findings are discussed in light of previous studies and implications for health promotion. (25 references) AA

Address for reprint requests: Department of Epidemiology and Public Health, Yale University School of Medicine, 60 College Street, New Haven, Connecticut 06510

#### REFERENCE NUMBER 19

Au: Cummings, Steven R.; Phillips, Susan L.; Wheat, Mary E.; Black, Dennis; Goosby, Eric; et al.

Ti: **Recovery of Function After Hip Fracture: The Role of Social Supports**

So: *Journal of the American Geriatrics Society* 36(9):801-806, 1988

Previous studies have found that social support may reduce mortality after myocardial infarction and reduce overall mortality among the elderly. To determine whether social support also influences the recovery of function among patients who have had hip fractures and to describe other potential predictors of recovery after hip fractures, 111 patients with hip fractures were interviewed and examined before discharge from the hospital. The functional status of surviving patients was assessed again 6 months later. Patients who had a greater number of social supports had more complete recovery of their prefracture level of function. This association was strongest for patients over 60 years old; among these patients, this association remained statistically significant after adjustment for other significant predictors of recovery: arm strength, mental status, and serum albumin. Additional studies should be done to test whether interventions to increase social supports can improve the recovery of function among elderly patients with hip fractures and other illnesses. In the meantime, health professionals should counsel elderly patients about the potential rehabilitative and preventive benefits of social supports. (24 references) AA

Address for reprint requests: 400 Parnassus Avenue, A-405, University of California at San Francisco, San Francisco, California 94143-0320

#### REFERENCE NUMBER 20

Au: Danis, Marion; Patrick, Donald L.; Southerland, Leslie I.; Green, Michael L.

Ti: **Patients' and Families' Preference for Medical Intensive Care**

So: *Journal of the American Medical Association* 260(6):797-802, 1988

Medical ethics suggest that life-sustaining treatment decisions should be made with consideration for patients' preferences and quality of life. Patients were interviewed who were at least 55 years old and had experienced medical intensive care at a university hospital during a 1-year period to determine their preference regarding intensive care; family members were interviewed if the patients had died (n=160). Seventy percent of patients and families were 100% willing to undergo intensive care again to achieve even one month of survival; 8% were completely unwilling to undergo intensive care to achieve any prolongation of survival. Preferences were poorly correlated with functional status or quality of life and were not altered by life expectancy for 82% of respondents. Age, severity of critical illness, length of stay, and charges for intensive care did not influence willingness to undergo intensive care. These data suggest that personal preferences may conflict with any health policy that limits the allocation of intensive care based on age, function, or quality of life. (32 references) AA

Address for reprint requests: Division of General Medicine and Clinical Epidemiology, Department of Medicine, 5025A Old Clinic Building, CB 7110, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27514

**REFERENCE NUMBER 21**

Au: Davis-Berman, Jennifer

Ti: **Self-Efficacy and Depressive Symptomatology in Older Adults: An Exploratory Study**

So: *International Journal of Aging and Human Development* 27(1):35-44, 1988

This exploratory study concerns the relationship between self-efficacy and depressive symptomatology in older adults. Two hundred community-residing older adults were administered the Depression Adjective Checklist and three self-efficacy scales over the telephone. The results suggest a strong relationship between general, physical, and global self-efficacy and depression. Finally, physical and general self-efficacy were identified as the strongest predictors of depression. Implications of self-efficacy theory in relation to depressive symptoms as well as suggested practice implications are presented. (39 references) AA

Address for reprint requests: University of Dayton, Department of Social Work, 300 College Park Avenue, Dayton, Ohio 45469-0001

**REFERENCE NUMBER 22**

Au: Deyo, Richard A.; Tsui-Wu, Yuh-Jane

Ti: **Functional Disability Due to Back Pain**

So: *Arthritis and Rheumatism* 30(11):1247-1253, 1987

Using national survey data, we examined correlates of disability due to low back pain in 1,516 persons who had back pain. Greater education level correlated significantly with fewer disability days (i.e., days of activity limitation, absence from work, confinement to bed, or reduced housework), even after controlling for severity, sciatica, occupation, and age. Findings in men differed from those in women; education level was a strong correlate for men only. For work absenteeism, low income was a stronger correlate than education. These data support the importance of social factors in the prognosis of some musculoskeletal diseases. (17 references) AA

Address for reprint requests: Health Services Research and Development, Seattle Veterans Administration Medical Center, 1660 S. Columbian Way, Seattle, Washington 98108

**REFERENCE NUMBER 23**

Au: Donaldson, Cam; Atkinson, Ann; Bond, John; Wright, Ken

Ti: **Should QALYs Be Programme-Specific?**

So: *Journal of Health Economics* 7(3):239-257, 1988

One reason for the development of quality-adjusted life years (QALYs) is to facilitate comparison across health care programmes in terms of productivity per unit of expenditure. However, some approaches to QALY measurement have also been developed using 'programme-specific' dimensions of quality of life. Using data, from a longitudinal trial of long-term care for elderly people, it is shown in this paper that an 'across-programme' method of quality of life measurement is less sensitive to changes in elderly people's health states than programme-specific methods more commonly used in the field evaluating long-term care. It is argued that the same problem is likely to arise in evaluating care for other common chronic conditions like mental handicap, chronic conditions of childhood and terminal cancer. It is concluded that more work should be carried out comparing across-programme and programme-specific measures of quality of life, otherwise it will be difficult to determine whether certain groups in society are being discriminated against in health service resource allocation due to an insensitive across-programme measure of outcome. (34 references) AA

Address for reprint requests: University of Newcastle upon Tyne, Newcastle upon Tyne, NE2 4AA, United Kingdom

**REFERENCE NUMBER 24**

**Au:** Dunn, Victoria K.; Sacco, William P.

**Ti:** **Effect of Instructional Set on Responses to the Geriatric Depression Scale**

**So:** *Psychology and Aging* 3(3):315-316, 1988

A community sample of elderly subjects was randomly assigned to four variations in reference group instructions on the Geriatric Depression Scale (GDS). In one condition, subjects received no instructions as to reference group, which is the standard instructional format of the test. In the other three conditions, subjects were asked to compare themselves with one of three reference groups: age group peers, adults in general, or themselves at a younger age. Results indicated that the GDS is robust with respect to variation in reference group instruction. (6 references) AA

Address for reprint requests: William P. Sacco, Department of Psychology, University of South Florida, Tampa, Florida 33620

**REFERENCE NUMBER 25**

**Au:** Dupuis, Gilles; Perrault, Jean; Lambany, Marie Christine; Kennedy, Elaine; David, Paul

**Ti:** **A New Tool to Assess Quality of Life: The Quality of Life Systemic Inventory**

**So:** Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

Basic conceptual problems in the field of quality of life are described. These problems are: The objective vs subjective dimensions dilemma, the notion of happiness and its role in the measurement of quality of life, the problem of taking into account the patient's life plan in the evaluation of quality of life, and finally, the problems of the lack of global integrative models of quality of life. To answer these problems, the theoretical model of the systemic approach is used and its main concepts are defined. These are: the notion of goal, control, positive and negative feedback loops and the notion of hierarchical organization of life domains. With these concepts defined, a definition of the concept of quality of life is given. Following this definition, the Quality of Life Systemic Inventory (QLSI) is presented. The design of items and the scaling are described. The concept of uncertainty, coming from the information theory, and its mathematical definition are introduced to quantify the quality of life. In the fourth section, each of the four initial problems are reconsidered, in the context of the efficacy of the QLSI. Finally, preliminary results on both a normal (n=87) and a cardiac (n=119) population are presented. The QLSI scores are compared and correlated with widely used psychological measures such as: Beck Depression Inventory, State Trait Anxiety Inventory, and Buss and Durkee Hostility Inventory. (number of references unknown) AA

Address for reprint requests: Montreal Heart Institute, 5000 Belanger Street East, Montreal, Quebec, Canada H1T 1C8

**REFERENCE NUMBER 26**

**Au:** Elam, Janet T.; Graney, Marshall J.; Applegate, William B.; Miller, Stephen T.; Freeman, Jerre M.; et al.

**Ti:** **Functional Outcome One Year Following Cataract Surgery in Elderly Person**

**So:** *Journal of Gerontology: Medical Sciences* 43(5):M122-126, 1988

The authors conducted a prospective study of 164 patients aged 70 and over who had undergone cataract removal and intraocular lens implantation to determine variables which predicted change in physical function experienced by the patients one year after cataract surgery. Path analysis was used to estimate direct and indirect effects of ADL change. Direct effects were estimated for mental status, mental status change, binocular visual disability, binocular visual disability change over one year, and baseline ADL, with 45% of variance explained. Age and baseline mental status had important indirect effects through mental

status change, and presurgical visual disability had important indirect effects through both visual disability change and mental status change. In summary, change in level of function one year after cataract surgery was not explained solely by change in vision, but was conditional on baseline function and baseline mental status and mediated in part by change in mental status. (13 references) AA

Address for reprint requests: 232 Doctors Office Building, University of Tennessee, 800 Madison Avenue, Memphis, Tennessee 38163

#### REFERENCE NUMBER 27

Au: Ensminger, Margaret E.; Celentano, David D.

Ti: **Unemployment and Psychiatric Distress: Social Resources and Coping**

So: *Social Science and Medicine* 27(3):239-247, 1988

Unemployment is viewed as one of the more stressful of life events that an adult can experience. Job loss leads to decreased social status, disrupts family and social roles, and produces financial strain and loss of self esteem, all of which have detrimental consequences for mental health. The authors studied psychiatric symptoms in 269 unemployed adults with dependent children in Baltimore; one-half of the sample had returned to work 1 year following unemployment. A comparison group of 92 community residents who were continuously employed were also interviewed. Using a stressful life events perspective, the authors examined three models of how life events relate to psychiatric distress suggested by Dohrenwend and Dohrenwend. The results support an 'additive burden' model of the stress process, which also shows recovery in mental health functioning upon subsequent reemployment. The authors suggest that the models tested did not take into account the meaning of the life event in terms of failure and that this meaning may influence its impact on psychological distress. (32 references) AA

Address for reprint requests: Department of Health Policy and Management, Division of Behavioral Sciences and Health Education, School of Hygiene and Public Health, Johns Hopkins University, 624 North Broadway, Baltimore, Maryland 21205

#### REFERENCE NUMBER 28

Au: Feeny, David

Ti: **The Utility Approach to the Measurement of Health-Related Quality of Life**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

This presentation described one important method for the measurement of health-related quality of life—the utility approach. This approach is derived from economic and decision theory and is based on the same conceptual foundations as the family of techniques for economic evaluation: cost-effectiveness, cost-utility, and cost-benefit analyses. Three measurement approaches, category scaling, standard gamble, and time tradeoff techniques, are described; variations on these approaches are briefly described. Advantages and disadvantages of the utility approach are delineated. (number of references unknown) AA-M

Address for reprint requests: Center for Health Economics and Policy Analysis, Departments of Economics and Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada L8N 3Z5

**REFERENCE NUMBER 29**

Au: Fletcher, Astrid; McLoone, Philip; Bulpitt, Christopher

Ti: **Quality of Life on Angina Therapy: A Randomised Controlled Trial of Transdermal Glyceryl Trinitrate Against Placebo**

So: *Lancet* II(8601):4-8, 1988

In a randomised controlled trial in 427 men with chronic stable angina continuous use of 5 mg transdermal glyceryl trinitrate (GTN) showed no advantage over placebo in terms of efficacy (anginal attack rate and sublingual GTN consumption) or quality of life (as measured with the Sickness Impact Profile and a health index of disability, a modified version of the Quality of Well-being Scale). Patients on the active drug reported headache more frequently than patients on placebo, and a higher proportion of them withdrew from the trial because of headache. Quality-of-life measurements showed a significant adverse effect of active treatment, principally in the social interaction dimension of the Sickness Impact Profile. A similar effect was observed in placebo patients when crossed to active treatment in a 4-week single-blind period. The results suggest no benefit in the relief of chest pain from 5 mg transdermal GTN when used continuously. (24 references) AA

Address for reprint requests: Epidemiology Research Unit, Division of Geriatric Medicine, Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 OHS, United Kingdom

**REFERENCE NUMBER 30**

Au: Fitzpatrick, Ray; Newman, Stanton; Lamb, Rosemarie; Shipley, Michael

Ti: **Social Relationships and Psychological Well-Being in Rheumatoid Arthritis**

So: *Social Science and Medicine* 27(4):399-403, 1988

This study examines the social relationships of a sample of 158 patients attending a hospital rheumatology clinic with rheumatoid arthritis (RA). Scores of the sample were compared with those of other samples on the Interview Schedule of Social Interaction (ISSI). In addition, the effects of severity of disease activity and of disability upon social relationships were examined. Diffuse social relationships such as with friends and acquaintances, rather than more intimate ones, appear to be more affected in individuals with RA. Psychological well-being was assessed by means of two measures. The more favourably patients scored for social relationships, the more favourable were their scores for psychological well-being using both scores. More diffuse social relationships were more strongly correlated with psychological well-being than were the scores for more intimate relationships. Despite the strong effects of social relationships upon well-being, no buffering action on the effects of disability upon well-being were found. (31 references) AA

Address for reprint requests: Nuffield College, University of Oxford, Oxford OX1 1NF, United Kingdom

**REFERENCE NUMBER 31**

Au: Fordyce, Michael W.

