



# Clearinghouse on Health Indexes

National Center for Health Statistics

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## Bibliography on Health Indexes

### 2 ACKNOWLEDGMENTS

### 3 ANNOTATIONS

3 Adelman, Pamela K.: Occupational Complexity, Control, and Personal Income: Their Relation to Psychological Well-Being in Men and Women: *Journal of Applied Psychology* 72(4):529-537, 1987

3 Affleck, Glenn; Tennen, Howard; Pfeiffer, Carol; Fifield, Judith; Rowe, Jonelle: Downward Comparison and Coping with Serious Medical Problems: *American Journal of Orthopsychiatry* 57(4):570-578, 1987

4 Baron, J.H.: What Constitutes Quality of Life?: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):93-95, 1987

4 Beckmann, J.; Ditlev, G.: Conceptual Views on Quality of Life: An Impossible Task or a Necessary Challenge?: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):83-86, 1987

4 Bergner, Marilyn; Kaplan, Robert M.; Ware, John E., Jr.: Evaluating Health Measures. Commentary: Measuring Overall Health: An Evaluation of Three Important Approaches: *Journal of Chronic Diseases* 40(Suppl 1):23S-26S, 1987

5 Billings, Andrew G.; Moos, Rudolf H.; Miller, John J.; Gottlieb, Jan E.: Psychosocial Adaptation in Juvenile Rheumatic Disease: A Controlled Evaluation: *Health Psychology* 6(4):343-359, 1987

5 Blazer, Dan; Bachar, James R.; Hughes, Dana C.: Major Depression with Melancholia: A Comparison of Middle-Aged and Elderly Adults: *Journal of the American Geriatrics Society* 35(10):927-932, 1987

5 Breier, Alan; Albus, Margot; Pickar, David; Zahn, Theodore P.; Wolkowitz, Owen M.; Paul, Steven M.: Controllable and Uncontrollable Stress in Humans: Alterations in Mood and Neuroendocrine and Psychophysiological Function: *American Journal of Psychiatry* 144(11):1419-1425, 1987

6 Brennan, A. Frances; Davis, Mary Helen; Buchholz, Dennis J.; Kuhn, Wolfgang F.; Gray, Laman A.: Predictors of Quality of Life Following Cardiac Transplantation: *Psychosomatics* 28(11):566-571, 1987

6 Brook, Robert H.; Kamberg, Caren J.: General Health Status Measures and Outcome Measurement: A Commentary on Measuring Functional Status: *Journal of Chronic Diseases* 40(Suppl 1):131S-136S, 1987

6 Canadian Enalapril Study Group : Comparison of Monotherapy with Enalapril and Atenolol in Mild to Moderate Hypertension: *Canadian Medical Association Journal* 137:803-808, 1987

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## ACKNOWLEDGMENTS

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

Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget through September 30, 1989.

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 October, November, and December 1987. 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 possible 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 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: Adelman, Pamela K.

Ti: **Occupational Complexity, Control, and Personal Income: Their Relation to Psychological Well-Being in Men and Women**

So: *Journal of Applied Psychology* 72(4):529-537, 1987

Research on work and well-being indicates that paid employment has beneficial consequences for mental health. In this study, it was hypothesized that higher occupational complexity, control, and personal income would be associated with higher levels of happiness and self confidence and lower psychological vulnerability. In addition, the possibility was explored that models describing these correlations for employed women (n = 330) might differ from those for employed men (n = 618). Stepwise regression results indicate that occupational characteristics explain a small but significant proportion of variance in each measure of psychological well-being controlling for the effects of age and education. In addition, analysis of covariance reveals that separate regressions characterize employed men and women for happiness and self confidence but not for vulnerability. Occupational characteristics also explain a significant proportion of variance in self confidence for both men and women, and in happiness for men. Implications for the relation of work to well-being and for job enrichment and enlargement programs are discussed. (41 references) AA

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

#### REFERENCE NUMBER 2

Au: Affleck, Glenn; Tennen, Howard; Pfeiffer, Carol; Fifield, Judith; Rowe, Jonelle

Ti: **Downward Comparison and Coping with Serious Medical Problems**

So: *American Journal of Orthopsychiatry* 57(4):570-578, 1987

Correlates of selective comparisons by mothers of high-risk infants and individuals with rheumatoid arthritis showed that mothers were especially likely to make downward comparisons. Arthritis patients making downward comparisons were rated by their health care providers as more positively adjusted, independent of actual severity of illness. Implications for support providers are discussed. (18 references)

AA

Address for reprint requests: Department of Psychiatry, University of Connecticut Health Center, Farmington, CT 06032

**REFERENCE NUMBER 3**

Au: Baron, J.H.

