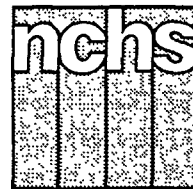


Clearinghouse on Health Indexes



National Center for Health Statistics

Bibliography on Health Indexes

- 2 ACKNOWLEDGMENTS
- 3 ANNOTATIONS
- 3 Baumgarten, Mona; Becker, Rubin; Gauthier, Serge; Validity and Reliability of the Dementia Behavior Disturbance Scale; *Journal of the American Geriatrics Society* 38:221-226, 1990
- 3 Bear, Mary; Social Networks and Health: Impact on Returning Home After Entry into Residential Care Homes; *Gerontologist* 30(1):30-34, 1990
- 4 Bloom, Joan R.; The Relationship of Social Support and Health; *Social Science and Medicine* 30(5):635-637, 1990
- 4 Boers, Maarten; Dijkmans, Ben A.C.; Breedveld, C.; Camps, Jan A.J.; Chang, Peter C.; et al.; Subclinical Renal Dysfunction in Rheumatoid Arthritis; *Arthritis and Rheumatism* 33(1):95-101, 1990
- 4 Bortz, Walter M.; The Trajectory of Dying: Functional Status in the Last Year of Life; *Journal of the American Geriatrics Society* 38:146-150, 1990
- 5 Brown, R.G.; MacCarthy, B.; Psychiatric Morbidity in Patients with Parkinson's Disease; *Psychological Medicine* 20(1):77-87, 1990
- 5 Callahan, Leigh F.; Pincus, Theodore; Association between Clinical Status Questionnaire Scores and Formal Education Level in Persons with Systemic Lupus Erythematosus; *Arthritis and Rheumatism* 33(3):407-411, 1990
- 5 Cannon, Grant W.; Emkey, Ronald D.; Denes, Alex; Cohen, Selwyn A.; Saway, P. Anthony; et al.; Prospective Two-Year Followup of Recombinant Interferon in Rheumatoid Arthritis; *Journal of Rheumatology* 17(3):304-310, 1990
- 6 Clipp, Elizabeth C.; George, Linda K.; Psychotropic Drug Use among Caregivers of Patients with Dementia; *Journal of the American Geriatrics Society* 38:227-235, 1990
- 6 Colsher, Patricia L.; Wallace, Robert B.; Health and Social Antecedents of Relocation in Rural Elderly Persons; *Journal of Gerontology: Social Sciences* 45(1):S32-S38, 1990

(continued on page 45)



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Public Health Service
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ACKNOWLEDGMENTS

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This issue contains annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, that became available in January, February, or March 1990. 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: Baumgarten, Mona; Becker, Rubin; Gauthier, Serge
 Ti: **Validity and Reliability of the Dementia Behavior Disturbance Scale**
 So: *Journal of the American Geriatrics Society* 38:221-226, 1990

Behavioral disturbance is a common and distinctive feature of Alzheimer's disease and other dementias. Existing instruments designed to quantify behavior disturbance among patients with dementia tend to be quite heterogeneous, including many items that do not refer to behavioral disturbance as such, but rather to cognitive, psychological, or somatic symptoms, or functional impairments. A 28-item Dementia Behavior Disturbance (DBD) scale was developed to avoid some of the problems encountered with the older instruments. In two samples of patients with dementia ($n = 50$ and $n = 46$), the most common symptoms were repetitive questions, losing or hiding things, lack of interest in daily activities, nocturnal wakefulness, unwarranted accusation, excessive daytime sleeping, and pacing. The coefficient of internal consistency was greater than .80 in both samples, and the correlation between scores obtained from the same subjects at a two-week interval was moderately high (Pearson's correlation coefficient = .71). There was a relatively high correlation between DBD scores and scores on Greene's Behavior and Mood Disturbance scale, and higher DBD scores were associated with increased duration and severity of disease. These preliminary results indicate that the DBD may be a useful and valid measure of one dimension of the dementia syndrome. (36 references) AA

Address for reprint requests: St. Justine Hospital, 3175 Cote St. Catherine, Montreal, Quebec, H3T 1C5, Canada

REFERENCE NUMBER 2

Au: Bear, Mary
 Ti: **Social Networks and Health: Impact on Returning Home After Entry into Residential Care Homes**
 So: *Gerontologist* 30(1):30-34, 1990

This research extends the study of social network analysis and labeling theories into the context of residential care homes (RCHs). Findings suggest that (1) when members of intense social networks decide to move an elderly person into a RCH, placement is truly needed and (2) although the likelihood of returning home from RCHs is affected by sociocultural characteristics, the functional and cognitive status of the resident are of primary importance. (26 references) AA

Address for reprint requests: University of Florida, College of Nursing, 711 Lake Estelle Drive, Orlando, Florida 32803

REFERENCE NUMBER 3

Au: Bloom, Joan R.

Ti: **The Relationship of Social Support and Health**

So: *Social Science and Medicine* 30(5):635-637, 1990

The objective of this research note is to challenge the research community to develop a cumulative body of knowledge on the relationship between social support and health. Fruitful approaches to this end include further explication of the concept of social support and its measurement, studies of the causal pathways between social supports and health, and further understanding of the relationship between the different dimensions of support and mental and physical health. (24 references) AA

Address for reprint requests: School of Public Health, University of California, Berkeley, California 94720

REFERENCE NUMBER 4

Au: Boers, Maarten; Dijkmans, Ben A.C.; Breedveld, C.; Camps, Jan A.J.; Chang, Peter C.; et al.

Ti: **Subclinical Renal Dysfunction in Rheumatoid Arthritis**

So: *Arthritis and Rheumatism* 33(1):95-101, 1990

We studied renal function in 35 patients with chronic, seropositive rheumatoid arthritis (RA), of whom 7 had vasculitis, 10 had hypergammaglobulinemia, and 18 had neither of these two conditions. Findings included a decreased glomerular filtration rate in 8 patients, (micro) proteinuria in 11, a defective urine concentration in 10, and increased urinary tubular enzyme levels in 15. These results indicate that subclinical renal dysfunction is common in patients with chronic, seropositive RA. In addition, vasculitis and hypergammaglobulinemia were not identified as risk factors for renal dysfunction in the RA patients studied. (20 references) AA

Address for reprint requests: Department of Rheumatology, University Hospital, C2-Q, Post Box 9600, Leiden 2300 RC, The Netherlands

REFERENCE NUMBER 5

Au: Bortz, Walter M.

Ti: **The Trajectory of Dying: Functional Status in the Last Year of Life**

So: *Journal of the American Geriatrics Society* 38:146-150, 1990

The case records of the 97 patients in the largely geriatric clinical practice at the Palo Alto Medical Clinic who died in 1987 were reviewed. Functional states 12 months, 6 months, and 1 week before death were determined retrospectively in an attempt to establish the degree of functionality in the period before death, and particularly to assess the impact of age on this functionality. The data of the series suggest that age per se is not closely correlated with dysfunction. Further, use of the hospital for terminal care was largely confined to more functional patients. (24 references) AA

Address for reprint requests: 300 Homer Avenue, Palo Alto, California 94301

REFERENCE NUMBER 6

Au: Brown, R.G.; MacCarthy, B.

Ti: **Psychiatric Morbidity in Patients with Parkinson's Disease**

So: *Psychological Medicine* 20(1):77-87, 1990

Forty patients with Parkinson's disease underwent a detailed assessment of their psychiatric state using a standardized, semistructured interview, the Present State Examination. Analysis of the interviews yielded a profile of depressive and neurotic syndromes. Comparing the results with population norms, however, revealed that the patients were distinguished only by high levels of depressed mood and loss of interest and poor concentration. In the majority of patients the range and severity of symptoms fell below the criteria for "caseness." Only four patients could be allocated to an International Classification of Diseases 9 class, two to "neurotic depression," one to "anxiety state" and one to "phobic state." This rate was almost identical to that found in the general population. Broader indices of psychiatric morbidity were related to the patients' levels of disability and cognitive function. (29 references) AA

Address for reprint requests: Human Movement and Balance Unit, National Hospital, Queen Square, London WC1N 3BG, England

REFERENCE NUMBER 7

Au: Callahan, Leigh F.; Pincus, Theodore

Ti: **Association between Clinical Status Questionnaire Scores and Formal Education Level in Persons with Systemic Lupus Erythematosus**

So: *Arthritis and Rheumatism* 33(3):407-411, 1990

In a study of 124 systemic lupus erythematosus patients, clinical status, according to five questionnaire scales, was poorer in patients with <11 years versus those with >12 years of formal education. These results were statistically significant when adjusted for age, race, sex, and disease duration, although results on some scales were not significant when adjusted for multiple comparisons. These findings further support observations that formal education level is associated with clinical status in rheumatic and other chronic diseases. (16 references) AA

Address for reprint requests: T-3219 Medical Center North, Department of Medicine, Vanderbilt University, Nashville, Tennessee 37232

REFERENCE NUMBER 8

Au: Cannon, Grant W.; Emkey, Ronald D.; Denes, Alex; Cohen, Selwyn A.; Saway, P. Anthony; et al.

Ti: **Prospective Two-Year Followup of Recombinant Interferon in Rheumatoid Arthritis**

So: *Journal of Rheumatology* 17(3):304-310, 1990

Seventy patients with rheumatoid arthritis (RA) completing a 12-week multicenter double-blind trial comparing recombinant human interferon-gamma (r-IFN-) with placebo were enrolled in a long term prospective protocol evaluating r-IFN-in RA. Forty (57%) patients after 1 year and 26 (37%) patients after 2 years continued the drug with sustained clinical benefit. Over 2 years, r-IFN-was discontinued in 44 patients (lack efficacy - 25, withdrawn consent - 7, noncompliant - 4, suspected adverse drug reactions - 2, concurrent illness - 6). Two years of treatment with r-IFN-were well tolerated with sustained clinical benefit in some patients with few significant adverse drug reactions. (29 references) AA

Address for reprint requests: 50 North Medical Drive, Salt Lake City, Utah 84132

REFERENCE NUMBER 9

Au: Clipp, Elizabeth C.; George, Linda K.

Ti: **Psychotropic Drug Use among Caregivers of Patients with Dementia**

So: *Journal of the American Geriatrics Society* 38:227-235, 1990

The majority of research on "caregiver burden" focuses on mental health consequences. These stresses are associated with psychotropic drug use among some caregivers. The purposes of this paper are to identify the correlates of psychotropic drug use among caregivers of demented older adults and to determine whether or not certain types of psychotropic (i.e., antianxiety, antidepressant, and sedative/hypnotic agents) have common or unique correlates. The prevalence of psychotropic drug use among caregivers in the sample (n = 510) is substantially higher than previously reported prevalence rates in the general population and among community-dwelling elderly. Using logistic regression techniques, caregiver characteristics (e.g., gender, health, relationship to the patient) rather than severity of the patient's condition emerge as predictors of antianxiety, antidepressant, and sedative hypnotic use. The caregiver's perception of how well he or she is supported in the caregiving role emerges as an important correlate of psychotropic drug use in general and especially of antidepressant consumption. Results suggest that caregivers are a high-risk group for the development of emotional symptoms such as nervousness, exhaustion, decreased appetite, and difficulty sleeping, symptoms that may or may not constitute a psychiatric disorder. Characteristics of the caregiver, especially aspects of the support system, should be an important consideration in decisions to prescribe psychotropic drugs. (57 references) AA

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

REFERENCE NUMBER 10

Au: Colsher, Patricia L.; Wallace, Robert B.

Ti: **Health and Social Antecedents of Relocation in Rural Elderly Persons**

So: *Journal of Gerontology: Social Sciences* 45(1):S32-S38, 1990

Sociodemographic, health, and psychobehavioral correlates of anticipated and actual relocation were examined in a geographically defined rural elderly population (n = 3,097). Intent to move was associated with higher levels of depressive symptoms. Of those responding, 4.8 percent moved between the baseline and 1-year followup interviews. Disproportionately high numbers of women, persons over 84 years of age, those who lived alone, persons with lower incomes, and the less educated made noninstitutional moves. Actual noninstitutional relocation was associated with poorer physical functional status, poorer self-perceived health status, higher levels of depressive symptomatology and anxiety, and poorer life satisfaction at baseline. Death of spouse, marriage of offspring, and having someone move in with the respondent were associated with noninstitutional relocation, but retirement was not. The outcomes are generally consistent with Litwak and Longino's (1987) developmental model of relocation among elderly persons. (26 references) AA

Address for reprint requests: Department of Preventive Medicine and Environmental Health, University of Iowa, Iowa City, Iowa 52242

REFERENCE NUMBER 11

Au: Crabtree, Benjamin F.; Ray, Subhash C.; Schmidt, Priscilla M.; O'Connor, Patrick J.; Schmidt, David D.