Ti: **A Review of Research on the Happiness Measures: A Sixty Second Index of Happiness and Mental Health**

So: *Social Indicators Research* 20(4):355-381, 1988

Eighteen years of research using the Happiness Measures (HM) is reviewed in relation to the general progress of well-being measurement efforts. The accumulated findings on this remarkably quick instrument show good reliability, exceptional stability, and a record of convergent, construct, and discriminative validity unparalleled in the field. Because of this, the HM is offered as a potential touchstone of measurement consistency in a field which generally lacks it. (80 references) AA

Address for reprint requests: Edison Community College, 16000 College Parkway, Fort Myers, Florida 33907-5164

**REFERENCE NUMBER 32**

**Au:** Forgas, Joseph P.; Bower, Gordon H.  
**Ti:** **Affect in Social Judgments**  
**So:** *Australian Journal of Psychology* 40(2):125-145, 1988

This paper surveys current empirical and theoretical knowledge about how affective states influence social judgments. Early work on the role of emotions in social perception is reviewed, followed by a discussion of contemporary socio-cognitive theories seeking to explain such effects. Several of our empirical studies are summarized, demonstrating affective influence on social judgments, due to (a) associative, (b) selective attention, (c) memory and (d) learning biases. The role of moods in judgments about the self, decision-making and in clinical conditions are considered. Findings confirm the consistent and significant influence of affective states in biasing the learning, recall and use of affect-consistent materials in judgments. The effects of negative moods were found to be less reliable and more context dependent than positive mood effects. Alternative theoretical interpretations of our and others' results are considered, and an extended mood-priming model is proposed as the best currently available explanation of the empirical findings. (91 references) AA

Address for reprint requests: School of Psychology, University of New South Wales, Post Office Box 1, Kensington, New South Wales 2033, Australia

**REFERENCE NUMBER 33**

**Au:** Forehand, Rex; Brody, Gene H.; Long, Nicholas; Fauber, Robert  
**Ti:** **The Interactive Influence of Adolescent and Maternal Depression on Adolescent Social and Cognitive Functioning**  
**So:** *Cognitive Therapy and Research* 12(4):342-350, 1988

The hypothesis examined in this study was that the interaction of maternal and adolescent depression would be a better predictor of adolescent social and cognitive functioning than either variable alone. A depression measure was completed by each of 89 young adolescents and their mothers. Social functioning was assessed by a teacher-completed measure and two ratings of videotaped mother-adolescent interactions, while cognitive functioning was assessed by a teacher-completed measure and academic grades. The results indicated that for four of the five criterion measures the interaction term was the only predictor which entered into the multiple regression equation. For two of these measures strong support was provided for the proposed hypothesis. The results were discussed in terms of maternal and adolescent resources available to facilitate adolescent functioning. Implications for clinicians and researchers were also noted. (21 references) AA

Address for reprint requests: Psychology Department, University of Georgia, Athens, Georgia 30602

**REFERENCE NUMBER 34**

**Au:** Fowler, Floyd J.; Wennberg, John E.; Timothy, Robert P.; Barry, Michael J.; Mulley, Albert G.; et al.  
**Ti:** **Symptom Status and Quality of Life Following Prostatectomy**  
**So:** *Journal of the American Medical Association* 259(20):3018-3022, 1988

When prostatectomy is proposed as treatment for the symptoms of prostatism, the decision to operate should depend on how patients evaluate their symptoms and on objective information about the outcomes. The authors undertook a health interview study to determine the probabilities for symptom relief, improvement in the quality of life, and complications following surgery and to evaluate patient concern about the symptoms of prostatism. The operation was effective in reducing symptoms: 93% of severely and 79% of moderately symptomatic patients experienced improvement; however, a statistically significant improvement in indices of quality of life occurred only among patients with acute retention or severe

symptoms prior to surgery. Short-term complications of varying severity occurred in 24% of patients; in addition, 4% reported persistent incontinence and 5%, impotence. Patients with similar symptoms reported considerable difference in the degree to which they were bothered by their symptoms. The result emphasizes the importance of patient participation in the decision to undergo prostatectomy. (22 references) AA

Address for reprint requests: John E. Wennberg, Department of Community and Family Medicine, Dartmouth Medical School, Hanover, New Hampshire 03756

#### REFERENCE NUMBER 35

Au: Gorkin, Larry

Ti: **Quality of Life Research in CVD Clinical Trials**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

An overview of several clinical trials being conducted by organizations distinct from NHLBI was presented. The focus was on the hypertension trial reported on by Croog et al., *New England Journal of Medicine* 1986. There was a discussion of the trial of the transtelephonic ECG monitoring equipment sponsored by Survival Technology (Follick et al., 1988), and the Quality of Life Substudy for the trial, Studies of Left Ventricular Dysfunction (SOLVD), currently being sponsored by the Clinical Trials Branch, NHLBI (Gorkin, et al., 1988). (number of references unknown) AA-M

Address for reprint requests: Division of Behavioral Medicine, Miriam Hospital, 64 Summit Avenue, Providence, Rhode Island 02906

#### REFERENCE NUMBER 36

Au: Gottlieb, Gary L.; Gur, Raquel E.; Gur, Ruben C.

Ti: **Reliability of Psychiatric Scales in Patients With Dementia of the Alzheimer Type**

So: *American Journal of Psychiatry* 145(7):857-860, 1988

For 43 patients with probable Alzheimer's disease who were screened for psychiatric disorders, the interrater reliability of the Global Deterioration Scale, Brief Psychiatric Rating Scale, and Hamilton Rating Scale for Depression was high (intraclass correlation, 0.82-0.998). As expected, the prevalence of psychiatric symptoms in this sample was low. The score on the Zung Self-Rating Depression Scale correlated with the score on the rater-administered Hamilton depression scale in patients whose Alzheimer's disease was of low severity (n=24) but not high severity (n=19). (17 references) AA

Address for reprint requests: Department of Psychiatry, 3 Piersol/4283, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania 19104

#### REFERENCE NUMBER 37

Au: Granger, Carl V.; Hamilton, Byron B.; Gresham, Glen E.

Ti: **The Stroke Rehabilitation Outcome Study—Part I: General Description**

So: *Archives of Physical Medicine and Rehabilitation* 69(7):506-509, 1988

Part I describes the background of the study, the characteristics of the patient population, and their functional status before onset of stroke, at rehabilitation admission, and at discharge. Results showed that the average age was 69; 40% had right hemiparesis, 43% left, and 17% bilateral deficits. Medical complications during rehabilitation hospitalization were more common in patients who at follow-up, were either living in a long-term care facility or had died. Average length of medical rehabilitation stay was 37 days, with mean admission and discharge Barthel Index scores of 37 and 66, respectively. Seventy percent



of patients were discharged to the community and 68% were in the community six months after discharge. Patients with higher Barthel Index scores at discharge were more likely to be living in the community at follow-up, were more likely to be satisfied with life in general, have more person-to-person contacts, and be more active in community affairs. (16 references) AA

Address for reprint requests: Department of Rehabilitation Medicine, Buffalo General Hospital, Buffalo, New York 14203

#### REFERENCE NUMBER 38

Au: Hapgood, Catherine C.; Elkind, Gail S.; Wright, James J.

Ti: **Maternity Blues: Phenomena and Relationship to Later Postpartum Depression**

So: Australian and New Zealand Journal of Psychiatry 22(3):299-306, 1988

As part of a prospective investigation of postnatal psychiatric disorder, 66 women, randomly selected antenatally, completed visual analogue scales postpartum and rated their mood state daily for two weeks following childbirth. They were then interviewed using the Goldberg Standardised Psychiatric Interview on four occasions up to 14 months postpartum. Dysphoric mood was temporally related to childbirth. Emotional lability was the important affective component of the puerperium. A significant correlation was found between the blues and subsequent postnatal depression. Lability of mood in the puerperium was related to psychiatric symptoms up to 14 months postpartum and was the strongest predictor of later psychopathology. Maternity blues ratings were not accounted for by labour variables. (25 references) AA

Address for reprint requests: Department of Psychiatry and Behavioral Science, University of Auckland, Private Bag, Auckland, New Zealand

#### REFERENCE NUMBER 39

Au: Hazuda, Helen P.

Ti: **Quality of Life Research in Epidemiologic Studies: Reality and Potential**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

Quality of life—whether considered as an outcome of primary interest, a risk factor itself, or a modifier of disease outcomes stemming from other risks—is a generally neglected variable in epidemiologic studies of cardiovascular disease (CVD). The first part of this presentation reviews measures related to the quality-of-life construct which have been included in epidemiologic studies of CVD and will evaluate the extent to which they can be regarded as “true” quality-of-life measures. The need for conceptual clarity in defining quality of life will be emphasized. Part two focuses primarily on quality of life as an outcome variable. Attention is given both to the appropriateness of including quality-of-life measures in epidemiologic studies and to the problems of identifying or adapting suitable quality-of-life measures for use in epidemiologic, population-based research. Practical problems which will be addressed include the sometimes large age range of a population cohort (e.g., 20-74), aging of the cohort over the time span of the study, and inclusion of diverse ethnic/racial groups within a single cohort. (number of references unknown) AA

Address for reprint requests: Division of Clinical Epidemiology, Department of Medicine, University of Texas Health Science Center, 7703 Floyd Curl Drive, San Antonio, Texas 78284

#### REFERENCE NUMBER 40

Au: Hill, Robert D.; Gallagher, Dolores; Thompson, Larry W.; Ishida, Ted

Ti: **Hopelessness as a Measure of Suicidal Intent in the Depressed Elderly**

So: *Psychology and Aging* 3(3):230-232, 1988

Suicidal ideation in the elderly has been related to depression, changes in health, and anticipation of a limited future. The present study examined the Hopelessness Scale (HS) and its relation to the factors in

a depressed geriatric population. A total of 120 elderly outpatients, who had applied to receive psychotherapy for depression, completed the HS, Beck Depression Inventory (BDI), health ratings, and the Schedule for Affective Disorders and Schizophrenia (SADS) at intake. The HS was found to be internally consistent, and a principal components analysis revealed three distinct factors that were related to hope, feelings of giving up, and future planning. The HS, BDI, and health ratings were predictive of suicidal ideation as measured by specific items in the SADS. The relation among suicidal ideation hopelessness, depression, and health perceptions for the depressed aged are discussed. (10 references) AA

Address for reprint requests: Department of Educational Psychology, 327 Milton Bennion Hall, The University of Utah, Salt Lake City, Utah 84112

#### REFERENCE NUMBER 41

Au: Hornquist, Jan Olof

Ti: **Concept and Assessment of Quality of Life**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

To understand and assess quality of life, the content of the concept must be analysed. In this presentation it is postulated that the concept of quality of life covers life as a whole as well as different domains of life, that perceptions of various circumstances are central, that these perceptions are radical and durable rather than superficially transitory and that studies of quality of life are primarily descriptive. A chart of relevant life domains was presented. A flexible package of two types of life domain rating and one well-being rating is outlined. (number of references unknown) AA-M

Address for reprint requests: Linkoping University, Faculty of Health Sciences, Department of Preventive and Social Medicine, S-581 85 Linkoping, Sweden

#### REFERENCE NUMBER 42

Au: Jackson, Christine

Ti: **The Potential of Quality-of-Life Research in Community Interventions**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

This presentation examines the potential for quality-of-life assessment in community interventions. A general model of community intervention is presented to set the context for quality-of-life assessment; this model reflects ecological perspective of person-environment relationships and thus acknowledges the interrelationships between the community environment, individual actions, and physical and social well-being. Some issues are the same as those faced by quality-of-life research in cardiovascular therapies; other issues are unique to quality-of-life research in community intervention. Additional issues raised by the community intervention framework include: (1) the primary prevention focus means that, for healthy individuals, the less change that occurs in their health status the more successful the intervention. (2) Since there is essentially free choice in participating in community interventions this raises the possibility of selection bias which may affect responses to the interventions. (3) Linkages between quality of life and specific community interventions may be difficult to establish since these methods may target multiple settings, use multiple sources of communication and be repeated over several years. This presentation raises and comments on only some of the issues of quality-of-life research in community intervention. Considerable work remains to expand this set of issues, refine our understanding of their conceptual and

methodologic implications, and develop strategies to address them. (number of references unknown)  
AA-M

Address for reprint requests: Five-City Project, SCRDP, 1000 Welch Road #104, Stanford, California 94305

#### REFERENCE NUMBER 43

Au: Jacobson, Howard N.

