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Clearinghouse on Health Indexes
National Center for Health Statistics Number 1, 1988

Bibliography on Health Indexes

2 ACKNOWLEDGMENTS

3 ANNOTATIONS

3 Affleck, J.W.; Aitken, R.C.B.; Hunter, J.A.A.; McGuire, R.J.: Rehabilitation Status: A Measure of Medicosocial Dysfunction: *Lancet* I(8579):230–233, 1988

3 Ahlawat, Kapur S.; Subbarini, Mohammad: Gender and the Subjective Meaning of Health: An Integrated Approach: *Quality and Quantity* 22(2):151–165, 1988

4 Alden, Lynn; Cappe, Robin: Characteristics Predicting Social Functioning and Treatment Response in Clients Impaired by Extreme Shyness: Age of Onset and the Public/Private Shyness Distinction: *Canadian Journal Behavioral Science* 20(1):48–49, 1988

4 Amery, A.: Measuring the Quality of Life in Hypertension: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

4 Anderson John P.; Bush, James W.; Berry, Charles C.: Internal Consistency Analysis: A Method for Studying theAccuracy of Function Assessment for Health Outcome and Quality of Life Evaluation: *Journal of Clinical Epidemiology* 41(2):127–137, 1988

5 Barclay, Laurie L.; Weiss, Ellen M.; Mattis, Steven; Bond, Oliver; Blass, John P.: Unrecognized Cognitive Impairment in Cardiac Rehabilitation Patients: *Journal of the American Geriatrics Society* 36(1):22–28, 1988

5 Barsky, Arthur J.: The Paradox of Health: *New England Journal of Medicine* 318(7):414–418, 1988

5 Beck, Aaron T.; Steer, Robert A.; Garbin, Margery G.: Psychometric Properties of the Beck Depression Inventory: Twenty-Five Years of Evaluation: *Clinical Psychology Review* 8(1):77–100, 1988

6 Bennett, Linda A.; Wolin, Steven J.; Reiss, David: Cognitive, Behavioral, and Emotional Problems Among School-Age Children of Alcoholic Parents: *American Journal of Psychiatry* 145(2):185–190, 1988

6 Boyd, N.F.; Selby, P.J.; Sutherland, H.J.; Hogg, S.: Measurement of the Clinical Status of Patients with Breast Cancer: Evidence for the Validity of Self Assessment with Linear Analogue Scales: *Journal of Clinical Epidemiology* 41(3):243–250, 1988

7 Branch, Laurence G.; Wetle, Terrie T.; Scherr, Paul A.; Cook, Nancy R.; Evans, Denis A.; et al.: A Prospective Study of Incident Comprehensive Medical Home Care Use Among the Elderly: *American Journal of Public Health* 78(3):255–259, 1988

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

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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 1988. Materials searched in the preparation of this issue are given in the section entitled Sources of Information which follows the annotation section. Bibliographic citations are given in the standard form: author, title, and source of the article, designated by Au:, Ti:, and So:, respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviations are avoided whenever possible.

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

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

REFERENCE NUMBER 1
Au: Affleck, J.W.; Aitken, R.C.B.; Hunter, J.A.A.; McGuire, R.J.
Ti: **Rehabilitation Status: A Measure of Medicosocial Dysfunction**
So: *Lancet* I(8579):230–233, 1988

The Edinburgh Rehabilitation Status Scale (ERSS) measures four dimensions in which changes may occur in the course of a disabling illness or during rehabilitation: independence; activity; social integration; and effects of symptoms on lifestyle. It provides a profile of measures, the scores of which can be summated to indicate the overall level of performance of individuals or groups. Studies of its inter-observer reliability and of its application in various disability groups indicate that the ERSS reliably defines the characteristics of individual patients and of groups. The scale can be used conveniently by professional rehabilitation staff working independently or by a multiprofessional rehabilitation team to assess status and changes in patients. It can also be used for measurement of the effectiveness of services and for purposes of research, teaching, and administration. (12 references) AA

Address for reprint request: Rehabilitation Studies Unit, Princess Margaret Rose Hospital, Edinburgh EH10 7ED, Scotland

REFERENCE NUMBER 2
Au: Ahlawat, Kapur S.; Subbarini, Mohammad
Ti: **Gender and the Subjective Meaning of Health: An Integrated Approach**
So: *Quality and Quantity* 22(2):151–165, 1988

Gender differences in the subjective meaning of health were investigated by means of free word association technique on a sample of 916 8th, 10th, and 12th grade rural and urban male and female high school students. Free associations to word HEALTH were classified into 11 previously determined categories. Each category data were analyzed by hierarchical loglinear method of statistical analysis. None of the main effects was found statistically significant in any of the 11 analyses but the gender by area, and gender by area by grade interactions were highly significant in all the 11 analyses. It was concluded that gender differences occur in the context of complex social and cultural environments and should be investigated with other salient factors. Gender differences studied alone ignoring the other confounding factors may lead to misleading conclusions. (38 references) AA

Address for reprint request: Department of Education, Yarmouk University, Irbid, Jordan

REFERENCE NUMBER 3

Au: Alden, Lynn; Cappe, Robin

Ti: **Characteristics Predicting Social Functioning and Treatment Response in Clients Impaired by Extreme Shyness: Age of Onset and the Public/Private Shyness Distinction**

So: *Canadian Journal Behavioral Science* 20(1):48–49, 1988

Research with non-clinical populations suggests that shy individuals can be distinguished into several different subtypes based on age of onset and on the public versus private nature of symptoms. The intent of this research was to examine these distinctions in a clinical population to determine whether either factor was associated with other aspects of social functioning or acted as moderators of client treatment response. Fifty-two clients functionally impaired by extreme shyness participated in a lengthy intake interview which assessed factors surrounding shyness onset, social functioning, strategies for coping with shyness, and behavioral skill in social interactions. They then participated in an eight-week behavioral treatment program. The results suggested that clients reporting early onset also describe their parents as shy, while clients reporting later onset tended to report a childhood history of emotional or physical abuse. There was some evidence to suggest that individuals with observable behavioral deficits were more likely to benefit from the behavioral treatment program than were shy individuals with few overt symptoms. (14 references) AA

Address for reprint requests: Department of Psychology, University of British Columbia, 2136 West Mall, Vancouver, B.C., Canada

REFERENCE NUMBER 4

Au: Amery, A.

Ti: **Measuring the Quality of Life in Hypertension**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

Questionnaires, psychological tests and psychiatric examinations are being used to measure the quality of life in hypertensive patients. Using these methods it has been shown that the quality of life is better preserved with some drugs than with other drugs. Other major problems in this field are however: is the quality of life of treated patients better than in untreated patients? Does treatment prevent major complications such as stroke, myocardial infarction or renal insufficiency; the latter can indeed diminish the quality of life to a major extent. (no references given) AA

Address for reprint requests: Inwendige Geneeskunde-Cardiologie, U.Z. Gastenhuisberg, B-3000 Leuven, Belgium

REFERENCE NUMBER 5

Au: Anderson, John P.; Bush, James W.; Berry, Charles C.

Ti: **Internal Consistency Analysis: A Method for Studying the Accuracy of Function Assessment for Health Outcome and Quality of Life Evaluation**

So: *Journal of Clinical Epidemiology* 41(2):127–137, 1988

Social, mental, and physical function are major components of health outcomes and health related life quality, but the accuracy of function measurement is difficult to study rigorously. Internal Consistency Analysis (ICA) uses multiple sources of evidence from a survey interview to study the accuracy of a classification. It was developed to study function classifications for a general health outcome measure, the Quality of Well-being (QWB) scale. ICA is described and evidence of its utility in improving the classifications needed for the QWB is presented. (30 references) AA

Address for reprint requests: Department of Community and Family Medicine M-022, University of California at San Diego, La Jolla, California 92093

REFERENCE NUMBER 6

Au: Barclay, Laurie L.; Weiss, Ellen M.; Mattis, Steven; Bond, Oliver; Blass, John P.
Ti: **Unrecognized Cognitive Impairment in Cardiac Rehabilitation Patients**
So: *Journal of the American Geriatrics Society* 36(1):22–28, 1988

To determine the prevalence of unrecognized brain dysfunction accompanying chronic severe cardiac disease, the authors examined 20 clinically stable consecutive admissions to a cardiac rehabilitation service who were free of known stroke or dementia. Age range was 47 to 85 years; the male:female ratio was 10:10. Multiple cognitive deficits including significant memory impairment and disorientation were present in eight patients (40%), and seven of these eight patients were unable to administer their own medications reliably. An additional six patients (30%) showed milder impairments. One patient was found to be normal after neurological examination, four showed evidence of a single brain lesion, and 15 of 20(75%) had multiple neurological abnormalities suggesting multifocal brain disease. The mechanism of cognitive deficits in cardiac patients is unclear, and it may be related to multiple infarcts, or acute or chronic hypoxic damage secondary to arrhythmias, cardiac failure, or small vessel disease of the brain. The term 'circulatory dementia' is proposed to describe patients with vascular disease and non-Alzheimer type dementia. Patients with cardiac disease should undergo cognitive screening, as early identification of patients at risk of progressive intellectual loss may allow early use of preventive therapy. (20 references) AA

Address for reprint requests: Burke Rehabilitation Center, 785 Mamaroneck Avenue, White Plains, New York 10605

REFERENCE NUMBER 7

Au: Barsky, Arthur J.
Ti: **The Paradox of Health**
So: *New England Journal of Medicine* 318(7):414–418, 1988

Although the collective health of the nation has improved dramatically in the past 30 years, surveys reveal declining satisfaction with personal health during the same period. Increasingly, respondents report greater numbers of disturbing somatic symptoms, more disability, and more feeling of general illness. Four factors contribute to the discrepancy between the objective and subjective states of health. First, advances in medical care have lowered the mortality rate of acute infectious diseases, resulting in a comparatively increased prevalence of chronic and degenerative disorders. Second, society's heightened consciousness of health has led to greater self-scrutiny and an amplified awareness of bodily symptoms and feelings of illness. Third, the widespread commercialization of health and the increasing focus on health issues in the media have created a climate of apprehension, insecurity, and alarm about disease. Finally, the progressive medicalization of daily life has brought unrealistic expectations of cure that make untreatable infirmities and unavoidable ailments seem even worse. Physicians should become more aware of these paradoxical consequences of medical progress so that they do not inadvertently contribute to a rising public dissatisfaction with medicine and medical care. (40 references) AA

Address for reprint requests: Massachusetts General Hospital, Ambulatory Care Center, 707 Fruit St., Boston, Massachusetts 02114

REFERENCE NUMBER 8

Au: Beck, Aaron T.; Steer, Robert A.; Garbin, Margery G.
Ti: **Psychometric Properties of the Beck Depression Inventory: Twenty-Five Years of Evaluation**
So: *Clinical Psychology Review* 8(1):77–100, 1988

Research studies focusing on the psychometric properties of the Beck Depression Inventory (BDI) with psychiatric and nonpsychiatric samples were reviewed for the years 1961 through June 1986. A meta-analysis of the BDI's internal consistency estimates yielded a mean coefficient alpha of 0.86 for

psychiatric patients and 0.81 for nonpsychiatric subjects. The concurrent validities of the BDI with respect to clinical ratings and the Hamilton Psychiatric Rating Scale for Depression (HRSD) were also high. The mean correlations of the BDI samples with clinical ratings and the HRSD were 0.72 and 0.73, respectively, for psychiatric patients. With nonpsychiatric subjects, the mean correlations of the BDI with clinical ratings and the HRSD were 0.60 and 0.74, respectively. Recent evidence indicates that the BDI discriminates subtypes of depression and differentiates depression from anxiety. (133 references) AA

Address for reprint requests: Center for Cognitive Therapy, 133 South 36th Street, Room 602, Philadelphia, Pennsylvania 19104

REFERENCE NUMBER 9

Au: Bennett, Linda A.; Wolin, Steven J.; Reiss, David

Ti: **Cognitive, Behavioral, and Emotional Problems Among School-Age Children of Alcoholic Parents**

So: *American Journal of Psychiatry* 145(2):185–190, 1988

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

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

REFERENCE NUMBER 10

Au: Boyd, N.F.; Selby, P.J.; Sutherland, H.J.; Hogg, S.

Ti: **Measurement of the Clinical Status of Patients with Breast Cancer: Evidence for the Validity of Self Assessment with Linear Analogue Scales**

So: *Journal of Clinical Epidemiology* 41(3):243–250, 1988

The authors have assessed the validity of a method of measurement for describing the clinical status of patients with breast cancer. One hundred and nine patients with breast cancer assigned numerical values to their own state of health using linear analogue scales. It has been shown previously that this method of measurement is reliable and corresponds well with other methods of assessment. Validity was assessed in this study by examining the ability of measurements to distinguish between groups of patients who differed either in the presence of metastatic disease or in the treatments they were receiving. All patients completed the same set of 29 linear analogue scales that enquired about the severity of health related problems and symptoms. In general, patients with metastatic disease were clearly distinguished from patients without metastases by their scores on items related to physical function. Patients receiving chemotherapy were distinguished from those not receiving chemotherapy by their scores on treatment related toxicities. Measures of psychological and social health were similar in patients receiving chemotherapy regardless of disease status. These results provide further support for the validity of measurement of clinical status with linear analogue scales scored by patients. (18 references) AA

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

REFERENCE NUMBER 11

Au: Branch, Laurence G.; Wetle, Terrie T.; Scherr, Paul A.; Cook, Nancy R.; Evans, Denis A.; et al.
Ti: **A Prospective Study of Incident Comprehensive Medical Home Care Use Among the Elderly**
So: *American Journal of Public Health* 78(3):255–259, 1988

This prospective study directly examines, in a defined community population, the extent to which a wide array of characteristics predict utilization of an important long-term care (LTC) service — medical home care — over a two-year interval among the cohort of 3,706 people aged 65 or older. The overall age-sex adjusted rate of two-year indigent home care use was 3.2 percent. For both men and women, the rates among the aged 85 or older group were approximately 12 times the rates of those aged 65 to 74. The multivariate predictors of incident home care, adjusted for age and sex, were five: receiving help with at least one activity of daily living, being dependent in Rosow-Breslau functional health areas, being homebound, more errors in mental status items, and no involvement with social groups. The dominance of indicators of frailty in physical function and cognitive function are consistent with the predictors of another group of LTC clients, those who subsequently enter nursing homes. However, in the present study the ratios of medical home care use were similar for those living alone and for those living with others in the multivariate model, suggesting the possibility of differences between home care and institutional LTC clients. (25 references) AA

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

REFERENCE NUMBER 12

Au: Clark, David A.
Ti: **The Validity of Measures of Cognition: A Review of the Literature**
So: *Cognitive Therapy and Research* 12(1):1–20, 1988

The validity of recording, production, sampling and endorsement approaches to the measurement of cognition was examined by reviewing relevant empirical studies. It was concluded that no significant approach is uniformly superior to the others, although stronger empirical support was found for the validity of endorsement measures. However, most measures were too narrow by focusing primarily on the frequency of negative self-statements. In addition, many failed to provide convincing evidence of concurrent and discriminant validity. The lack of agreement between approaches as well as differences in the accessibility of cognitions suggests that specification of appropriate assessment conditions is necessary to ensure accurate measurement of cognition. (94 references) AA

Address for reprint requests: Department of Psychology, University of New Brunswick, Bag Service #45444, Fredericton, New Brunswick, Canada E3B 6E4

REFERENCE NUMBER 13

Au: Cohen, Marsha M.; Duncan, Peter G.
Ti: **Physical Status Score and Trends in Anesthetic Complications**
So: *Journal of Clinical Epidemiology* 41(1):83–90, 1988