Ti: **What Constitutes Quality of Life?**

So: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):93-95, 1987

Those who look after patients with cancer should understand the principles of methods for evaluating quality of life. This is important in helping individual patients with their continuing treatment and in assessing the results of clinical controlled trials and can be used to help patients to choose between various forms of therapy. (19 references) AA

Address for reprint requests: Department of Surgery, Royal Postgraduate Medical School, Hammer-smith Hospital, London W12 OHS, United Kingdom

**REFERENCE NUMBER 4**

Au: Beckmann, J.; Ditlev, G.

Ti: **Conceptual Views on Quality of Life: An Impossible Task or a Necessary Challenge?**

So: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):83-86, 1987

Quality of life can be discussed in many ways. One way is to analyze the empirical quantitative approach to determine whether the research categories are operational, empirically unambiguous, and thematically relevant; progress, in the sense of changing the number of research categories, does not take place through a systematic empiric test but through a modification of the theory of quality of life. The current debate on quality of life has included a conflict between natural science and a humanistic approach. We conclude that quality of life must be defined through the difficult concept of happiness. When cancer threatens happiness, not one but two fundamental crises influence quality of life, which is defined here as a key concept of a therapeutic method. (3 references) AA

Address for reprint requests: Department of Clinical Psychology, Odense University Hospital, DK-5000 Odense C, Denmark

**REFERENCE NUMBER 5**

Au: Bergner, Marilyn; Kaplan, Robert M.; Ware, John E., Jr.

Ti: **Evaluating Health Measures. Commentary: Measuring Overall Health: An Evaluation of Three Important Approaches**

So: *Journal of Chronic Diseases* 40(Suppl 1):23S-26S, 1987

This article which is a reaction to a paper by Read et al., *Journal of Chronic Diseases* 40(Suppl 1), 1987 points out the strengths and weaknesses of the approach taken to evaluate different measurements. Although the comments are generated by a specific evaluation, they have been prepared to serve as guides for similar evaluation attempts. In addition to the evaluative criteria used by Read and colleagues, the authors suggest four others that can be used: (1) how well the instruments discriminate between groups of persons with and without serious medical condition; (2) how well they discriminate persons at different levels of disease severity within a diagnostic group; (3) whether changes in health scores over time mirror known changes in disease severity; and (4) their predictive validity in forecasting utilization of health care resources as well as length of survival. (4 references) CH-P

Address for reprint requests: Division of Health Policy and Management, Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland 21218

**REFERENCE NUMBER 6**

**Au:** Billings, Andrew G.; Moos, Rudolf H.; Miller, John J.; Gottlieb, Jan E.

**Ti:** **Psychosocial Adaptation in Juvenile Rheumatic Disease: A Controlled Evaluation**

**So:** *Health Psychology* 6(4):343-359, 1987

Juvenile rheumatic diseases are serious chronic illnesses potentially capable of disrupting a child's development and functioning. This study examined the psychosocial functioning of 43 children with severe rheumatic disease as compared to that of 52 children with a milder or inactive form of rheumatic disease. Both patient groups also were compared to 93 healthy children from demographically matched families. Data were obtained from parent reports, from physician evaluation, and, for children who were old enough, from self-reports. The severe patient group showed more parent-reported psychological and physical problems than both the mild patient group and the healthy controls. Compared to the mild group, the severe group also missed more days of school due to illness. Older children in the severe group were more likely to miss school due to illness and to participate in fewer social activities with their families and friends than the controls; however, the older children reported comparable mood and functioning in other areas. An expanded model is proposed to examine risk and resistance factors predictive of psychological and social dysfunction among children with severe chronic disease. (18 references) AA

Address for reprint requests: Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, Stanford, California 94305