Ti: **The Individual Over Time: Time Series Applications in Health Care Research**

So: *Journal of Clinical Epidemiology* 43(3):241-260, 1990

This paper presents a summary and a brief theoretical introduction to time series ARIMA modeling of single subject data. Time series, a statistical technique that may be appropriate when data are measured repeatedly and at nearly equal intervals of time, has potential research applications in the study of chronic diseases such as diabetes, hypertension, and herpes simplex. Both intervention models and multivariate models are covered, with examples illustrating the utility of time series techniques in chronic disease research. Time series modeling of a subject with diabetes before and after being placed on a regimen of chlorpropamide is used to demonstrate the potential of intervention analysis. Multivariate time series techniques are illustrated by modeling the relationship between exercise and blood glucose, and by modeling the relationship between psychosocial distress and lymphocyte subsets of the cellular immune system. (70 references) AA

Address for reprint requests: University of Connecticut, 123 Sigourney Street, Hartford, Connecticut 06105

REFERENCE NUMBER 12

Au: Devins, Gerald M.; Mandin, Henry; Hons, Ronald B.; Burgess, Ellen D.; Klassen, John; et al.

Ti: **Illness Intrusiveness and Quality of Life in End-Stage Renal Disease: Comparison and Stability Across Treatment Modalities**

So: *Health Psychology* 9(2):117-142, 1990

The authors investigated the degree to which chronic, life-threatening illness and its treatment interfere with continued involvements in valued activities and interests—that is, illness intrusiveness—and its impact on quality of life in end-stage renal disease. Data were collected on two occasions separated by a lag of 6 weeks. Mixed analyses of variance indicated that life domains were affected differently across treatments. Perceived illness intrusiveness correlated significantly with treatment time requirements, uremic symptoms, intercurrent nonrenal illnesses, fatigue, and difficulties in daily activities. Significant quality-of-life differences were observed across treatment modalities for satisfaction/happiness and pessimism/illness-related concerns but not for depression/distress. Perceived illness intrusiveness correlated significantly with each of these quality-of-life measures. Results were stable over time. These findings substantiate the construct of illness intrusiveness as a mediator of the psychosocial impact of chronic, life-threatening illness. (60 references) AA

Address for reprint requests: University of Calgary, 2500 University Drive NW, Calgary, Alberta, T2N 1N4, Canada

REFERENCE NUMBER 13

Au: Donaldson, Cam

Ti: **Willingness To Pay For Publicly-Provided Goods: A Possible Measure of Benefit?**

So: *Journal of Health Economics* 9:103-118, 1990

The results presented in this paper arise from a United Kingdom-based study aimed at determining peoples' willingness to pay for two publicly provided goods, namely continuing care for elderly people in either hospital or National Health Service (NHS) nursing homes. Seventy-one percent of respondents provided valuations that could contribute to the analysis that showed that the group that preferred NHS nursing-home care could potentially compensate the group that preferred hospital care and still remain better off, thus rendering NHS nursing-home care the efficient option to undertake. No variable could be

found that discriminated between those who could place a value on both types of care and those who could not. The willingness-to-pay methodology is very experimental in this context and should be investigated thoroughly before its widespread adoption in the evaluation of health care techniques. (15 references) AA

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

REFERENCE NUMBER 14

Au: Drummond, Michael F.

Ti: **Allocating Resources**

So: *International Journal of Technology Assessment in Health Care* 6:77-92, 1990

This article reviews the methods of economic evaluation of health technology. The different forms of evaluation are outlined and the importance of assessing costs and benefits at the margin stressed. The approaches used by economists to analyze priorities for health technologies are discussed and a number of key managerial and policy issues identified. It is concluded that, although further methodological improvements can be made, a clear methodology for economic evaluation of health technologies has been established. However, attention needs to be paid to the timeliness and relevance of economic evaluation in order to ensure its maximum impact. (30 references) AA

Address for reprint requests: Department of Economics, University of Birmingham, United Kingdom

REFERENCE NUMBER 15

Au: Edelman, Perry; Hughes, Susan

Ti: **The Impact of Community Care on Provision of Informal Care of Homebound Elderly Persons**

So: *Journal of Gerontology: Social Sciences* 45(2):S74-S84, 1990

This study examined the impact of community care on informal care provided by family and friends to homebound elderly persons. Secondary analyses were conducted on data collected from clients at baseline, 9 months ($n = 225$), and 48 months ($n = 76$) after acceptance to community care and home-delivered meals programs. Analyses revealed a significant increase in the amount of formal services provided to both groups of clients at 9 months and to community care clients at 48 months. The increase was attributed to the large proportion of "new" or "supplementary" services provided by agencies. No significant decrease in the amount of service provided by informal caregivers was found. In addition, regression analyses demonstrated only a weak impact of formal service on informal care. Analysis of patterns of service provision for each client demonstrated that formal care supplemented rather than substituted for informal care significantly more often in both the 9- and 48-month samples. We conclude that formal care in general supplemented the efforts of informal caregivers, and that informal caregiving remained stable over time. (22 references) AA

Address for reprint requests: Northwestern University, 629 Noyes Street, Evanston, Illinois 60208

REFERENCE NUMBER 16

Au: Engle, Eric W.; Callahan, Leigh F.; Pincus, Theodore; Hochberg, Marc C.

Ti: **Learned Helplessness in Systemic Lupus Erythematosus: Analysis using the Rheumatology Attitudes Index**

So: *Arthritis and Rheumatism* 33(2):281-286, 1990

The Rheumatology Attitudes Index (RAI) was administered to 138 patients with systemic lupus erythematosus (SLE) to determine its reliability and to examine the construct of learned helplessness in patients with this disease. The internal consistency of the RAI was indicated by Cronbach's standardized

alpha value ($\alpha = 0.70$). Significant correlations were observed between RAI scores and the Modified Health Assessment Questionnaire Activities of Daily Living difficulty ($r = 0.34$) and dissatisfaction ($r = 0.32$) scores, the 10-cm visual analog pain scale ($r = 0.42$), and the Psychosocial Adjustment to Illness Scale raw total ($r = 0.63$). These findings support the external validity of the RAI in SLE. In addition, these data suggest that the learned helplessness construct might be relevant to the outcomes of morbidity and mortality in patients with SLE. (26 references) AA

Address for reprint requests: 1830 East Monument Street, Suite 7500, Baltimore, Maryland 21205

REFERENCE NUMBER 17

Au: Fendrich, Michael; Weissman, Myrna M.; Warner, Virginia

Ti: **Screening for Depressive Disorder in Children and Adolescents: Validating the Center for Epidemiologic Studies Depression Scale for Children**

So: *American Journal of Epidemiology* 131(3):538-551, 1990

The utility of the Center for Epidemiologic Studies Depression Scale for Children (CES-DC), a modified version of the Center for Epidemiologic Studies Depression Scale, was explored in a sample of children, adolescents, and young adults at high or low risks for depression according to their parents' diagnosis. Proband parents were participants in the Yale Family Study of Major Depression who had children between the ages of 6 and 23 years. Diagnostic and self-report information on offspring was collected over two waves, spaced 2 years apart, from 1982 to 1986. Support was obtained for the reliability and validity of the CES-DC as a measure of depressive symptoms, especially for girls and for children and adolescents aged 12-18 years. Children with major depressive disorder or dysthymia, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), had elevated scores in comparison with all other respondents. The CES-DC lacked diagnostic specificity; children with a range of current DSM-III diagnoses had elevated scores on the measure. A cutoff point of 15 and above for screening children and adolescents for current major depressive disorder or dysthymia may be optimal. Depressed respondents scoring below this cutoff point (false negatives) showed better social adjustment than true positives; nondepressed respondents scoring above this cutoff point (false positives) showed worse adjustment than true negatives. Factor analysis was used to construct an abbreviated, four-item version of the scale. The abbreviated scale was shown to be useful as a screen. (31 references) AA

Address for reprint requests: 722 West 168th Street, Box 14, New York, New York 10032

REFERENCE NUMBER 18

Au: Gabriel, Sherine E.; Conn, Doyt L.; Luthra, Harvinder

Ti: **Rifampin Therapy in Rheumatoid Arthritis**

So: *Journal of Rheumatology* 17(2):163-166, 1990

Several second-line antirheumatic agents possess both immunosuppressive and antimicrobial properties. Rifampin is an antimicrobial agent recently found to exhibit immunosuppressive activity in both animal and human studies. Intraarticular rifamycin SV, a rifampin derivative, has been reported to cause dramatic improvement in gonarthrosis in 15 patients with rheumatoid arthritis (RA). These reports, along with the personal observation of spontaneous improvement of arthritic symptoms in 2 patients with RA treated with rifampin at our institution, prompted us to conduct a pilot study using oral rifampin at 600-1200 mg daily in 8 patients with active, adult onset, seropositive RA. Although no clinically important or statistically significant improvement occurred in any of the outcome variables measured, the power of this study to detect such differences was limited. Alkaline phosphatase increased modestly in 7 patients. One patient developed an acute, drug-induced, flu-like syndrome with marked elevation of liver enzymes, which resolved promptly with drug withdrawal. We conclude that the potential effectiveness of oral rifampin therapy in RA is doubtful. (28 references) AA

Address for reprint requests: 200 First Street SW, Rochester, Minnesota 55905

REFERENCE NUMBER 19

Au: Ganz, Patricia A.; Coscarelli, C. Anne; Cheng, Huei-Ling
Ti: **Assessing the Quality of Life—A Study in Newly-Diagnosed Breast Cancer Patients**
So: *Journal of Clinical Epidemiology* 43(1):75–86, 1990

Quality of life (QL) assessment is an increasingly important component of clinical research, especially with cancer patients. The literature strongly supports that parameters such as performance status or toxicity ratings may bear some relationship. Clinicians have been reluctant to accept the need for patient-rated measures of QL. In this paper, data from a sample of 109 newly diagnosed breast cancer patients were used to examine the relationship between expert-rated measures and a patient-rated measure of QL; to determine whether the Cancer Rehabilitation Evaluation System (CARES), an instrument for assessing the rehabilitation needs of cancer patients, is a measure of QL; to explore whether there are any medical, social, or demographic variables that the clinician can use to predict how patients assess their QL; and to determine which variables (expert-related scales, medical, social, or demographic variables, or rehabilitation needs) have the most effect on how patients evaluate their QL. In this sample, patient ratings of QL were widely distributed and were only moderately correlated with the expert-rated Karnofsky Performance Status ($r=0.53$) and Global Adjustment to Illness Scale ($r=0.59$). In addition, there were no significant correlations between important clinical variables (axillary node status, type of surgery, receipt of chemotherapy) and patient-rated QL. Among the clinical variables and instruments studied, the Global CARES score demonstrated the best correlation ($r=-0.74$) with the patient-rated assessment of QL. A stepwise multiple linear regression procedure was performed with QL as the dependent variable in order to identify which factors accounted for the most variance in patient assessment of QL. The potential predictor variables used in this procedure were chosen from among those that would be available to a clinician. The Global CARES score was the best single predictor of QL, accounting for 55 percent of the variance, followed by Karnofsky Performance Status, the Medical Interaction and Sexual Summary scales of the CARES, and the patient's educational status. Data from the CARES provided additional descriptive information about the type and frequency of rehabilitation problems experienced by these patients in relation to their ratings of QL. The authors conclude that the CARES is a promising new measure of QL, which has the capability of providing a global summary score as well as detailed information about the specific aspects of life the patient is considering when making a QL assessment. (53 references) AA

Address for reprint requests: 1611 Plummer Street, Sepulveda, California 91343

REFERENCE NUMBER 20

Au: Garrard, Judith; Kane, Robert L.; Radosevich, David M.; Skay, Carol L.; Arnold, Sharon; et al.
Ti: **Impact of Geriatric Nurse Practitioners on Nursing-Home Residents' Functional Status, Satisfaction, and Discharge Outcomes**
So: *Medical Care* 28(3):271–283, 1990

This study evaluated the impact of geriatric nurse practitioners (GNP) employed by nursing homes on quality of patients' care and residents' outcomes during a 12-month study period. Quality of care was assessed in standardized interviews of 525 residents in five nursing homes without GNPs. Each resident was interviewed up to four times during the study period (at baseline, and 3, 6, and 12 months later) to determine functional status, satisfaction with care, and physical condition at each of these points. The only significant difference between groups was that fewer newly admitted residents were hospitalized from GNP homes than from those without a GNP. The results of this interview study showed that the GNP as a nursing home employee had little impact on residents' functional status, physical condition, or satisfaction. (14 references) AA

Address for reprint requests: 420 Delaware Street SE, Minneapolis, Minnesota 55455

REFERENCE NUMBER 21

Au: Geigle, Ron; Jones, Stanley B.
Ti: **Outcomes Measurement: A Report for the Front**
So: *Inquiry* 27:7-13, 1990

In August of last year a group of individuals representing providers, employers, insurers, government agencies, researchers, and policymakers gathered for 2 days at a study center in Woods Hole, Massachusetts, to share information on current programs, explore the obstacles, and consider the possibilities for the application and use of outcomes measurement. Several reports on actual use of outcomes measures by purchasers of health care, hospitals, clinics, and third-party payers formed the basis for discussion on the systems in use and their purposes, and also on the strengths and weaknesses of outcomes measures and how they might be improved. The group also addressed how purchasers, providers, and patients might work together to develop the most effective and useful measures. (0 references) AA

Address for reprint requests: Geigle and Associates, Washington, D.C.