Since deaths due to anesthesia have now become rare, emphasis in quality assurance of anesthetic care must focus on morbidity rather than only on mortality. To facilitate comparisons of outcomes, data from a large anesthesia follow-up program (N = 11,200 anesthetics) were used to evaluate the usefulness of the American Society of Anesthesiologists' Physical Status score (PS) as an independent predictor of nonfatal adverse anesthetic complications. For each patient, the anesthesiologist filled out a form containing information about the patient, the anesthetic, the operative procedure, and outcomes in the operating and recovery rooms. Postoperative complications were assessed by a designated anesthesia follow-up nurse. The authors calculated the PS-specific complication rate by dividing the number of complications to

patients in each PS category by the number of anesthetics given to patients in the same category; the PS-specific complication rates increased with increasing PS scores for most complications sought. For intraoperative and recovery room complications, the PS-specific rates increased from 1978–80 and 1981–83 as compared to 1975–77. However, there was no increase over time in the rate of postoperative major complications. After adjusting for patient, anesthesia, and surgery-related variables by multiple logistic regression, the relative odds of having an intraoperative or postoperative major complication were increased for patients classified PS2, PS3, and PS4 & 5 as compared to PS1. However, those in higher PS categories were less likely to have a recovery room complication than PS1 patients. Thus, the American Society of Anesthesiologists' Physical Status classification appears to predict intraoperative and major postoperative complications independently, but alone it is insufficient to predict anesthetic morbidity in the immediate postoperative period. (14 references) AA

Address for reprint requests: Department of Social and Preventive Medicine, University of Manitoba, 750 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3E 0W3

REFERENCE NUMBER 14

Au: Costello, Charles G.; Devins, Gerald M.
Ti: **Two-stage Screening for Stressful Life Events and Chronic Difficulties**
So: *Canadian Journal of Behavioral Science* 20(1):85–92, 1988

Starting from the premise that an interview approach rather than a checklist approach is the better method of assessing severe life events and difficulties, this study was designed to determine if, nevertheless, administering a checklist before the interview would enable an investigator to screen out individuals who had not experienced an event of difficulty. The subjects were 93 women selected using a stratified random selection procedure from a sample of 809 women, aged 18 to 65, attending their family physicians. With the interview as the criterion, the checklist assessed stressful life events with a sensitivity of .89; specificity was .57; positive predictive value was .27; and negative predictive value was .97. The corresponding figures for the assessment of chronic difficulties were .86, .55, .20, and .97. When the results were recalculated for the total sample, sensitivity and specificity were .88 and .67, respectively, for life events and .75 and .75 for chronic difficulties. The high negative predictive values indicated the value in terms of efficiency of using a checklist before administering an interview. (15 references) AA

Address for reprint requests: Department of Psychology, University of Calgary, 2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4

REFERENCE NUMBER 15

Au: Dever, G.E. Alan; Sciegaj, Mark; Wade, Thomas E.; Lofton, Teresa C.
Ti: **Creation of a Social Vulnerability Index for Justice in Health Planning**
So: *Family and Community Health* 10(4):23–32, 1988

The authors use a concept of creating justice, adapted from Rawls' theory of justice, for analyzing the current distribution of resources and social vulnerability. While ends are important, it is not merely the goal that makes a policy just, it is also the process of formulating that policy. The social vulnerability index provides a database and a mechanism for determining if a standard of justice is being met. While this formulation will be developed further, it can give guidance now for health care planning and resource allocation in a manner that is equitable. (17 references) CH-P

Address for reprint requests: Mercer University, Macon, Georgia 31207

REFERENCE NUMBER 16

Au: Dubois, Robert W.; Brook, Robert H.

Ti: **Assessing Clinical Decision Making: Is the Ideal System Feasible?**

So: *Inquiry* 25(1):59–64, 1988

While caring for patients, physicians make a variety of decisions. Can current methods adequately determine whether these decisions are correct? If not, what improvements are needed? This paper begins with a review of several explicit methods to assess physician decision making. It then describes a more comprehensive system that would use Bayesian logic to assess whether a physician responded appropriately to the needs of an individual patient. Although sophisticated branching logic may be theoretically desirable, it may not feasible. The paper concludes by proposing an explicit, potentially practical method that would judiciously use branching logic. (12 references) AA

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

REFERENCE NUMBER 17

Au: Elton, M.; Patton, G.; Weyerer, S.; Diallina, M.; Fichter, M.

Ti: **A Comparative Investigation of the Principal Component Structure of the 28 Item Version of the General Health Questionnaire (GHQ): 15-Year-Old Schoolgirls in England, Greece, Turkey and West Germany**

So: *Acta Psychiatrica Scandinavica* 77(2):124–132, 1988

The 28-item version of the General Health Questionnaire of 15-year-old schoolgirls obtained under identical conditions in two separate studies was subjected to principal component analysis (PCA). Varimax rotation produced different numbers of components for the different groups, but restricting the number of components to be rotated to four produced similar component structures, as supported by the coefficient of factor similarity, for both Turkish and Greek groups in their home countries and a heterogenous non-British group in London in comparison to British girls. Different structures were obtained in schoolgirls from Greece, in Munich, and from the Indian subcontinent in London. Analysis of variance of the factor scores of a combined PCA produced significant overall group differences for all components and specific group differences for anxiety and insomnia, social dysfunction, and severe depression. Somatic symptoms and anxiety and insomnia subscales, either alone or in combination with other subscales, contributed most frequently to morbidity. (17 references) AA

Address for reprint requests: Neonatologische Arbeitsgemeinschaft, Kinderklinik der Ludwig-Maximilian Universitat, Munich, West Germany

REFERENCE NUMBER 18

Au: Erickson, Pennifer; Patrick, Donald L.

Ti: **Guidelines for Selecting a Quality of Life Assessment: Methodological and Practical Considerations**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

This paper discusses some of the major conceptual, methodological and practical issues that should be considered when selecting a health-related quality of life assessment for use in clinical research. These issues will be addressed from the perspective of presenting guidelines to be considered in the process of instrument implementation rather than from that of a measurement methodologist. Among the methodological guidelines to be discussed are the following: the concept of health to be assessed; types of scaling and their significance to clinical studies; types of reliability estimates and criteria for minimally acceptable levels; and, types and phases of validity measurement and effect size analysis. The four major practical issues discussed can be categorized under the following categories: the use of a standardized or

nonstandardized assessment strategy; acceptability of an assessment approach to respondents and instrument administrators; methods of administration; and method of analysis and presentation of data. In addition to the presentation of these guidelines, sources of additional information will be provided, thus allowing researchers to pursue these issues in greater depth as they begin to incorporate quality-of-life assessments into clinical research. (references not given) AA

Address for reprint requests: Clearinghouse on Health Indexes, Office of Analysis and Epidemiology, Room 2-27, National Center for Health Statistics, 3700 East West Highway, Hyattsville, Maryland 20782

REFERENCE NUMBER 19

Au: Evans, Dwight L.; McCartney, Cheryl F.; Haggerty, John J.; Nemeroff, Charles B.; Golden, Robert N.; et al.

Ti: **Treatment of Depression in Cancer Patients Is Associated with Better Life Adaptation: A Pilot Study**

So: *Psychosomatic Medicine* 50:72–76, 1988

Major depression occurs in a significant number of cancer patients, and there is evidence that cancer patients with depression do not receive adequate antidepressant treatment. In an uncontrolled pilot study, the authors assess the degree of depression and the quality of life after the initiation of antidepressant medication treatment in 12 depressed cancer patients who received adequate antidepressant drugs and in 10 depressed cancer patients who received inadequate antidepressant treatment. These preliminary findings suggest the cancer patients with major depression benefit from antidepressant medication treatment and may experience an improved psychosocial adjustment to cancer. Controlled clinical trials will be necessary to verify these preliminary findings. (9 references) AA

Address for reprint requests: Department of Psychiatry, University of North Carolina School of Medicine, Chapel Hill, North Carolina 27514

REFERENCE NUMBER 20

Au: Ferris, Abbott L.

Ti: **The Uses of Social Indicators**

So: *Social Forces* 66(3):601–617, 1988

As statistical time series, social indicators are used to monitor the social system, helping to identify changes and to guide intervention to alter the course of social change. Extending time series into the future, while an imperfectly developed art, enables more realistic planning. The geographic allocation of resources by governments through ecological indicators redistributes funds more equitably. By combining with programmatic activities to alter the rate and direction of change, social indicators may play a role in social transformations. The social indicator "movement" has led to improvements in social measurement, social reporting, and social accounting and has stimulated measurement of quality of life. By employing social indicators, sociological research should include the time dimension, ecological variables, and should attempt forecasts of the future. (52 references) AA

Address for reprint requests: Department of Sociology, Emory University, Atlanta, Georgia 30322

REFERENCE NUMBER 21

Au: Folkman, Susan; Lazarus, Richard S.
Ti: **The Relationship Between Coping and Emotion: Implications for Theory and Research**
So: *Social Science and Medicine* 26(3):309–317, 1988

Historically, coping has been viewed as a response to emotion. The authors' purpose is to evaluate this idea and offer a broader view based on cognitive and relational principles concerning the emotion process. They explore the ways emotion and coping influence each other in what must ultimately be seen as a dynamic, mutually reciprocal relationship. (74 references) AA

Address for reprint requests: Department of Psychology, Stress and Coping Project, University of California, Berkeley, California 94720

REFERENCE NUMBER 22

Au: Ford, Amasa B.; Folmar, Steven J.; Salmon, Richard B.; Medalie, Jack H.; Roy, Ann W.; et al.
Ti: **Health and Function in the Old and Very Old**
So: *Journal of American Geriatrics Society* 36(3):187–197, 1988

This report advocates conceptual separation and parallel assessment of medically diagnosed health conditions and functional disability in clinical and epidemiological studies of the aged. Data from a study of urban elderly are presented to demonstrate how this can be done and to reexamine the meaning of self-reported illness and disability. One hundred thirteen subjects 74 to 95 years old, recruited from a longitudinal study of a representative sample of the elderly population of Cleveland, Ohio, participated in structured interview and epidemiologically based medical examinations, conducted by a physician-nurse team at the place of residence. The presence or absence of 11 common chronic conditions was determined according to preestablished criteria, by self-report and, separately, by medical diagnostic evaluation. Functional disability was estimated by self-report and by physician-nurse assessment, using established measures of mobility and activities of daily living. Results indicate that interview self-report can provide useful estimates of the prevalence of medical conditions and functional disabilities in elderly populations, although self-report alone is not a sufficiently sensitive measure to be used for case-finding or diagnosis. When functional disabilities are matched against the specific medical conditions that cause them and disease-specific mortality is also taken into account, a three-dimensional classification results that has implications for future clinical and survey work with the elderly. (53 references) AA

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

REFERENCE NUMBER 23

Au: Freeman, Arthur M. III; Folks, David G.; Sokol, Roberta S.; Fahs, Jeffery J.
Ti: **Cardiac Transplantation: Clinical Correlates of Psychiatric Outcome**
So: *Psychosomatics* 29(1):47–54, 1988

Cardiac transplantation cases (N = 70) were studied to determine the association between psychiatric disturbances, psychosocial adjustment, and postoperative course. Of the 19 patients for which reservations were expressed about suitability for transplantation, 14 developed postoperative surgical or psychiatric complications. Psychiatric complications, mostly organic mental disorders, occurred in 24 of 70 patients postoperatively; 10 patients manifested a steroid-induced psychosis, and 7 manifested psychosis induced by renal, hepatic, or other end-stage organ disease. Affective disturbances also were prominent, usually occurring later in the postoperative course. The study demonstrated a significant association between assignment of a preoperative DSM-III Axis I diagnosis and dissatisfaction with surgical outcome and/or history of sudden onset of cardiac failure. Despite reservations about suitability for transplantation and

postoperative complications, transplantation survivors demonstrated improvements on the State Anxiety Inventory, the Self-rating Depression Scale and the Psychosocial Adjustment to Illness Scale 6 to 12 months following surgery. (20 references) AA

Address for reprint requests: University of Alabama at Birmingham School of Medicine, University Station, Birmingham, Alabama 35294

REFERENCE NUMBER 24

Au: Gold, Dolores; Andres, David; Arbuckle, Tannis; Schwartzman, Alex
Ti: **Measurement and Correlates of Verbosity in Elderly People**
So: *Journal of Gerontology* 43(2):P27–P33, 1988

Two studies were conducted to develop measures of verbosity in elderly people and to determine the social and psychological correlates of verbose speech. In the first study, 346 elderly people were classified into three categories of verbosity on the basis of their verbal behavior during an interview and questionnaire session. Personality variables, stress in daily living, and age differentiated extremely verbose individuals from others. In the second study, frequency and extent of off-target speech were rated quantitatively for the verbal behavior of 203 older men, with a second rater independently making the same ratings for 98 of the men. A battery of measures was used to assess well-being including the Memorial University of Newfoundland Scale of Happiness (MUNSH) and the Social Support Questionnaire (SSQ). (30 references) AA-M

Address for reprint requests: Center for Research in Human Development, Concordia University, 1455 de Maisonneuve Boulevard West, Montreal, Quebec, Canada H3G 1M8

REFERENCE NUMBER 25

Au: Greenberg, E.R.; Chute, C.G.; Stukel, T.; Baron, J.A.; Freeman, D.H.; et al.
Ti: **Social and Economic Factors in the Choice of Lung Cancer Treatment**
So: *New England Journal of Medicine* 318(10):612–617, 1988

The authors reviewed 1808 hospital charts representing virtually all patients given a diagnosis of non-small-cell lung cancer in New Hampshire and Vermont between 1973 and 1976 and found that the treatment of patients varied according to their marital status, medical insurance coverage, and proximity to a cancer-treatment center. Patients were more likely to be treated with surgery if they were married (odds ratio, 1.67; 95 percent confidence interval, 1.08 to 2.57) or had private medical insurance (1.52; 1.03 to 2.26). Among patients who did not have surgery, those with private insurance were more likely to receive another form of anticancer therapy — either radiation or chemotherapy (1.57; 1.18 to 2.09). Residing farther from a cancer-treatment center was associated with a greater chance of having surgery. Patients 75 years of age and older were less likely to have surgery (0.16; 0.08 to 0.35) or any other tumor-directed therapy (0.32; 0.19 to 0.54). The relation between the type of treatment and a patient's characteristics was not based on apparent differences in tumor stage or functional status as measured by the Karnofsky Performance Status scale, although both these factors were also strongly predictive of the type of treatment. Despite the fact that privately insured and married patients were more aggressively treated, they did not survive longer after diagnosis. For non-small-cell lung cancer, socioeconomic as well as medical factors determine treatment. (26 references) AA

Address for reprint requests: Dartmouth Medical School, Hanover, New Hampshire 03756

REFERENCE NUMBER 26
Au: Haight, Barbara K.
Ti: **The Therapeutic Role of a Structured Life Review Process in Homebound Elderly Subjects**
So: *Journal of Gerontology* 43(2):P40–P44, 1988

This study examined the therapeutic role of a structured life review process in a randomly selected group of 60 homebound elderly subjects. Subjects were placed in three groups and tested on four dependent variables at the beginning and end of an 8-week period. These variables were life satisfaction, psychological well-being, depression, and activities of daily living (ADL). One group, the experimental group, received the treatment of life review process; another, the control group, received a friendly visit; and the third, the no treatment group, received pretests and posttests only. Two dependent variables, life satisfaction, as operationalized by the Life Satisfaction Index A (LSIA), and psychological well-being, as operationalized by the Affect-Balance Scale (ABS), were significant in the experimental group when tested statistically through analysis of covariance. These results suggest that a structured process of life review can serve as a therapeutic intervention of homebound elderly persons. (22 references) AA