**REFERENCE NUMBER 7**

**Au:** Blazer, Dan; Bachar, James R.; Hughes, Dana C.

**Ti:** **Major Depression with Melancholia: A Comparison of Middle-Aged and Elderly Adults**

**So:** *Journal of the American Geriatrics Society* 35(10):927-932, 1987

Patients admitted to an inpatient psychiatric service were screened to identify middle aged (35 to 50 years of age) and elderly (60 years of age and over) patients suffering from a major depressive episode with melancholia. Thirty-seven subjects (18 middle-aged and 19 elderly) were identified. Criteria symptoms for depression and symptoms specifically associated with melancholic or endogenous depression did not differ across age groups, with a few exceptions. Major depression with melancholia in this hospitalized population was symptomatically similar in the middle-aged and elderly. The syndrome is therefore relatively common on this inpatient service and should be easily recognized. (28 references) AA

Address for reprint requests: Post Office Box 3215, Duke University Medical Center, Durham, NC 27710

**REFERENCE NUMBER 8**

**Au:** Breier, Alan; Albus, Margot; Pickar, David; Zahn, Theodore P.; Wolkowitz, Owen M.; Paul, Steven M.

**Ti:** **Controllable and Uncontrollable Stress in Humans: Alterations in Mood and Neuroendocrine and Psychophysiological Function**

**So:** *American Journal of Psychiatry* 144(11):1419-1425, 1987

The authors exposed 10 healthy human volunteers to the stress of loud (100 dB) noise under controllable and uncontrollable conditions on two separate days. Subjects reported higher self-ratings of helplessness, lack of control, tension, stress, unhappiness, anxiety, and depression; had greater hypothalamic-pituitary-adrenal axis function as measured by elevations in plasma adrenocorticotrophic hormone; and had higher levels of sympathetic nervous system and electrodermal activity after the uncontrollable stress condition than after exposure to controllable stress. Thus, lack of control over even a mildly aversive stimulus can produce alterations in mood as well as neuroendocrine and autonomic nervous system changes in healthy subjects. (39 references) AA

Address for reprint requests: Maryland Psychiatric Research Center, Box 21247, Baltimore, Maryland 21228

**REFERENCE NUMBER 9**

Au: Brennan, A. Frances; Davis, Mary Helen; Buchholz, Dennis J.; Kuhn, Wolfgang F.; Gray, Laman A.

Ti: **Predictors of Quality of Life Following Cardiac Transplantation**

So: *Psychosomatics* 28(11):566-571, 1987

Eleven heart transplant patients were evaluated psychiatrically before the operation with possible mental disorder diagnosed according to DSM-III. Data were recorded for the medical course until 12 months after the operation, and the patients completed a scored quality-of-life questionnaire at nine to 15 months after the surgery. The results showed that the presence of a personality disorder before the operation and a poorer medical course after surgery predicted a poorer quality of life. The results were interpreted within a framework suggesting a significant role for noncompliance with the medical regimen by patients with personality disorders. (17 references) AA

Address for reprint requests: Department of Psychology, University of Louisville, Kentucky 40292

**REFERENCE NUMBER 10**

Au: Brook, Robert H.; Kamberg, Caren J.

Ti: **General Health Status Measures and Outcome Measurement: A Commentary on Measuring Functional Status**

So: *Journal of Chronic Diseases* 40(Suppl 1):131S-136S, 1987

In this reaction to the presentation by Hart et al. (*Journal of Chronic Diseases* volume 40 (Suppl 1) 1987), the author focusses on the use of health status measures as outcome variables in clinical trials. After observing that these measures are rarely used, the author offers three speculations: (1) general health status measures are difficult to understand; (2) physicians may believe that general health measures are not affected by most of the kinds of activities that they frequently perform; and (3) the health status field may have become too sophisticated too quickly. (11 references) CH-P

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

**REFERENCE NUMBER 11**

Au: Canadian Enalapril Study Group

Ti: **Comparison of Monotherapy with Enalapril and Atenolol in Mild to Moderate Hypertension**