REFERENCE NUMBER 22

Au: Hall, Judith A.; Feldstein, Michael; Fretwell, Marsha D.; Rowe, John W.; Epstein, Arnold M.
Ti: **Older Patients' Health Status and Satisfaction with Medical Care in an HMO Population**
So: *Medical Care* 28(3):261-270, 1990

Few studies have examined the relationship between older patients' satisfaction with medical care and their health status, and none of these investigations has been based at an HMO. To examine this question, data on 532 patients older than 70 years in an HMO were analyzed. Patients' reports of satisfaction with medical care were examined in relation to several dimensions of health status (based on self-reports, chart data, and characteristics of their primary physicians). Greater satisfaction was significantly associated with better self-rated health and physical function, less emotional distress, and more social activity but was not related to physicians' health ratings, number of diagnoses, nor cognitive function. Mean levels of satisfaction were also significantly different for patients of different physicians but not appreciably related to patients' sociodemographic characteristics. When patient sociodemographic characteristics were controlled for, the relations of health status variables to satisfaction were essentially unchanged. It was concluded that the key issues to be resolved are whether better health leads to greater satisfaction or vice versa, and, in either case, whether the relations are mediated by factors relating to the patient's experience of medical care. (42 references) AA

Address for reprint requests: Department of Psychology, Northwestern University, 360 Huntington Avenue, Boston, Massachusetts 02115

REFERENCE NUMBER 23

Au: Hughes, Susan L.; Cummings, Joan; Weaver, Frances; Manheim, Larry M.; Conrad, Kendon J.; et al.
Ti: **A Randomized Trial of Veterans Administration Home Care for Severely Disabled Veterans**
So: *Medical Care* 28(2):135-145, 1990

This randomized study screened hospital admissions to all wards except Psychiatry and Spinal Cord Injured during a 3-year period to identify 233 severely disabled patients (two impairments on the Katz Index of ADL) and caregivers who were willing to participate in a pretest-multiple posttest trial of the Hines VA Hospital-based Home Care (HBHC) Program. Patient functional status, morale, and satisfaction with care were measured at baseline and 1 month and 6 months postdischarge. Caregiver satisfaction and morale were assessed at the same time periods. All health care services used by both groups were tracked over the 6-month period and converted to cost. Findings include improved 1-month satisfaction with care and improved 6-month cognitive functions among HBHC patients and improved 1-month and

6-month satisfaction with care among their caregivers. A nonsignificant 10 percent decrease in net cost of care was found in the treatment group, largely due to lower use of private sector hospital care. (26 references) AA

Address for reprint requests: Northwestern University, 629 Noyes Street, Evanston, Illinois 60201

REFERENCE NUMBER 24

Au: Idler, Ellen L.; Kasl, Stanislav V.; Lemke, Jon H.

Ti: **Self-Evaluated Health and Mortality Among the Elderly in New Haven, Connecticut, and Iowa and Washington Counties, Iowa, 1982-1986**

So: *American Journal of Epidemiology* 131(1):91-103, 1990

The ability of global self-evaluations of health to predict survival in followup studies is tested in two samples of elderly, noninstitutionalized adults. Data from the Yale Health and Aging Project, New Haven, Connecticut (n=2,812) and the 65+ Rural Health Study, Iowa and Washington counties, Iowa (n=3,673) were used to investigate the association between 1982 self-evaluated global health status (excellent, good, fair, poor) and survivorship from 1982 to 1986. Despite extensive controls for physical health status in the form of measures of disabilities and chronic conditions, sociodemographic characteristics, and health risk behaviors at the beginning of the followup period, and the use of analytic techniques which take into account the stratified sample design of the New Haven data, poor self-perceptions of health significantly increase the risk of mortality. Adjusted odds ratios for the extreme categories ("poor" as compared with "excellent") for New Haven men and women were 5.33 (95% confidence interval (CI) 1.93-14.75) and 2.99 (95% CI 1.30-6.91), respectively; for Iowa men and women they were 4.84 (95% CI 2.22-10.57) and 3.16 (95% CI 1.49-6.71). Respondents reporting "fair" and "good" health also show elevated risks of mortality in dose-response fashion. Self-perceptions of health status appear to be a factor of unique prospective significance in mortality studies. (25 references) AA

Address for reprint requests: Rutgers University, 30 College Avenue, New Brunswick, New Jersey 08903

REFERENCE NUMBER 25

Au: Kashner, T. Michael; Krompholz, Brigita; McDonnell, Constance; Magaziner, Jay; Schumann, Barbara

Ti: **Acute and Custodial Care Among Impaired Aged**

So: *Journal of Aging and Health* 2(1):28-41, 1990

The authors surveyed a community-based population of 628 persons who were 65 and over and who lived either in a rural Maryland county or in Baltimore. For each subject, the number of different medical problems, the subject's capacity to perform physical task, and the ability to function were assessed. The number and type of medical problems tended to be the best predictors of whether or not hospital or physician's office care was used, and of the volume of physician's office visits for subjects who sought outpatient care. The subjects' ability to function was the best predictor of whether or not the subject used a paid home aide and the volume of family caregiving. Implications of research on association between need and use of long-term care are discussed. (33 references) AA

Address for reprint requests: Department of Psychiatry, University of Arkansas of Medical Sciences, 4301 W. Markham, Slot 544, Little Rock, Arkansas 72205-7199

REFERENCE NUMBER 26

Au: Kasper, Judith D.

Ti: **Cognitive Impairment among Functionally Limited Elderly People in the Community: Future Considerations for Long-term Care Policy**

So: *Milbank Quarterly* 68(1):81-109, 1990

This article examines the implications for cognitively impaired individuals in the community, and those who care for them, of basing access to long-term care services on activities of daily living (ADL) and considers the need for alternative approaches, especially since ADL measures do not adequately address the range of disabilities related to cognitive impairment. The data used for these analyses are from the 1982 National Long-term Care Survey (NLTCs). (52 references) AA-M

Address reprint requests: The Johns Hopkins University, Hampton House, 6th Floor, 624 North Broadway, Baltimore, Maryland 21205-1901

REFERENCE NUMBER 27

Au: Lawton, M. Powell; Moss, Miriam; Glicksman, Allen

Ti: **The Quality of the Last Year of Life of Older Persons**

So: *Milbank Quarterly* 68(1):1-29, 1990

This research examined the quality of the last year of life in a heterogeneous older group of community residents. Institutionalized people were excluded because the majority of all deaths occur to persons who are living in the community. Secondly, quality of life in the last year was compared with that of an ordinary year of life among living older people. Thus, a community-resident comparison group selected by criteria unrelated to health was studied as well. Finally, the authors aimed to portray the changes that occur over the year and the trajectories that different facts of life quality follow as death approaches. Depicting the positive and negative aspects of the last year of life is seen as vital in order to personalize the "cases" that constitute the data of cost-of-care reports. This report thus complements the portrait of the last year which focuses on dollars and hospital days by portraying its more personally meaningful features. (25 references) AA-M

Address for reprint requests: Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, Pennsylvania 19141

REFERENCE NUMBER 28

Au: Livingston, Gill; Hawkins, Angela; Graham, Nori; Blizard, Bob; Mann, Anthony

Ti: **The Gospel Oak Study: Prevalence Rates of Dementia, Depression and Activity Limitation among Elderly Residents in Inner London**

So: *Psychological Medicine* 20(1):137-146, 1990

The steps to setting up a population register of elderly residents are described. Based upon this, 87.2 percent of the elderly residents of an inner-city electoral area were screened for memory disorder, depression, and activity limitation using the Short CARE. Contact with medical and social agencies was also recorded; 4.7 percent were classed as cases by the dementia diagnostic scale, sufferers being older and not living alone. Of the residents 15.9 percent were classed as depressed, this state being more prevalent in those not currently married. The depressed were, in contrast to the demented residents, likely to be in recent contact with hospital and general practitioner. Thirty-two percent of the population showed impairment in daily activity; these individuals were usually older, not married, and receiving hospital care. Sleep disorder and complaint of many somatic symptoms were associated with a diagnosis of depression. In contrast, most respondents with a subjective complaint of memory disorder, which was common in this population, were neither suffering from depression nor dementia. With this accurate sampling frame and a good response rate, the prevalence rate of clinical depression must be seen as disturbingly high. The

prevalence rate of dementia approximated to that of other surveys. This study also indicated that general practitioners, lists may be inaccurate and that nonresponders to first approaches for interview, although similar in demographic features to those responding, may contain among them many suffering from dementia. (19 references) AA

Address for reprint requests: Royal Free Hospital, Pond Street, London 3 2QG United Kingdom

REFERENCE NUMBER 29

Au: Maylath, Nancy Schmalzried

Ti: **Development of the Children's Health Rating Scale**

So: *Health Education Quarterly* 17(1):89-97, 1990

Following pilot testing, the 17-item Children's Health Ratings Scale was group administered to approximately 1,200 fourth- through sixth-grade students. The internal consistency, reliability, concurrent validity, and construct validity of the scale were examined utilizing various statistical methods, including calculation of the alpha coefficient factor analysis, and other correlational techniques. The scale was found to be reliable with an alpha coefficient of .83. Concurrent validity was supported by the finding that higher scale scores were associated with higher ratings on a single, general health item and with lower ratings on single items concerning pain, health worry, and the presence of sickness. Correlations between scores on the Children's Health Rating Scale and sex, grade level, and a measure of response bias were of low magnitude and presented no serious threat to instrument validity. Five factors were identified for interpretation during factor analysis. A post hoc validity study compared the mean scale scores of a group of asthmatic children and a subsample from the scale development study. Suggestions for further study are presented. (19 references) AA

Address for reprint requests: University of Toledo, 2801 W. Bancroft Street, Toledo, Ohio 43606

REFERENCE NUMBER 30

Au: Mulrow, Cynthia D.; Aguilar, Christine; Endicott, James E.; Velez, Ramon; Tuley, Michael R.; et al.

Ti: **Association Between Hearing Impairment and the Quality of Life of Elderly Individuals**

So: *Journal of the American Geriatrics Society* 38:45-50, 1990

Hearing impairment is one of the most common chronic health problems of elderly Americans. Although adverse effects on quality of life are thought to be considerable, they have not been rigorously evaluated. This study was designed to identify the types and extent of dysfunction experienced by elderly individuals with hearing loss, and to define the most appropriate measures for assessing this dysfunction. Elderly male veterans attending a primary care clinic were screened for hearing loss and had their quality of life assessed with a comprehensive battery of disease-specific and generic measures. Of 472 people who had their hearing tested, 106 had hearing loss. Hearing loss was associated with significant emotional, social, and communication dysfunction. Most individuals (66%) perceived these dysfunctions as severe handicaps even though audiologic loss revealed only mild to moderate impairment (pure tone average loss, 27-55 Db). Adverse effects were best detected with disease-specific rather than generic functional status measures. We conclude that hearing impairment is associated with important adverse effects on the quality of life of elderly individuals, and that these effects are perceived as severe handicaps even by individuals with only mild to moderate degrees of hearing loss. (49 references) AA

Address for reprint requests: 7400 Merton Minter Boulevard, San Antonio, Texas 78248

REFERENCE NUMBER 31

Au: Pagel, Mark D.; Smilkstein, Gabriel; Regen, Hari; Montano, Dan
Ti: **Psychosocial Influences on New Born Outcomes: A Controlled Prospective Study**
So: *Social Science and Medicine* 30(5):597-604, 1990