Address for reprint requests: College of Nursing, Medical University of South Carolina, Charleston, South Carolina 29425–2402

REFERENCE NUMBER 27
Au: Hannaford, Charles; Harrell, Ernest H.; Cox, Kent
Ti: **Psychophysiological Effects of a Running Program on Depression and Anxiety in a Psychiatric Population**
So: *Psychological Record* 38(1):37–48, 1988

The purpose of the present study was to investigate the psychophysiological effects of exercise on measures of cardiovascular fitness, depression, and anxiety in a psychiatric population. In addition to self-report measures, electromyographic assay and digital skin temperature were performed in order to measure physiological concomitants of anxiety. Subjects in the running treatment group ran 3 days per week while subjects in the corrective therapy group were involved in noncardiovascular exercise for 1 hour, three times per week. Including the waiting list control group, 27 subjects completed the study. Statistical results demonstrated significant improvements in cardiovascular conditioning for the running treatment group, and significant decrements in depression for running treatment group compared to the waiting list controls. Results of electromyographic activity demonstrated that the running treatment group was significantly less tense. No significant findings were observed on digital skin temperature or body composition assay. (29 references) AA

Address for reprint requests: Psychology Department, North Texas State University, Post Office Box 13587, Denton, Texas 76203–3587

REFERENCE NUMBER 28
Au: Hase, Harold D.; Luger, Joseph A.
Ti: **Screening for Psychosocial Problems in Primary Care**
So: *Journal of Family Practice* 26(3):297–302, 1988

Evaluating and understanding the physical, emotional, and social condition of a patient is an important component of primary care. Time constraints, however, often make it difficult for the physician to explore these areas in detail with every patient. One approach that can be helpful is the use of a simple questionnaire that can be completed by the patient in advance of seeing the physician. The use of one questionnaire, the Multifactor Health Inventory (MHI), in filling the need for such an instrument is detailed. The MHI helps the physician screen for psychophysiologic, psychiatric, attitudinal, and substance abuse problems. It also provides direction for productive follow-up interviewing. Research has shown that

many patients with psychosocial problems are not identified by the physician. A questionnaire can help increase physician awareness of these patients and their problems. (14 references) AA

Address for reprint requests: Family Practice Center, 515 East Broadway, Bismarck, North Dakota 58501

REFERENCE NUMBER 29

Au: Heitzmann, Carma A.; Kaplan, Robert M.

Ti: **Assessment of Methods for Measuring Social Support**

So: *Health Psychology* 7(1):75–109, 1988

A rapidly expanding literature documents the effects of social support on physical and psychological well-being. Although definitions vary, most include both tangible components (e.g., financial assistance and physical aid) and intangible components (e.g., encouragement and guidance). Social support has been implicated in the mediation of stressful life events, recovery from illness, and increased program adherence. There are many inconsistent findings in the literature, however, and it is difficult to resolve discrepancies because measures of social support vary widely from study to study. To guide in the selection of measurement methods for research and applied work, 23 techniques for assessing social support are reviewed and evaluated. Criteria for favorable evaluation included reliability coefficients greater than .8 and documentation of validity. Correlations between various social support and criterion measures are simulated in order to demonstrate the consequences of choosing a measure with low reliability. Scale developers reported reliability data for 19 of the reviewed measures. Internal consistency coefficients ranged from .31 to .98. Test-retest coefficients ranged from .22 to .96. At least some validity documentation was available for 13 of the scales. Discriminant validity evidence, however, is almost universally absent. Despite psychometric weaknesses and variability among the scales, researchers have several instruments available to them. (27 references) AA

Address for reprint requests: Robert M. Kaplan, Center for Behavioral Medicine, San Diego State University, San Diego, California 92182

REFERENCE NUMBER 30

Au: Hollandsworth, James G. Jr.

Ti: **Evaluating the Impact of Medical Treatment on the Quality of Life: A 5-Year Update**

So: *Social Science and Medicine* 26(4):425–434, 1988

A comparison of the studies investigating the impact of medical care on quality of life over a recent 5-year period (1980–1984) with those appearing during the preceding 5 years from 1975 to 1979 reveals that: (a) 3 times as many studies (69 as compared to 23) appeared during time span, that (b) almost two-thirds (60%) of the recent studies included a subjective measure of quality of life as compared to only in 1 in 10 for the previous 5-year period, but that (c) one-shot case studies designs still predominate. On the other hand, (d) the use of control groups doubled from 1981 to the present, although (e) the majority of studies continues to use samples of convenience (e.g., consecutive patients or treatment survivors) rather than employing random assignment or random sampling. Nevertheless, (f) the average size of samples has doubled from 90 to 178, and (g) whereas almost all of the studies in the earlier review concluded that the intervention being studied improved quality of life, now approximately 1 in 5 report negative outcomes with another 30 percent reporting mixed results. It is concluded that in spite of increasing methodological sophistication, investigation of the impact of medical care on quality of life will be hindered until there is better agreement as to what constitutes adequate assessment of the construct. Suggestions for how a consensus might be attained are discussed. (142 references) AA

Address for reprint requests: Department of Counseling Psychology, University of Southern Mississippi, Box 5012 Southern Station, Hattiesburg, Mississippi 39406

REFERENCE NUMBER 31

Au: Jellinek, Michael S.; Murphy, J. Michael; Robinson, John; Feins, Anita; Lamb, Sharon; et al.
Ti: **Pediatric Symptom Checklist: Screening School-age Children for Psychosocial Dysfunction**
So: *Journal of Pediatrics* 112(2):201–209, 1988

The Pediatric Symptom Checklist (PSC) is a 35-item screening questionnaire that is completed by parents and designed to help pediatricians in outpatient practice identify school-age children with difficulties in psychosocial functioning. The current study assessed the validity of the PSC by screening 300 children in two pediatric practices, a middle-class group practice and an urban health maintenance organization. Validity was established by comparing the results of PSC screening of 48 children with in-depth interview assessments and pediatricians' ratings. Results indicate that the PSC has a specificity of 0.68 and a sensitivity of 0.95. The screening process was well accepted by parents and pediatricians. Several children whose pediatricians' ratings had indicated adequate functioning were identified by the PSC as having substantial psychosocial dysfunction and requiring further evaluation. (29 references) AA

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

REFERENCE NUMBER 32

Au: Jenkins, Richard A.; Pargament, Kenneth I.
Ti: **Cognitive Appraisals in Cancer Patients**
So: *Social Science and Medicine* 26(6):625–633, 1988

Coping with cancer was examined using interviews with outpatient subjects in a correlational design. Specific attention was given to the relationships between cognitive appraisals and various aspects of adjustment. Appraisals were selected in accord with Lazarus' (1980) model of coping. The primary appraisal of perceived life threat appeared negatively related to adjustment. The primary appraisal process also appeared to involve multiple, simultaneous appraisals. Several secondary appraisals emerged as correlates of adjustment: perceived personal control, God-control, and chance-control, along with perceived control over emotional reactions. Overall, cognitive appraisals appeared to be modest predictors of adjustment. (46 references) AA

Address for reprint requests: Department of Psychology, Indiana University, Bloomington, Indiana 47405

REFERENCE NUMBER 33

Au: Jones, Paul W.
Ti: **Quality of Life in Respiratory Disease**
So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

Chronic airways obstruction and asthma are major causes of disability. A number of different patho-physiological processes may occur to a varying degree in different patients, but the symptoms are few — cough, sputum production and breathlessness. There are a number of short disability questionnaires or scales which have found application in patients with chronic lung disease, but the limitation of physical activity that these scales estimate is only one factor contributing to overall impairment of quality of life. Comprehensive general health indices have been used in chronic airways disease, but they have two major limitations. First, they may have a low content validity for diseases of the the chest; second, they contain numerous items of low relevance. The effect of the former is to produce low sensitivity and the items of little relevance will have a masking effect, since like all measurements they are subject to measurement error and lack perfect repeatability. Overall, this type of questionnaire will have a poor signal-to-noise ratio

when used to measure therapeutic responses in respiratory disease. Such studies require the inclusion of validated disease-specific measures. (references not given) AA

Address for reprint requests: St. George's Hospital Medical School, London, England

REFERENCE NUMBER 34

Au: Kahn, Katherine L.; Park, Rolla Edward; Brook, Robert H.; Chassin, Mark R.; Kosecoff, Jacqueline; et al.

Ti: **The Effect of Comorbidity on Appropriateness Ratings for Two Gastrointestinal Procedures**

So: *Journal of Clinical Epidemiology* 41(2):115–122, 1988

The effect of patients' comorbidity on the appropriateness of performing esophagogastroduodenoscopy or cholecystectomy was evaluated. A nine-member national physician panel rated 1118 brief clinical scenarios for patients without comorbidity. Ratings were then repeated for patients with increasing degrees of comorbidity. As comorbidity changed from none to medium, 60% of those scenarios that were originally rated as appropriate for endoscopy and cholecystectomy remained appropriate. As high comorbidity was introduced, only 13% of such scenarios remained appropriate for endoscopy, while 33% remained appropriate for cholecystectomy. These findings suggest that, although clinical reasons for performing procedures are a powerful determinant of when they should be used, comorbidity is also important and needs to be included in any assessment of the appropriateness of procedure use. (19 references) AA

Address for reprint requests: The Rand Corporation, 1700 Main Street, Post Office Box 2138, Santa Monica, California 90406–2138

REFERENCE NUMBER 35

Au: Kapust, Lissa Robins; Weintraub, Sandra

Ti: **The Home Visit: Field Assessment of Mental Status Impairment in the Elderly**

So: *Gerontologist* 28(1):112–115, 1988

The Home Visit included, in addition to traditional techniques of interview and observation, direct assessment of performance of routine tasks. Performance was rated to identify major obstacles to independence: attention/motivation, memory, language, and visuospatial deficits. This approach can lead to clarification of diagnostic issues that arise in the work-up of dementia and can contribute to management plans that incorporate the patient's existing cognitive strengths and weaknesses. (12 references) AA

Address for reprint requests: Behavioral Neurology Unit, K-225 Beth Israel Hospital, 330 Brookline Avenue, Boston, Massachusetts 02215

REFERENCE NUMBER 36

Au: Kaye, Lenard W.

Ti: **Assessing the Community Care Needs of the Functionally Impaired Elderly: The Gerontological Worker's Perspective**

So: *Home Health Care Services Quarterly* 8(4):89–101, 1988

A survey study of home care workers (N = 91) in three federally funded home care programs sheds light on the perceived community care and support service needs of the functionally impaired elderly. Findings also serve to identify those variables which may influence the accuracy and/or legitimacy of needs assessment data, especially when such information is collected from the perspective of the gerontological community worker. Results indicate that professional home care staff are able to more clearly define a finite set of high priority home-delivered services for the elderly. On the other hand, paraprofessional personnel as a group do not agree as easily on a specific set of community support services meriting top priority. Their diffused notion of priority expressed itself in responses regressing to the mean. As a source of targeted needs

assessment data, paraprofessional staff may reflect a lesser capacity to selectively set priorities. On the other hand, their responses seemingly reflect a weaker tie to disciplinary biases. The implications of these study data are discussed in terms of the process and methodology of community needs assessment for the elderly and the target groups to which program planners will want to seek evaluations of service needs in the future. (13 references) AA

Address for reprint requests: Graduate School of Social Work and Social Research, Bryn Mawr College, Bryn Mawr, Pennsylvania 19010

REFERENCE NUMBER 37

Au: Kishimoto, A.; Kamata, K.; Sugihara, T.; Ishiguro, S.; Hazama, H.; et al.
Ti: **Treatment of Depression with Clonazepam**
So: *Acta Psychiatrica Scandinavica* 77(1):81–86, 1988

The antidepressive effect of an anticonvulsant, clonazepam, was studied with maximum daily dose of 1.5 to 6.0 mg (mean 3.4 mg) in 27 patients with major depression (n = 18) or bipolar disorder (n = 9). Two of them dropped out at an early stage of the treatment, and the antidepressive effect of clonazepam was evaluated for the remaining 25 patients. A marked to moderate improvement was obtained for 21 patients (84%), and the onset of the antidepressive effect of clonazepam appeared within 1 week in most of the cases who responded to the therapy. The total scores on the Hamilton Depression Rating Scale and the Beck Self-Rating Scale were significantly reduced after the clonazepam treatment. Side effects occurred in 14 patients, but most of them were not severe. From these results, it is thought that clonazepam might be useful as an antidepressant for patients in whom conventional antidepressant treatment is contraindicated. (24 references) AA

Address for reprint requests: Department of Neuropsychiatry, Tottori University School of Medicine, 36-1 Nishimachi, Yonago 683, Japan

REFERENCE NUMBER 38

Au: Kleinke, Chris L.; Spangler, Arthur Stephenson Jr.
Ti: **Psychometric Analysis of the Audiovisual Taxonomy for Assessing Pain Behavior in Chronic Back-Pain Patients**
So: *Journal of Behavioral Medicine* 11(1):83–94, 1988

Sixty chronic back-pain patients were administered the audiovisual taxonomy of pain behavior during their first and last weeks in an inpatient multidisciplinary pain clinic. Audiovisual total score provided a useful index of pain behavior with a suitable frequency and reliability, while offering unique variance as a measure of treatment outcome. Patients' pain behaviors upon admission to the pain program were positively correlated with the following background variables: receiving worker's compensation, pounds overweight, and number of back surgeries. Patients' pain behaviors upon completion of the pain program were significantly correlated with their preferences for pain treatment modalities. High levels of pain behavior correlated with a preference for treatments of ice and heat. Low levels of pain behavior correlated with a preference for physical therapy, social work, lectures, and relaxation. It was suggested that treatment outcome in a multidisciplinary pain clinic is more immediately related to patients' coping styles and their choice of pain treatment modalities than to their demographics and personalities. (39 references) AA

Address for reprint requests: Psychology Department, University of Alaska, Anchorage, Alaska 99508

REFERENCE NUMBER 39
Au: Koenig, Harold G.; Kvale, James N.; Ferrel, Carolyn
Ti: **Religion and Well-Being in Later Life**
So: *Gerontologist* 28(1):18–27, 1988

For 836 older adults (mean age 73.4 years), moderately strong correlations were found between morale and three religious measures: organizational religious activity, non-organizational religious activity and intrinsic religiosity. For women and those 75 and over, religious behaviors and attitudes were particularly strong correlates of morale. Among participants age 75 and older, only health accounted for more of the explained variance than did religious variables. Indicated was that religious attitudes and activities may influence the complex interactions of health and sociodemographic factors affecting morale and well-being in later life. (27 references) AA

Address for reprint requests: Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, North Carolina 27705

REFERENCE NUMBER 40
Au: Koyano, Wataru; Shibata, Hiroshi; Nakazato, Katsuharu; Haga, Hiroshi; Suyama, Yasuo; et al.
Ti: **Prevalence of Disability in Instrumental Activities of Daily Living Among Elderly Japanese**
So: *Journal of Gerontology* 43(2):S41–S45, 1988

The prevalence of disability in instrumental activities of daily living (IADL) was assessed for seven items of activity — among them, using public transportation, using the telephone, and shopping — in 7,735 elderly residents living in an urban Japanese community. The prevalence of disability generally was low (ranging from 6.1% in heating water to 15.9% in preparing meals), but increased significantly with age. The prevalence was higher, controlling by age, in females than in males, with the exception of preparing meals. (14 references) AA

Address for reprint requests: Department of Sociology, St. Andrew's University, 237-1 Nishino, Sakai City, Osaka 588, Japan

REFERENCE NUMBER 41
Au: Kronenberg, Y.; Blumensohn, R.; Apter, A.
Ti: **A Comparison of Different Diagnostic Tools for Childhood Depression**
So: *Acta Psychiatrica Scandinavica* 77(2):194–198, 1988

A comparison was made of the agreement of 5 different diagnostic tools for childhood depression. The diagnostic tools used were: 1) a non-directive interview with projective testing; 2) a semi-structured psychiatric interview develop by Herjanic; 3) the child behavior checklist developed by Achenbach; 4) the Kovacs child depression inventory; and 5) the DSM-II criteria diagnosis. In the diagnostic tools using classic psychiatric techniques of interview there was a fairly high diagnostic agreement for depression, while the non-interview techniques (questionnaires) were less reliable in diagnosing affective disorder. Depressive symptoms were found to play an important part in non-affective disorder psychopathology in children. The good correlation between the standard intake procedure and the research method is encouraging in that it seems that clinicians can make the diagnosis of childhood affective disorder in their everyday clinical work. (15 references) AA

Address for reprint requests: Geha Psychiatric Hospital, Beilinson Medical Center, Petah Tiqva 49100, Israel

REFERENCE NUMBER 42

Au: Lakke, J.P.W.F.