So: *Canadian Medical Association Journal* 137:803-808, 1987

Therapy with 10 to 40 mg once daily of enalapril, a new angiotensin converting enzyme inhibitor, was compared with therapy with 50 to 100 mg once daily of atenolol in a double-blind randomized multicentre trial in 180 patients with a diastolic blood pressure (determined with the patient seated) of 95 to 115 mm Hg between March 1984 and April 1986. A total of 86 patients (61 men and 25 women with a mean age of 49.4 years and a mean blood pressure (and standard deviation) at entry into the trial of 155.5 [15.7]/101.0 [6.3] mm Hg) received enalapril, and 94 patients (63 men and 31 women with a mean age of 50.9 years and a mean blood pressure at entry of 156.6 [16.6]/101.2 [5.7] mm Hg) received atenolol. After a placebo run-in period the patients received increasing dosages of medication every 2 weeks until the target diastolic blood pressure of 90 mm Hg or less was achieved on two consecutive visits, the maximum dosage was reached, or the patient withdrew because of adverse effects. At 14 weeks the mean blood pressure was 141.6 (18.0)/90.1 (9.5) mm Hg in the enalapril group (61 patients) and 140.0 (17.1)/88.4 (8.7) mm Hg in the atenolol group (54 patients). The target diastolic blood pressure was achieved on completion of therapy (between weeks 10 and 14) in 67 (77%) of the patients receiving enalapril and 75 (79%) of the patients receiving atenolol. Compliance was similar in the two groups. Seven patients withdrew because of adverse effects, three in the enalapril group and four in the atenolol group. The results suggest that once-daily monotherapy with

enalapril, 10 to 40 mg, is effective in the treatment of mild to moderate hypertension and is as effective as and tolerated as well as once-daily therapy with atenolol, 50 to 100 mg. (13 references)AA

Address for reprint requests: Room. 6-OF11, University Hospital, Post Office Box 5339, Stn. A, London, Ontario N6A 5A5

#### REFERENCE NUMBER 12

Au: Capitman, John A.; Arling, Greg; Bowling, Cindi

Ti: **Public and Private Costs of Long-Term Care for Nursing Home Pre-Admission Screening Program Participants**

So: *Gerontologist* 27(6):780-787, 1987

Public and private costs were examined for nursing home applicants participating in the Virginia Nursing Home Pre-Admission Screening Program. Applicants diverted to community care were less dependent and had greater informal supports than those admitted. Public and private payments for community care were lower than for nursing home care. Public payments for community care were consistently lower than for institutional care even when controlling for differences in nursing resource requirements. (31 references) AA

Address for reprint requests: Bigel Institute for Health Heller Graduate School, Brandeis University, 415 South Street, Waltham, Massachusetts 02254

#### REFERENCE NUMBER 13

Au: Casati, Stefano; Passerini, Patrizia; Campise, Maria Rosaria; Graziani, Giorgio; Cesana, Bruno; et al.

Ti: **Benefits and Risks of Protracted Treatment with Human Recombinant Erythropoietin in Patients having Haemodialysis**

So: *British Medical Journal* 295:1017-1020, 1987

Fourteen patients with uraemic anaemia and having regular haemodialysis were given human recombinant erythropoietin increasing doses, beginning with 24 U/kg thrice weekly. One patient was dropped from the study because of recurrent thrombosis of vascular access sites. In the other 13 patients followed up for a mean of 9.1 months (range 8-11), haemoglobin concentrations increased from 62 (SD 8) to 105 (9) g/l. No antierythropoietin antibodies were detected during the study. The correction of anaemia was associated with a tendency to hyperkalaemia and a mild increase of unconjugated rubinaemia. In eight previously hypertensive patients antihypertensive treatment had to be reinforced, but in normotensive patients blood pressure did not change. Thrombosis of arteriovenous fistulas occurred in two patients and a cerebral ischaemic lesion in one. Protracted treatment with human recombinant erythropoietin evidently can maintain normal haemoglobin concentrations in uraemic patients over time. Full correction of anaemia, however, may trigger some vascular problems, particularly in hypertensive patients and those with a tendency to thromboembolism. (17 references) AA

Address for reprint requests: Divisione di Nefrologia, Ospedale Maggiore Policlinico, 20122 Milan, Italy

#### REFERENCE NUMBER 14

Au: Cella, David F.; Jacobsen Paul B.; Orav, E. John; Holland, Jimmie C.; Silberfarb, Peter M.; et al.