This paper reports the results of a prospective investigation of 100 women during their pregnancies to test the hypothesis that social and psychological factors influence pregnancy outcome after controlling for demographic, biomedical, and lifestyle variables. Subjects completed questionnaires that assess family social supports, life events, and anxiety. In addition, data were collected on general biomedical and pregnancy risk, lifestyle practices including smoking and drinking, as well as demographic information. Four infant outcomes, birthweight, gestational age, and 1- and 5-min Apgar scores were studied via hierarchical multiple regression analyses for their relationship to the social and psychological variables, after controlling for all other sets of variables. The results of these analyses showed that life events stress accounted for significant variation in birthweight, and social supports and anxiety were associated with the two pediatric Apgar scores. Gestational age bore a simple relationship to anxiety, with higher anxiety predictive of lower gestational age. Further analyses revealed that women with either low social supports or high anxiety were, on the average, younger, more often single, of lower education level, had less income, smoked more, and had higher general biomedical risk than women with adequate social supports or lower anxiety. This suggests the multiple ways in which social and psychological risk factors may be related to pregnancy outcome and emphasizes the need for well-controlled studies in this area. (46 references) AA
Address for reprint requests: Department of Family Practice, University of Louisville, Louisville, Kentucky 40292

REFERENCE NUMBER 32

Au: Raju, Nambury S.; Burke, Michael J.; Normand, Jacques
Ti: **A New Approach for Utility Analysis**
So: *Journal of Applied Psychology* 75(1):3-12, 1990

A new utility analysis approach is presented. It is demonstrated that the new approach does not require the direct estimation of the most problematic component of current utility analysis equations, the standard deviation of Y . The parsimony of the new approach provides the potential for more directly linking decision-theoretic utility analysis with economic and accounting concepts. The development of the new approach highlights the many necessary and untested assumptions of current utility models. It also points to a need for reassessing the psychometric validity of correcting for criterion unreliability in utility analysis. Furthermore, the CREPID and 40 percent and 70 percent rules for estimating the standard deviation of Y are shown to be special cases of the new approach. Research on the efficacy of the assumptions and applicability of the new approach is advocated. (55 references) AA
Address for reprint requests: Department of Psychology, Illinois Institute of Technology, Chicago, Illinois 60616

REFERENCE NUMBER 33

Au: Rakowski, William; Cryan, Cynthia D.
Ti: **Association Among Health Perceptions and Health Status Within Three Age Groups**
So: *Journal of Aging and Health* 2(1):58-80, 1990

Using data from the 1984 Supplement on Aging to the National Health Interview Survey, the associations among five health perceptions and two indices of functional health status were investigated within each of three age groups (55-64, 65-79, 80+). Greater functional impairment was associated with less favorable health perceptions in all three age groups. However, the strength of association was not consistent for the five indices, leaving room for conflicting assessments of one's health. Efficacy at taking care of health and

perceived control over health showed lower strengths of association with functional impairment, raising the possibility that the resilience of some perceptions may be studied in greater detail. Results for persons aged 80 and older were similar in some ways to those for persons aged 55-64; however, there was some evidence of stronger negative association with increasing functional limitation among persons aged 55-64, suggesting a possibly stronger impact of health problems in this group. Future research might usefully examine intraindividual consistency of health perceptions and behavior, in addition to looking for normative interindividual trends. (34 references) AA

Address for reprint requests: Center for Gerontology and Health Care Research, Box G-B221, Brown University, Providence, Rhode Island 02912

REFERENCE NUMBER 34

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

Ti: **Relationship Between Premenstrual Symptoms and General Well-Being**

So: *Psychosomatics* 31(1):47-54, 1990

Data on the general well-being and premenstrual symptoms of military wives were collected on two occasions one year apart. The women's general well-being and premenstrual symptoms were highly correlated on both occasions, but an even higher correlation was found between the presence of premenstrual symptoms at time 1 and the presence of premenstrual symptoms at time 2. Further analyses revealed that women with higher scores on general well-being and premenstrual symptoms were older and reported fewer cognitive depressive symptoms than women with lower scores on general well-being and premenstrual symptoms. At the 1-year followup, the women with lower scores on general well-being who complained of premenstrual symptoms were more depressed than those who did not. (23 references) AA

Address for reprint requests: Walter Reed Army Institute of Research, SGRA-UWI-A, Washington, D.C. 20307

REFERENCE NUMBER 35

Au: Roth, Elliot J.; Lawler, Mary H.; Yarkony, Gary M.

Ti: **Traumatic Central Cord Syndrome: Clinical Features and Functional Outcomes**

So: *Archives of Physical Medicine and Rehabilitation* 71:18-23, 1990

This retrospective study examined clinical features of 81 rehabilitated patients with traumatic central cord syndrome and identified factors which predicted more favorable rehabilitation outcomes. The sample had two age peaks and a mean age of 46 years. Most injuries were caused by vehicular accidents, but falls were more common among older persons. Predominant upper extremity weakness was proximal in 4 percent, distal in 36 percent, and generalized in the remainder. Forty-one percent also had significant lower limb weakness. More than 90 percent of the patients experienced neurologic recovery of upper and/or lower limb strength. After an average acute hospitalization of 30 days and a mean rehabilitation stay of 70 days, most patients performed each of 14 functional skills independently, 84 percent had bladder continence, and 89 percent were discharged home. Statistically significant improvements were noted for mean Modified Barthel Index scores between rehabilitation admission and discharge. Favorable rehabilitation outcomes were associated most frequently with younger age, preinjury employment, absence of lower extremity impairment at admission, and documented upper or lower extremity strength recovery during rehabilitation. Central cord syndrome generally has a good prognosis for neurologic and functional improvement during rehabilitation. (20 references) AA

Address for reprint requests: 45 East Superior Street, Chicago, Illinois 60611

REFERENCE NUMBER 36

Au: Satariano, William A.; Ragheb, Nawal E.; Branch, Laurence G.; Swanson, G. Marie
Ti: **Difficulties in Physical Functioning Reported by Middle-aged and Elderly Women with Breast Cancer: A Case-Control Comparison**
So: *Journal of Gerontology: Medical Sciences* 45(1):M3-M11

Levels of physical functioning reported by women aged 55 to 84 with incident breast cancer were compared to those reported by women of the same age without the disease. A total of 422 breast cancer patients, identified through the Metropolitan Detroit Cancer Surveillance System, were interviewed 3 and 12 months after diagnosis. Interviews with 478 controls of the same age, identified through telephone random-digit dialing, were conducted twice during the same time period. At 3 months, patients aged 55-64 and 65-74 reported greater difficulty than controls in completing tasks requiring upper-body strength. Little difference was shown between cases and controls aged 75 to 84. After 1 year, patients aged 65-74 still reported higher than expected levels of difficulty in light lifting as well as pushing and lifting heavy objects. Among cases aged 55-64, only pushing and lifting heavy objects remained problematic. Estimates of the prevalence of physical difficulty will be useful in planning future breast cancer treatment and rehabilitation services. (28 references) AA

Address for reprint requests: School of Public Health, University of California, Berkeley, Berkeley, California 94720

REFERENCE NUMBER 37

Au: Schag, C. Anne Coscarelli; Heinrich, Richard L.; Aadland, Rebecca L.; Ganz, Patricia A.
Ti: **Assessing Problems of Cancer Patients: Psychometric Properties of the Cancer Inventory of Problem Situations**
So: *Health Psychology* 9(1):83-102, 1990

The psychometric properties of the Cancer Inventory of Problem Situations (CIPS), a cancer-specific survey instrument designed to assess day-to-day problems and rehabilitation needs of cancer patients. A heterogeneous group of 479 cancer patients participated in the research. The substructure of the CIPS was investigated using factor-analytic techniques. The CIPS was factored into 31 clinically useful subscales. Further analyses led to five higher order factors representing the physical, psychosocial, medical interaction, marital, and sexual problem areas characteristic of cancer and its treatment. Internal consistency of all the scales was high. The test-retest reliability and validity of the instrument were also studied in a sample of 120 patients. Analyses of items, subscales, higher order factors, and total CIPS score suggest excellent reliability. The pattern of correlations of the CIPS with other measures (psychological distress; physical, marital, and sexual functioning; and quality of life) provided preliminary evidence of concurrent, discriminant, and convergent validity. The CIPS appears to have sound psychometric properties and fills an important gap in the assessment of cancer patients for both clinical and research purposes. (23 references) AA

Address for reprint requests: Psychiatry Services (116A3), Veterans Administration Medical Center, 16111 Plummer Street, Sepulveda, California 91343

REFERENCE NUMBER 38

Au: Stommel, Manfred; Given, Charles W.; Given, Barbara
Ti: **Depression as an Overriding Variable Explaining Caregiver Burdens**
So: *Journal of Aging and Health* 2(1):81-102, 1990

This research examines the relationship between caregiver burdens and caregiver depression. Five measures of burdens were designed to capture the specificity of psychological reactions to caregiving tasks and processes. In addition, an attempt was made to develop strictly behavioral measures of caregiving

processes (e.g., caregiver involvement or support from others) to explore the sensitivity of burden measures to "objective" caregiving conditions. Finally, we employed the CES-D as our measure of caregiver depression. Major findings include (a) caregiving processes affect various dimensions of burdens in largely different ways; but (b) caregiver depression appears to dominate caregiver perceptions of burdens across all burden dimensions. The results lead us to stress that burdens express evaluations of the caregiving situation in light of more general affective states. This analysis is based on the first wave of a longitudinal study of caregiver-patient dyads in lower Michigan (n=307). (25 references) AA

Address for reprint requests: Department of Family Practice, B-100 Clinical Center, Michigan State University, East Lansing, Michigan

REFERENCE NUMBER 39

Au: Taylor, Shelley E.

Ti: **Health Psychology: The Science and the Field**

So: *American Psychologist* 45(1):40-50, 1990

This paper reviews scientific and professional trends in the field of health psychology. The author discusses recent research on health promotion, psychological factors in the development of illness, cognitive representations of health and illness, stress and coping, social support, intervention to promote coping, and trends that will affect progress in the field, such as the need for cost containment and the aging of the population. (125 references) AA

Address for reprint requests: Department of Psychology, 405 Hilgard Avenue, University of California at Los Angeles, Los Angeles California 90024

REFERENCE NUMBER 40

Au: Vinokur, Amiram D.; Threatt, Barbara A.; Vinokur-Kaplan, Diane; Satariano, William A.

Ti: **The Process of Recovery From Breast Cancer for Younger and Older Patients (Changes During the First Year)**

So: *Cancer* 65(5):1242-1254, 1990

A representative community sample of 274 breast cancer (BC) patients from the Metropolitan Detroit Cancer-Surveillance System was studied longitudinally during the year after their BC diagnosis. The adjustment of these patients to their disease was examined in terms of (1) the changes in their physical and mental health functioning; and (2) the factors that predict or facilitate the recovery process, including the independent and interactive effects of age. Comparison of the outcomes at 4 and 10 months after diagnosis manifested a significant and consistent improvement in physical functioning. In contrast, there was an absence of any improvement in indicators of mental health and well-being. Whereas the cross-sectional analyses demonstrated that stage of disease had an impact on physical impairment, the longitudinal analyses revealed that physical impairment at time 1 was the significant predictor of deteriorating mental health at time 2. Furthermore, younger age was shown to exacerbate the impact of impairment on mental health. The more seriously impaired younger patients experienced significantly greater deterioration in their mental health and well-being than similarly impaired older patients. However, older age was found to exacerbate the impact of more extensive surgery on symptoms that produce limitations in activity. (61 references) AA

Address for reprint request: Institute for Social Research, The University of Michigan, Ann Arbor, Michigan 48106-1248

REFERENCE NUMBER 41

Au: Weinberger, Morris; Tierney, William M.; Booher, Patricia; Hiner, Sharon L.
Ti: **Social Support, Stress and Functional Status in Patients with Osteoarthritis**
So: *Social Science and Medicine* 30(4):503-508, 1990

The authors investigated the relationship among social support, stress, and functional status in 439 patients with osteoarthritis (OA). OA is among the most prevalent diseases affecting American adults and is a major contributor to functional impairment, morbidity, and utilization of health care resources. This study examines whether the impact of social support upon health was direct or indirect (i.e., it was present only when respondents were exposed to stressors). We also wanted to explore the relationship between functional status and specific dimensions of support (i.e., self-esteem, appraisal, belonging, and tangible support). Functional status (psychological disability, physical disability, pain) was assessed with the Arthritis Impact Measurement Scales (AIMS). Multiple regression suggested that exposure to stressors and low self-esteem support were associated with increased disability along all AIMS dimensions; appraisal support was not correlated with any AIMS score. Also, physical disability was associated with being older and having less tangible support; psychological disability with being younger, caucasian, and having less belonging support; and pain with being younger, caucasian, and having less education. In no instance was there empirical support for the buffering model. Self-esteem appeared to be the most, and appraisal the least, consistent social support dimension when predicting function status. While exposure to stressors negatively affected all AIMS dimensions, its impact was greatest with respect to psychological disability. The authors conclude that social support had a direct, rather than indirect, impact on functional status. Future research should consider separately the impact of distinct social support dimensions. (31 references) AA

Address for reprint requests: Health Services Research and Development Field Program (152), VA Medical Center, 508 Fulton Street, Durham, North Carolina 27705

REFERENCE NUMBER 42

Au: Wells, Kenneth B.; Keeler, Emmett; Manning, Willard G., Jr.
Ti: **Patterns of Outpatient Mental Health Care over Time: Some Implications for Estimates of Demand and for Benefit Design**
So: *Health Services Research* 24(6):773-789, 1990

The article examines patterns of starting and continuing outpatient mental health care as a function of time, and the implications of these patterns for estimates of the response of demand to generosity of fee-for-service insurance coverage. The data are from the RAND Health Insurance Experiment (HIE), which acquired a random sample of the nonelderly general population in six U.S. sites. People rarely had more than one episode of use of outpatient mental health services in a year. Persons who used in the prior year had high rates of continuing in treatment, while those without prior use entered treatment at a low, steady rate. Similar patterns of use by former users and nonusers were observed across insurance plans that varied widely in generosity, but the absolute probabilities of use were significantly lower in less generous plans. The probability of use of mental health services expanded significantly over time in the HIE; thus, estimates of demand in a steady state would be higher than those based on the HIE study years. (22 references) AA

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

REFERENCE NUMBER 43

Au: Williams, Mark E.; Gaylord, Susan A.