Ti: **Measuring the Quality of Life in Neurological Degenerative Diseases**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

The enhanced life expectation is one of the reasons why physicians are compelled to consider the quality of life in their therapeutic management. Also, through the rapid advancement of neuroscience and concomitant therapeutic possibilities doctors in daily practice are more and more confronted with the consequences of the effect of their medical interventions. In a study to assess a number of Parkinsonian features with the aid of subjective and objective rating scales, patients judged their activities of daily living functions of importance in relation with motility in general but related their discomfort to tremor and akinesia; these symptoms worsen during stress, degrading the patient's self-esteem and are easily incorrectly interpreted in non-verbal communications. (references not given) AA-M

Address for reprint requests: unknown

REFERENCE NUMBER 43

Au: Lesher, Emerson L.; Bergey, Karen J.

Ti: **Bereaved Elderly Mothers: Changes in Health, Functional Activities, Family Cohesion, and Psychological Well-being**

So: *International Journal of Aging and Human Development* 26(2):81–90, 1988

Although the death of an adult child is not uncommon, little is known about its impact on elderly parents. This study examined changes in health, functional activities, family cohesion, and psychological well-being among eighteen bereaved elderly mothers. Changes were reported in all areas, but especially striking was the high level of psychological distress. The death of an adult child appears to have a significant impact on elderly mothers and warrants increased research and clinical attention. (22 references) AA

Address for reprint requests: Philhaven Hospital, 283 South Butler Road, Mt. Gretna, Pennsylvania 17064

REFERENCE NUMBER 44

Au: Liang, Jersey; Tran, Thanh Van; Markides, Kyriakos S.

Ti: **Differences in the Structure of Life Satisfaction Index in Three Generations of Mexican Americans**

So: *Journal of Gerontology* 43(1):S1–S8, 1988

This study examines differences in the structure of seven Life Satisfaction Index (LSI) items across three generations of Mexican Americans. Viewing the covariance structure of the items as a function of several parameter matrices, the authors analyzed factorial invariance by testing hypotheses involving equivalence constraints on one or more parameter matrices. Analysis of covariance structures, or LISREL, was used to assess the factorial invariance. Differences in the factorial structure of the LSI were found between the older generation and the other two generations. These differences persisted even when generational differences in education, income and acculturation were taken into account. Further analyses revealed that generational differences were contained in only one (congruence) of the three first-order factors. Consequently, intergenerational comparisons in the other two dimensions (zest and mood tone) are appropriate. (18 references) AA

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

REFERENCE NUMBER 45
Au: Lohr, Kathleen N.
Ti: **Outcome Measurement: Concepts and Questions**
So: *Inquiry* 25(1):37–50, 1988

Outcome measurement—a central concept of quality of care—has both conceptual appeal and limitations as a practical assessment tool. The degree to which outcomes can be directly related to processes of care continues to be especially problematic. The author views the continued debate about whether processes of outcomes are the preferable measure of quality as fundamentally unproductive, because both are needed. To strengthen our understanding of both measures in ascertaining quality of care, it is suggested that work in four areas is needed: more definitive evidence of process and outcome linkages; stronger relationships between technology assessment and quality assessment; improved reliability and validity of outcome measures as screening tools; and continued development of health status measures. (59 references) AA

Address for reprint requests: The Institute of Medicine, 2101 Constitution Avenue N.W., Washington, D.C. 20418

REFERENCE NUMBER 46
Au: Lohr, Mary Jane; Essex, Marilyn J.; Klein, Marjorie H.
Ti: **The Relationship of Coping Responses to Physical Health Status and Life Satisfaction Among Older Women**
So: *Journal of Gerontology* 43(2):P54–P60, 1988

This study examined a model specifying the causal links between the physical, functional, and subjective components of physical health status and life satisfaction among older women, and assessed the effects of three coping responses at each point in the process. Based on interview data with 281 older women, a series of regression analyses indicated that, before the inclusion of the coping variables, physical conditions directly contributed to functional impairment, and both indirectly lowered life satisfaction through their direct negative effects on subjective health assessments. Further analyses indicated that positive-cognitive coping buffered the effects of physical conditions at each point in the model, that passive-cognitive coping generally had deleterious effects on health status, although it prevented negative health assessments from lowering life satisfaction, and that direct-action coping had little effect. These findings emphasize the importance of a multidimensional conceptualization of physical health status in understanding its relationship with life satisfaction as well as the specific functions of coping at different points in the process for older women. (22 references) AA

Address for reprint requests: Marilyn J. Essex, Women and Health Project, Room 632 WARF Building, 610 North Walnut Street, Madison, Wisconsin 53705

REFERENCE NUMBER 47
Au: Maes, S.; Schlosser, M.
Ti: **Changing Health Behaviour Outcomes in Asthmatic Patients: A Pilot Intervention Study**
So: *Social Science and Medicine* 26(3):359–364, 1988

Starting from a prior study, in which cognitive and coping variables proved to be related to well-being, the use of medical resources and the absence from work in asthmatic patients, the authors constructed a cognitive-educational (a combination of health education and rational emotive behavior modification) intervention programme aiming at altering coping behavior in asthmatic patients in order to influence emotional distress and use of medical resources. The effects of the programme were assessed by means of a pre-test-post-test control group design. The programme was offered to ten patients and their partners. Both before and after the intervention cognitive attitudes (optimism, locus of control, and shame or stigma), coping behaviour in attack situations (minimizing the seriousness of the attack, rational action and

reacting emotionally), coping in daily life (maintaining a restrictive life-style, focusing on asthma), emotional distress (anxiety, anger, and depression), and the use of medication were measured in the experimental and control group. It was found that patients who received the programme became less preoccupied with their asthma and reported significantly less emotional distress (anxiety and anger) in daily life. In addition, they used less maintenance medication (corticosteroids). The authors wish to stress the importance of using medical variables such as the number of attacks as covariates in this type of research. (34 references) AA

Address for reprint requests: Health Psychology, Tilburg University, 225 Hogeschoollaan, Tilburg, The Netherlands

REFERENCE NUMBER 48

Au: Mahard, Rita E.

Ti: **The CES-D as a Measure of Depressive Mood in the Elderly Puerto Rican Population**

So: *Journal of Gerontology* 43(1):P24–P25, 1988

The validity of the Center for Epidemiologic Studies Depression Scale (CES-D) was assessed using a sample of 60 elderly Puerto Ricans in New York City, half of whom were diagnosed clinically as depressed. The scale has high internal consistency reliability, discriminates strongly between patients and nonpatients, and relates in the expected fashion to theoretically relevant variables. There is some evidence that scores are influenced by socially desirable responding and that these effects should be considered when examining the correlates of the CES-D in this population. Scale scores do not differ by interviewer. Overall, the CES-D appears to be a useful measure for studying within-group variability in depressive mood among older Puerto Ricans. (10 references) AA

Address for reprint requests: Hispanic Research Center, Fordham University, Bronx, New York 10458

REFERENCE NUMBER 49

Au: Matilla, V.; Joukamaa, M.; Salokangas, R.K.R.

Ti: **Mental Health in the Population Approaching Retirement Age in Relation to Physical Health, Functional Ability and Creativity: Findings of the TURVA Project**

So: *Acta Psychiatrica Scandinavica* 77(1):42–51, 1988

This is the second paper dealing with a Finnish long-term prospective study, the objective of which is to shed light on adjustment to retirement and old age. At this point, only the results of the initial survey carried out in 1982 are available. The material consisted of a random sample of 200 individuals born in 1920 and living in Turku, and a corresponding sample of 189 persons living in rural areas in the neighborhood of Turku. The method consisted of a structured interview, certain questionnaires and a physical examination. There was a considerable discrepancy between the subjects' subjective working disability and the frequency of evident and handicapping physical illnesses found by the physician. The difference was largely explained in terms of mental problems. Dissatisfaction with life was clearly more common in subjects receiving a disability pension and in those classified as psychiatric cases than in others. (16 references) AA

Address for reprint requests: Psychiatric Outpatient Clinic, Turku University Central Hospital, 20520 Turku 52, Finland

REFERENCE NUMBER 50

Au: McEwen, James

Ti: **Nottingham Health Profile: Applications in Clinical Care**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

The increasing cost of the provision of health services, often in the face of meager evidence about the efficacy of many interventions, has led to attempts to find efficient and reliable means of assessing health needs and outcomes. Within the differing categories of health indicators, one main group consists of measures of perceived health. One such measure of self-assessed health is the Nottingham Health Profile (NHP). For any particular study or survey, there is a requirement to determine the most appropriate measures to be included (one measure is seldom likely to be adequate). The burden on those completing the instrument must be recognized, particularly when there are severely ill patients or there is a very complex and demanding schedule. The limitations of existing measures must be taken into account and those planning studies should accept that traditional design of clinical trials may need to be modified and, at the same time, they must acknowledge that with relatively crude instruments, small changes in health status, particularly if limited to certain areas of feeling or function, may not be detected. Further work in different countries will be of immense value in clarifying the potential and the limitations of measures such as the NHP. (references not given) AA

Address for reprint requests: Department of Community Medicine, King's College Hospital Medical School, London, England

REFERENCE NUMBER 51

Au: Meyers, Allan R.; Cupples, Adrienne; Lederman, Ruth I.; Branch, Laurence G.; Feltin, Marie; et al.

Ti: **The Epidemiology of Medical Care Utilization by Severely Disabled Independently-Living Adults**

So: *Journal of Clinical Epidemiology* 41(2):163–172, 1988

A prospective study of the medical care utilization experience of 205 severely disabled independently living adults in Eastern Massachusetts shows that there was a mean of 0.83 ± 1.26 hospital admissions, 9.9 ± 22.7 hospital days, 1.5 ± 2.31 emergency room (ER) visits, and 26.88 ± 44.4 outpatient contacts per person per year. Among those hospitalized, the mean experience was 16.2 ± 27.1 days per person per year; mean length-of-stay was 9.3 ± 14.7 per admission. Regression analysis indicates that those with spinal cord injuries as major disabling conditions were significantly more likely to be hospitalized. So were those with lower self-assessments of health, higher levels of depressions, and more baseline ER visits. Self-assessment of health is a significant predictor of hospital days for the total cohort (including those with no admission); so are age at onset of disability (greater age; higher risk), and bed disability days in the month before the baseline survey (more disability days; higher risks). Among those hospitalized, the total number of days hospitalized (greater number; higher risk), and bed disability (later onset; more days) and baseline days hospitalized (greater number; more days). Lengths-of-stay are significantly related to two factors: age and age at onset of disability (in both cases, greater age associated with longer stays). Prior ER visits are a significant predictor of subsequent ER visits (more baseline; more subsequent); so is respondents' reported satisfaction with their participation in their medical care (lower reported satisfaction; more ER visits), organizational affiliations, and frequencies of contacts with friends or relatives. Higher levels of social interaction (i.e., organizational affiliation and more frequent social contacts) were associated with more ER visits. Prior contact with physicians, nurse-practitioners, or physician-assistants was the most powerful predictor of subsequent outpatient contacts (more baseline; more subsequent). There were also significant relationships between subsequent contacts and respondents' assessments of their health relative

to others with similar disabilities (relatively worse health; more contacts), age (greater age; more contacts), and baseline ER visits (more visits; more contacts). (23 references) AA

Address for reprint requests: Boston University School of Medicine, 80 East Concord Street, A-302, Boston, Massachusetts 02118

REFERENCE NUMBER 52

Au: Molloy, D.W.; Beerschoten, D.A.; Borrie, M.J.; Crilly, R.G.; Cape, R.D.T.
Ti: **Acute Effects of Exercise on Neuropsychological Function in Elderly Subjects**
So: *Journal of the American Geriatrics Society* 36(1):29–33, 1988

Fit elderly score higher on tests of fluid intelligence than aged-matched sedentary controls. Elderly patients who have taken part in exercise programs have shown improvement in mental function. The effects of 45 minutes of exercise on memory, mood, and cognitive function in elderly subjects to a control intervention using a randomized control study design were compared. Neuropsychological tests employed were the color slide test, digit symbol test, digit span test, logical memory test, word fluency test, and the Mini-Mental State Examination. Mood was measured using a mood test and geriatric depression scale. Each subject was tested before, and immediately after, control and exercise sessions. Fifteen elderly subjects (ten men and five women: mean age, 66 years range, 60 to 85 years) completed the study. There was a greater improvement in six of the eight scores of cognitive function following exercise, compared to control. These differences were significantly greater following exercise for the logical memory test score and Mini-Mental State Examination compared with the control intervention. (25 references) AA

Address for reprint requests: Geriatric Assessment Unit, Chedoke Hospital Division, Chedoke-McMaster Hospitals, Box 2000, Station "A," Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 53

Au: Morgan, H.G.; Hayward, A.E.
Ti: **Clinical Assessment of Anorexia Nervosa: The Morgan-Russell Outcome Assessment Schedule**
So: *British Journal of Psychiatry* 152(3):367–371, 1988

The Morgan-Russell outcome assessment schedule is described and statistically analyzed with reference to two independent series of patients suffering from anorexia nervosa. The value of checklists and simple scaling of data is emphasized as one way of improving the standards of routine case-note documentation in clinical psychiatric practice. (5 references) AA

Address for reprint requests: University Department of Mental Health, 41 St. Michael's Hill, Bristol BS2 8DZ, England

REFERENCE NUMBER 54

Au: Morgan, G. James
Ti: **Quality of Life in Patients with Rheumatoid Arthritis: Confirmation of Efficacy Using Nontraditional Health Status Measures**
So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

Traditionally, assessment of therapeutic efficacy with rheumatoid arthritis (RA) has been based on objective measurement of disease parameters, such as the number of tender and swollen joints, 10-cm analogue pain scale, or grip strength. More recently, however, it has been realized that these parameters may not provide a true reflection of the impact of disease or therapy on the patient's overall emotional state and ability to function—the "quality of life." Nontraditional measurements of health status have been used by several researchers in order to provide comprehensive data about the benefits of drug therapy.