Ti: **The Institute of Nutrition Quality of Life Scale for the Elderly**

So: Chapel Hill, North Carolina: Institute of Nutrition, 1988

This document describes some of the rationale behind the development of this quality-of-life scale. In order to facilitate the interpretation of studies and reports on the relation of dietary intakes and health outcomes in elderly people, a survey form has been prepared that incorporates features from the following instruments: (1) NHANES I Epidemiologic Followup Survey; (2) the Sickness Impact Profile; and (3) Health Habits and History Questionnaire, NCI. This instrument has been designed to allow assessment of symptoms of mild malnutrition as well as a means of gathering evidence about how an intervention influences a person's perception of his or her quality of life. (number of references unknown) AA-M

Address for reprint requests: Office of the Director, CB #7410, 311 Pittsboro Street, Chapel Hill, North Carolina 27599-7410

#### REFERENCE NUMBER 44

Au: Jette, Alan M.; Pinsky, Joan L.; Branch, Laurence G.; Wolf, Philip A.; Feinleib, Manning

Ti: **The Framingham Disability Study: Physical Disability Among Community-Dwelling Survivors of Stroke**

So: *Journal of Clinical Epidemiology* 41(8):719-726, 1988

The relationship between stroke and physical disability was examined in a cohort of adults in Framingham, Massachusetts, residents who, between 1948 and 1951, were assembled for a longitudinal examination of cardiovascular disease. Multivariate analyses examined the amount of residual disability attributed to stroke among 2540 community-dwelling survivors 27 years after their initial examination after controlling for age, cardiovascular risk factors, other cardiovascular disease, and eight general health conditions related to physical disability. Among men living in the community, a history of stroke explained 12% of the variance in physical disability. Suffering a stroke, however, was not as strongly related to physical disability among women living in the community, accounting for only 3% of the variance. Results suggest that although older men and women die from the same major causes, they may not be disabled by the same conditions. (24 references) AA

Address for reprint requests: MGH Institute of Health Professions, Massachusetts General Hospital, Boston, Massachusetts 02108-3402

#### REFERENCE NUMBER 45

Au: Johnson, Eric J.; Payne, John W.; Bettman, James R.

Ti: **Information Displays and Preference Reversals**

So: *Organizational Behavior and Human Decision Processes* 42(1):1-21, 1988

Preference reversals occur when a decision maker prefers one option to another in one response mode but reverses that ordering when preferences are elicited in another response mode. The authors report the results of two experiments which significantly impact the frequency of preference reversals. Specifically, when the probabilities are displayed in a format which appears harder to process, the frequency of reversal is increased. Process-tracing evidence suggests that decision-makers also shifted information processing

strategies as a function of information format. The authors discuss the implications for theories of preference reversals and strategy selection, and for the design of information displays. (35 references) AA

Address for reprint requests: The Wharton School, University of Pennsylvania, Philadelphia, Pennsylvania 19104

#### REFERENCE NUMBER 46

Au: Johnstone, Eve C.; Crow, Timothy J.; Frith, Christopher D.; Owens, David G.C.

Ti: **The Northwick Park "Functional" Psychosis Study: Diagnosis and Treatment Response**

So: *Lancet* II(8603):119-125, 1988

Functional psychosis is conventionally subdivided into schizophrenia and manic depressive psychosis. Response to treatment is assumed to be a validating criterion for these diagnoses. The efficacy of pimozide (a dopamine antagonist neuroleptic), lithium, and a combination of the two was compared with that of placebo in a 4 week trial in 120 functionally psychotic patients each of whom was assessed for psychotic symptoms, manic symptoms, and depressive symptoms. The sample was subdivided into patients with predominantly elevated mood, predominantly depressed mood, and no consistent mood change. Pimozide reduced psychotic symptoms in all groups of patients. The only significant effect of lithium was to reduce elevated mood. Thus dopamine blockade seems relevant to the resolution of psychotic symptoms in all types of "functional" psychosis but the mode of action of lithium in psychotic classification of functional psychosis to these data did not change this conclusion. (35 references) AA

Address for reprint requests: Division of Psychiatry, Clinical Research Centre, and Northwick Park Hospital, Harrow, Middlesex HA1 3UJ, United Kingdom

#### REFERENCE NUMBER 47

Au: Kaplan, Robert M.

Ti: **The Pros and Cons of Multiple Outcome versus Single Score Scales: Single Quality-of-Life Outcomes**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

Early mortality and reduced quality of life in years prior to death are the most important health outcomes in clinical research. Though useful for many purposes, disease-specific measures have a weakness from the policy perspective; their use precludes the possibility of comparing the benefits of programs that are directed at different populations suffering from different diseases. In addition, many preventive programs effect outcomes that are not system specific. For example, cigarette smoking may increase the probability of coronary heart disease, peripheral artery occlusion, cerebrovascular disease and cancer of the larynx and lung. Only a general health status measure can provide a comprehensive summary of these heterogeneous health effects. Another advantage of general measures is their ability to capture side effects and benefits that were not anticipated. (number of references unknown) AA-M

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

**REFERENCE NUMBER 48**

Au: Kaplan, Giora; Barell, Vita; Lusky, Ayala

Ti: **Subjective State of Health and Survival in Elderly Adults**

So: *Journal of Gerontology: Social Sciences* 43(4):S114-S120, 1988

The relationship between subjective state of health and 5-year survival in an elderly cohort was examined. During the 1978 study of the elderly population of Kiryat Ono, a suburban community in the central coastal area of Israel, respondents were asked to evaluate their general health status on a four-level scale, and their vital status was updated until 1983. A multivariate analysis of survival was conducted using the Cox Proportional Hazards Model. Self-rating of health was an independent predictor of survival after controlling for age, sex, continent of origin, number of conditions and medications reported, heart disease and activities of daily living (ADL). The self-rating of health was found to be an important psychosocial parameter in the evaluation of health status, in determining the prognosis of an elderly person, and in analyzing survival. (49 references) AA

Address for reprint requests: Health Services Research Unit, Department of Clinical Epidemiology, Chaim Sheba Medical Center, Tel-Hashomer 52621, Israel

**REFERENCE NUMBER 49**

Au: Kashani, Javad H.; Orvaschel, Helen

Ti: **Anxiety Disorders in Mid-Adolescence: A Community Sample**

So: *American Journal of Psychiatry* 145(8):960-964, 1988

The authors report the 6-month period prevalence of anxiety disorders in a community sample of 150 adolescents 14 to 16 years old. Diagnoses were based on structured psychiatric interviews, DSM-III criteria, and a psychiatrist's review of the data. Additional measures of affect, self-concept, and coping were also obtained for all subjects. Seventeen percent of the adolescents met criteria for one or more anxiety diagnoses and 8.7% were identified as "cases" of anxiety disorder. A significant relationship was found between anxiety and depression. The authors discuss the distribution and expression of anxiety disorders among adolescents in the community. (28 references) AA

Address for reprint requests: University of Missouri-Columbia Department of Psychiatry, 3 Hospital Drive, Columbia, Missouri 65201

**REFERENCE NUMBER 50**

Au: Kirmayer, Laurence J.; Robbins, James M.; Kapusta, Morton A.

Ti: **Somatization and Depression in Fibromyalgia Syndrome**

So: *American Journal of Psychiatry* 145(8):950-954, 1988

Psychiatric diagnoses, self-reports of symptoms, and illness behaviors of 20 fibromyalgia patients and 23 rheumatoid arthritis patients were compared. The fibromyalgia patients were not significantly more likely than the arthritis patients to report depressive symptoms or to receive a life time psychiatric diagnosis of major depression. These results do not support the contention that fibromyalgia is a form of somatized depression. Fibromyalgia patients, however, reported significantly more somatic symptoms of obscure origin and exhibited a pattern of reporting more somatic symptoms, multiple surgical procedures, and help seeking that may reflect a process of somatization rather than a discrete psychiatric disorder. (26 references) AA

Address for reprint requests: Institute of Community and Family Psychiatry, Jewish General Hospital, 4333 Cote Ste-Catherine Road, Montreal, Quebec Canada, H3T 1E4

**REFERENCE NUMBER 51**

Au: Koenig, Harold G.; Meador, Keith G.; Cohen, Harvey, J.; Blazer, Dan G.

Ti: **Self-Rated Depression Scales and Screening for Major Depression in the Older Hospitalized Patients With Medical Illness**

So: *Journal of the American Geriatrics Society* 36(8):699-706, 1988

Until now, no self-rated depression scale had been validated as a screening measure for major depression in the older patients hospitalized with medical illness. The present report establishes the validity of two brief, easily administered depression screening tests, the Geriatric Depression Scale (GDS) and the Brief Carroll Depression Rating Scale (BCDRS), in this population. Structured psychiatric interviews were performed and self-rated depression measures administered to 128 men, aged 70 and over, consecutively admitted to medical and neurological services of a VA hospital. The GDS and BCDRS were both shown to have high sensitivity and specificity for detecting major depression in this setting. Optimal cut-off scores determined by the receiver operating curve characteristics of these tests were 11 for the GDS and 6 for the BCDRS. At a cutoff score of 11, the GDS had a sensitivity of 92%, a specificity of 89%, and a negative predictive value of 99%; lowering the break point to 8 did not increase sensitivity, 93% specificity, and 100% negative predictive value. Whether clinicians decide to implement either of these depression screens in their practice will depend to a large degree on the importance ascribed to the detection of these disorders and on attitudes toward the benefits of treatment. (56 references) AA

Address for reprint requests: GRECC, #182, VA Medical Center, 508 Fulton Street, Durham, North Carolina 27705

**REFERENCE NUMBER 52**

Au: Kortmann, Frank; Ten Horn, Sineke

Ti: **Comprehension and Motivation in Responses to a Psychiatric Screening Instrument: Validity of the SRQ in Ethiopia**

So: *British Journal of Psychiatry* 153(1):95-101

The Self Reporting Questionnaire (SRQ), psychiatric-case-finding instrument designed by the WHO for developing countries, was tested in Ethiopia. It was submitted to 40 patients attending a psychiatric clinic, 30 at a somatic clinic, and 40 subjects not attending a clinic. Forty percent of the yes answers were rated as invalid. The concept-invalidity contributed mainly to the rather poor criterion-validity of the SRQ. In addition, clinic patients seemed to heighten the number of yes-answers to express their need for help. The SRQ measured not only psychiatric complaints but also illness behavior, even without the presence of any illness. This is a substantial disadvantage if the SRQ is applied to detect the psychiatric cases in primary-care facilities. (29 references) AA

Address for reprint requests: Psychiatric Hospital Wolfheze, Wolfheze 2, 6874 BE Wolfheze, The Netherlands

**REFERENCE NUMBER 53**

Au: Kriel, Robert L.; Krach, Linda E.; Sheehan, Marian

Ti: **Pediatric Closed Head Injury: Outcome Following Prolonged Unconsciousness**

So: *Archives of Physical Medicine and Rehabilitation* 69(9):678-681, 1988

This report describes outcomes for a group of 26 children who remained unconscious longer than 90 days after traumatic brain injury. Twenty children regained consciousness; 11 are able to communicate. Five children can ambulate independently. In this series, children with the best recovery (IQ > 70) were predicted by minimal cerebral atrophy, demonstrated by computerized brain scan (CT scan) performed two

months after injury. In subjects over 12 years old, minimal CT atrophy predicted a good outcome with 89% accuracy. (27 references) AA

Address for reprint requests: Linda E. Krach, Gillette Children's Hospital, 200 East University Avenue, St. Paul, Minnesota 55101

#### REFERENCE NUMBER 54

Au: Kruse, James A.; Thill-Baharozian, Mary C.; Carlson, Richard W.