Ti: **Role of Functional Assessment in the Evaluation of Urinary Incontinence**

So: *Journal of the American Geriatrics Society* 38:296-299, 1990

Functional assessment of urinary incontinence requires a multidimensional approach, including assessment of both physical and mental function, as well as consideration of environmental and social factors. Information on physical, mental, and social functioning as well as environmental considerations that is helpful in determining the best approach to care and treatment are discussed. Several observational and performance-based tests are discussed in terms of their usefulness in assessing function. The authors suggest that reliable and valid scales need to be developed that measure the effects of urinary incontinence on patients, their families, and professional caregivers. (20 references) CH-P

Address for reprint requests: Program on Aging, School of Medicine, University of North Carolina, Chapel Hill, North Carolina 27599-7550

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 | 33(3) | International Journal of Aging and Human Development | 30(1)(2) |
| Acta Psychiatrica Scandinavica | 81(1–3) | International Journal of Epidemiology | 19(1) |
| American Journal of Economics and Sociology | 49(1) | International Journal of Technology Assessment in Health Care | 6(1) |
| American Journal of Epidemiology | 131(1–3) | Journal of Aging and Health | 2(1) |
| American Journal of Medicine | 88(1–3)(1N)(3A)(3B)(3C) | Journal of Allied Health | 19(1) |
| American Journal of Orthopsychiatry | 60(1) | Journal of Applied Behavioral Science | 26(1) |
| American Journal of Psychiatry | 147(1–3) | Journal of Applied Psychology | 25(1) |
| American Journal of Public Health | 80(2)80(3)80(1) | Journal of Behavioral Medicine | 13(1) |
| American Journal of Sociology | 95(4)(5) | Journal of Clinical Epidemiology | 43(1)43(2)(3) |
| American Sociological Review | 55(1) | Journal of Community Health | 15(1) |
| Archives of Gerontology and Geriatrics | 10(1) | Journal of Consulting and Clinical Psychology | 58(1) |
| Arthritis and Rheumatism | 33(1–3) | Journal of Epidemiology and Community Health | 44(1) |
| Australian and New Zealand Journal of Psychiatry | 24(1) | Journal of Experimental Child Psychology | 49(1) |
| Behavioral Medicine | 16(1) | Journal of Gerontology | 45(1)(2) |
| Behavioral Science | 35(1) | Journal of Health and Social Behavior | 31(1) |
| British Journal of Cancer | 61(1–3) | Journal of Health Economics | 9(1) |
| British Journal of Psychiatry | 156(1–3) | Journal of Health, Politics, Policy and Law | 15(1) |
| British Journal of Psychology | 81(1) | Journal of Nervous and Mental Disease | 178(1)(2)(3) |
| Canadian Journal of Behavioral Science | 22(1) | Journal of Pediatrics | 116(1)(2)(3) |
| Canadian Journal of Public Health | 81(1)(2) | Journal of Policy Analysis and Management | 9(1) |
| Canadian Medical Association Journal | 142(1–5)(6) | Journal of Policy Modeling | 12(1) |
| Cancer | 65(1)(2)(3)(3 Suppl)(4–6) | Journal of Political Economy | 98(1) |
| Circulation | 81(1–3)(Suppl I–IV) | Journal of Psychopathology and Behavioral Assessment | 11(1) |
| Clinical Gerontologist | 10(1) | Journal of Psychosocial Oncology | 8(1) |
| Cognitive Therapy and Research | 14(1) | Journal of Public Health Policy | 11(1) |
| Community Mental Health Journal | 26(1) | Journal of Rheumatology | 17(1)(2)(3) |
| Family and Community Health | 12(4) | Journal of School Health | 60(2)(3) |
| Geriatrics | 45(1–3) | Journal of Psychology | 28(1) |
| Gerontologist | 30(1) | Journal of Social Issues | 46(1) |
| Health Education Quarterly | 17(1) | Journal of Social Policy | 19(1) |
| Health Policy | 15(1) | Journal of Social Psychology | 124(1)(2) |
| Health Psychology | 9(1)(2) | Journal of the American Geriatrics Society | 38(1–3) |
| Health Services Research | 24(6) | Medical Care | 28(1–3) |
| Hispanic Journal of Behavioral Science | 12(1) | Milbank Quarterly | 68(1)68(1 Suppl) |
| Home Health Care Services Quarterly | 11(1/2) | Operations Research | 38(1)(2) |
| Inquiry | 27(1) | | |

SOURCES of INFORMATION (January–March 1990)

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|--------------------------------------|-----------|------------------------------------|----------------|
| Organizational Studies | 11(1) | Quality Review Bulletin | 16(2) |
| Perspectives in Biology and Medicine | 33(3) | Review of Economics and Statistics | 72(1) |
| Philosophy and Public Affairs | 19(1) | Risk Analysis | 10(1) |
| Policy Sciences | 23(1) | Scandinavian Journal of Psychology | 31(1) |
| Policy Studies Review | 9(2) | Social Forces | 68(3) |
| Preventive Medicine | 19(1)(2) | Social Indicators Research | 22(1)(2) |
| Psychological Medicine | 20(1) | Social Problems | 37(1) |
| Psychological Record | 40(1) | Social Science and Medicine | 3(1–3)(5–6)(4) |
| Psychology and Aging | 5(1) | Social Science Research | 19(1) |
| Psychosocial Rehabilitation Journal | 13(3) | Social Security Bulletin | 53(1)(2)(3) |
| Psychosomatic Medicine | 52(1)(2) | Social Service Review | 20(1) |
| Psychosomatics | 31(1) | Socio-Economic Planning Sciences | 24(1) |
| Public Health Reports | 105(1)(2) | Sociology of Health and Illness | 12(1) |
| Quality of Quantity | 24(1) | Statistics in Medicine | 9(1/2)(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 April through June 1990 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 (MESH) "health status indicators" in the National Library of Medicine's MEDLARS system, specifically, in the SDILINE for January, February, or March 1990. Citations are printed with only slight modification of format, in the order and form in which they appear in NLM's 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 44

AU: Johnsen V ; Borg G ; Trang LE ; Berg E ; Brodin U

TI: **Auranofin (SK&F) in early rheumatoid arthritis: results from a 24-month, double-blind, placebo-controlled study. Effect on clinical and biochemical assessments.**

SO: *Scand J Rheumatol* 1989;18(5):251-60

In a 2-year, randomized, double-blind Nordic multicenter trial, auranofin was compared with placebo in early (disease duration less than or equal to 2 years), active rheumatoid arthritis (RA). Efficacy and safety were analyzed in 67 patients receiving auranofin and 65 receiving placebo. Life table analysis demonstrated a significantly higher withdrawal rate due to insufficient therapeutic effect in the placebo group, whereas more patients dropped out due to side effects in the auranofin group. More auranofin than placebo patients (35 vs. 24) completed the 2 years. Clinical and inflammatory activity improved in both groups, but consistently more so in the auranofin group, in spite of the greater consumption of local steroids and NSAIDs in the placebo group. The most frequent side effects leading to withdrawal in the auranofin group were cutaneous and gastrointestinal reactions. The study demonstrated that most patients exhibit improvement in clinical signs and symptoms and about half of all patients with early RA continue to take auranofin for at least 2 years.

Address for reprint requests: Department of Rheumatology, Vest Agder Hospital, Kristiansand, Norway

REFERENCE NUMBER 45

AU: Bellamy N

TI: **Critical review of clinical assessment techniques for rheumatoid arthritis trials: new developments.**

SO: *Scand J Rheumatol Suppl* 1989;80:3-16

Since the early work of Taylor (1937) and Steinbrocker (1949), clinical methods of assessing the response of patients to antirheumatic drugs have undergone considerable revision. The evolution of clinical metrology has seen simplicity yield to complexity, and in some instances resulted in controversy. Clinical assessment techniques (indices) for rheumatoid arthritis (RA) trials should fulfil 10 fundamental criteria: the index should be designed for a specific purpose (clinical versus radiographic, short-versus long-term, unidimensional versus multidimensional outcomes); the index should have been validated on individuals or populations of patients having similar characteristics to future study populations; reliability (test-retest, intraclass correlation, observer agreement) should be adequate for achieving measurement objectives; validity (face, content, criterion, construct) should be adequate for achieving measurement objectives; the index must be sufficiently responsive, i.e., able to detect significant change in the underlying variable; index performance should have been maintained in subsequent applications under similar study conditions; the method of deriving scores, particularly in composite indices, should be both credible and comprehensive; the feasibility of data collection and instrument application should not be constrained by time or cost; the measurement process must be ethical; and finally, utilization of the index should have been adopted by other clinical investigators. Despite progress in clinical assessment techniques in RA trials, there is still insufficient standardization. This situation could be improved with further outcome conferences and consensus development exercises.

Address for reprint requests: Department of Epidemiology and Biostatistics, University of Western Ontario, London, Canada

REFERENCE NUMBER 46

AU: Lequesne M

TI: **Informational indices. Validation of criteria and tests.**SO: *Scand J Rheumatol Suppl* 1989;80:17-28

The informational indices comprise sensitivity, specificity, and predictive value, and they give information on the probability of rheumatic disease being present or not. It is interesting that in clinical situations where the probability of the disease is appraised by the physician before the test, the probabilities may be strongly modified after the test. For example, if one estimates the pretest probability of ankylosing spondylitis at 50 percent in a given patient, the HLA B27 antigen test will modify the probability of the disease as follows: B27 positive: probability 90 percent; B27 negative: probability 7 percent. The second part of the study discusses modern methods for the validation of diagnostic criteria and assessment tests. Validation of the latter includes inter- and intraobserver reproducibility, coefficient of variation, discriminating power of each assessment test in a double-blind "reverse" trial, in which the difference between placebo and active drug is the known base, the value of the tests being the unknown.

Address for reprint requests: Departement de Rhumatologie de l' Hospital Leopold Bellan, Paris, France

REFERENCE NUMBER 47

AU: Indulski JA ; Makowiec-Dabrowska T ; Starzynski Z

TI: **Effect of night shift work on health status**SO: *Med Pr* 1989;40(3):153-61

Presented in the paper are opinions on night work. The authors submit not only their own views but also those of other researchers. The material points to considerable hazards of night work, including specific negative health effects. However, it could hardly be defined who is more harmed by the night shift—women or men, except for its probable contribution to reproduction disturbances in women. Genetic effects are not clear—they call for further studies. Apart from the negative effects of the night shift upon health, family, and social life, the paper deals with the issues of minimizing those adverse effects, including some examples of preventive measures.

REFERENCE NUMBER 48

AU: Wolf-Klein G

TI: **Screening examinations in the elderly: which are worthwhile?**SO: *Geriatrics* 1989 Dec;44(12):36-8, 41-2, 47

The elderly are requiring more medical services than ever before, expecting high-quality medical care and routine checkups. Few guidelines exist on appropriate screening of healthy adults. The health care screening of elderly patients must be geared to common geriatric diseases that may present with atypical symptoms.

Address for reprint requests: Geriatric Community Health Center, Parker Jewish Geriatric Institute, New Hyde Park, New York

REFERENCE NUMBER 49

AU: Newman FL ; Griffin BP ; Black RW ; Page SE

TI: **Linking level of care to level of need. Assessing the need for mental health care for nursing home residents.**

SO: *Am Psychol* 1989 Oct;44(10):1315-24

What are the mental health status and active treatment needs of nursing home residents? A stratified random sample of 828 residents in 25 facilities serving Medicaid recipients was assessed for levels of physical and psychosocial functioning. Although 91.2 percent had sufficiently high levels of medical and physical care needs to justify nursing home placement, 79.6 percent also had moderate to intense needs for mental health care. Older residents, relative to their younger counterparts, had more intense medical and mental health care needs. It was also found that psychiatric diagnosis was a poor indicator of mental health service needs, particularly among elderly individuals.