Most recently the Auranofin Cooperating Group conducted a prospective, 6-month, randomized double-blind, multicenter study that compared auranofin (AF) oral gold with placebo in the treatment of RA. The study was unique in that it assessed the efficacy of AF using a battery of nontraditional parameters used to chart rheumatic disease activity. Composite scores were calculated for 4 distinct dimensions of RA: physical, functional, pain, and global. Pairwise correlations between composite scores ranged from 0.45 to 0.67, indicating that the scores represented different dimensions of the impact of RA. Results indicated that AF effectively improves several dimensions of RA. In addition, it was apparent that several health status measures are sensitive to changes in clinical status. These measures may be useful in future clinical trials of RA, perhaps indicating when DMARD therapy should be initiated. They should also prove useful in drug trials for other diseases. (references not given) AA

Address for reprint requests: unknown

REFERENCE NUMBER 55

Au: Mullie, Arsene; Buylaer, Walter; Michem, Noella; Verbruggen, Herman; Corne, Luc; et al.
Ti: **Predictive Value of Glasgow Coma Score for Awakening After Out-of-Hospital Cardiac Arrest**
So: *Lancet* I(8578):137–140, 1988

The Glasgow Coma Score (GCS) during days 1–6 after cardiac arrest was used to predict neurological outcome in 360 resuscitated victims of out-of-hospital cardiac arrest. A predictive rule based on the best GCS of 216 patients resuscitated in 1983–84 (prediction group) was constructed, and its predictive power was tested on 133 patients treated in 1985 (test group). Neurological outcome was correctly predicted 2 days after cardiac arrest in 80% of the prediction group, with a best GCS of 10 or above and 4 or below as cutoff points. For patients with a best GCS of 5–9, prediction of outcome was possible 6 days after cardiac arrest, with a best GCS of 8 during the first 6 days as the single cutoff point. The rule was then validated in the test group: the sensitivity was 96%; the specificity 86%; the negative predictive value 97%; and the positive predictive value 77%. These data suggest that this simple GCS-based rule can be helpful in predicting outcome in patients resuscitated after out-of-hospital cardiac arrest, but confirmation of these data is required in a prospective study in a larger number of patients. (16 references) AA

Address for reprint requests: Department of Critical Care Medicine, AZ-St. Jan, B-8000 Brugge, Belgium

REFERENCE NUMBER 56

Au: O'Grady, Kevin E.
Ti: **The Marlowe-Crowne and Edwards Social Desirability Scales: A Psychometric Perspective**
So: *Multivariate Behavioral Research* 23:87–101, 1988

Various psychometric characteristics of the Marlowe-Crowne and Edwards Social Desirability scales were assessed in a sample of 108 male and 189 female undergraduates. Major questions of interest focused on the degree of overlap of the two measures and the equivalency of the two measures for males and females. Means, standard deviations, intercorrelations, and internal consistency alpha were computed by least-squares methods. Results of these analyses were compared to those based on confirmatory maximum likelihood factor analysis. Results suggested that males and females show different means and similar internal consistency reliability and intercorrelation on these scales. The degree of association between the two measures in both males and females corrected for attenuation, was approximately .4. Similar conclusions would have been reached with either statistical approach. (31 references) AA

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

REFERENCE NUMBER 57

Au: Patrick, Donald L.; Erickson, Pennifer

Ti: **What Constitutes Quality of Life Conceptualization, Dimensions and Definitions**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

Quantity and quality of life are distinct but related concepts that are used in evaluating the total present and future state of an individual or group of people. Trade-offs between quantity and quality of life are important in assessing disease and treatment outcomes. The focus for pharmacologists and clinical investigators is health-related quality of life; this encompasses death, disease, physical/psychological/social well being, general health perceptions, and overall satisfaction that the fundamental needs of living are met. Social and medical scientists are collaborating to develop sophisticated measures of these concepts, and clinicians are applying them in practice. These concepts and measures further the improvement of quality of life for patients and their families. The definition of health-related quality of life, and the underlying philosophical basis and its concepts will be presented along with examples of measures that have been developed.

Address for reprint requests: Department of Health Sciences SC-37, F346 Health Sciences Building, School of Public Health and Community Medicine, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 58

Au: Pearlman, Robert A.; Uhlmann, Richard F.

Ti: **Quality of Life in Chronic Diseases: Perceptions of Elderly Patients**

So: *Journal of Gerontology* 43(2):M25–M30, 1988

Quality of life is an important consideration in medical decisions involving elderly patients and a clinical outcome measure of health care. Elderly outpatients (N = 126) with five common chronic diseases (arthritis, ischemic heart disease, chronic pulmonary disease, diabetes mellitus, and cancer) and their physicians were interviewed to better characterize patients' quality of life. Patients generally perceived their quality of life to be slightly worse than "good, no major complaints" in each chronic disease. Physicians' ratings were generally worse than and only weakly associated with the patients' ratings of quality of life in each chronic disease. Significant independent correlates of patients' ratings of quality of life included the patients' perceptions of their health, interpersonal relationships, and finances. These results suggest that quality of life in elderly outpatients with chronic disease is a multidimensional construct involving health, as well as social and other factors. Physicians may misunderstand patients' perception of their quality of life. (36 references) AA

Address for reprint requests: GRECC(182B), Veterans Administration Medical Center, 1660 South Columbian Way, Seattle, Washington 98108

REFERENCE NUMBER 59

Au: Pearson, Jane; Verma, Sumer; Nellett, Colette

Ti: **Elderly Psychiatric Patient Status and Caregiver Perceptions as Predictors of Caregiver Burden**

So: *Gerontologist* 28(1):79–83, 1988

Aspects of patient status and caregiver perceptions considered important contributors to caregiver burden were examined in a sample of 46 pairs of elderly psychiatric patients and their caregivers. The patients had been referred to a geriatric assessment unit. Significant predictors of caregiver burden included disruptive patient behavior, caregiver distress, and patients' functional limitations. The results, and those from previous studies, suggested that predictors of caregiver burden vary with the elderly patients' diagnoses. (24 references) AA

Address for reprint requests: 1528 B Cherry Avenue, Charlottesville, Virginia 22903

REFERENCE NUMBER 60

Au: Pompei, Peter; Charlson, Mary E.; Douglas, R. Gordon Jr.

Ti: **Clinical Assessments as Predictors of One Year Survival After Hospitalization: Implications for Prognostic Stratification**

So: *Journal of Clinical Epidemiology* 41(3):275–284, 1988

In clinical trials measuring the short term survival of patients, prognostic stratification is important to avoid susceptibility bias. Demographic and disease specific clinical features are commonly used to establish similarity, but these may not ensure prognostic comparability. To identify the generic predictors of one year survival after hospitalization, a cohort of 529 patients admitted to the medical service at New York Hospital was studied. Among all of the clinical and demographic information available at the time of admission, only three items were independent predictors of the time until death: functional ability, severity of illness, and extent of comorbid disease. The overall one year survival rate was 66%. Six subgroups composed of patients with different combinations of the predictor only in the less functional patients, and only severe comorbidity was associated with a decreased survival after taking into account functional ability and illness severity. Prospective estimates of severity of illness, functional ability and extent of comorbidity can be used to stratify a diverse group of patients according to their probability of one year survival after hospitalization. (33 references) AA

Address for reprint requests: Department of Medicine, Cornell University Medical College, New York, New York 10021

REFERENCE NUMBER 61

Au: Poole, Janet L.; Whitney, Susan L.

Ti: **Motor Assessment Scale for Stroke Patients: Concurrent Validity and Interrater Reliability**

So: *Archives of Physical Medicine and Rehabilitation* 69(3):195–197, 1988

This study was conducted to establish the concurrent validity and interrater reliability of the Motor Assessment Scale (MAS) for stroke patients. Thirty hemiplegic subjects were tested with the MAS and the Fugl-Meyer Assessment (FMA), a reliable and validated test of motor function in stroke patients. The high correlations obtained between the total scores on the MAS and the FMA ($r = .88$) and between specific item scores (except sitting balance) ($r = .28$ to $.92$) provide support for the concurrent validity of the MAS. Interrater reliability coefficients for the total MAS score and individual items on the MAS (except tone) were also high and significant. (6 references) AA

Address for reprint requests: University of Pittsburgh, Program in Occupational Therapy, Pennsylvania Hall, Pittsburgh, Pennsylvania 15261

REFERENCE NUMBER 62

Au: Rakowski, William; Julius, Mara; Hickey, Tom; Verbrugge, Lois M.; Halter, Jeffrey B.

Ti: **Daily Symptoms and Behavioral Responses: Results of a Health Diary with Older Adults**

So: *Medical Care* 26(3):278–297, 1988

Research on the health care behavior of older adults in response to symptoms will benefit from having data collection methods that can monitor health actions as they occur on a daily basis. In the present study, symptom experiences over a 2-week period and the actions taken in response to them were studied with a self-kept diary. Participants were 142 community-resident older persons, aged 62–94. Diary information about number of daily symptoms and the accompanying pain/discomfort was correlated with health perceptions and psychosocial indices obtained in an interview prior to the diary period. Women tended to take a more active response to symptoms than men, particularly in the area of personal care actions. Preventive health behaviors were not strongly related to symptom-related actions. Satisfaction with one's income was the only predictor of seeking professional assistance. Overall, the diary method is feasible to

use with older adults, although certain groups may require special consideration (e.g., the visually impaired, persons with multiple symptoms per day, or those with a limitation on writing ability). (51 references) AA

Address for reprint requests: Division of Health Education, The Memorial Hospital of Rhode Island, Prospect Street, Pawtucket, Rhode Island 02860

REFERENCE NUMBER 63

Au: Rao, Noel; Jellinek, Hollis M.; Harberg, Jane K.; Fryback, Dennis G.

Ti: **The Art of Medicine: Subjective Measures as Predictors of Outcome in Stroke and Traumatic Brain Injury**

So: *Archives of Physical Medicine and Rehabilitation* 69(3):179–182, 1988

This study was designed to explore new ways of predicting the functional outcomes of stroke and brain injury patients. Upon admission and initial assessment of functional performance, an on-line computer program was used to indicate the most important and subjective judgment items to set rehabilitation goals for patients. The functional performance and discharge outcomes of patients for an inpatient program were measured by using five nonmedical functional items from the patient evaluation conference system (PECS). For stroke patients, motor loss, perceptual/cognitive deficit, spasticity, sensory deficit (PECS medical items), and comprehension (subjective cue) were most frequently selected. For traumatic brain injury patients, however, motor loss, perceptual/cognitive deficit, spasticity (PECS medical items), communication, and comprehension (subjective cues) were selected. Data were statistically analyzed using the Fisher Exact Test. Of the medical function items, a level of independence in the sensory deficit function in stroke patients at admission was associated with a patient achieving independence in ambulation at discharge. Demonstrating a moderate or maximum level of attention, concentration, and realism was positively related to a patient achieving a level of independence in ambulation at discharge. Independence in the function items of behavior and interaction was associated with moderate or maximum levels of comprehension at admission. In traumatic brain injury patients, none of the subjective cues were associated with achieving independence at discharge in any of the functional levels. This paper demonstrates the value of developing a way to assess subjective measures that are based on their ability to predict outcomes. Using such a method, new predictive measures can be developed. (20 references) AA

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

REFERENCE NUMBER 64

Au: Roos, Noralou P.; Roos, Leslie L.; Mossey, Jana; Havens, Betty

Ti: **Using Administrative Data to Predict Important Health Outcomes: Entry to Hospital, Nursing Home, and Death**

So: *Medical Care* 26(3):221–239, 1988

This paper assesses the ability to use administrative data for developing indicators of health status. Traditionally, measures of health status have been derived from interviews. Here indicators from administrative data and from interviews are compared, i.e., their ability to predict important health outcomes for a large representative sample of elderly residents of Manitoba, Canada. Indicators of health status derived from an administrative data system and from health interviews are shown to provide roughly similar predictions of nursing-home entry. Administrative data provide significantly better predictions of death and future hospital entry than do variables from interview data. (54 references) AA

Address for reprint requests: Department of Community Health Sciences and Business Administration, University of Manitoba, 750 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3E OW3

REFERENCE NUMBER 65

Au: Rovner, Barry W.; David, Anthony; Lucas-Blaustein, Mary Jane; Conklin, Bruce; Filipp, Laura; et al.

Ti: **Self-Care Capacity and Anticholinergic Drug Levels in Nursing Home Patients**

So: *American Journal of Psychiatry* 145(1):107–109, 1988

The serum anticholinergic levels of 22 demented nursing home patients were related to their cognition, as assessed by the Mini-Mental State Examination, and capacity for self-care. The patients with high anticholinergic levels had greater impairment in self-care capacity than patients with low levels. (9 references) AA

Address for reprint requests: Osler 320, Johns Hopkins Hospital, 600 North Wolfe St., Baltimore, Maryland 21205

REFERENCE NUMBER 66

Au: Schneider, T.; Fagnani, F.; Lanoe, J.L.; Hourmant, M.; Soulillou, J.P.

Ti: **Economic Analysis of an Immunosuppressive Strategy in Renal Transplantation**

So: *Health Policy* 9(1):75–89, 1988

Recently introduced immunosuppressants, which have been shown to be more effective but apparently more costly than conventional regimens, have renewed interest in the economic evaluation of national policies regarding the management of end-stage renal disease. The present paper addresses these questions, together with the different methods of expressing the costs involved, with reference to a sequential protocol using anti-lymphocyte serum (ALS), followed by cyclosporine from the third post-graft month onwards. The analysis is based on the results of a randomized trial carried out at the University Hospital, Nantes (France), from 1982 to 1984, in which the above protocol was compared to conventional treatment with ALS alone. Despite the considerable cost of long-term cyclosporine treatment, analysis using the quality-adjusted life year approach reveals collective financial and social benefits from the reduced rate of graft failure and subsequent return to dialysis. (14 references) AA

Address for reprint requests: I.N.S.E.R.M. Unite 240, F-92260 Fontenay-aux-Roses, Cedex, France

REFERENCE NUMBER 67

Au: Siu, Albert L.; Leibowitz, Arleen; Brook, Robert H.; Goldman, Nancy S.; Lurie, Nicole; et al.