Ti: **Comparison of Clinical Assessment With APACHE II for Predicting Mortality Risk in Patients Admitted to a Medical Intensive Care Unit**

So: *Journal of the American Medical Association* 260(12):1739-1742, 1988

The APACHE II (Acute Physiology and Chronic Health Evaluation) system has been widely used as an objective means of predicting outcome in critically ill patients. The authors prospectively evaluated patients consecutively admitted to the medical intensive care unit to compare the predictive accuracy of APACHE II with clinical assessment by critical care personnel. At the time of admission to the intensive care unit, the house staff and nurse responsible for each patient were asked to estimate the patient's hospital mortality risk. The patient's APACHE II score was calculated and a prediction of the patient's hospital mortality risk was then computed on the basis of this score. A total of 366 patients were studied. Mortality predictions were obtained from 57 physicians and 33 critical care nurses. The authors were unable to demonstrate a significant difference in the accuracy of APACHE II predictions compared with either physician's or nurse's predictions. Clinical assessment and APACHE II were both highly predictive of outcome. (27 references) AA

Address for reprint requests: Department of Medicine, Room 5S-10, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, Michigan 48201

#### REFERENCE NUMBER 55

Au: Krause, Neal

Ti: **Positive Life Events and Depressive Symptoms in Older Adults**

So: *Behavioral Medicine* 14(3):101-112, 1988

The goal of this study was to examine whether positive life changes can help restore a sense of psychological well-being among older adults who are already suffering from psychological distress. Data from a longitudinal survey of elderly people confirmed this hypothesis and suggested that events associated with the expansion of family roles tended to reduce depressive symptoms through time. The analyses further revealed that family expansion events affected changes in well-being by reducing external locus of control beliefs. (31 references) AA

Address for reprint requests: Health Gerontology Program, School of Public Health, University of Michigan, Ann Arbor, Michigan 48109

#### REFERENCE NUMBER 56

Au: Kumar, Vinod; Giacobini, Ezio

Ti: **Cerebrospinal Fluid Choline, and Acetylcholinesterase Activity in Familial vs. Non-Familial Alzheimer's Disease Patients**

So: *Archives Gerontology and Geriatrics* 7(2):111-117, 1988

Acetylcholinesterase (AChE) and choline (Ch) in the cerebrospinal fluid (CSF) from familial and non-familial Alzheimer's disease patients were studied. All patients were evaluated with the Mini-Mental State Examination (MMSE), the Blessed Dementia Rating Scale, and the Clinical Dementia Rating Scale; those with symptoms of depressive illness as well as patients with a history suggestive of stroke were

excluded from this study. The choline level was significantly less in familial patients than in non-familial patients. However, there was no difference in ACHE activity in these two groups. (33 references) AA

Address for reprint requests: Southern Illinois University, School of Medicine, Post Office Box 3926, Springfield, Illinois 62708

#### REFERENCE NUMBER 57

Au: Lakey, Brian

Ti: **Self-Esteem, Control Beliefs, and Cognitive Problem-Solving Skill as Risk Factors in the Development of Subsequent Dysphoria**

So: *Cognitive Therapy and Research* 12(4):409-420, 1988

Low self-esteem, external control beliefs, and low social problem-solving skill have all been found to correlate with concurrent depressive symptoms, suggesting that they may function as risk factors for the development of future depression. But there have been very few investigations of whether these variables actually place persons at risk for future depression. This research was a 2 1/2-month prospective investigation of whether measures of these constructs could predict the development of dysphoria and to what extent these factors operated by moderating stressful life events. After initial symptom levels were controlled, personal control beliefs predicted subsequent dysphoria by moderating the effects of subsequent negative life events such that internal subjects were unaffected by life stress. Self-esteem, however, did not predict follow-up dysphoria. Persons with low cognitive problem-solving scores were more likely to experience subsequent symptoms regardless of stress level. In addition, coping styles involving high levels of advice seeking were also associated with increased subsequent dysphoria. (47 references) AA

Address for reprint requests: Department of Psychology, University of North Carolina at Wilmington, 601 South College Road, Wilmington, North Carolina 28403-3297

#### REFERENCE NUMBER 58

Au: Lask, B.; Jenkins, J.; Nabarro, L.; Booth, I.

Ti: **Psychosocial Sequelae of Stoma Surgery for Inflammatory Bowel Disease in Childhood**

So: *Gut* 28(10):1257-1260, 1987

Three matched groups of children with inflammatory bowel disease: (a) stoma group, (b) ileorectal anastomosis group and (c) no-surgery group were compared for psychosocial adjustment. No differences were found between the groups for psychological adjustment, self esteem, or quality of life. It is concluded that providing children are well prepared and followed up carefully and sensitively, then stoma surgery should not be deferred for fear of adverse psychological consequences. (13 references) AA

Address for reprint requests: Department of Psychological Medicine, Hospital for Sick Children, Great Ormond Street, London WC1, United Kingdom

#### REFERENCE NUMBER 59

Au: Leavey, Ralph; Wilkin, David

Ti: **A Comparison of Two Survey Measures of Health Status**

So: *Social Science and Medicine* 27(3):269-275, 1988

Health services planning requires information on levels of health and illness in the population. Surveys, such as the British General Household Survey (GHS) rely on self-reports of health, illness and restriction, but interpretation of results is problematic. Multi-item measures such as the Nottingham Health Profile (NHP) tap different aspects of health and allow respondents less freedom to define health and illness. In a survey of 1862 adults, health questions from the GHS and the NHP were used, and the results compared. Response to GHS questions were associated with NHP scores, but the strength of the association between



the four GHS questions and the six NHP items varied considerably. Reporting a recent restriction was only weakly associated with NHP scores. Associations between GHS questions and NHP scores were weakest for the NHP items measuring emotional reactions, sleep and feelings of social isolation. Reporting good health or no illness in response to GHS questions was no guarantee that respondents experienced no health problems. Those who use health data from the GHS, NHP or similar surveys should look closely at whether such data provide appropriate information for their purposes. (19 references) AA

Address for reprint requests: Department of General Practice, Centre for Primary Care Research, University of Manchester, Rusholme Health Centre, Walmer Street, Manchester M14 5NP, United Kingdom

#### REFERENCE NUMBER 60

Au: Lubben, James E.

Ti: **Assessing Social Networks Among Elderly Populations**

So: *Family and Community Health* 11(3):42-52, 1988

This article briefly reviews the literature on social networks and health, then presents a new composite scale for measuring social networks among elderly populations, and examines the relationship of this social network scale to three distinct types of health indicators (subsequent hospital use, life satisfaction, and a checklist of health-related behaviors) to demonstrate the scale's potential usefulness among elderly populations. The new scale is a refinement of the Berkman-Syme Social Network Index, which was developed for use in the general adult population. (35 references) AS-M

Address for reprint requests: University of California, School of Social Welfare, Los Angeles, California 90024

#### REFERENCE NUMBER 61

Au: Magaziner, Jay; Cadigan, Doris A.; Hebel, J. Richard; Parry, Ruth E.

Ti: **Health and Living Arrangements Among Older Women: Does Living Alone Increase the Risk of Illness?**

So: *Journal of Gerontology: Medical Sciences* 43(5):M127-133, 1988

This study compares the physical, mental, and functional health of aged women living alone to those living with a husband and to those living with others, and considers whether living arrangements lead to health problems or if health problems influence the choice of living arrangements. Data were collected in 1984 during the first wave of a prospective study of 807 women 65 years or older living in an area consisting of 20 contiguous census tracts in Baltimore, MD. Multivariate analyses demonstrate no particular disadvantage associated with living alone for this group of elderly women. After controlling for age and socioeconomic status, analyses indicate that it is those living with persons other than their husbands who are most impaired. In addition, poor health does not appear to result from living arrangement; rather, those who are sickest choose to live with others because of health problems. (26 references) AA

Address for reprint requests: Department of Epidemiology and Preventive Medicine, University of Maryland School of Medicine, 655 West Baltimore Street, Baltimore, Maryland 21201

#### REFERENCE NUMBER 62

Au: Manton, Kenneth G.

Ti: **A Longitudinal Study of Functional Change and Mortality in the United States**

So: *Journal of Gerontology: Social Sciences* 43(5):S153-161, 1988

Studies of functional impairments in the U.S. elderly population have tended to rely on prevalence estimates from nationally representative health and institutional surveys. These prevalence estimates generally show higher rates of disability for females than males. Unfortunately, prevalence estimates can be

misleading when one attempts to assess the risks of certain types of health event transitions for individuals. This study directly examined the individual transitions both into and out of functionally impaired states using longitudinal data from the 1982 and 1984 National Long Term Care Surveys (NLTCs). The data show that, even at very high levels of impairment, there are significant numbers of community residents who apparently manifest long-term improvement in functioning. The longitudinal data also show that the risks of becoming disabled are roughly the same for males and females. This suggests that sex differences in the national prevalence of disabilities arise from the greater longevity of females at any given level of age and functional impairment. (11 references) AA

Address for reprint requests: Duke University, Center for Demographic Studies, 2117 Campus Drive, Durham, North Carolina 27706

#### REFERENCE NUMBER 63

Au: Mauri, M.; Reid, R.L.; MacLean, A.W.

Ti: **Sleep in the Premenstrual Phase: A Self-Report Study of PMS Patients and Normal Controls**

So: *Acta Psychiatrica Scandinavica* 78(1):82-86, 1988

Sleep disturbances commonly occur in the premenstruum in both Premenstrual Syndrome (PMS) patients and in women from the general population. Reports on the Post-Sleep Inventory were obtained from a clinic sample of PMS patients and samples from the general population dichotomized into a non-clinic group with and without premenstrual disturbance on the basis of their scores on the Premenstrual Tension Syndrome Self Rating Scale. The patients reported degrees of disturbance that were consistently higher than either or both of the other two groups. PMS patients reported unpleasant dreams, awakenings, failure to wake at the expected time and tiredness in the morning, and heightened mental activity during the night and upon awakening. The three groups could be reliably discriminated on this basis with an overall accuracy of 82%. Sleep disturbance forms an important component of premenstrual disturbance and merits specific clinical intervention and more detailed investigation. (16 references) AA

Address for reprint requests: Department of Psychology, Queen's University, Kingston, Ontario, Canada K7L 3N6

#### REFERENCE NUMBER 64

Au: McCrae, Robert R.; Costa, Paul T., Jr.

Ti: **Psychological Resilience Among Widowed Men and Women: A 10-Year Follow-up of a National Sample**

So: *Journal of Social Issues* 44(3):129-142, 1988

Data from the National Health and Nutrition Examination Survey (NHANES) I Epidemiologic Followup Study were used to examine some long-term consequences of widowhood. Beginning with a sample of over 14,000 respondents between the ages of 25 and 74, a 10-year follow-up traced 94% of those initially married and 93% of the widowed. There were no differences between these groups in mortality rate when adjusted for age and education differences. Three groups—those married at both times, those widowed during the follow-up interval, and those widowed at both times—were then compared on measures of psychosocial status and functioning at the time of the follow-up. Longitudinal analyses were also conducted for subsamples with data on the same variables at initial survey and follow-up. The widowed had lower family income and were more likely to have been institutionalized. However, they showed little or no difference on measures of self-rated health, activities of daily living, social network size, extraversion, openness to experience, psychological well-being, and depression. These results highlight the psychological resilience of most individuals and their capacity to adapt to stressful events and conditions. (38 references) AA

Address for reprint requests: Personality, Stress and Coping Section, Gerontology Research Center, Francis Scott Key Medical Center, Baltimore, Maryland 21224

**REFERENCE NUMBER 65**

Au: Mittelmark, Maurice B.; Pirie, Phyllis L.

Ti: **Effects of Gender on Type A Assessment With the Matthews Youth Test for Health (MYTH)**

So: *Behavioral Medicine* 14(3):134-140, 1988

This study investigated the influence of childrens' and teachers' sex on Type A assessment using the Matthews Youth Test for Health (MYTH). Two hundred and ten teachers and student teachers read vignettes describing the behavior of children reacting to challenges in a school environment. Teachers were randomly assigned to one of four vignettes: (1) male Type A child; (2) female Type A child; (3) male Type B child; (4) female Type B child. Higher MYTH scores were assigned to Type A compared with Type B children. However, among Type A children, male teachers assigned significantly lower MYTH scores to girls than to boys; the MYTH ratings made by female teachers for Type A children were equivalent for boys and girls. These results suggest that the sex of the child and the teacher interact significantly to influence aspects of Type A assessment, but that classification overall reflects observed behavior. (21 references) AA

Address for reprint requests: Center for Prevention Research and Biometry, Bowman Gray School of Medicine, Wake Forest University, 300 South Hawthorne Road, Winston-Salem, North Carolina 27103

**REFERENCE NUMBER 66**

Au: Moguilner, Maria Esther; Bauman, Aveshalom; De-Nour, Atara Kaplan

Ti: **The-Adjustment of Children and Parents to Chronic Hemodialysis**

So: *Psychosomatics* 29(3):289-294, 1988

The adjustment of 25 children, aged 8 to 17, of chronic dialysis patients was assessed by an interview, the Tennessee Self-Concept Scale, and the Thematic Aperception Test (TAT). The adjustment of the parents was assessed by the Psychosocial Adjustment to Physical Illness Scale (PAIS) and by the Beck Depression Scale. A very strong relationship was found between the adjustment problems of patients and spouses. Furthermore the parents' condition was found to influence very strongly the adjustment of the younger children but not that of adolescents. (10 references) AA

Address for reprint requests: Department of Psychiatry, Hadassah University Hospital, Post Office Box 12000, Jerusalem, il-91120 Israel

**REFERENCE NUMBER 67**

Au: Mor, Vincent; Stalker, Martha Z.; Gralla, Richard; Scher, Howard I.; Cimma, Claudia; et al.