REFERENCE NUMBER 50

AU: de Lame PA ; Droussin AM ; Thomson M ; Verhaest L ; Wallace S

TI: **The effects of enalapril on hypertension and quality of life. A large multicenter study in Belgium.**

SO: *Acta Cardiol* 1989;44(4):289-302

Belgian general practitioners studied the effect of enalapril over a period of 6 months on hypertension and quality of life in 4,988 patients, whose hypertensive condition remained uncontrolled by previous treatments and/or in whom this previous drug regimen was not tolerated. Blood pressure was reduced from an average of 170/101 mm Hg at the onset of the trial to 145/85.5 mm Hg after 24 weeks. The treatment with enalapril was well tolerated and tolerance improved remarkably in the patients, whose previous treatment had caused intolerance. Quality of life, determined by means of the Nottingham Health Profile questionnaire, was favorably influenced in the patients participating in this study.

Address for reprint requests: M.S.D. International, Rahway, New Jersey

REFERENCE NUMBER 51

AU: Veldhuyzen van Zanten SJ ; Tytgat KM ; Jalali S ; Goodacre RL ; Hunt RH

TI: **Can gastritis symptoms be evaluated in clinical trials? An overview of treatment of gastritis, nonulcer dyspepsia and Campylobacter-associated gastritis.**

SO: *J Clin Gastroenterol* 1989 Oct;11(5):496-501

We carried out a review of the literature on Campylobacter pylori-associated gastritis and nonulcer dyspepsia (NUD) to determine whether or not symptoms related to these conditions can be measured reliably and whether or not any study to date has shown that treatment alters symptoms. Search strategies consisted of online Medline searching, a forward search of three articles using the Science Citation Index, a manual search of five gastroenterological journals, and a fully recursive search of cited references. Inclusion and quality criteria were applied to all retrieved studies. Nine of 23 studies did not fulfill the inclusion criteria. Of the 14 studies analyzed, two measured symptoms reliably. Neither showed a therapeutic benefit on symptoms. The difficulties encountered in conducting such studies and the methods of recording symptoms reliably are discussed. We conclude that to date no treatment is of proven benefit in the relief of symptoms associated with C. pylori gastritis and NUD.

Address for reprint requests: Division of Gastroenterology, McMaster University, Hamilton, Ontario, Canada

REFERENCE NUMBER 52

AU: Wasmus A ; Kindel P ; Mattussek S ; Raspe HH

TI: **Activity and severity of rheumatoid arthritis in Hannover/FRG and in one regional referral center.**SO: *Scand J Rheumatol Suppl* 1989;79:33-44

Between November 1984 and July 1988 a total of 8,044 randomly selected German residents of the city of Hannover/FRG, aged 25 to 74, have been screened for rheumatic complaints by means of a postal questionnaire. An average 87 percent of the probands contacted returned completed questionnaires. Respondents with a "positive" questionnaire, i.e. suggestive of the existence of an inflammatory joint disease, were invited for a rheumatological examination at the Hannover Medical School. 72 percent participated. Forty five of a total of 1,291 participants were identified as suffering from active or inactive, mostly rheumatoid arthritis (RA). This yields a minimum prevalence of 0.56 percent (+/- 0.19 percent). The true prevalence is estimated to be 0.91 percent (99 percent confidence interval 0.64-1.18). In 1985 and 1986 103 German RA sufferers aged 25 to 74, all citizens of Hannover, were referred to our outpatient rheumatology clinic for a first consultation. A comparison between the two groups revealed a higher disease activity in terms of "objective" criteria (joint swellings, ESR, rheumatoid factor) in the group of the referred patients as opposed to RA sufferers from the community. Both groups were comparable in respect to "subjective" symptoms (morning stiffness, joint pain, pain intensity), functional capacity, and degree of erosive joint lesions. The rheumatological outpatient clinic at the Hannover Medical School, providing the only specialized service in the region, actually covers less than 20 percent of all RA sufferers within the municipal area of Hannover and less than 50 percent of those with a "classical" RA according to the ARA-criteria.

Address for reprint requests: Department of Rheumatology, Hannover Medical School, Hannover, Germany

REFERENCE NUMBER 53

AU: Koshcheev VS ; Bobrov AF ; Shcheblanov VIu

TI: **[Workers' health and various approaches to its quantitative evaluation.]**SO: *Gig Sanit* 1989 Sep;(9):4-8

A new approach to the assessment of health status of the working people is proposed. Qualitative determinations of the "cost" of body adaptation to occupational and nonoccupational factors could be used as a health standard. The adaptation "cost" was calculated by means of integral indicators, characterizing body system response to human vital activity factors. Some approaches to the development of the "alphabet" of human functional states formed during the process of adaptation to vital activity factors. The proposed methods of assessing health levels can be used in the development of automated systems for mass prenosologic examinations and dispensarization of the population and also in workers' health management.

REFERENCE NUMBER 54

AU: Vainrub EM ; Savitskaia EI ; Kliuzko AS ; Morozova DP ; Chaban LI

TI: **[Assessment of the health status of preschool children and of its determining factors.]**SO: *Vrach Delo* 1989 Aug;(8):105-8

A biomedical examination of preschool children inhabiting an industrial city showing contamination of the atmospheric air allowed to reveal changes of anthropometric data, bradycardia, hypertonia, increase of the minute volume, unfavorable type of mental capacity curve against the background of disturbed metabolic reactions. The above-mentioned changes may be considered as manifestations of the adaptive reaction of the body. It is rational to single out a contingent of high "risk" among children of the first health group.

REFERENCE NUMBER 55

AU: Tellnes G ; Svendsen KO ; Bruusgaard D ; Bjerkedal T

TI: **Incidence of sickness certification. Proposal for use as a health status indicator.**SO: *Scand J Prim Health Care* 1989 Jun;7(2):111-7

Cause-, sex-, and age-specific incidences of sickness certification in a total population are reported. The population at risk of having a sickness certificate issued was 106,019 employed persons 16-69 years of age. The annual incidence of sickness certification was estimated at 580 per 1,000 employed persons per year (females, 596; males, 568). The most frequent causes of sickness certification, according to diagnostic groups, were diseases of the respiratory system, musculoskeletal/connective tissue diseases, mental disorders, and injuries. Adjusted for age, injuries were found to be less frequent causes of sickness certification among females than males (p less than 0.001), while the reverse was true for mental disorders (p less than 0.01). Among single diagnoses, "other nonarticular rheumatism" (including myalgia) was more frequent among females than males, while the opposite was true for "backpain without radiating symptoms" (p less than 0.001). Comparisons with morbidity studies indicate that diagnoses stated on initial certificates, issued to employed persons in the total population, give a reflection of a population's health problems. This suggests that sickness certification may provide a basis for a health status indicator which may prove useful in planning and evaluation of occupational health, general practice, and community health.

Address for reprint requests: Department of General Practice, University of Oslo, Norway

REFERENCE NUMBER 56

AU: Campbell BC ; Kimball EH ; Helgerson SD ; Alexander IL ; Goldberg HI

TI: **Using 1990 national MCH objectives to assess health status and risk in an American Indian community.**SO: *Public Health Rep* 1989 Nov-Dec;104(6):627-31

The authors used data from birth records to assess changes in health risks and health status of American Indians (AI) living in Umatilla County, Oregon, from 1973 to 1986. They compared the AI health risks and health status with those of other persons (non-AI) living in Umatilla County, and assessed the progress of both AI and non-AI populations toward selected 1990 national health objectives. This AI population is likely to achieve the 1990 national health objective calling for less than 5 percent of births to be low birth weight (LBW); the LBW rate decreased from 5.0 percent in 1977-80 to 4.1 percent in 1984-86. However, the population is not likely to achieve the 1990 objective calling for at least 90 percent of women to begin prenatal care during the first trimester, even though the proportion of AI women who began prenatal care in the first trimester increased from 42.3 percent in 1973-76 to 62.6 percent in 1984-86. The Yellowhawk Indian Health Center began offering clinical services to AI in Umatilla County in 1976. Compared with non-AI women, AI women closed large gaps in key health risk and health status indicators during the period from 1973 to 1986. For example, from 1973 to 1976, 14.6 percent of AI mothers compared with 6.3 percent of non-AI mothers began prenatal care in the last trimester. By 1984 to 1986, only 9.0 percent of AI and 7.9 percent of non-AI mothers began prenatal care in the last trimester. Several other desirable health indicators improved more for AI than for non-AI from 1973 to 1986. (ABSTRACT TRUNCATED AT 250 WORDS)

Address for reprint requests: Yellowhawk Indian Health Center, Pendleton, Oregon 97801

REFERENCE NUMBER 57

AU: Loken S ; Loken T

TI: **Radon: detection and treatment.**SO: *Nurse Pract* 1989 Nov;14(11):45-6, 48, 51

Within the last few years, natural radon exposure in nonindustrial settings, primarily homes, has become a health concern. Research has demonstrated that many homes throughout the United States have radon concentrations much higher than the legal Federal limits set for miners. Thousands of unsuspecting people are being exposed to high levels of radiation. It is estimated that up to 15 percent of lung cancers are caused from radon. This is a significant health risk. With basic knowledge of the current information on radon, a primary health care provider can address patients' radon concerns and make appropriate referrals.

Address for reprint requests: Salt Lake City Veterans Administration Medical Center, Utah.

REFERENCE NUMBER 58

AU: Anderson JP ; Kaplan RM ; Berry CC ; Bush JW ; Rumbaut RG

TI: **Interday reliability of function assessment for a health status measure. The Quality of Well-Being scale.**SO: *Med Care* 1989 Nov;27(11):1076-83

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

REFERENCE NUMBER 59

AU: Coulton CJ ; Hyduk CM ; Chow JC

TI: **An assessment of the Arthritis Impact Measurement Scales in 3 ethnic groups.**SO: *J Rheumatol* 1989 Aug;16(8):1110-5

The Arthritis Impact Measure Scales (AIMS) have established validity and reliability in general adult populations with medically diagnosed rheumatoid arthritis. Our analysis extends this work to a community-based sample of elderly individuals with self-reported joint systems in three ethnic groups: Hispanics (n = 100), whites of Eastern European origin (n = 112) and blacks (n = 105). With the exception of the Social Activity and ADL scales, acceptable reliability and validity of the AIMS are found for all three groups. The assumption of factor invariance across ethnic groups is also supported.

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

REFERENCE NUMBER 60

AU: Wallston KA ; Brown GK ; Stein MJ ; Dobbins CJ

TI: **Comparing the short and long versions of the Arthritis Impact Measurement Scales.**SO: *J Rheumatol* 1989 Aug;16(8):1105-9

Evidence is presented for the utilization of a shortened version of the Arthritis Impact Measurement Scales. The results confirmed that the shortened versions retained adequate internal consistencies, test-retest reliabilities, and both concurrent and predictive validities over a 2-year period, which were similar to the original longer versions.

Address for reprint requests: Health Care Research Project, School of Nursing, Vanderbilt University, Nashville, Tennessee 37240

REFERENCE NUMBER 61

AU: Dagleish LI ; Drew EC

TI: **The relationship of child abuse indicators to the assessment of perceived risk and to the court's decision to separate.**SO: *Child Abuse Negl* 1989;13(4):491-506

The most serious decision taken in child abuse cases is to formally separate the child and the family. There has been concern that the criteria for making these decisions should be made explicit. The consequences of the separation for the child, family, and society is one reason for this concern. Another is that with the increasing number of cases being reported, there is a need for reliable, consistent, and efficient decisions across cases. This paper operationally defines a set of indicators for the separation decision. One hundred fifty-two cases of suspected child abuse from the Royal Children's Hospital were coded in terms of the indicators and the outcome of the case. The outcome was the court's decision to separate the child. The study investigated whether and in what way these indicators were related to the separation outcome. In addition, the perceived risk to the child was operationally defined, and the relationship of the indicators and the court's decision to perceived risk was studied. Statistical analysis of the data showed that the indicators most associated with the separation outcome were severity of abuse, parenting, and the family social system. Two important implications for practice are that information on explicit indicators should be recorded for cases, and that they can provide a base for training of new child protection workers.