Ti: **Use of the Hospital in a Randomized Trial of Prepaid Care**

So: *Journal of American Medical Association* 259(9):1343–1347, 1988

Health maintenance organizations (HMOs) achieve their cost savings through lower rates of hospital admissions. To determine whether HMOs selectively avoid discretionary hospitalizations, medical records were reviewed from a randomized trial where families were assigned to either HMO or fee-for-service care. Physicians who were blinded to system reviewed 244 medical records and judged the appropriateness both of the hospital setting and of the medical indications for hospitalization. The rate of discretionary surgery was lower in the HMO, while the rate of nondiscretionary surgery was equivalent in the two systems. For medical admissions, rates of discretionary and nondiscretionary admissions were lower in the HMO. There were no observable adverse effects on health from the lower rates of nondiscretionary hospitalization, either because the net effect on health was small or because the HMO substituted appropriate ambulatory services. HMO reductions in hospitalization rates do not occur "across the board"; discretionary surgery is selectively avoided. (15 references) AA

Address for reprint requests: The Rand Corporation, 1700 Main St., Post Office Box 2138, Santa Monica, California 90406-2138

REFERENCE NUMBER 68
Au: Skurla, Ellen; Rogers, Joan C.; Sunderland, Trey
Ti: **Direct Assessment of Activities of Daily Living in Alzheimer's Disease: A Controlled Study**
So: *Journal of the American Geriatrics Society* 36:97–103, 1988

The relationship between severity of dementia and performance in four experimental tasks was studied in nine patients with Alzheimer's disease and nine age-matched controls. The experimental tasks were developed in order to establish a direct measure of functional performance in common activities of daily living. In the Alzheimer's patients, significant but moderate positive associations were found between the Clinical Dementia Rating Scale (CDR), a comprehensive rating tool designed specifically for Alzheimer's disease, and performance on the experimental tasks. A significant correlation was also found between the results of the Short Portable Mental Status Questionnaire (SPMSQ), a less specific dementia assessment instrument, and the CDR but not between the SPMSQ and the performance measure. When compared to nine normal subjects matched for gender, age, and education, the cognitively impaired subjects required more assistance and time in completing the tasks. The findings support the conclusion that severity of dementia and performance on activities of daily living tasks are related but distinct concepts and should be measured separately. (15 references) AA

Address for reprint requests: National Rehabilitation Hospital, 102 Irving Street NW, Washington, D.C. 20010

REFERENCE NUMBER 69
Au: Smith, G. Richard Jr.; O'Rourke, Diane F.
Ti: **Return to Work After a First Myocardial Infarction: A Test of Multiple Hypotheses**
So: *Journal of the American Medical Association* 259(11):1673–1677, 1988

The relationship between return to work within one year after a first myocardial infarction and selected sociodemographic, health, psychosocial, and vocational characteristics was assessed in 151 patients aged 24 to 70 years. Seventy-two percent of the sample returned to work. Education, physical activity associated with employment, severity of myocardial infarction, perception of health status, financial incentives, socioeconomic status, treatment hospital, rated social health status, locus of control, satisfaction with work, and early entry into the job force each proved to be significantly associated with return to work in independent univariate analyses. A stepwise multivariate regression analysis identified only the first four factors as important predictors of return to work. Further analyses show that given knowledge of the patients' educational level and the physical activity associated with employment, 71% of patients who returned to work were correctly classified. Return to work proved easier to predict than work disability. More knowledge is needed about the factors that are critical to a failure to resume employment after a myocardial infarction. (34 references) AA

Address for reprint requests: Department of Psychiatry, University of Arkansas for Medical Sciences, 4301 W. Markham, Slot 554, Little Rock, Arkansas 72205

REFERENCE NUMBER 70
Au: Smith, Judith Baigis
Ti: **Public Health and the Quality of Life**
So: *Family and Community Health* 10(4):49–57, 1988

This article explores selected sociocultural factors of health and illness and relates them to the models of health necessary for public health activities, in comparison to the model used for clinical care in the hospital. Since public health professionals have a mandate to serve all of the public, selected difficulties that impede the delivery of public health services are listed and one, the notion of poverty, is explored. (22 references) CH-P

Address for reprint requests: Long Term Care and Health Promotion, School of Nursing, Johns Hopkins University, Baltimore, Maryland 21205

REFERENCE NUMBER 71

Au: Stout, R.W.; Crawford, Vivienne

Ti: **Active Life Expectancy and Terminal Dependency: Trends in Long-Term Geriatric Care Over 33 Years**

So: *Lancet* I(8580):281–283, 1988

To determine whether medical advances will result in an increasing number of dependent elderly people, or whether postponement of disability in a finite life span will lead to a decrease in terminal dependency, an analysis was made of 24,117 admissions to a geriatric unit from 1954 to 1986. During this period, the average age on admission for long-term care rose by 0.24 years per year for women and by 0.09 years per year for men. The median length of stay also increased, more for women than for men, as did the proportion of the total life span spent in long-term care. Active-life expectancy became longer and terminal dependency was postponed, but the duration of terminal dependency was postponed and the duration of terminal dependency increased. Active-life expectancy increased more rapidly in women than in men, as did the length of terminal dependency. As life expectancy continues to increase, high priority will have to be given to reduction of disability and dependency in advanced old age. (16 references) AA

Address for reprint requests: Department of Geriatric Medicine, The Queen's University of Belfast, Belfast BT9 7BL, Northern Ireland

REFERENCE NUMBER 72

Au: Sullivan, Marianne

Ti: **The Sickness Impact Profile (SIP)**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

The SIP is one of a handful of instruments with proven validity, now increasingly used in planning and assessing health care services. Its major strengths are the clinical relevance and metric properties. Besides, it emphasizes the impact of illness on quality of life. SIP describes the relative functional limitations across twelve specified areas. It contains 136 items and takes about 30 minutes to complete, either interviewer or self administered. It is extensively validated as a means of discriminating between groups, and is often used as one of a series of outcome measures. However, few studies have examined its utility in monitoring individual patients. In rheumatoid arthritis (RA) patients the SIP better agreed with clinical and laboratory measures of disease activity than with standardized functional classes. When the SIP and a shorter low back pain SIP version of 24 items (the Roland scale) were compared, the latter was proved at least as responsive as the lengthy "generic" SIP. In benign chronic pain patients an 8-item SIP version was developed for optimal discrimination between responders and non-responders to epidural spinal electrical stimulation. However promising, shortened SIP versions are to be further tested for use in clinical routine. An imperative demand is then that the criterion chosen for clinical variation is accepted as standard for the validation. The SIP itself has been used as such a normative standard. Specific functional limitations have been linked to RA, cancer disease, morbid obesity, chronic renal insufficiency, angina pectoris, and spinal cord injuries.

Address for reprint requests: Department of Social Work, Gothenburg University, Box 19085, S-400 12 Gothenburg, Sweden

REFERENCE NUMBER 73

Au: Temkin, Nancy; McLean, Alvin Jr.; Dikmen, Sureyya; Gale, James; Bergner, Marilyn; et al.

Ti: **Development and Evaluation of Modifications to the Sickness Impact Profile for Head Injury**

So: *Journal of Clinical Epidemiology* 41(1):47–58, 1988

Three modifications were made in the Sickness Impact Profile, a behavior-based measure of health status, to improve its sensitivity to the effects of health injury. (1) Additional items were included to capture head injury sequelae and behaviors typical of young adults, the age group to which health injury most frequently occurs. (2) Subjects individually excluded behaviors irrelevant to them, thus allowing the score to better reflect injury-related changes. (3) The different areas of functioning on the Sickness Impact Profile were reweighted to reflect global judgments of the construct's contribution to overall functioning rather than the sum of the item contributions. Only the first modification is health-injury specific. The others are relevant to any disease or injury. The performance of the modifications was evaluated in a longitudinal study of 102 head injured and 102 comparison subjects tested at 1 and 12 months after injury. The evaluation of the modifications was based on their ability to distinguish head injured from comparison subjects and on the strength of their relationship with measures of brain dysfunction. Despite a few statistically significant improvements in discrimination, differences of a practical degree were not obtained. The standard Sickness Impact Profile performed well and is recommended for evaluation of day-to-day functioning in head injury studies. (32 references) AA

Address for reprint requests: Epilepsy Center ZA-50, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 74

Au: Tinetti, Mary E.; Ginter, Sandra F.

Ti: **Identifying Mobility Dysfunctions in Elderly Patients: Standard Neuromuscular Examination or Direct Assessment?**

So: *Journal of the American Medical Association* 259(8):1190–1193, 1988

The need to assess functions such as mobility in elderly patients is increasingly recognized. Lacking other methods, clinicians may rely on the standard neuromuscular examination to evaluate mobility. Therefore, the sensitivity of the neuromuscular examination for identifying mobility problems was checked by comparing relevant neuromuscular findings with performance during four routine mobility maneuvers: (1) getting up from a chair, (2) sitting down, (3) turning while walking, and (4) raising the feet while walking. The subjects investigated were 336 elderly persons living in the community. Many subjects who performed poorly during mobility maneuvers did not have the corresponding neuromuscular abnormalities. For example, although hip and knee flexion are needed to sit down safely, abnormal hip flexion was found in only 15% and abnormal knee flexion in only 30% of the subjects who had difficulty sitting down. The relationship between neuromuscular findings and functional mobility was not predictable enough to rely on neuromuscular findings for identifying mobility problems. Therefore, a simple assessment that reproduces routine daily mobility maneuvers should be developed for use in the clinical care of elderly patients. (27 references) AA

Address for reprint requests: Department of Medicine, Yale University School of Medicine, Box 3333, 333 Cedar Street, New Haven, Connecticut 06510-8056

REFERENCE NUMBER 75
Au: Turner, R. Jay; Noh, Samuel
Ti: **Physical Disability and Depression: A Longitudinal Analysis**
So: *Journal of Health and Social Behavior* 29(1):23–37, 1988

Based on a large and representative sample of physically disabled persons resident in the community, this paper considers the association between disability and risk for depression and examines the relevance of stress process variables in accounting for variations in depression. Using two waves of data spaced four years apart, the authors demonstrate that the disabled are at dramatically elevated risk for depressive symptoms and that this high level of depression characterizes both men and women of all ages. Longitudinal analyses show eventful stress, chronic strain, mastery, and social support to be significant determinants of depression in this population. Only the effects of mastery and social support, however, are clearly observable within all ages. (81 references) AA

Address for reprint requests: Department of Psychiatry, University of British Columbia, 2255 Westbrook Mall, Vancouver, British Columbia, Canada V6T 2A1

REFERENCE NUMBER 76
Au: van Dam, F.S.A.M.
Ti: **Measuring Quality of Life in Cancer**
So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

Approximately 70% of all patients who get cancer die from it. This means that for the great majority of patients, at some point, palliative therapy is at stake. This implies that all other endpoints of a therapy than just the temporary reduction in tumor size have to be used. It is here that the concept of quality of life comes primarily into focus in cancer. Three trends in measuring quality of life are (1) that quality of life is a multidimensional concept, (2) that the patient should judge his or her quality of life, and (3) that when quality of life assessment is done in a clinical context it should consider both the disease and the treatment. Three major uses of and purposes of measures of quality of life are to decribe a population for establishing population norms, to evaluate the efficacy of interventions, and to identify high risk patients. (no references given) AA

Address for reprint requests: Netherlands Cancer Institute, Plesmanlaan 121, 1066 CX Amsterdam, The Netherlands

REFERENCE NUMBER 77
Au: VandenBurg, M.J.
Ti: **Two Health Status Questionnaires in the Assessment of Angina**
So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

Therapies for angina may alleviate the immediate symptoms but in turn introduce adverse effects on a patient's lifestyle, well being, and social or behavioral status, or quality of life. No specifically developed questionnaire exists at present. The Sickness Impact Profile (SIP) and Nottingham Health Profile (NHP) have both been used to assess quality of life in angina. The responses of 100 patients to the NHP have indicated that all activities are affected by angina, particularly interests and housework. Patients consistently rated their own health worse than their doctor rated it, and the patients' ratings correlated better with the NHP. Scores for 50 angina patients who completed the SIP supported the hypothesis that quality of life is severely affected by the symptoms of the disease. Work and recreation were the most affected

areas. Again, patient-rated health correlated best with the SIP, and was worse than doctor-rated health. Significant correlations between the results of the NHP and SIP have been found in patients completing both. (no references given) AA-M

Address for reprint requests: Oldchurch Hospital, London, England

REFERENCE NUMBER 78

Au: Wallston, Kenneth A.; Burger, Candice; Smith, Roberta Ann; Baugher, Robert J.

Ti: **Comparing the Quality of Death for Hospice and Non-Hospice Cancer Patients**

So: *Medical Care* 26(2):177–182, 1988

In this secondary analysis of data from the National Hospice Study (NHS), a new measure, quality of death (QOD), was developed by weighting reports of cancer patients' last 3 days of life by what patients wanted their last 3 days to be like. Using analysis of covariance, the QOD scores were higher for terminally ill patients in hospices (either home-care or hospital-based) than similar patients who received conventional care. The results are discussed in terms of verification of the hospice philosophy and other uses for a quality of death measure. (15 references) AA

Address for reprint requests: School of Nursing, Vanderbilt University, Nashville, Tennessee 37240

REFERENCE NUMBER 79

Au: Watson, Wilbur H.

Ti: **Rating Disabilities of Older Patients by Nurses and Social Workers on Geriatric Health Care Teams: A Research Note with Implications for Further Study**

So: *International Journal of Aging and Human Development* 27(2):155–159, 1988

This article reports the results of analysis of interprofessional agreements between nurses and social workers when rating older patients on their physical self-maintenance abilities, mental statuses, and dispositions to social interaction with other residents of a home for the aged. The findings showed statistically significant intercorrelations of ratings of physical self-maintenance abilities and mental statuses, but no agreement of disposition to interaction. These findings are interpreted for their implication for research and practices of nurses and social workers on geriatric health care teams. (9 references) AA

Address for reprint requests: Department of Sociology, Atlanta University, 223 James P. Brawley Drive S.W., Atlanta, Georgia 30314

REFERENCE NUMBER 80

Au: Williams, Alan

Ti: **The Importance of Quality of Life in Policy Decisions**

So: Presented at the International Symposium on Quality of Life: A New Branch on the Decision Tree, The Hague, The Netherlands, October 30, 1987

All health systems need to establish priorities and to make policy decisions accordingly. The policy decisions may be at a clinical level (e.g., deciding whether to expand capacity for one treatment or another) or at the level of a health management board, local or national (e.g., deciding whether to put more resources into one specialty or another). In each case the amount of benefit to be enjoyed by (or to be denied to) patients will be an important consideration. This requires measurement of consequent effects on both life expectancy and quality of life, as encapsulated, for instance, in the Quality-Adjusted-Life-Year (or QALY). The construction and use of such a measure will be outlined, and its consequences for policy decisions at all three levels explored.

Address for reprint requests: Department of Economics, University of York-Heslington, York, England

REFERENCE NUMBER 81
Au: Yarkony, Gary M.; Roth, Elliot J.; Heinemann, Allen W.; Lovell, Linda; Wu, Yeongchi
Ti: **Functional Skills After Spinal Cord Injury Rehabilitation: Three-Year Longitudinal Follow-up**
So: *Archives of Physical Medicine and Rehabilitation* 69(2):111–114, 1988

Reports that spinal cord injury (SCI) patients maintain or improve functional abilities after initial rehabilitation have been limited by small sample size, inadequate functional measures, cross-sectional assessment at only one point in time, and lack of detailed statistical analysis. This study evaluated the follow-up functional status levels of 236 patients with traumatic SCI who completed comprehensive inpatient rehabilitation and were also followed for three years. The sample population was 83% men, with a mean age of 27.0 years. The 100-point Modified Barthel Index (MBI) was used to assess functional abilities. The 75 patients with complete quadriplegia had mean MBI scores of 30.3 at rehabilitation discharge and 37.8 at three-year follow-up. The 53 patients with incomplete quadriplegia were discharged with a mean MBI score of 53.8, and scored 68.3 at three-year follow-up. The mean MBI scores for the 66 patients with complete paraplegia had mean MBI scores of 77.0 at discharge and 86.1 at three-year follow-up. Each of the four groups demonstrated stability or increases in the proportions of patients who were independent in performance of each of the 14 MBI component tasks from discharge to follow-up. The finding that SCI patients, in this large series, maintained or improved functional levels for three years after discharge is consistent with previous studies and is reassuring to rehabilitation providers. (10 references) AA

Address for reprint requests: Rehabilitation Institute of Chicago, 345 East Superior Street, Chicago, Illinois 60611

REFERENCE NUMBER 82
Au: Yarkony, Gary M.; Roth, Elliot J.; Heinemann, Allen W.; Lovell, Linda L.
Ti: **Spinal Cord Injury Rehabilitation Outcome: The Impact of Age**
So: *Journal of Clinical Epidemiology* 41(2):173–177, 1988