Ti: **Day Hospital as an Alternative to Inpatient Care for Cancer Patients: A Random Assignment Trial**

So: *Journal of Clinical Epidemiology* 41(8):771-785, 1988

A stratified, random-assignment trial of 442 cancer patients was conducted to evaluate medical, psychosocial, and financial outcomes of day hospital treatment as an alternative to inpatient care for certain cancer patients. Eligible patients required: a 4- to 8-hour treatment plan, including chemotherapy and other long-term intravenous treatment; a stable cardiovascular status; mental competence; no skilled overnight nursing; and a helper to assist with home care. Patients were ineligible if standard outpatient treatment was possible. No statistically significant differences were found between the Adult Day Hospital (ADH) and Inpatient care in medical or psychosocial outcomes over the 60-day study period. The major difference was in medical costs—approximately one-third lower for ADH patients than for the Inpatient group. The study demonstrates that day hospital care of medical oncology patients is clinically equivalent to inpatient care,

causes no negative psychosocial effects, and costs less than inpatient care. Findings support the trend toward dehospitalization of medical treatment. (40 references) AA

Address for reprint requests: Herbert F. Oettgen, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, New York 10021

#### REFERENCE NUMBER 68

Au: Morreim, E. Haavi

Ti: **Medical Ethics and the Role of QL Theory and Research**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

Quality-of-life research is especially important due to the economic constraints that are precipitating increased standardization in medical care: as third party payors expect physicians to demonstrate more clearly the medical necessity of their care, physicians and utilization review personnel alike are increasingly relying on "efficiency protocols," articulated clinical routines which allegedly provide high quality care at lowest cost. If these protocols do not include careful attention to quality-of-life factors, they may seriously disserve patients. In addition, the philosophical and methodological hazards of quality-of-life research were presented. These included problems of quantifying and comparing situations which appear to be incommensurable and unquantifiable; problems in drawing broad "objective" conclusions concerning matters which fundamentally are personal and subjective; and specific difficulties affecting particular quality-of-life measurement approaches. (number of references unknown) AA-M

Address for reprint requests: University of Tennessee, Memphis, 956 Court, Box 11, Memphis, Tennessee 38163

#### REFERENCE NUMBER 69

Au: Mowry, B.J.; Burvill, P.W.

Ti: **A Study of Mild Dementia in the Community Using a Wide Range of Diagnostic Criteria**

So: *British Journal of Psychiatry* 153(3):328-334, 1988

The result of, and difficulties in, applying a range of existing criteria for mild dementia to a random sample of community elderly aged 70 years and over is examined. By one or more criteria, 25% had mild dementia, and almost 30% of these had additional psychiatric disorders, mostly depression. Prevalence rates for mild dementia varied widely according to the different criteria. Rates of mild dementia increased with age. Poor specification of diagnostic criteria was a major problem. These criteria should be standardised and detailed, and prospective longitudinal studies conducted to elicit the natural history of this condition. (35 references) AA

Address for reprint requests: Clinical Research Unit, Graylands Hospital, Brockway Road, Mt. Claremont, Western Australia 6010, Australia

#### REFERENCE NUMBER 70

Au: Murphy, J. Michael; Jellinek, Michael

Ti: **Screening for Psychosocial Dysfunction in Economically Disadvantaged and Minority Group Children: Further Validation of the Pediatric Symptom Checklist**

So: *American Journal of Orthopsychiatry* 58(3):450-456, 1988

This study assessed the validity and reliability of the Pediatric Symptom Checklist (PSC) for screening lower-middle-class and minority group children. PSCs were collected from parents of 300 pediatric outpatients aged 6 to 12 years and 48 of these children and their parents were interviewed in depth. The

rate of positive screening was higher for poorer children. Comprehensive interview evaluations and statistical indices suggested that this higher rate was valid. (28 references) AA

Address for reprint requests: Child Psychiatry Service, ACC-625, Massachusetts General Hospital, Boston, Massachusetts 02114

#### REFERENCE NUMBER 71

Au: Narain, Prakash; Rubenstein, Laurence Z.; Wieland, G. Darryl; Rosbrook, Brad; Strome, L. Sandra; et al.

Ti: **Predictors of Immediate and 6-Month Outcomes in Hospitalized Elderly Patients: The Importance of Functional Status**

So: *Journal of the American Geriatrics Society* 36(9):775-783, 1988

This article presents results of a prospective multivariate study of hospitalized elderly patients at an acute-care Veterans Administration (VA) hospital to identify factors on hospital admission predictive of several short- and long-term outcomes: in-hospital and 6-month mortality, immediate and delayed nursing home admission, length of hospital stay, and 6-month rehospitalization. All patients aged 70 years and over admitted to acute-care beds on the medical service wards during a 1-year period were included in the study (n=396). Factors most predictive of 6-month mortality (using logistic regression) were decreased functional status, admitting diagnosis and decreased mental status. Functional status was a stronger predictor of length of stay, mortality, and nursing home placement than was principal admitting diagnosis—of relevance to the current emphasis on diagnosis-related groups (DRGs). These data may be helpful in improving discharge planning, in resource allocation, and in targeting patients for different specialized geriatric programs. (19 references) AA

Address for reprint requests: Laurence Z. Rubenstein, VA Medical Center (151H2), Sepulveda, California 91343

#### REFERENCE NUMBER 72

Au: Newman, Stephen C.

Ti: **A Markov Process Interpretation of Sullivan's Index of Morbidity and Mortality**

So: *Statistics in Medicine* 7:787-794, 1988

Using intuitive arguments Sullivan described a method of combining morbidity data and certain ordinary life table functions to produce an estimate of illness-free life expectancy. In this paper the author uses an increment-decrement life table specified in terms of a Markov process to characterize illness-free life expectancy. It is shown that when the illness under consideration satisfies certain properties, Sullivan's approach provides a convenient method of approximation. Theoretical results are illustrated with hospital morbidity data on Canadian males for 1981. (31 references) AA

Address for reprint requests: Department of Psychiatry, University of Alberta, Edmonton, Alberta, Canada T6G 2B7

#### REFERENCE NUMBER 73

Au: O'Brien, B.J.; Banner, N.R.; Gibson, S.; Yacoub, M.H.

Ti: **The Nottingham Health Profile as a Measure of Quality of Life Following Combined Heart and Lung Transplantation**

So: *Journal of Epidemiology and Community Health* 42(3):232-234, 1988

This paper reports on the use of the Nottingham Health Profile as a measure of patient quality of life before and after combined heart and lung transplantation at Harefield Hospital. A total of 125 profiles from 48 patients were analysed. In both section 1 and section 2 of the profile, large and statistically

significant improvements in quality of life were associated with transplantation. The profile proved easy to use either as part of an interview during assessment for transplantation or as a postal follow-up postoperatively. (15 references) AA

Address for reprint requests: Health Economics Research Group, Brunell University, Uxbridge, Middlesex UB8 3PH, United Kingdom

#### REFERENCE NUMBER 74

Au: O'Brien, K.P.; Glaudin, V.

Ti: **Factorial Structure and Factor Reliability of the Hamilton Rating Scale for Depression**

So: *Acta Psychiatrica Scandinavica* 78(27):113-120, 1988

Identical principal components factor analyses of total Hamilton Rating Scale for Depression (HRSD) scores were conducted for two separate sub-samples ( $n = 183$  and  $n = 182$ ) drawn from the same clinic population of moderately depressed outpatients. A comparison of the two factor analyses revealed substantial agreement for four factors across the two sub-samples (i.e., four factors from the first sub-sample correlated at least 0.80 with a homologous dimension in the second sub-sample). The four factors were labelled Somatic Complaints, Anorexia, Sleep Disturbance, and Agitation/Retardation. Some additional factors emerged in the analysis of one sub-sample but failed to appear in the other. Overall, these results suggest that the HRSD exhibited a relatively stable factorial structure based on a large sample of outpatients with unipolar depressive disorders. Methodological problems with earlier research are discussed in light of the current findings. (33 references) AA

Address for reprint requests: Pacific Northwest Clinical Research Center, 2218 Lloyd Center, Portland, Oregon 97232

#### REFERENCE NUMBER 75

Au: O'Grady, Kevin E.

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

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 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. Every effort has been made to focus on the central issues that are directly relevant to quality-of-life research in each of these three areas; as a result, some issues have been simplified, and others have been ignored entirely. For readers interested in pursuing a given topic further, a list of suggested reading can be found on the last page of this paper. (8 references) AA

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

**REFERENCE NUMBER 76**

Au: Patrick, Donald L.

Ti: **Quality of Life in Cardiovascular Disease Research: Concepts and Measures**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

Measures of health-related quality of life are being used increasingly in cardiovascular disease research. These measures represent operational definitions of five major concepts: life expectancy, impairment, functional status, health perceptions, and opportunity. Generic measures provide a summary of two or more dimensions or concepts, while specific measures focus on cardiovascular disease, patients or areas of function. Measures may provide a single score, a profile of interrelated scores, or an independent set of scores. Few measures specific to cardiovascular disease have been developed for research. Further development is needed for community-wide interventions. The type of measure needed depends on the objective of the research, the resources of the investigation, and methodological considerations. Major barriers to increased use of these measures include skepticism about the validity of self-report measures, length and complexity of assessment, interpretation of effect sizes, lack of theory and data on interrelationships among concepts, and paucity of studies comparing different measures. More funding for instrument development and testing is needed. (number of references unknown) AA

Address for reprint request: Department of Health Services, School of Public Health, University of Washington, Seattle, Washington 98195

**REFERENCE NUMBER 77**

Au: Ramund, Bengt; Stensman, Richard

Ti: **Quality of Life and Evaluation of Functions Among People With Severely Impaired Mobility and Non-disabled Controls**

So: *Scandinavian Journal of Psychology* 29(3-4):137-144, 1988

Thirty-six disabled people with severely impaired mobility and 36 non-handicapped matched control subjects were studied with respect to their self-reported quality of life (QOL) and the ranking of 30 functions. No difference concerning QOL was found between the two groups. Correlations between QOL and six different groups of functions were very low in both groups, indicating a mechanism of adapting to a loss of functions. Comparison between the evaluation of the different functions in two groups showed the social abilities were more important to the group with severely impaired mobility, while "motor functions" were more important to the nonhandicapped control subjects. (14 references) AA

Address for reprint requests: Richard Stensman, Department of Rehabilitation Medicine, University of Uppsala, Akademiska Sjukhuset, S-751 85 Uppsala, Sweden

**REFERENCE NUMBER 78**

Au: Riley, John F.; Ahern, David K.; Follick, Michael J.

Ti: **Chronic Pain and Functional Impairment: Assessing Beliefs About Their Relationship**

So: *Archives of Physical Medicine and Rehabilitation* 69(8):579-582, 1988

Many chronic pain patients believe that they cannot function normally because of their pain. The Pain and Impairment Relationship Scale (PAIRS) was developed to assess the extent to which chronic pain patients endorse the belief, and the relationship of this belief to functional impairment, measured both subjectively and objectively. The PAIRS was administered to 56 patients in a chronic pain treatment program. The PAIRS demonstrated adequate internal consistency and it correlated significantly with another measure of the cognitive component of chronic pain syndrome, the Cognitive Errors Questionnaire—Low Back Scale. The PAIRS accounted for a significant proportion of variance in several measures of impairment

(including the Sickness Impact Profile, restrictions in range of motion, and statements of limitation during a standardized exercise routine) beyond that accounted for solely by subjective pain estimate in multiple regression analyses. It appears that the belief that pain necessarily implies disability is associated with actual impairment, independent of the actual contribution of reported pain. (18 references) AA

Address for reprint requests: Savannah Pain Control and Rehabilitation Center, 5354 Reynolds Street, Suite 518, Savannah, Georgia 31405

#### REFERENCE NUMBER 79

Au: Rosen, Leora N.; Moghadam, Linda Z.

Ti: **Social Support, Family Separation, and Well-being Among Military Wives**

So: *Behavioral Medicine* 14(2):64-70, 1988

The effects on general well-being of perceived social support, stress and the stress support interaction were examined in a sample of military wives. Support was defined as the perception of being able to count on another military wife for help with a personal or family problem. Stress was defined as the amount of time spent in the field by the soldiers in the husbands' units. Stress was found to have an adverse effect on well-being only among those who did not perceive themselves as having social support, which is consistent with the buffering hypothesis of social support. Major predictors of social support included husband's rank, type of unit, and stress. This suggests that to some extent stress itself stimulates adaptation by motivating individuals to enlist support from others. This may be a partial explanation of the buffering effect found in this study. (26 references) AA

Address for reprint requests: Department of Psychiatry, Uniformed University of the Health Sciences, Bethesda, Maryland

#### REFERENCE NUMBER 80

Au: Rubin, G.P.; Devlin, H.B.

Ti: **The Quality of Life With a Stoma**

So: *British Journal of Hospital Medicine* (4):300-306, 1987

This article considers the problems encountered by the ostomate, reviews the present structure and effectiveness of hospital and community-based resources and offers a basis for improving the quality of stoma care. (15 references) AA

Address for reprint requests: North Tees General Hospital, Stockton-on-Tees, United Kingdom

#### REFERENCE NUMBER 81

Au: Salamon, Michael J.