Address for reprint requests: Department of Psychology, University of Queensland, St. Lucia, Australia

REFERENCE NUMBER 62

AU: Carstairs V ; Morris R

TI: **Deprivation: explaining differences in mortality between Scotland and England and Wales.**SO: *BMJ* 1989 Oct 7;299(6704):886-9

To detect reasons for the difference in mortality between Scotland and England and Wales a measure of deprivation was studied, comprising overcrowding, unemployment of men, low social class, and not having a car. Data for Scotland for 1980-82 showed this measure to be strongly associated with mortality, with gradients being particularly steep in young adults. Deprivation was much more severe in Scotland than in England and Wales. These findings suggest that much excess mortality may be ascribed to more adverse conditions. Standardizing the mortality ratios to take account of the relative affluence and deprivation of the two populations led to the differentials observed being radically adjusted, while standardizing for social class had little effect. Deprivation measures based on areas overcome many of the limitations associated with social class analysis and also show much greater discrimination between populations. Measures of deprivation apparently provide a powerful basis for explanation of health differences. Such measures should therefore form part of the 1991 census output to facilitate their use on a consistent basis.

Address for reprint requests: Department of Community Medicine, Medical School, Edinburgh, Scotland

REFERENCE NUMBER 63

AU: de Andino RM ; Conde JG ; Mendoza M ; Acevedo L ; Santana J ; Felix LA ; Machuca M ; Anzola Perez E

TI: **[The aging person in Gurabo: a bio-psychosocial profile of the aging person in a community in Puerto Rico.]**SO: *Bol Asoc Med P R* 1989 Sep;81(9):345-50

The Department of Family Medicine of the University of Puerto Rico Medicine School performed a census of the inhabitants 60 years and older in the community of Gurabo. A total of 1,890 elderly were

interviewed: 51 percent were female and 49 percent male. Sixty percent were married and 25 percent were widowed. Eighty-two percent still lived within a family setting and only 17 percent lived alone 86 percent owned their own home despite 90 percent reporting incomes below \$400.00 per month. Ninety-five percent have access to medical services but 63 percent receive services in multiple sites. Eighteen percent were functionally impaired, 14 percent intellectually impaired, and 5 percent had impairment in both areas. Preliminary data show that the latter group had an annual mortality rate of 15 percent compared to only 3.6 percent and 1.3 percent respectively, in the other two groups. We concluded that (1) functional and mental impairment are indicators of increased mortality (2) although access to health care is not a problem, this health care is episodic and interrupted, being provided in multiple different sites.

REFERENCE NUMBER 64

AU: Niknian M ; McKinlay SM ; Rakowski W ; Carleton RA

TI: **A comparison of perceived and objective CVD risk in a general population.**

SO: *Am J Public Health* 1989 Dec;79(12):1653-4

This report examines correspondence between perceived and objective (American Heart Association's RISKO) risk of heart attack and stroke in a randomly selected sample from two surveys ($n=4,171$) conducted in each of two New England cities, in 1981-82 and 1983-84, respectively. Results confirmed prior reports that people tend to underestimate their CVD (cardiovascular disease) risk and showed that estimates of those at lowest risk were most accurate.

Address for reprint requests: Pawtucket Heart Health Program, Memorial Hospital of Rhode Island, Rhode Island 02860

REFERENCE NUMBER 65

AU: Avis NE ; Smith KW ; McKinlay JB

TI: **Accuracy of perceptions of heart attack risk: what influences perceptions and can they be changed?**

SO: *Am J Public Health* 1989 Dec;79(12):1608-12

Using perceived risk of a heart attack, we examined the relative importance of perceived risk factors and sociodemographic variables on subjects' perception of heart attack risk, the relationship between perceived and objectively measured heart attack risk, and the effect of health risk appraisal (HRA) feedback on risk perceptions. Data derive from a random sample of 732 Greater Boston, Massachusetts, area men and women, ages 25-65 years, who participated in a field trial of health risk appraisal instruments. At baseline and approximately 2 months later, all respondents completed a questionnaire assessing their own health-related behavior, risk factors, and perception of heart attack risk. At baseline, respondents also completed one of four HRA instruments. Physiologic measures of cholesterol, blood pressure, and weight were taken at either baseline or followup visit. Results showed that respondents used established risk factors in estimating overall risk; that compared to objective measures of risk, a high percentage of respondents displayed an optimistic bias; and that HRA feedback had some effect on perception of heart attack risk for those at high risk. Implications of these results for health promotion are discussed.

Address for reprint requests: Cambridge Research Center, American Institutes for Research, Massachusetts

REFERENCE NUMBER 66

AU: Smith KW ; McKinlay SM ; McKinlay JB

TI: **The reliability of health risk appraisals: a field trial of four instruments.**

SO: *Am J Public Health* 1989 Dec;79(12):1603-7

A field trial was conducted to evaluate the reliability of four widely used health risk appraisals (HRAs). A total of 338 randomly selected adults aged 25 to 65 years residing in the Boston metropolitan area completed an HRA on two occasions 7 to 12 weeks apart. Test-retest reliability was assessed by comparing self-reported baseline risk scores to followup scores for heart attack risk and selected coronary heart disease risk factors. Respondents generally gave consistent reports for family history, cigarette smoking, and relative weight (test-retest r greater than .75), but self-reported scores for physiologic status (blood pressure and cholesterol) and lifestyle (diet, physical activity, and stress) were much less stable. Coefficients for heart attack risk and appraised age ranged from .43 to .87 for the four HRAs. The reliabilities of two self-scored instruments were greatly reduced by mathematical errors made by respondents when computing their heart attack risk scores. These results were not affected by the length of the followup period (7 to 12 weeks).

Address for reprint requests: American Institutes for Research, Watertown, Massachusetts 02172

REFERENCE NUMBER 67

AU: Kirscht JP

TI: **Process and measurement issues in health risk appraisal (editorial)**

SO: *Am J Public Health* 1989 Dec;79(12):1598-9

REFERENCE NUMBER 68

AU: Baevskii RM

TI: **[Evaluation and classification of the level of health from the point of view of the adaptation theory.]**

SO: *Vestn Akad Med Nauk SSSR* 1989;(8):73-8

A task of distinguishing of functional states on the verge of norm and pathology is becoming more actual now. A possibility of functional organism state estimation is depicted. This estimation is achieved by three components: the level of vital functions, their functional reserve, and the degree of regulatory system's tension. A structure of the system of mass prognostic population's examination is proposed. This system consists of three steps: (1) estimation of adaptive potential and dynamic observation for health status; (2) prognostic examination with determination of the functional organism's state and revealing of early and latent forms of diseases; (3) profound specialized examination with diagnostic aim.

REFERENCE NUMBER 69

AU: Robine JM

TI: **[Estimating the value of disability-free life expectancy for western countries in the last decade. How can this new health status indicator be used? (published erratum appears in *World Health Stat Q* 1989;42(4):following Table of Contents)]**

SO: *World Health Stat Q* 1989;42(3):141-50

Disability-free life expectancy (DFLE) is an indicator of the mean duration of life in good health, based on the measurement of mortality combined with the measurement of disability. To date, some experimental calculations have been carried out mainly in Canada, England, France, the Netherlands, and the United States of America. Taking these studies as a whole, disability-free life expectancy in the last decade can be estimated at about 59 years for men and about 63 years for women. The share of years of disability within

life expectancy ranges from 11 percent to 27 percent. The calculations show that women suffer disability for a greater part of their life expectancy than men. The calculations also reveal social inequalities in health. Health authorities in Western countries are showing increasing interest in this indicator today. The main points in its favor are its simplicity in practice, its usefulness for determining objectives, allocating resources, measuring the success or failure of health policies, assessing current needs, and defining future scenarios.

Address for reprint requests: Institut national de la sante et de la recherche medicale, Montpellier, France

REFERENCE NUMBER 70

AU: Moos MK

TI: **Preconceptional health promotion: a health education opportunity for all women.**

SO: *Women Health* 1989;15(3):55-68

Efforts to prevent perinatal mortality and morbidity are traditionally directed at the pregnant woman. It is during the prenatal period that the mother's health status is closely monitored; her exposure to substances known to be harmful to the fetus is assessed, and intensive patient education on behaviors likely to benefit the unborn child is offered. Unfortunately, the initiation of prenatal care may already be too late to prevent spontaneous abortions, congenital anomalies, and some causes of low birthweight. Until routine prepregnancy care is available to all women of childbearing age, many opportunities for the primary prevention of poor reproductive outcomes will be lost. This paper describes the rationale for prepregnancy or preconceptional counseling and the specific purposes it should serve. A model program providing such services is described, and findings for a low socioeconomic population involved in the model program are given.

Address for reprint requests: Department of Obstetrics and Gynecology, University of North Carolina, Chapel Hill, North Carolina

REFERENCE NUMBER 71

AU: Killeen ML

TI: **What is the Health Risk Appraisal telling us?**

SO: *West J Nurs Res* 1989 Oct;11(5):614-20

REFERENCE NUMBER 72

AU: Fogarty TE ; Schnelle JF ; Newman DR

TI: **Statistical quality control in nursing homes: a key indicator to evaluate patient incontinence care.**

SO: *QRB* 1989 Sep;15(9):273-8

The authors provide descriptive data regarding incontinence care within the framework of statistical quality control technology. Descriptive data of patient wetness frequencies were collected for 126 incontinent patients from six nursing homes in middle Tennessee under conditions guaranteeing that they were checked and changed on a 2-hour basis. One hundred inspection subsamples were randomly selected for five incontinent-patient sample sizes: 10, 15, 20, 25, and 30 patients. The average and expected variability of patient wetness frequency was calculated for each of these subsamples. These measures help nursing homes determine if they are in compliance with State and Federal regulations regarding the timeliness of incontinence care. The authors suggest how nursing home management and regulatory agencies can use statistical quality control techniques.

Address for reprint requests: Department of Psychology, Middle Tennessee State University, Murfreesboro, Tennessee, 37132

REFERENCE NUMBER 73

AU: Godish D

TI: **Asbestos exposure in schools.**SO: *J Sch Health* 1989 Oct;59(8):362-3

Address for reprint requests: Department of Physiology and Health Science, Ball State University, Muncie, Indiana 47306

REFERENCE NUMBER 74

AU: Kaplan BA ; Mascie-Taylor CG

TI: **Biosocial correlates of asthma in a national sample of young adults.**SO: *J Biosoc Sci* 1989 Oct;21(4):475-82

As the participants in the 1958 National Child Development Study cohort enter adulthood most of the social factors associated with onset of asthma are no longer relevant, but many of the biological factors continue to be important. There is a continuing association at age 23 between eczema, hayfever and similar allergic reactions, and continuing asthma, while the earlier associated social factors including nonmanual occupations, home ownership, and lack of crowding within the home or sharing of the bedroom with others in the household cease to have significant effects. Smoking patterns in this age group diverge sharply from what might be expected in those with a serious respiratory affliction: significantly more asthmatics smoke than would be expected at random.

REFERENCE NUMBER 75

AU: Power M

TI: **Linear Index of Mortality (letter; comment).**SO: *Int J Epidemiol* 1989 Sep;18(3):731-2**REFERENCE NUMBER 76**

AU: Bedson D ; Stroud R

TI: **Pressure area care. The right tool.**SO: *Nurs Elder* 1989 Oct;1(4):12**REFERENCE NUMBER 77**

AU: Foggin PM ; Aurillon N

TI: **Respiratory health indicators and acculturation among the Inuit and Cree of northern Quebec: a regional approach using geographic seriation analysis.**SO: *Soc Sci Med* 1989;29(5):617-26

The goal of the research reported on is the analysis of the geostatistical relationships observed between three indicators of respiratory health (acute and chronic bronchitis; pulmonary function) and an index of acculturation. Data used in this work were obtained by means of a field survey that was conducted in the north of Quebec over a 24-month period (1982-1984). With regard to acculturation, a very elusive concept, a Bertin-type geographic seriation technique is used to characterize the levels of modernity of each of the 21 villages involved in this study. Notwithstanding difficulties of measurement, it can be concluded from this analysis that better levels of respiratory health are positively associated, to a degree, with acculturation. This is a very significant result in that it would demonstrate the opposite of what has been tentatively noted in some other studies of the health status of aboriginal populations.

Address for reprint requests: Department of Geography, University of Montreal, Montreal, Quebec, Canada

REFERENCE NUMBER 78

AU: Biering-Srensen F ; Thomsen CE ; Hilden J

TI: **Risk indicators for low back trouble.**

SO: *Scand J Rehabil Med* 1989;21(3):151-7

A general population of 928 men and women aged 30, 40, 50, and 60 years participated in a health survey with emphasis on low back trouble (LBT). In all 135 variables were analyzed to identify possible indicators for first-time experience and recurrence or persistence of LBT during a 1-year followup. Stepwise logistic regression analyses were carried out to identify the most informative combinations of indicators for prediction of LBT. For men, a high risk for recurrence or persistence of LBT was associated with frequent LBT in the past, worsening of the LBT since its onset, sciatica, and living alone. For women corresponding risk indicators were, recency of the last LBT episode, waking up during night because of LBT, aggravation of LBT when standing, rumbling of "the stomach," and smoking. The strongest risk indicators for first-time experience of LBT were epigastric pain, daily smoking, and low isometric endurance of the back muscles. In addition, hospitalizations for whatever cause and a long distance from home to work showed predictive power for first-time LBT among gainfully employed participants. The results indicate that persons with either recurring or first-time LBT had more health problems and probably lived under a higher psychosocial pressure than those without LBT in the followup year.