The effect of age on self-care and mobility skill performance after spinal cord injury was studied using a 15-task modified Barthel Index (MBI) to score functional abilities for 708 patients aged 6 through 88 years. Analysis of covariance showed no relationship between age and discharge MBI score; however, patients with paraplegia, incomplete lesions, and greater admission functional ratings had greater discharge functional scores than did those with quadriplegia, complete lesions, and lower admission scores, respectively. Advancing age was associated with increased dependence in only seven functional skills (bathing, upper and lower body dressing, stair climbing, and transfers to chair, toilet and bath) and only for patients with complete paraplegia. Other MBI component tasks and patients with complete quadriplegia, incomplete paraplegia and incomplete quadriplegia demonstrated no relationship between age and skill performance. Results of this study support the practice of providing comprehensive rehabilitation services to all patients following spinal cord injury regardless of age. (12 references) AA

Address for reprint requests: Rehabilitation Institute of Chicago, 345 East Superior Street, Chicago, Illinois 60611

REFERENCE NUMBER 83
Au: Zeldow, Peter B.; Daugherty, Steven R.; McAdams, Dan P.
Ti: **Intimacy, Power, and Psychological Well-being in Medical Students**
So: *Journal of Nervous and Mental Disease* 176(3):182–187, 1988

Numerous reports suggest that medical school has adverse psychological effects on medical students, although not all students are affected equally. The authors examined the effects of two social motives, the need for power and the need for intimacy, on a battery of measures of well-being (including the Beck

Depression Inventory and the Self-esteem Scale) and distress obtained throughout the undergraduate years. Medical students high in both power and intimacy motivation were more depressed, neurotic, fatalistic, and self-doubting than were their classmates. These effects began at the end of year 1, peaked in year 2, and disappeared by the end of clerkships. High intimacy-low power students had the highest levels of well-being. These effects were equally true in men and women and both support and render more precise prior role conflict explanations. (40 references) AA

Address for reprint requests: Department of Psychiatry and Behavioral Sciences, Northwestern University Medical School, 320 East Huron Street, Chicago, Illinois 60611

Professional Journals Reviewed

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

ABS-American Behavioral Scientist 31(3)
Acta Psychiatrica Scandinavica 77(1–3) (Suppl 340)
American Journal of Economics and Sociology 47(1)
American Journal of Epidemiology 127(1–3)
American Journal of Orthopsychiatry 58(1)
American Journal of Psychiatry 145(1–3)
American Journal of Psychology 101(1)
American Journal of Public Health 78(1–3)
American Journal of Sociology 93(4–5)
American Political Science Review 82(1)
American Psychologist 43(1–3)
American Sociological Review 53(1)
Archives of Gerontology and Geriatrics 7(1)
Archives of Physical Medicine and Rehabilitation 69(1–3) (Suppl 3)
Australian and New Zealand Journal of Psychiatry 22(1)

Behavioral Science 33(1)
British Journal of Psychiatry 152(1–3)
British Journal of Psychology 79(1)
British Journal of Sociology 39(1)
British Medical Journal 294(6618–6621, 6625)

Canadian Journal of Behavioral Science 20(1)
Canadian Journal of Public Health 79(1)
Canadian Medical Association Journal 138(1–6)
Clinical Gerontologist 7(2)
Clinical Psychology Review 8(1–2)
Cognitive Psychology 20(1)
Cognitive Therapy and Research 12(1)
Community Mental Health Journal 24(1)

Evaluation Review 12(1)

Family and Community Health 10(4)

Geriatrics 43(1) 43(3)
Gerontologist 28(1)

Health Affairs 7(1)
Health Care Financing Review 9(3)
Health Education Quarterly 15(1)
Health Policy 9(1)
Health Psychology 7(1)
Health Services Research 22(6)
Health Values 12(1)
Home Health Care Services Quarterly 8(4)
Human Organization 47(1)

Inquiry 25(1)
International Journal of Aging and Human Development 26(1–2)
International Journal of Epidemiology 17(1)
International Journal of Health Services 18(1)
Issues of Science and Technology 4(2)

Journal of Allied Health 17(1)
Journal of Applied Behavioral Science 24(1)
Journal of Behavioral Medicine 10(6) 11(1)
Journal of Clinical Epidemiology 41(1–3)
Journal of Environmental Health 50(1–4)
Journal of Epidemiology and Community Health 42(1)
Journal of Experimental Child Psychology 45(1)
Journal of Experimental Social Psychology 24(1–2)
Journal of Family Practice 26(1–3)
Journal of Gerontology 43(1–2)
Journal of Health and Social Behavior 29(1)
Journal of Health Economics 7(1)
Journal of Health, Politics, Policy and Law 12(4)
Journal of Nervous and Mental Disease 176(1–3)
Journal of Pediatrics 112(1–3)
Journal of Policy Analysis and Management 7(2)
Journal of Political Economy 96(1)
Journal of Public Health Policy 9(1)
Journal of School Health 58(1–3)
Journal of School Psychology 26(1)
Journal of the American Geriatrics Society 36(1–3)
Journal of the American Medical Association 259(2–6, 8–9, 11–12)

Lancet I(8575–8586)

Medical Care 26(1–3)
Milbank Memorial Fund Quarterly 65(4)
Multivariate Behavioral Research 23(1)

New England Journal of Medicine 318(1–13)
New York Academy of Medicine Bulletin 64(1)

Operations Research 36(1–2)

Organization Studies 9(1)
Organizational Behavior and Human Decision Process 41(1)

Perspectives in Biology and Medicine 31(2)
Philosophy and Public Affairs 17(1)
Policy Studies Journal 16(2)
Preventive Medicine 17(2)
Psychological Record 38(1)
Psychology and Aging 3(1)
Psychosomatic Medicine 50(1–2)
Psychosomatics 29(1)
Public Health Reports 103(1)

Quality and Quantity 22(2)
Quality Review Bulletin 14(1–2)

Risk Analysis 8(1)

Scandinavian Journal of Psychology 28(4)
Social Forces 66(3)
Social Indicators Research 20(1)
Social Problems 35(1)
Social Science and Medicine 26(1–6)
Social Science Research 17(1)
Social Security Bulletin 51(1–3)
Social Service Review 61(4)
Sociological Methods and Research 16(3)
Sociology and Social Research 72(1–2)
Statistics in Medicine 7(1–3)

World Health Forum 8(4)
World Health Statistics Quarterly 41(1)

Monographs, Government Documents, and Unpublished Reports

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

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

REFERENCE NUMBER 84

Au: Sturchler D ; Tanner M ; Hanck A ; Betschart B ; Gautschi K ; Weiss N ; Burnier E ; Del Giudice G ; Degremont A

Ti: **A longitudinal study on relations of retinol with parasitic infections and the immune response in children of Kikwawila village, Tanzania.**

So: *Acta Trop (Basel)* 1987 Jun;44(2):213–27

From 1982 to 1984 170 children of Kikwawila village (Kilombero district, Tanzania) were followed for nutritional (anthropometric measures, hematocrit, serum retinol, prealbumin, and zinc concentrations), parasitological (malaria parasitemia, urinary schistosomiasis, intestinal parasites) and immunological characteristics. Between 2.9% and 12.4% had serum retinol levels less than 100 micrograms/l which indicate deficiency. Retinol concentrations were correlated with age, hematocrits, prealbumin levels and mid upperarm circumferences. The latter correlation may be useful in nutritional surveys and primary health care programs for the identification of populations at risk of retinol deficiency. No association was found between average retinol levels and the presence of parasites, with the exception of malaria. Retinol levels were inversely correlated with malaria parasitemia in 1982, and directly correlated with antibody titers to synthetic sporozoite peptide in 1984. Since retinol, malaria parasitemia, and antisporozoite antibodies increased with age, confounding by age could not be excluded. Six months after administration of ornidazole in a single oral dose of 10 mg/kg, a significant effect on the prevalence of Giardia lamblia was found. Following treatment, average retinol levels were increased in persons with confirmed G. lamblia infections, but not in uninfected or untreated controls.

REFERENCE NUMBER 85

Au: Betschart B ; Rieder HP ; Gautschi K ; de Savigny D ; Degremont AA ; Tanner M

Ti: **Serum proteins and zinc as parameters to monitor the health of children in a rural Tanzanian community.**

So: *Acta Trop (Basel)* 1987 Jun;44(2):191–211

Total protein concentration, zinc, prealbumin, albumin, alpha-1-, alpha-2-, beta- and gammaglobulin concentrations were measured in serum samples collected in three successive years (1982, 1983 and 1984) from children (1 month–15 years) of Kikwawila village, Tanzania. The analysis of a total of 1590 serum samples provided the baseline data for children living in a rural Tanzanian community. The total protein values and the concentrations of betaglobulin were within the range described for Caucasians. Albumin, prealbumin, alpha-1- and alpha-2-globulin concentrations were below these standard values. On the other hand, the gammaglobulin concentration was twice as high. The concentrations of total protein, gammoglobulin and prealbumin correlated with age. From 1982 to 1983 a significant decrease of most of the serum components (incl. zinc) was observed, although in children older than 2 years the alpha-1-globulins increased. All values increased again from 1983 to 1984, except for the zinc concentration, which decreased further. The individual fluctuations were analysed by comparing paired values for the children participating in the period 1982–1983, or 1983–1984. The proportion of children showing large fluctuations, sometimes exceeding the selected limits of tolerance, was larger in the period 1982–1983 than 1983–1984. This was consistent with the overall pattern found for all children. The prealbumin level, which has been postulated

to be an indicator for malnutrition or borderline malnutrition, was analysed in detail. The values were far below normal values (200–300 mg/l), reaching a plateau with 130 mg/l among 4–6-year-old children. The individual fluctuations indicated a decrease from 1982 to 1983, which was considerable both in terms of the proportion of children showing a decrease (55%) and in the magnitude of the decrease. There was an increase from 1983 to 1984 but this increase did not compensate for the loss in 1983. Prealbumin concentrations showed a slight trend towards decreased values with stunting and wasting. No direct correlation was found between the other biochemical parameters and the parasite or anthropometric data collected at the same time. It was difficult to establish direct relationships between the biochemical parameters, which mainly indicate the health status of the child at the time-point of the survey, and anthropometric parameters which reflect the history of the individual over a long period. No direct correlation could be established between the biochemical parameters and the parasitological data. (ABSTRACT TRUNCATED AT 400 WORDS)

REFERENCE NUMBER 86

Au: Tanner M ; Burnier E ; Mayombana C ; Betschart B ; de Savigny D ; Marti HP ; Suter R ; Aellen M ; Ludin E ; Degremont AA

Ti: **Longitudinal study on the health status of children in a rural Tanzanian community: parasitoses and nutrition following control measures against intestinal parasites.**

So: *Acta Trop (Basel)* 1987 Jun;44(2):137–74

Three repeated cross-sectional surveys were undertaken among children (1 month to 15 years) of a rural community in southeastern Tanzania. The study was part of a longitudinal project on the interactions among nutrition, parasitic infections and immunity within a primary health care programme emphasizing village health workers. All children underwent interviews and parasitological, anthropometric, anamnestic and clinical examinations. Out of 550–590 children examined each year, a cohort of 170 children could be followed for three consecutive years. Malaria was hypo-to hyperendemic in the community, P. falciparum accounting for greater than 90% of the infections. The parasite and spleen rates were 88% and 67%, respectively, and the average enlarged spleen index was 2.0 among children from 2–9 years in 1982. Transmission of malaria was high and stable as indicated by a parasite rate of 80% among infants between 1 month and 1 year during the whole period of study. G. lamblia, hookworm (N. americanus), Strongyloides spp. and Schistosoma haematobium were highly prevalent and annual incidence rates were high, while Entamoeba histolytica, Ascaris and Trichuris were of minor importance. Prevalence and incidence of parasitic infections did not differ by sex. Multiparasitism was very frequent and less than 11% of all children were parasite-free in each year. Not a single child remained parasite-free for three consecutive years. An anthropometric assessment showed a high degree of stunting (35–71%) and a substantial proportion of wasting (3–20%). The growth potential was normal in girls and boys during the whole period of study. There were indications that malaria was the main contributory factor to growth retardation among young children. Hookworm infection did not significantly affect the packed-cell volume of the children, probably owing to the low intensity of infection. Due to the multiparasitism and the lack of parasite-free individuals, single-parasite and single-nutrient effects were difficult to unravel. A latrine campaign followed by a single mass treatment against hookworm (single oral dose of albendazole, 400 mg) and/or G. lamblia (single oral dose of ornidazole, 40 mg/kg) only temporarily affected the prevalence and incidence of G. lamblia, and only resulted in a decrease in the intensity of hookworm infections up to six months after the interventions. As the effects of the latrine campaign and a single mass treatment on the parasite load were only transient, no sustained impact on nutritional variables was observed. (ABSTRACT TRUNCATED AT 400 WORDS)

REFERENCE NUMBER 87
Au: Bezuglyi VP ; Komarova LI ; Ivanova SI ; Ilina VI ; Kolpakov IE
Ti: **[Health status indices of tobacco growers working with pesticides]**
So: *Vrach Delo* 1987 Aug;(8):109–11

REFERENCE NUMBER 88
Au: Yach D ; Klopper JM ; Taylor SP
Ti: **Use of indicators in achieving "Health for All" in South Africa, 1987**
So: *S Afr Med J* 1987 Dec 5;72(11):805–7

This review evaluates South Africa's performance in achieving health when measured against the World Health Organization's global indicators designed to achieve "Health for All" by the year 2000. As this programme has not been implemented in South Africa, a need exists for this country to announce indicators and targets. South Africa meets the World Health Organization's targets in terms of health expenditure but available information on many of the other indicators suggests that a large segment of the population falls outside the targets set. Lack of immunization and poor nutrition are reflected in unacceptably high infant mortality rates and relatively low life expectancies. As accurate data are needed for planning at both national and local levels, a national health survey should be conducted.

REFERENCE NUMBER 89
Au: Kind P ; Carr-Hill R
Ti: **The Nottingham health profile: a useful tool for epidemiologists?**
So: *Soc Sci Med* 1987;25(8):905–10

The Nottingham health profile has been portrayed as a multipurpose measure of health status, capable of being used in population surveys and in evaluation of medical interventions. This paper examines basic operating characteristics of the profile, using data collected in a large survey of the community. Examination of the response pattern suggests that the NHP is not effective in discriminating health statuses as the modal response is zero. If it is to be used as a screening tool, then there are considerable redundancies so that two or three items are sufficient; and for a diagnostic purpose, the existence of substantial covariation between items makes interpretation difficult. There is a need for an instrument fulfilling one or all of these purposes, but we need to know the operating characteristics of any instrument in detail before applying it. These results demonstrate that the methodological base of the NHP has yet to be established.

REFERENCE NUMBER 90
Au: Cafferata GL
Ti: **Marital status, living arrangements, and the use of health services by elderly persons.**
So: *J Gerontol* 1987 Nov;42(6):613–8

Although marriage has been shown to have important health-protective consequences, it is not clear to what extent these effects are due to marriage per se or to the fact that married people are less likely to live alone. The social support literature suggests that living with others may reduce the need for use of formal and informal health care services independently of marital status because of (a) the substitution of home care, and/or (b) enhancement of physical and mental health. This study of elderly persons, based on data from the National Medical Care Expenditure Survey (NMCES), examined the substitution hypothesis. The impact of marital status and living arrangements on the use of formal health services among persons 65

years of age and older was examined using path analysis. These data confirm a substitution effect whereby persons living with others are more likely to stay in bed, but less likely to see a doctor, than are persons who live alone.