Ti: **Clinical Use of the Life Satisfaction in the Elderly Scale**

So: *Clinical Gerontologist* 8(1):45-55, 1988

The concept of life satisfaction is a construct universally accepted as a valid measurement of quality of life in the elderly. While recent investigators have questioned whether life satisfaction specifically measures happiness, well-being or morale, few doubt its clinical validity. Recently several of the older measures of life satisfaction, including the LSI-A and LSI-B, have been found to have compromised statistical properties. In response to these shortcomings, the Life Satisfaction in the Elderly Scale (LSES) was designed. The LSES is a 200 question multiple choice, Likert-type instrument designed to assess quality of life in older adults. The development of the LSES stems from the growing interest in evaluating subjective well-being states as a means of assessing older adult reactions to their ecological, emotional and social environments. Studies of reliability and validity indicate that the LSES is both clinically and theoretically



appropriate. This paper presents both recent statistical findings as well as the results of field studies in which the LSES was used to assess the quality of life in the nursing home and community. (29 references)

AA  
Address for reprint requests: St. John's Episcopal Nursing Home, 17-11 Brookhaven Avenue, Far Rockaway, New York 11691

#### REFERENCE NUMBER 82

Au: Shoham-Yakubovich, Ilana; Ragland, David R.; Brand, Richard J.; Syme, S. Leonard  
Ti: **Type A Behavior Pattern and Health Status After 22 Years of Follow-up in the Western Collaborative Group Study**  
So: *American Journal of Epidemiology* 128(3):529-538, 1988

Type A/B behavior has been studied extensively as a risk factor for coronary heart disease. This study tests the hypothesis that Type A/B behavior is associated with ill health in general. All-cause mortality was examined in the original cohort of 3,154 men aged 39-59 years at baseline in the Western Collaborative Group Study in 1960-1961. Morbidity was examined in a group of 2,365 men aged 61-81 years who were surviving members of the cohort in 1982-1983 and who agreed to fill out a self-administered health status questionnaire. On the basis of these data, a three-level general morbidity index was constructed that included coronary heart disease and a number of other chronic conditions. Type A/B behavior was not significantly associated with all-cause mortality over the 22-year follow-up. However, among men 61-71 years of age, behavior type assessed at the baseline examination 22 years earlier (1960-1961) was positively associated with the morbidity index. Furthermore, behavior type and the morbidity index showed a dose-response association; extreme Type A personalities had the highest level of morbidity, while those with the fewest Type A characteristics had the lowest level of morbidity. This general pattern of association was not due to the presence of coronary heart disease or to any other particular disease condition in the morbidity index and did not change when an ordinal logistic regression model was used to control for other baseline risk variables. For the older men (aged 72-81 years), the pattern of association was similar but did not reach statistical significance. Thus, in a group of men over 60, a positive association was found between general morbidity status and Type A/B behavior measured over two decades earlier. (25 references) AA

Address for reprint requests: Epidemiology and Health Services Evaluation Unit, Center for Health Sciences, Ben Gurion University, Beer-Sheva, Israel

#### REFERENCE NUMBER 83

Au: Stewart, Anita L.  
Ti: **The Pros and Cons of Multiple Outcome versus Single Score Scales: Multiple Quality of Life Outcome and Population/Scale Fit**  
So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

Consensus regarding the multidimensional nature of quality of life (QoL) is assumed, and an overview of possible QoL concepts is outlined. The debate (see Kaplan, Reference 47 above) centers on two points: whether the major QoL concepts should be scored separately or combined into a single aggregate score, and whether measures should be selected specifically for each study. Advantages of retaining separate scores of each concept include: (1) treatments may affect the various QoL concepts in different directions; (2) different outcomes may be affected by the treatments at different points in time; and (3) different patterns of outcomes have different meanings for individual patients. (number of references unknown)

AA-M

Address for reprint requests: Institute on Health and Aging, 201 Filbert Street, Suite 500, San Francisco, California 94133-3203

**REFERENCE NUMBER 84**

Au: Stewart, Anita L.; Hays, Ron D.; Ware, John E., Jr.

Ti: **The MOS Short-form General Health Survey: Reliability and Validity in a Patient Population**

So: *Medical Care* 26(7):724-731, 1988

There is a great demand for measures of physical and mental health, social and role functioning, and other general health care concepts for use in evaluating health care. Existing instruments are considered too long to be practical in most clinic settings. An alternative is single-item measures; however, these are less satisfactory than multi-item scales because single items are generally less precise, less reliable, and less valid. A compromise between lengthy instruments and single-item measures of health was formed by selecting a small subset of items from long-form measures. This short form has been shown to satisfy standards of acceptability, reliability, and validity in a general population. This article reports results from administering 20 health items to patients who were participating in the Medical Outcomes Study (MOS). The results are compared with those from administration of this survey to a general population. (25 references) AS-M

Address for reprint requests: Institute on Health and Aging, 201 Filbert Street, Suite 500, San Francisco, California 94133-3203

**REFERENCE NUMBER 85**

Au: Sunderland, Trey; Alterman, Ina S.; Yount, Donna; Hill, James L.; Tariot, Pierre N.; et al.

Ti: **A New Scale for the Assessment of Depressed Mood in Demented Patients**

So: *American Journal of Psychiatry* 145(8):955-959, 1988

Twenty-one subjects with clinically diagnosed dementia of the Alzheimer type were rated on the Dementia Mood Assessment Scale, a new instrument intended to measure the severity of depressed mood in cognitively impaired patients. Ratings were based on direct observation and a semistructured interview of the patient. Interrater reliability was established. There were highly significant correlations between patients' scores on the instrument's 17-item depression subscale and their scores on global measures of depression and sadness. The potential usefulness of this new scale in assessing the severity of depression in demented patients longitudinally or under drug treatment conditions is discussed. (30 references) AA

Address for reprint requests: Unit of Geriatric Psychopharmacology, Laboratory of Clinical Science, 10/3D-41, NIMH, Bethesda, Maryland 20892

**REFERENCE NUMBER 86**

Au: Swearer, Joan M.; Drachman, David A.; O'Donnell, Brian F.; Mitchell, Ann L.

Ti: **Troublesome and Disruptive Behaviors in Dementia: Relationships to Diagnosis and Disease Severity**

So: *Journal of the American Geriatrics Society* 36(9):784-790, 1988

Patients with dementia often manifest troublesome and disruptive behaviors in addition to intellectual impairments. This study evaluated behavioral disturbances in 126 demented patients examined sequentially, using questionnaires administered to primary caregivers to quantify the types and severity of behavioral disturbances. Eighty-three percent of the patients exhibited one or more of the targeted behaviors. The most common troublesome and disruptive behaviors clustered into three categories: aggressive, ideational, and vegetative. The prevalence and severity of the behaviors increased with global severity of dementia, but did not differ in either frequency or type when patients with three diagnoses were compared: Alzheimer's disease (AD), multi-infarct dementia (MID), and mixed AD and MID (MIX). The occurrence and severity of the target behaviors correlated modestly with the severity of dementia. Impairments of mental status correlated weakly with only a single troublesome and disruptive behavior—assaultiveness. These results suggest that troublesome and disruptive behaviors are a very

frequent component of dementing disorders, are related to disease severity, and parallel (but are probably not determined by) intellectual deficit. (35 references) AA

Address for reprint requests: David A. Drachman, Department of Neurology, University of Massachusetts Medical Center, 55 Lake Avenue North, Worcester, Massachusetts 01655

#### REFERENCE NUMBER 87

Au: Thomas, Jo Ann; Stock, William A.

Ti: **The Concept of Happiness: A Multidimensional Scaling Investigation**

So: *International Journal of Aging and Human Development* 27(2):141-154, 1988

This study investigated the concept of happiness using multidimensional scaling analyses. Two samples were studied. The first contained 100 adult males and females, aged 19 to 90 ( $M = 39.5$ ). The second contained 126 female adults, aged 26 to 89 ( $M = 61.3$ ), all Catholic nuns. Respondents provided word associates to the words happiness and unhappiness during separate one-minute intervals. Subsequently, the 12 most frequent associates and the word happiness were used in a written paired comparison task of dissimilarities between all possible pairs. In both samples, a two-dimensional space was judged to optimally fit the data. The first dimension was interpreted as a bipolar affective dimension. The second dimension was one-fifth and one-third as salient as the first dimension in the respective samples, and was interpreted as representing personal independence. Two-dimensional spaces of young, middle-aged, and old subsamples of sample one were, in large part, similar to the total space. Three age trends were noted. (29 references) AA

Address for reprint requests: University of Arizona, Department of Medical Technology, 1435 North Fremont, Tucson, Arizona 85719

#### REFERENCE NUMBER 88

Au: Tobin, David L.; Holroyd, Kenneth A.; Baker, Anita; Reynold, Russ V.C.; Holm, Jeffrey E.

Ti: **Development and Clinical Trial of a Minimal Contact, Cognitive-Behavioral Treatment for Tension Headache**

So: *Cognitive Therapy and Research* 12(4):325-339, 1988

The effectiveness of two primarily self-administered treatments for chronic tension headache were compared. Twenty-four recurrent tension headache sufferers received either relaxation therapy alone or relaxation training plus cognitive-behavioral therapy in a primarily self-administered treatment format. Both treatments yielded substantial reductions in headache activity and smaller but significant reductions in depression. However, patients who received the combined treatment recorded significantly larger reductions in headache activity than patients receiving relaxation training alone. In addition, high pretreatment levels of headache activity and daily life stress were associated with a poor response to relaxation training but were unrelated to patients' response to the combined treatment. These results suggest that cognitive-behavioral interventions may enhance the effectiveness of primarily self-administered relaxation training, particularly with selected subgroups of patients. (26 references) AA

Address for reprint requests: Institute of Psychiatry, Northwestern University Medical School, 320 East Huron, Chicago, Illinois 60611

**REFERENCE NUMBER 89**

Au: Toner, John; Gurland, Barry; Teresi, Jeanne

Ti: **Comparison of Self-Administered and Rater-Administered Methods of Assessing Levels of Severity of Depression in Elderly Patients**

So: *Journal of Gerontology: Psychological Sciences* 43(5):136-140, 1988

Eighty consecutive attenders in a primary care group practice associated with a teaching hospital in New York were assessed for depression using a self-administered questionnaire, the Zung Self-Rating Depression Scale (SDS), and a rater-administered interview, the Short-CARE. The sample was 75% female and 85% black or Hispanic. The response rate of completed interviews was 65% for the Zung SDS and 100% for the Short-CARE. Among the reasons indicated by subjects for not filling out the Zung SDS were visual problems ( $n = 13$ , 28%), illiteracy ( $n = 4$ , 9%), and lack of motivation/wanted it read to them ( $n = 16$ , 34%). Additionally, using the Primary Care Physicians' Questionnaire (PCPQ), results from the Short-CARE and the Zung SDS were compared to primary care physicians' judgments regarding the presence of depression in these patients. The convergent validity coefficient for the Zung SDS with the PCPQ was .65 ( $\kappa = .29$ ); the comparable coefficients for the PCPQ and the Short-CARE Depression Scale were .73 and .46 respectively. (19 references) AA

Address for reprint requests: Center for Geriatrics and Gerontology and Long Term Care, 100 Haven Avenue, Suite 3-30F, New York, New York 10032

**REFERENCE NUMBER 90**

Au: Tyrer, P.; Murphy, S.; Kingdon, D.; Brothwell, J.; Gregory, S.; et al.

Ti: **The Nottingham Study of Neurotic Disorder: Comparison of Drug and Psychological Treatments**

So: *Lancet* II(8605):235-239, 1988

210 psychiatric outpatients with generalised anxiety disorder (71), or panic disorder (74), or dysthymic disorder (65) diagnosed by an interview schedule for DSM-III were allocated by constrained randomisation to one of five treatments: diazepam (28), dothiepin (28), placebo (28), cognitive and behaviour therapy (84), and a self-help treatment programme (42). All treatments were given for 6 weeks and then withdrawn by 10 weeks. Ratings of psychopathology were made by psychiatric assessors blind to both treatment and diagnosis before treatment and at 2,4,6, and 10 weeks after randomisation. Patients were assessed using a battery of instruments aimed at evaluating depression, anxiety, and life events. Eighteen patients had insufficient data for analysis because of early drop-out. There were no important differences in treatment response between the diagnostic groups, but diazepam was less effective than dothiepin, cognitive and behaviour therapy, or self-help, these three treatments being of similar efficacy. Significantly more patients in the placebo group took additional psychotropic drugs in the 10-week period, and those allocated to dothiepin and cognitive and behaviour therapy took the least. (36 references) AA

Address for reprint requests: Mapperley Hospital, Nottingham NG3 6AA, United Kingdom

**REFERENCE NUMBER 91**

Au: Veenhoven, Ruut

Ti: **The Utility of Happiness**

So: *Social Indicators Research* 20(4):333-354, 1988

Nineteenth century utilitarian philosophers considered happiness as the highest good ('utility' in their words) and claimed political priority for attempts to promote the greatest happiness for the greatest number. In reaction, many of their contemporaries cried out that happiness is not good at all, because it turns people into 'contented cows' and undermines social bonds. Modern psychologists, however, tend to suggest positive effects: sharper awareness, more activity, better social functioning and better health. No empirical investigations have yet focused on consequences of happiness. Nevertheless, indications can

be found in various studies covering other matters. This suggests several small yet noteworthy effects. Enjoyment of life seems to broaden perception, to encourage active involvement and thereby to foster political participation. It facilitates social contacts, in particular contacts with spouse and children. Further, happiness buffers stress, thereby preserving health and lengthening life somewhat. There is no evidence of harmful effects. It is concluded that society is more likely to flourish with happy citizens than with unhappy ones. (66 references) AA

Address for reprint requests: Social Sciences Department, Erasmus University, Postbus 1738, 3000 DR Rotterdam, The Netherlands

#### REFERENCE NUMBER 92

Au: Wenger, Nanette K.