Address for reprint requests: Department of Internal Medicine TTA and TH, Rigshospitalet, Denmark

REFERENCE NUMBER 79

AU: Rivnyak MH ; Wan TT ; Stegall MH ; Jacobs M ; Li S

TI: **Ambulatory care use among the noninstitutionalized elderly. A causal model.**

SO: *Res Aging* 1989 Sep;11(3):292-311

While it is recognized that need for care is the dominant factor influencing utilization of health services, little is known regarding the determinants of ambulatory care use by the noninstitutionalized elderly. It is important to examine the relationships among need factors and how physical and mental dysfunctions influence use of services. This study uses a LISREL model to identify the extent to which ambulatory care use was affected by physical or mental functioning and whether strong linkages would be exhibited by both factors.

REFERENCE NUMBER 80

AU: Gummer B

TI: **At your finger tips.**

SO: *N Z Nurs J* 1989 Sep;82(8):22

REFERENCE NUMBER 81

AU: Wilson D ; Molloy-Martinez T

TI: **Promoting driving safety for teens and adults.**

SO: *Nurse Pract* 1989 Oct;14(10):28-31, 34-9

Traffic accidents are a major cause of death and disability, accounting for significant numbers of brain injuries. The purpose of this article is to discuss those conditions that can affect driver safety. The role of the nurse practitioner in primary prevention involves assessing the health status of drivers, including risk-taking behavior, age-related factors, use of alcohol and medications, and chronic illnesses and physical conditions that can result in driver impairment. Interventions can include patient education, anticipatory

guidance, role-playing, referral for skill-building or driver evaluation, and reporting potentially unsafe drivers in keeping with State guidelines. Practitioner involvement in grass-roots community groups is encouraged.

Address for reprint requests: Westside Neighborhood Clinic, Long Beach, California

REFERENCE NUMBER 82

AU: Nyman JA ; Cyphert ST ; Russell DW ; Wallace RB

TI: **The ratio of impaired elderly in the community to those in nursing homes in two rural Iowa counties.**

SO: *Med Care* 1989 Oct;27(10):920-7

The Iowa 65+ Rural Health Study gathered health status information on all elderly persons living in two rural Iowa counties. In this report these data are used to determine the ratio of persons with activities of daily living (ADL) dependencies living in the community to those in institutions. Results indicated that the "community/institutional dependency ratio" is about 1 to 1 for these counties, which is about half the ratio representing conventional wisdom. Possible explanations for this difference are discussed. In addition, it was found that the level of ADL dependency (need) can serve alone as an almost certain predictor of institutionalization for some elderly. For others, ADL dependency (need) is only one factor. The likely variability of the community/institutional dependency ratio across different geographic areas has implications for government funding of home health care, for long-term care insurance, and for eliminating excess demand. These implications are discussed.

Address for reprint requests: Division of Health Services Research and Policy, University of Minnesota, Minneapolis, Minnesota 55455-0392

REFERENCE NUMBER 83

AU: Aizpuru Barandiaran F

TI: **[Is occupation an indicator of social class? (letter)]**

SO: *Gac Sanit* 1989 May-Jun;3(12):440-1

REFERENCE NUMBER 84

AU: Mizin VT

TI: **[Evaluation of health status indicators from the point of view of risk factors and premorbid conditions.]**

SO: *Gig Tr Prof Zabol* 1989;(7):33-6

Proceeding from the questionnaire survey on the genesis order of nosologic symptoms in 1,672 patients and 2,769 healthy people there are identified the following stages of prepathology: background biomedical state with risk factors; precarious period; premorbid stage; prenosologic state. The syndromes differentiating the above stages of prepathologic states are enumerated and the classification of risk factors is presented. The proposed diagnostic procedure needs no special laboratory equipment and extra cost, is rather simple, and can be easily used by outpatient physicians. Thus, there appears the possibility of timely elimination of unfavorable components of the registrar of health and risk factors (sanitary propaganda and correcting therapy) that can raise efficacy of primary disease prevention.

REFERENCE NUMBER 85

AU: Brook PH ; Shaw WC

TI: **The development of an index of orthodontic treatment priority.**SO: *Eur J Orthod* 1989 Aug;11(3):309-20

The aim of this study was to develop a valid and reproducible index of orthodontic treatment priority. After reviewing the available literature, it was felt that this could be best achieved by using two separate components to record first the dental health and functional indications for treatment, and second the aesthetic impairment caused by the malocclusion. A modification of the index used by the Swedish Dental Health Board was used to record the need for orthodontic treatment on dental health and functional grounds. This index was modified by defining five grades, with precise dividing lines between each grade. An illustrated 10-point scale was used to assess independently the aesthetic treatment needs of the patients. This scale was constructed using dental photographs of 12 year olds collected during a large multidisciplinary survey. Six nondental judges rated these photographs on a visual analogue scale, and at equal intervals along the judged range, representative photographs were chosen. To test the index in use, two sample populations were defined a group of patients referred for treatment and a random sample of 11-12-year-old schoolchildren. Both samples were examined using the index, and satisfactory levels of intra- and interexaminer agreement were obtained.

REFERENCE NUMBER 86

AU: Laurell L ; Hugoson A ; Hakansson J ; Pettersson B ; Sjostrom L ; Berglof FE ; Berglof K

TI: **General oral status in adults with rheumatoid arthritis.**SO: *Community Dent Oral Epidemiol* 1989 Oct;17(5):230-3

The oral status of an adult population of 204 patients with rheumatoid arthritis (RA) was compared with that of an age- and sex-matched random sample of nonrheumatic subjects. The percentage of edentulous subjects, number of existing teeth in dentate subjects, prevalence and quality of fixed and removable prostheses, and prevalence of disorders of the stomatognathic system was recorded. The percentage of edentulousness among RA patients was 17 percent and among non-RA subjects 19 percent. Number of remaining teeth was equal. Seventy five percent of removable partial and 62 percent of complete dentures among RA patients were considered unsatisfactory compared to 25 percent and 56 percent respectively, among non-RA subjects. Disorders related to the TMJ occurred much more frequently among RA patients than among non-RA subjects. It is suggested that thorough stomatognathic examination and TMJ-prophylaxis be included in the overall care of RA patients.

Address for reprint requests: Department of Periodontology, Institute for Postgraduate Dental Education, Jonkoping, Sweden

REFERENCE NUMBER 87

AU: Steyn M ; Steyn K

TI: **Media use and preference related to coronary heart disease of the coloured population of the Cape Peninsula. The CRISIC study published erratum appears in *Curationis* 1989 Dec;12(3-4):6**SO: *Curationis* 1989 Jul;12(1-2):22-5

As a part of a comprehensive coronary risk factor study among the colored population of the Cape Peninsula (the CRISIC study), the media use and preference of the population were examined with a view to suggesting appropriate media for conveying health messages. A stratified sample (n = 976) was randomly drawn from the colored population in the age group 15 to 64 years in the Cape Peninsula. Data were collected by means of a pretested questionnaire. Analysis of the data showed that information on the prevention of heart disease was obtained in greater measure from the mass media than from interpersonal communication. As far as media preference is concerned, television was considered the most effective medium factor conveying information to the community, followed by instruction given to schoolchildren. Greater use of health educators to convey health messages, as well as a multimedia approach, is suggested for a successful intervention program.

REFERENCE NUMBER 88

AU: Goldman B

TI: **Low-level flying in Labrador: does it pose a health risk?**SO: *Can Med Assoc J* 1989 Oct 1;141(7):714-7**REFERENCE NUMBER 89**

AU: Yunes J ; Campos O

TI: **Health services in the metropolitan region of Sao Paulo.**SO: *Bull Pan Am Health Organ* 1989;23(3):350-6

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Three monographs on quality-of-life assessment have recently been submitted to the Clearinghouse on Health Indexes.

The first is an issue of *Theoretical Surgery* 6(3) 1991 that publishes papers that were presented at a consensus development conference on "Quality of Life Assessment in Surgery" that was held in Meran, Italy 3-8 October 1989. Much of the meeting was reserved for transferring the acquired knowledge into appropriate and useful concepts for quality-of-life assessment in surgery. Small multidisciplinary groups in the fields of transplantation, thoracic, cardiovascular, trauma/orthopedic, and abdominal surgery were asked to select related diseases where formal quality-of-life assessment was a priority, to consider how useful such information was in deciding whether to operate or not, and to monitor or evaluate patient status. Finally, they had to define the most important domains of quality of life in the various diseases. The groups then had to review the instruments that have been or should be used in these diseases. The groups presented their results to each other in a plenary session, and their report in this issue is not only a state-of-the-art report but also points out where further research is indicated.

The second is a monograph entitled *Quality of Life Assessment in Cancer Clinical Trials: Report of the Workshop on Quality of Life Research in Cancer Clinical Trials*. The goals of the workshop, which was sponsored by the National Cancer Institute, were to (1) define elements of quality of life that are relevant to clinical decision making and represent realistic endpoints in clinical trials; (2) evaluate currently available instruments for quality-of-life assessment and strategies for implementation; (3) identify diseases in which quality-of-life measures may be most useful; and (4) examine issues regarding the integration of findings from therapeutic evaluations and quality-of-life measures. This report was prepared to provide a comprehensive guide to investigators who are interested in quality-of-life research in cancer clinical trials. The recommendations which emerged from the workshop are summarized in the first section of this monograph. Detailed reports from each working group follow the summary, and a selected bibliography is included as a final section.

The third is a monograph entitled *Measuring the Quality of Life of People with Visual Impairment: Proceedings of a Workshop*. This workshop was sponsored by the National Eye Institute (NEI) of the National Institutes of Health. The workshop had two purposes: (1) to review current issues and knowledge in the field of quality-of-life assessment, with special reference to how they may apply to conditions of the visual system; and (2) to evaluate existing scales for their potential usefulness in determining the effect on the quality of life of new treatments studied in clinical trials supported by NEI.

Association for Health Services Research
Chicago, Illinois **7-9 June 1992**

The theme for this year's annual meeting of the Association for Health Services Research/Foundation for Health Services Research is "Health Services Research: Contributions to Policy, Management, and Clinical Practice." For more information contact

Suzan Meredith
Conference Coordinator
AHSR, Suite 1100
1350 Connecticut Avenue N.W.
Washington, D.C. 20036
Telephone: 202-223-2477

International Society of Technology Assessment in Health Care
Vancouver, British Columbia, Canada **14-17 June 1992**

This meeting is designed to provide a forum for the exchange of information and ideas in the growing field of health technology assessment. Those attending will include health care administrators, practitioners, policymakers, and researchers. This meeting will emphasize the linkage of technology assessment with public policies relating to the appropriate use of assessment of health technologies. For more information contact

Marlin Conference Management
Suite 740
1140 West Pender Street
Vancouver, British Columbia, V6E 4G1 Canada

Society for Medical Decision Making Annual Meeting
Portland, Oregon **17-20 October 1992**

The theme of this year's annual meeting is "Health Policy: Values, Outcomes, and Choices." The meeting will include a symposium on how cost-effectiveness analyses inform health policy, using the proposed Oregon allocation plan as a case study. For more information contact

David Hickam
Veterans Affairs Medical Center (152)
P.O. Box 1034
Portland, Oregon 97207
Telephone: 503-273-5305

Conference on Health Economics and Health Services
Paris, France **16-18 December 1992**

This conference combines three major events: (1) Second European Conference on Health Economics, (2) Third Congress on Geographic and Socioeconomics on Health, and (3) Fourth European Health Services Research Meeting. Four meetings will be held simultaneously and will cover long-term modeling and strategic choices; efficiency, regulation, and incentives; social discrimination and specific policies; and regionalization and local health policies. For more information contact

Colloque European de socioeconomie de la sante:CREDES
1 rue Paul Cezanne
75008 Paris, France

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 that reflect the positive side of health as well as changing disease and death patterns. Progress is being made, and the resultant health status measures are being applied. Although the measures have become more complex, the terms “index” and “indicator” are still used interchangeably. In providing information to assist in the development of composite health measures, the Clearinghouse has adopted the following definition: a health index is a measure which summarizes data from two or more components and which purports to reflect the health status of an individual or defined group.

Why a “Clearinghouse”?

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

What’s Included?

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

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

What Services?

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

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

National Center for Health Statistics
ATTENTION: Scientific and Technical Information Branch
6525 Belcrest Road
Room 1041
Hyattsville, Maryland 20782

(continued from page 1)

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