REFERENCE NUMBER 91
Au: Schoenbach VJ ; Wagner EH ; Beery WL
Ti: **Health risk appraisal: review of evidence for effectiveness.**
So: *Health Serv Res* 1987 Oct;22(4):553–80

Since its introduction some two decades ago, health risk appraisal (HRA) has become a standard offering in the health promotion repertoire. The technique's distinctive feature is its use of epidemiologic data to generate quantitative risk messages for the client. Yet despite the dedication and considerable investments that have gone into HRA's development, dissemination, and use, there is only limited empirical evidence that these quantitative risk messages have any effect on clients. There do not appear to be any formal studies of HRA's effect on participation in health promotion programs, although increasing recruitment is regarded as a major benefit of using HRA. There are few indications of HRA effects on health beliefs. Most positive reports of effects on behavior change come from uncontrolled studies; several randomized controlled trials have yielded ambiguous findings. Virtually no data exist concerning the impact of the quantitative risk messages that distinguish HRA from other assessment techniques and that have motivated the substantial efforts toward developing and refining HRA. HRA has evident appeal and is probably a useful health education device for middle-class, middle-aged, nonminority clients. It may well have desirable effects on health-related beliefs, attitudes, and behaviors when accompanied by counseling or education, but available evidence has established its effectiveness. Given the difficulty of obtaining definitive evidence of the effectiveness of HRA and specifically of its use of quantitative risk projections, the need for such evidence is debatable. An adequately funded and reviewed research program to examine whether projections of absolute risk affect knowledge, beliefs, attitudes, and intention to change is recommended as the most fruitful next step. Epidemiologically based HRA procedures that provide feedback in terms of qualitative statements or relative risk may be a promising approach to prospective health assessment.

REFERENCE NUMBER 92
Au: Becker MH ; Janz NK
Ti: **Behavioral science perspectives on health hazard/health risk appraisal.**
So: *Health Serv Res* 1987 Oct;22(4):537–651

Health-promotion efforts often employ HRA as a device for providing an individual with quantitative information about the consequences of personal health-related behaviors and as an attempt to motivate the client to adopt recommendations directed at establishing a healthier lifestyle. From a behavioral science perspective, the HRA approach and process contain elements that (at least in retrospective analysis) appear to be founded in relevant bodies of theory. First, HRA seems to be a reasonably efficient mechanism for transmitting information relative to associations between personal health behaviors and mortality risks. Moreover, while general knowledge and advice about the untoward consequences of risk factors (such as smoking, obesity, high blood pressure, etc.) are currently widespread, HRA provides new and specific information: the client's own relative risks. Some individuals who voluntarily participate in HRA bring to the experience an already high level of readiness to take action; for them, the technique may constitute the final necessary stimulus or "cue to action": [12]. Referring to a "borrowing from the future" phenomenon, Green points out that "some educational efforts are really only triggers to behavior that would have changed eventually anyway" [44, p. 159]. Thus, where motivation is sufficiently high, receipt of HRA feedback information may by itself be capable of inducing behavior change. Second, the focus on

awareness and personalization of mortality risk fits well with most theoretical formulations concerning attitudes and beliefs involved in health-related decision making. Although the emphasis on mortality and often distant negative outcomes is problematic, increasing the client's perception of personal vulnerability is a psychologically defensible approach, and fear arousal can generate attitude change (although questions of appropriate level, duration of effects obtained, acceptability, etc. still need to be resolved). Third, HRA might be expected to enhance the client's perception of the benefits associated with lifestyle modifications and may even increase personal belief in his or her ability to undertake such changes in behavior. However, in light of the fact that the behaviors to be altered are complex, usually well-established and repetitive, and require different skills to extinguish, the provision of typical HRA feedback should not (on a theoretical basis) ordinarily be expected to accomplish much beyond information transmission, belief or attitude change, and the indication of some level of motivation. (ABSTRACT TRUNCATED)

REFERENCE NUMBER 93
Au: Kannel WB ; McGee DL
Ti: **Composite scoring—methods and predictive validity: insights from the Framingham Study.**
So: *Health Serv Res* 1987 Oct;22(4):499–535

After three decades of epidemiologic research at Framingham and elsewhere, the risk factor concept is now firmly established. Atherosclerotic cardiovascular disease can now be predicted and highly vulnerable candidates identified from profiles derived from ordinary office procedures and simple laboratory tests [1]. Risk can be estimated over a 20–30-fold range, and close to half of the cardiovascular events are found to occur in a tenth of the population at highest multivariate risk. Categorical risk assessments focusing on the number of "risk factors" present also identify high-risk subjects but tend to overlook high-risk individuals with multiple marginal abnormalities. Multivariate cardiovascular risk profiles made up of the major cardiovascular risk factors can predict all of the major cardiovascular events, even in advanced age, with reasonable efficiency. Such multivariate risk assessments can be made convenient by reproduction of handbooks and use of small programmed calculators, software for personal computers, and slide rules to facilitate office and public health assessments. The sensitivity and specificity of these risk profiles can probably be improved by more detailed lipid information, including HDL-cholesterol [12], vital capacity determination, and other ECG abnormalities. General cardiovascular risk profiles can be devised to predict efficiently all of the major cardiovascular events.

REFERENCE NUMBER 94
Au: Spasoff RA ; McDowell IW
Ti: **Potential and limitations of data and methods in health risk appraisal: risk factor selection and measurement.**
So: *Health Serv Res* 1987 Oct;22(4):467–97

REFERENCE NUMBER 95
Au: Gustafson DH
Ti: **Health risk appraisal: its role in health services research.**
So: *Health Serv Res* 1987 Oct;22(4):453–65

REFERENCE NUMBER 96
Ti: **A research agenda for personal health risk assessment methods in health hazard/health risk appraisal. Summary of a conference. September 7–9, 1986, Wayzata, Minnesota.**
So: *Health Serv Res* 1987 Oct;22(4):441–620

REFERENCE NUMBER 97
Au: Fielding JE
Ti: **The health of health risk appraisal.**
So: *Health Serv Res* 1987 Oct;22(4):441–52

REFERENCE NUMBER 98
Au: Chau N ; Patris A ; Martin J ; Boitel L ; Leroux C ; Juillard G ; Pardon N ; Blondet M
Ti: **[Structure of the total health test and its relationship with various factors. Study in a work environment]**
So: *Arch Belg* 1986;44(11–12):419–44

REFERENCE NUMBER 99
Au: Moreau C
Ti: **[Understanding epidemiology. 3]**
So: *Rev Infirm* 1987 Sep;37(14):37–42

REFERENCE NUMBER 100
Au: Hermanova HM
Ti: **Disability indicators and WHO programme: "health for all by the year 2000".**
So: *Rev Epidemiol Sante Publique* 1987;35(3–4):236–40

The WHO worldwide policy "Health for all by the year 2000" has been adapted into "Targets for health for all by the year 2000" for Europe. The issue of the elderly is addressed by the slogan "Add life to years," the issue of the disabled by "Better opportunities for disabled persons." To support the monitoring process towards attainment of the regional targets, a list of regional indicators was proposed. These indicators are either parts of the national health information systems already, or are developed ad hoc through sample surveys. The indicators in care of the elderly and disabled are reviewed with regard to previous developments of data base on consequences of diseases, malformations, and injuries.

REFERENCE NUMBER 101
Au: Robine JM ; Brouard N ; Colvez A
Ti: **[Indicators of disability-free life expectancy. Global indicators of the health status of populations]**
So: *Rev Epidemiol Sante Publique* 1987;35(3–4):206–24

Disability free life expectancy (DFLE) is an index of mean length of healthy life. It aims at measuring the evolution in the population's state of health. The first calculations were achieved at the end of the 60s and about ten experimental calculations have been made until now, mostly in the United States, Canada, Japan, and France. Nowadays this index is very well accepted. Its major qualities are its usefulness for setting health targets and determining the present and future needs. Is DFLE destined to become a conjonctural index of health state? The circumstances are undoubtedly propitious. Nevertheless, in order to be used in routine the DFLE index must answer three conditions, which the current approach does not fulfill, i.e., the viability of disability measurement for comparisons in time; a registration of period data which is based on the incidence of entrance in disability; a calculation which is adapted to the disability whether it is reversible or not.

REFERENCE NUMBER 102
Au: Deron Z ; Hauk-Szklarek E ; Czechowicz Z ; Kuydowicz J
Ti: **[Value of studies of cellular immunity in the evaluation of the health status of middle-aged and elderly persons]**
So: *Pol Tyg Lek* 1987 May 11;42(19):582–4

REFERENCE NUMBER 103
Au: Bolton A ; Roberts E
Ti: **Health risk factors of Tennessee's teenagers.**
So: *J Tenn Med Assoc* 1987 Sep;80(9):554–5

REFERENCE NUMBER 104
Au: McClish DK ; Powell SH ; Montenegro H ; Nochomovitz M
Ti: **The impact of age on utilization of intensive care resources.**
So: *J Am Geriatr Soc* 1987 Nov;35(11):983–8

The impact of age on admission practices and pattern of care were examined in 599 admissions to a medical intensive care unit (MICU) and 290 patients on the conventional medical care divisions of the same hospital. Four age groups were compared: under 55, 55 to 64, 65 to 74, and 75 years of age and over. Severity of illness and prior health were assessed using the Acute Physiology Score (APS) and the Chronic Health Evaluation (CHE) instruments. Resource utilization was assessed using the Therapeutic Intervention Scoring System (TISS) and hospital charges. Patients 65 years of age and over comprised 48% of the MICU sample. The distribution of CHE was different among the four groups. Twenty-one percent of patients under 55 years of age had no prior chronic illness, as compared to less than 8% of older patients. The APS at admission was similar for all age groups, as was admission, daily, and total TISS. Hospital survival declined with age from 85% to 70%, while the likelihood of being designated "do not resuscitate" (DNR) increased from 10% to 24%. Differences in hospital survival disappeared when controlling for severity of illness and prior health, but differences in DNR status did not. Still, elderly DNR patients received as many resources as younger DNR patients and this was more than non-DNR patients. The sample of patients treated on conventional medical divisions had age distribution similar to the MICU sample. There was some evidence that admission APS (median, 5, 5, 6, 6, respectively, P = .055) and maximum APS (median, 5, 5, 7, 8, respectively, P = .023) differed slightly across age groups. (ABSTRACT TRUNCATED AT 250 WORDS)

REFERENCE NUMBER 105
Au: Boucher BJ ; Claff HR ; Edmonson M ; Evans S ; Harris BT ; Hull SA ; Jones EJ ; Mellins DH ; Safir JG ; Taylor B ; et al
Ti: **A pilot Diabetic Support Service based on family practice attenders: comparison with diabetic clinics in East London.**
So: *Diabetic Med* 1987 Sep–Oct;4(5):480–4

A pilot Diabetic Support Service (DSS) based on a computer register was devised for diabetic patients identified within three group practices in an inner city district of London. Of 159 eligible diabetics, 142 were followed over 2 years. Glycosylated haemoglobin (GHb) monitoring and adequacy of clinic reviews were audited. Care achieved by the DSS was compared with conventional Diabetic Clinic (DC) management of a sample of 200 diabetics from the same district. Serial GHb measurements were made on 66.2% of DSS and 44.5% of DC patients: GHb fell significantly only in DSS patients (13.1% to 11.4%). Proportional falls in GHb were comparable in each DSS treatment group (diet alone, oral hypoglycaemic agents, and insulin)

and for hospital attenders and non-attenders equally. The planned clinical reviews were achieved in 40.1% of DSS patients entered (29% GP only, 54% of clinic attenders) and in 15% of DC patients (plus 75% fundal and blood pressure examination). The study led to provision of a formal diabetic clinic annual review system, diabetic mini-clinics in two of the three group practices, and the appointment of two Diabetic Liaison Sisters. With administrative simplification the system is to be made available to all diabetics in the District through their GPs during 1986-8.

REFERENCE NUMBER 106
Au: Steen TR
Ti: **'Gardening—the great test of health'.**
So: *Bristol Med Chir J* 1986 Jun;101(3):66–7

REFERENCE NUMBER 107
Au: Steshin Viu
Ti: **[Various indicators of the functional status of 6-year-old children during the process of adaptation to school conditions]**
So: *Pediatriia* 1987; (6):33–7

REFERENCE NUMBER 108
Au: Nygard CH ; Luopajarvi T ; Cedercreutz G ; Ilmarinen J
Ti: **Musculoskeletal capacity of employees aged 44 to 58 years in physical, mental and mixed types of work.**
So: *Eur J Appl Physiol* 1987;56(5):555–61

The musculoskeletal capacity of 60 women and 69 men, average age 52.3 ± 3.7 years, was determined, including measurements of anthropometry, maximal isometric trunk flexion and extension, sit-ups, isometric hand grip strength, and back mobility. According to the job and to cluster analysis, the subjects were divided into three dominating work groups; physical, mental, and mixed groups. The results showed significant differences in right hand grip strength of the women and in the number of sit-ups by men among the three work groups (p less than 0.05). The differences between the other tests were not significant, although the physical group in the women and either the physical or the mixed group in the men had systematically the lowest mean values in almost all tests. It is concluded that jobs with mainly physical demands do not guarantee superior musculoskeletal capacity in older employees.

REFERENCE NUMBER 109
Au: Yunes J ; Campos O ; Carvalho VS
Ti: **[Child, adolescent and maternal care in Brazil]**
So: *Bol of Sanit Panam* 1987 Jul;103(1):33–42

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American Statistical Association Annual Meeting
Washington, D.C. 6–10 August 1989

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

The core of the meeting will be the scientific program, the theme of which will be "Medical Decision Making and Public Policy." There will be a keynote symposium on this topic in which prominent national authorities will participate.

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Quality of Life: A New Branch on the Decision Tree

This was the theme of a symposium that was held in The Hague, The Netherlands in October 1987. This meeting addressed quality of life issues of particular relevance to the pharmaceutical industry. The morning session provided an overview of conceptual and methodological issues involved in assessing health-related quality of life; detailed introductions to several specific measures were presented. The afternoon session provided an opportunity to discuss applications of quality of life assessments in various clinical settings including hypertension, cancer, and arthritis.

Abstracts presented at the meeting appear in this issue of the *Bibliography on Health Indexes*. Complete papers have been published in the *Journal of Drug Therapy and Research* 1988.

National Health Interview Survey on Child Health

The 1988 National Health Interview Survey on Child Health (NHIS-CH) was conducted by the National Center for Health Statistics, and co-sponsored by the National Institute for Child Health and Human Development and the Health Resources and Services Administration.

For the 1988 NHIS-CH, information was collected for one randomly selected child 0–17 years of age in each of the NHIS sample households. The resulting NHIS-CH sample of about 20,000 children represents the national population of children 0–17 years of age. When possible, the respondent for the NHIS-CH was the biological mother of the sample child; if the mother was not available, the respondent was another adult member of the family who was well-informed about the sample child's health.

Release of a Public Use Data Tape for the NHIS-CH is scheduled for December 1989 at a cost of about $200. It will contain microdata for each sample child from the Child Health questionnaire and summary data from the NHIS basic health and demographic questionnaire. Records for sample children can be linked to those of other family members on other public use data tapes.

For more information, contact:

Gerry E. Hendershot
Chief, Illness and Disability Statistics Branch
Division of Health Interview Statistics
National Center for Health Statistics
3700 East West Highway
Hyattsville, Maryland 20782
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Clearinghouse Update

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

Why "Indexes"?

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

Why a "Clearinghouse"?

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

What's Included?

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

1. advance the concepts and definitions of health status by
   a) operationalizing the definition
   b) deriving an algorithm for assigning weights
   c) computing transitional probabilities
   d) validating new measures

2. use composite measure(s) for the purpose of
   a) describing or comparing the health status of two or more groups
   b) evaluating a health care delivery program

3. involve policy implications for health indexes

4. review the "state of the art"

5. discuss a measure termed "health index" by the author

What Services?

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

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

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