Ti: **Quality of Life: Why the Burgeoning Interest in the Clinical and Research Cardiology Communities**

So: Presented at the Second Workshop on Quality of Life and Cardiovascular Disease, co-sponsored by the National Heart, Lung, and Blood Institute and the Bowman Gray School of Medicine, June 1988

The current era of U.S. health care has been described as one of "enlightened consumerism." Patients' perceptions of and satisfactions with their medical care relate predominantly to their resultant comfort, feelings of well-being, and ability to engage in valued activities. As such, quality of life is a relevant consideration in assessing health care outcomes and often in determining health-related public policy. The role of quality-of-life assessment has been further enhanced by the contemporary increased prevalence of chronic cardiovascular diseases, wherein therapies are not curative but rather are designed to limit the disabling consequences of an illness. The current increased emphasis on preventive therapies for cardiovascular diseases, often in apparently well and asymptomatic populations, also mandates consideration of the ratio of a wide spectrum of benefits to harms, both objectively and as perceived by the patients. (number of references unknown) AA-M

Address for reprint requests: Emory University of Medicine, 69 Butler Street S.E., Atlanta, Georgia 30303

#### REFERENCE NUMBER 93

Au: Weinrich, Sally P.; Weinrich, Martin C.; Keil, Julian E.; Gazes, Peter C.; Potter, Ellen

Ti: **The John Henryism and Framingham Type A Scales: Measurement Properties in Elderly Blacks and Whites**

So: *American Journal of Epidemiology* 128(1):165-178, 1988

In 1984-1985, the authors interviewed 1,017 participants in the Charleston Heart Study in Charleston County, South Carolina, to investigate the measurement properties of the Framingham Type A Scale for Active Coping, which was originally designed for use in black populations. They conclude that the Framingham Type A and John Henryism scales do in fact measure two quite different behavior patterns, and do have different correlates in elderly blacks and whites. The results are of particular interest since the Charleston Heart Study sample includes an oversampling of high socioeconomic status black males (n = 69). In this respect, it is unique among long-term cardiovascular studies and provides the opportunity to estimate separate race and socioeconomic status effects, as well as to examine their interaction. (41 references) AA

Address for reprint requests: College of Nursing, University of South Carolina, Columbia, South Carolina 29208

**REFERENCE NUMBER 94**

Au: Weinstein, Milton C.

Ti: **A QALY Is a QALY Is a QALY—Or Is It?**

So: *Journal of Health Economics* 7:289-290, 1988

The author comments on a paper by Donaldson et al. (reference 23 above). Scales such as the Life Satisfaction Index (LSI) achieve "sensitivity" by expanding certain ranges of the quality of life scale to sharpen attention to the areas most pertinent to a particular health care context. In doing so, however, they risk losing validity as a proper quality-adjusted life year (QALY) scale for resource allocation because they no longer reflect the tradeoffs decision makers would wish to make between the quality and quantity of life. They may not even be valid within the restricted context of resource allocations for long-term care, because the implicit tradeoff between length and quality of life may not reflect either the patients' or society's values. The challenge, then, is to sharpen the ability of generalized QALY scales to reflect age- and context-specific variations in the relative value of health states. (2 references) AA

Address for reprint requests: School of Public Health, Harvard University, Boston, Massachusetts 02115

**REFERENCE NUMBER 95**

Au: Wilkinson, Greg; Borseley, D.Q.; Leslie, P.; Newton, R.W.; Lind, C.; et al.

Ti: **Psychiatric Morbidity and Social Problems in Patients With Insulin-Dependent Diabetes Mellitus**

So: *British Journal of Psychiatry* 153(1):38-43, 1988

A two-stage screening strategy was used to study psychiatric morbidity and social problems in a consecutive series of out-patients with insulin-dependent diabetes mellitus. The prevalence of psychiatric morbidity was 18%, and consisted of depression, anxiety, and attendant symptoms. Patients reporting major social problems had significantly higher levels of psychiatric symptoms. Psychiatric morbidity was not associated with the presence of complications of diabetes. (23 references) AA

Address for reprint requests: General Practice Research Unit, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, United Kingdom

**REFERENCE NUMBER 96**

Au: Willits, Fern K.; Crider, Donald M.

Ti: **Health Rating and Life Satisfaction in the Later Middle Years**

So: *Journal of Gerontology: Social Sciences* 43(5):S172-176, 1988

The empirical linkage between self-rating of health and feelings of well-being in regard to overall life satisfaction, community satisfaction, job satisfaction, and marital satisfaction were assessed using data from a mail survey of 1,650 men and women who were 50 to 55 years of age. Health rating was a significant correlate of all four of the satisfaction measures. Moreover, there was little evidence to suggest that the relationship of health to expressed well-being varied by gender, education, marital status, income, number of relatives in the area, number of friends nearby, or frequency of leisure involvement. (19 references) AA

Address for reprint requests: Donald M. Crider, Department of Agricultural Economics and Rural Sociology, The Pennsylvania State University, 205 Weaver Building, University Park, Pennsylvania 16802

**REFERENCE NUMBER 97**

Au: Wood-Dauphinee, Sharon L.; Opzoomer, M. Anne; Williams, J. Ivan; Marchand, Beatrice; Spitzer, Walter O.

Ti: **Assessment of Global Function: The Reintegration to Normal Living Index**

So: *Archives of Physical Medicine and Rehabilitation* 69(8):583-590, 1988

This paper reports the development of an instrument, the Reintegration to Normal Living (RNL) Index, to assess global function status. Information to determine the component of the index was systematically collected through interviews with professionals, patients, and their significant others, promoting content validity. Psychometric properties of the index were assessed using three samples of patients with varied diagnoses from several settings. The index demonstrates high internal consistency and adequate interrater reliability (patient and significant other). It is responsive to changes in the clinical status of patients, particularly when the subscales of Daily Living and Perceptions of Self are considered. In terms of criterion validity, the index is somewhat related to work status and disease status. It also demonstrates construct validity, both convergent and discriminant, when assessed against a quality of life index and an index of psychologic well-being. The RNL index appears to assess global function and measures both the patients' perceptions of their own capabilities and objective indicators of physical, social, and psychologic performance. (25 references) AA

Address for reprint requests: School of Physical and Occupational Therapy, McGill University, 3654 Drummond Street, Montreal, Quebec, Canada H3G 1Y5

**REFERENCE NUMBER 98**

Au: Woo, Jean; Ho, S.C.; Teoh, R.; Donnan, S.P.B.; Vallance-Owen, J.

Ti: **Health Status of Elderly in Hong Kong Sheltered Housing**

So: *Journal of the Royal Society of Health* (2):64-74, 1988

A multidimensional assessment including socioeconomic, functional, physical, mental, and dietary status of the elderly living in sheltered housing was undertaken, in order to formulate a policy to provide adequate primary health care aimed at improving the quality of life. Method of assessment consisted of questionnaires, physical examination, urine testing, anthropometric measurements, respiratory function and blood tests. Four hundred and twenty-eight (96%) of the residents, all aged 60 and above, were interviewed. Improvement in the following areas was considered desirable: (1) Although sheltered housing with adequate health care support is a good arrangement for the elderly with low incomes and without relatives, adequate living space is necessary to avoid conflict among tenants; (2) Low cost or free health care services should be made more available to the elderly; (3) Regular supervision of those with impaired mental function, and visits at intervals for those who are depressed should be arranged; and (4) Dietary advice on increasing the consumption of calcium should be given. (12 references) AA

Address for reprint requests: Department of Medicine, Prince of Wales Hospital, Shatin, NT Hong Kong

### 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(5-6)	Health Education Quarterly	15(3)
Acta Psychiatrica Scandinavica	78(1-3)	Health Psychology	7(4) 7(Suppl)
American Economic Review	78(3-4)	Health Services Research	23(4)
American Journal of Economics and Sociology	47(3)	Health Values	12(4-5)
American Journal of Epidemiology	128(1-3)	Home Health Care Services Quarterly	9(2/3)
American Journal of Medicine	85(1-3B)	Human Organization	47(3)
American Journal of Orthopsychiatry	58(3)	Inquiry	25(3)
American Journal of Psychiatry	145(7-9)	International Journal of Aging and Human Development	27(1-2)
American Journal of Psychology	101(3)	International Journal of Epidemiology	17(3)
American Journal of Public Health	78(7-9)	International Journal of Health Services	18(3)
American Journal of Sociology	94(1-2) 94(Suppl)	Issues of Science and Technology	4(3-4)
American Political Science Review	82(3)	Journal of Accounting and Public Policy	7(3)
American Psychologist	43(7-9)	Journal of Allied Health	17(3)
American Sociological Review	53(4)	Journal of Applied Behavioral Science	24(3)
Archives of Environmental Health	43(4-5)	Journal of Applied Psychology	73(3)
Archives of Gerontology and Geriatrics	7(3)	Journal of Behavioral Medicine	11(4)
Archives of Physical Medicine and Rehabilitation	69(7-9)	Journal of Clinical Epidemiology	41(7-9)
Australian and New Zealand Journal of Psychiatry	22(3)	Journal of Community Health	13(3)
Australian Journal of Psychology	40(2-3)	Journal of Environmental Health	50(7)
Behavioral Medicine	14(2-3)	Journal of Epidemiology and Community Health	42(3)
Behavioral Science	33(3)	Journal of Experimental Child Psychology	46(1)
British Journal of Psychiatry	153(1-3)	Journal of Experimental Social Psychology	24(4-5)
	152(Suppl 1), 153(Suppl 2)	Journal of Family Practice	27(1-3)
British Journal of Psychology	79(3)	Journal of Gerontology	43(4-5)
British Journal of Sociology	39(3)	Journal of Health Economics	7(3)
British Medical Journal	296(6641) (6645) (6647)	Journal of Health, Politics, Policy and Law	13(2-3)
Canadian Journal of Behavioral Science	20(2-3)	Journal of Medical Systems	12(4)
Canadian Journal of Public Health	79(4-5)	Journal of Nervous and Mental Disease	176(7-9)
Canadian Medical Association Journal	139(1-6)	Journal of Pediatrics	113(1-3)
Child Welfare	67(5)	Journal of Policy Analysis and Management	7(4)
Clinical Gerontologist	8(1)	Journal of Policy Modelling	10(2-3)
Clinical Psychology Review	8(4)	Journal of Political Economy	96(4)
Cognitive Psychology	20(3)	Journal of Public Health Policy	9(3)
Cognitive Therapy and Research	12(4)	Journal of School Health	58(7)
Family and Community Health	11(2-3)	Journal of School Psychology	26(3)
Geriatrics	43(7-9)	Journal of Social Issues	44(2-3)
Gerontologist	28(4)	Journal of Social Policy	17(3)
Health Affairs	7(3-4)	Journal of the American Geriatrics Society	36(7-9)
Health Care Financing Review	10(1)		



Journal of the American Medical Association	260(1) (3-8, 10-13)	Psychosomatic Medicine	50(4)
Lancet	II(8601-8606) (8609-8613)	Psychosomatics	29(3)
Medical Care	26(7-9)	Public Health Reports	103(4)
Milbank Memorial Fund Quarterly	66(3)	Quality Review Bulletin	14(7-9)
Multivariate Behavioral Research	233	Review of Economics and Statistics	70(3)
New England Journal of Medicine	319(1-13)	Risk Analysis	8(3)
New York Academy of Medicine Bulletin	64(6)	Scandinavian Journal of Psychology	29(3/4)
Operations Research	36(4-5)	Science, Technology and Human Values	13(3/4)
Organizational Behavior and Human Decision Process	42(1)	Social Forces	67(1)
Perspectives in Biology and Medicine	32(1)	Social Indicators Research	20(4)
Philosophy and Public Affairs	17(3)	Social Psychology Quarterly	51(3)
Policy Sciences	21(2-3)	Social Science and Medicine	27(1-6)
Policy Studies Journal	16(4)	Social Science Research	17(3)
Policy Studies Review	7(4)	Social Security Bulletin	51(7-9)
Preventive Medicine	17(4-5)	Social Service Review	62(3)
Psychological Record	38(3)	Sociological Methods and Research	17(1)
Psychology and Aging	3(3)	Sociology and Social Research	72(4)
		Sociology of Health and Illness	10(3)
		Statistics in Medicine	7(7-9)
		World Health Forum	9(2-3)

#### 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 July through September 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 that have been classified under the medical subject heading "health status indicators" by the National Library of Medicine (NLM) and that were entered into NLM's SDILINE or FILE HEALTH databases in July, August, or September 1988. Citations are printed, with only slight modification of format, in the order and form in which they appear in the files. Following NLM's convention, titles which are enclosed in brackets indicate that the article is published in some language other than English.

**REFERENCE NUMBER 99**

AU: Locker D

TI: **Measuring oral health: a conceptual framework.**SO: *Community Dent Health* 1988 Mar;5(1):3-18**REFERENCE NUMBER 100**TI: **Clinical indicators of dental status and treatment [editorial]**SO: *Community Dent Health* 1988 Mar;5(1):1-2**REFERENCE NUMBER 101**

AU: Wolffers I

TI: **Limitations of the primary health care model. A case study from Bangladesh.**SO: *Trop Geogr Med* 1988 Jan;40(1):45-53**REFERENCE NUMBER 102**

AU: Stiles DJ ; Goldsmith HF ; Jackson DJ ; Longest JW ; Hoppe RA

TI: **Percentile distributions of selected social indicators for 1980 metropolitan census tracts.**SO: *Ment Health Stat Note* 1988 Mar;(187):1-18**REFERENCE NUMBER 103**

AU: Jacobs CJ ; van der Vliet JA ; van Roozendaal MT ; van der Linden CJ

TI: **Mortality and quality of life after intensive care for critical illness.**SO: *Intensive Care Med* 1988; 14(3):217-20

Early and late mortality of 313 ICU patients and the quality of life of 118 longterm ICU survivors was studied to assess the effectiveness of intensive care for critically ill patients. The survival rate at discharge from the ICU was 76%, falling to 61% at 6 months and to 58% at 1 year. A simplified acute physiology score (SAPS) was recorded on ICU admission, as well as age, length of ICU-stay and the number of complications during intensive care. Information on housing, drug use, hospital admissions, physical condition and functional status 2 years after ICU discharge was collected by means of a questionnaire. No changes in housing occurred, but drug use and the number of hospital admissions were significantly increased. In 21% of the patients a deteriorated physical condition was found, 77% remained unchanged and 2% were improved 2 years after ICU discharge, compared to their condition prior to the acute illness. Major functional impairment was found in 38% of the patients. Although the long-term physical condition and functional status correlated with SAPS and age on ICU admission, the best indicator for quality of life after intensive care proved to be the health status prior to the acute illness.

**REFERENCE NUMBER 104**

AU: Pransky GS ; Frumkin H ; Himmelstein JS

TI: **Decision-making in worker fitness and risk evaluation.**

SO: *State Art Rev Occup Med* 1988 Apr-Jun;3(2):179-91.

The information needed to determine fitness or risk and to make employment recommendations and decisions is reviewed. Four key questions are discussed: What are the risks and demands of a specific job? Is the worker capable of performing the job? Would the job place the worker at increased risk? What should the clinician do when there is a likelihood of increased risk or decreased capabilities?

**REFERENCE NUMBER 105**

AU: Wells KB ; Golding JM ; Burnam MA

TI: **Psychiatric disorder and limitations in physical functioning in a sample of the Los Angeles general population.**

SO: *Am J Psychiatry* 1988 Jun;145(6):712-7

The authors examined relationships between psychiatric disorder and perceived general health and physical functioning from data obtained from interviews with 2,554 non-Hispanic whites and Mexican-Americans in Los Angeles. Persons with recent psychiatric disorders perceived their general health as poorer and had more limitations in physical functioning than persons without such disorders, even when the analyses controlled for chronic medical conditions and demographic factors. Affective and anxiety disorders were independently associated with both acute and chronic limitations in physical functioning. The associations of recent psychiatric disorder and of chronic medical condition with acute activity restrictions were similar in magnitude. Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles.

**REFERENCE NUMBER 106**

AU: Shephard RJ

TI: **PAR-Q, Canadian Home Fitness Test and exercise screening alternatives.**

SO: *Sports Med* 1988 Mar;5(3):185-95

Procedures for the preliminary screening of asymptomatic adults who wish to exercise are reviewed with particular reference to experience gained through the mass use of the physical activity readiness questionnaire (PAR-Q) and the Canadian Home Fitness Test (CHFT). It is argued that both a brief submaximal exercise test and a subsequent moderate increase of habitual activity are extremely safe tactics to recommend to a symptom-free adult. There are some useful minor modifications which could be made to the PAR-Q instrument, but its sensitivity and specificity relative to such criteria as medical examination, hypertension, CHFT completion and exercise-induced ECG abnormalities compare favourably with alternative self-administered procedures. The basic difficulty of screening an asymptomatic population (highlighted by Bayes theorem) is the high percentage of false positive and false negative test results. One remedy would be to stratify the population in terms of known cardiac risk factors and to restrict detailed pre-exercise screening to the high risk segment of the population.

**REFERENCE NUMBER 107**

AU: Koplin AN ; Davidow B ; Backman P ; Escobar V

TI: **The combined employee health risk—occupational hazard appraisal: the New York City experience.**

SO: *J Public Health Policy* 1988 Spring;9(1):42-55

**REFERENCE NUMBER 108**

AU: Lohr KN

TI: **Outcome measurement: concepts and questions.**

SO: *Inquiry* 1988 Spring;25(1):37-50

Outcome measurement—a central concept of quality of care—has both conceptual appeal and limitations as a practical assessment tool. The degree to which outcomes can be directly related to processes of care continues to be especially problematic. I view the continued debate about whether processes or outcomes are the preferable measure of quality as fundamentally unproductive, because both are needed. To strengthen our understanding of both measures in ascertaining quality of care, I suggest that work in four areas is needed: more definitive evidence of process and outcome linkages; stronger relationships between technology assessment and quality assessment; improved reliability and validity of outcome measures as screening tools; and continued development of health status measures.

**REFERENCE NUMBER 109**

AU: Koo LC ; Ho JH ; Rylander R

TI: **Life-history correlates of environmental tobacco smoke: a study on nonsmoking Hong Kong Chinese wives with smoking versus nonsmoking husbands.**

SO: *Soc Sci Med* 1988;26(7):751-60

Studies to evaluate the effects of environmental tobacco smoke (ETS, passive smoking) often use nonsmoking wives with smoking discordant husbands. To see whether there were differences in exposures and behavior patterns among never-smoked wives with never-smoked vs ever-smoked husbands, the life-history profiles of 136 ever-married women with mean age of 59 were analyzed on 97 quantifiable variables. Overall, the results demonstrated that wives with never-smoked husbands had 'healthier' lifestyles than wives with smoking husbands. The former were better off in terms of socio-economic status, more conscientious housewives, ate better diets, and had better indices of family cohesiveness. They also fared better in variables that reflected health status with lower frequencies of the following: miscarriages/abortions, inhaling through the mouth, chronic cough, and chest X-rays. The differences were usually largest when comparing wives of never-smoked vs heavily smoking (greater than 20 cigarettes/day) husbands. The results indicate some correlates of passive smoking that can act as important confounders when evaluating health risks among families with smoking husbands.

**REFERENCE NUMBER 110**

AU: Pacovsky V

TI: **[Risk factors in old age]**

SO: *Cas Lek Cesk* 1988 Feb 12;127(7):196-9

**REFERENCE NUMBER 111**

AU: Walsh DC

TI: **Toward a sociology of worksite health promotion: a few reactions and reflections.**SO: *Soc Sci Med* 1988;26(5):569-75**REFERENCE NUMBER 112**

AU: Alexander J

TI: **The ideological construction of risk: an analysis of corporate health promotion programs in the 1980s.**SO: *Soc Sci Med* 1988;26(5):559-67

The nature of theoretical knowledge about health promotion and disease prevention programs at the worksite is examined in the context of knowledge as ideological construction. The emergence of the discourse about health promotion is linked to corporate attempts to reduce their share of medical expenditures and solve problems of productivity and absenteeism which plague the American workforce. Although not always evident, corporate managers choose selectively from a body of knowledge about medical costs and illness and disease in contemporary America. That knowledge reinforces the notion of risk: individual propensity to the risk of disease or the attempts of the firm to minimize risk. Three examples of ideological construction: (1) the corporate construction of the cost problem in terms of employee demand and overutilization; (2) the construction of disease etiology as individual risk; and (3) entrepreneurial activity in health promotion, all provide evidence for the dominance of the risk discourse.

**REFERENCE NUMBER 113**

AU: Klaukka T

TI: **Users of prescription drugs in Finnish primary care.**SO: *Scand J Prim Health Care* 1988 Feb;6(1):43-50

This study investigates the users of prescription drugs in primary care in Finland in 1976. The data are derived from a national health interview survey, the sample of which represented the whole non-institutionalized population of Finland (N = 21,018). Thirty-two percent of people 15 years of age or over and 13% of children were using prescription drugs at the time of interview. Women used drugs more than men in all drug categories except for respiratory agents. Children used drugs mainly for respiratory or skin diseases, or for allergic disorders. Cardiovascular agents and analgesics were the most frequently used drugs among the adults. The elderly used all drugs more than other adults except for analgesics, which were used most by the late middle-aged. Characteristics of users of cardiovascular drugs were studied in exploratory multivariate analyses. By far the best predictor of their use was cardiovascular morbidity. In stepwise analyses other significant predictors were age, the visiting to a primary care physician, sex, and work status. Marital status, family income and region appeared not to be statistically significant predictors to the use of cardiovascular drugs.

**REFERENCE NUMBER 114**

AU: Roos NP ; Roos LL ; Mossey J ; Havens B

TI: **Using administrative data to predict important health outcomes. Entry to hospital, nursing home, and death.**SO: *Med Care* 1988 Mar;26(3):221-39

This paper assesses our ability to use administrative data for developing indicators of health status. Traditionally, measures of health status have been derived from interviews. Here indicators from administrative data and from interviews are compared, i.e., their ability to predict important health

outcomes for a large representative sample of elderly residents of Manitoba, Canada. Indicators of health status derived from an administrative data system and from health interviews are shown to provide roughly similar predictions of nursing-home entry. Administrative data provide significantly better predictions of death and future hospital entry than do variables from interview data.

#### REFERENCE NUMBER 115

AU: Warner KE ; Wickizer TM ; Wolfe RA ; Schildroth JE ; Samuelson MH

TI: **Economic implications of workplace health promotion programs: review of the literature.**

SO: *J Occup Med* 1988 Feb;30(2):106-12

The conventional wisdom holds that workplace health promotion (HP) programs yield financial dividends, often generating cost savings. To examine the intellectual and empirical basis for this belief, we reviewed the literature on the economics of workplace HP programs. In general, in the literature published through early 1986, the claims of HP programs' profitability are based on anecdotal evidence or analyses seriously flawed in terms of assumptions, data, or methodology. Furthermore, certain aspects of the economics of HP programs have been virtually ignored. The dearth of sound evidence on the economic merits of workplace HP should not be interpreted as a negative assessment of the potential of such programs, however. Rather, it recommends a healthy skepticism in reading the literature and development of a new research-based body of understanding.

#### REFERENCE NUMBER 116

AU: Smith MA ; Stratton WC ; Roi L

TI: **Prospective labor risk assessment in a rural community hospital.**

SO: *Am J Perinatol* 1988 Apr;5(2):113-20

This prospective study investigates the utility of a labor for assessment instrument for the prediction and management of the low Apgar infant in the community hospital setting. Two hundred and fifty patients in labor were managed with a protocol involving initial and ongoing risk assessment throughout the course of labor and delivery. Patients scored as high risk were independently assessed to determine the need for the presence of the resuscitation team at delivery. Twenty-one percent of infants of high-risk mothers required resuscitation, whereas only 8% of infants whose mothers scored as low or moderate risk required resuscitation. A modified 10 factor list was developed using multiple logistic regression analysis and clinical experience. This was found to improve predictive power for low Apgar score infants in need of resuscitation within a risk group comprising only 27% of the population. We conclude that this intrapartum scoring system can be readily implemented in a community hospital and is effective in identifying high-risk infants so that resources can be mobilized for appropriate intervention.

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**New Address for the National Center for Health Statistics**

The National Center for Health Statistics (NCHS) is scheduled to move its offices on May 15, 1990. The new address is

NCHS  
6525 Belcrest Road  
Room 1041  
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USA

**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.

### 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

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