Ti: **A Brief POMS Measure of Distress for Cancer Patients**

So: *Journal of Chronic Diseases* 40(10):939-942, 1987

The authors describe an 11-item short form of the Profile of MoodStates' 58-item Total Mood Disturbance Score (TMDS). The Brief TMDS was derived from a sample of 619 adults with mixed cancer diagnoses, and replicated on a second sample of 295 lung cancer patients. Internal consistency of the Brief TMDS and

the correlations of the Brief TMDS with the full TMDS were highly satisfactory for both samples. Given the difficulty many medically ill people have with lengthy self-report scales, and the increasing importance of measuring distress as an adjunct to patient care, this measure shows promise as a rapid, reliable tool. (16 references) AA

Address for reprint requests: Department of Psychiatry, Memorial Sloan-Kettering Cancer Center, New York, NY 10021

#### REFERENCE NUMBER 15

Au: Coates, Alan; Gebski, Val; Bishop, James F.; Jeal, Peter N.; Woods, Robert L.; et al.

Ti: **Improving the Quality of Life During Chemotherapy for Advanced Breast Cancer: A Comparison of Intermittent and Continuous Treatment Strategies**

So: *New England Journal of Medicine* 317(24):1490-1495, 1987

Since chemotherapy for metastatic breast cancer is not curative, consideration of the quality of life is important in selecting a treatment regimen. We conducted a randomized trial comparing continuous chemotherapy, administered until disease progression was evident, with intermittent therapy, whereby treatment was stopped after three cycles and then repeated for three more cycles only when there was evidence of disease progression. Each approach was tested with doxorubicin combined with cyclophosphamide or with cyclophosphamide combined with methotrexate, fluorouracil, and prednisone. Intermittent therapy resulted in a significantly worse response ( $P = 0.02$  by Mann-Whitney test), a significantly shorter time to disease progression (relative risk based on proportional-hazards model, 1.8; 95 percent confidence interval, 1.4 to 2.4), and a trend toward shorter survival (relative risk, 1.3; confidence interval, 0.99 to 1.6). The quality of life was expressed as linear-analog self-assessment scores for physical well-being, pain, and appetite and as a quality-of-life index. It proved significantly different during the first three cycles, where patients received treatment. Thereafter, intermittent therapy was associated with worse scores for physical well being (by 23 percent of scale; 95 percent confidence interval, 11 to 35 percent), mood (25 percent; 13 to 37 percent), and appetite (12 percent; 0 to 24 percent) and the quality-of-life index as indicated by the patient (14 percent; 5 to 23 percent) and the physician (16 percent; 26 percent). Changes in the quality of life were independent prognostic factors in proportional-hazards models of subsequent survival. We conclude that, as tested, continuous chemotherapy is better than intermittent chemotherapy for advanced breast cancer. (15 references) AA

Address for reprint requests: Ludwig Institute for Cancer Research (Sydney Branch), Blackburn Building., University of Sydney, N.S. E. 2006 Australia

#### REFERENCE NUMBER 16

Au: Crowther, Janis H.; Stephens, Mary Ann Parris; Koss, Paul G.; Bolen, Kenneth G.

Ti: **Behavioral Predictors of Blood Pressure Variation in Hypertensives and Normotensives**

So: *Health Psychology* 6(6):569-579, 1987

This study examined the relative impact of five behavioral factors - activity, posture, location, social involvement, and tension - on the 24-hr blood pressure (BP) variability of 21 normotensives, 18 borderline hypertensives, and 18 sustained essential hypertensives. Multiple regression analyses indicated that within each diagnostic group, activity accounted for more variance in BP variability than any other behavioral dimension. For each behavioral dimension examined, the magnitude of the relationship with BP was generally greater for the normotensives than for both hypertensive groups. In contrast, variation due to individuals was a better predictor of BP variability for the two hypertensive groups than for the normotensive group. Number of months hypertensive and use of antihypertensive medication were related to BP variability for the sustained hypertensive group. Findings have implications for the use of ambulatory BP monitors and interpretation of resulting data. (21 references) AA

Address for reprint requests: Department of Psychology, Kent State University, Kent, Ohio 44242



**REFERENCE NUMBER 17**

**Au:** Dana, Richard H.; Hoffmann, Tom A.  
**Ti:** **Health Assessment Domains: Credibility and Legitimization**  
**So:** *Clinical Psychology Review* 7(5):539-555, 1987

Holistic health assessment has been viewed with proper skepticism by professional psychologists as a result of problems of definition, psychometric adequacy, and legitimate application. This paper provides a definitional perspective that permits distinction to be made among health assessment domains including health hazard appraisal, health status, holistic health, well-being, and wellness. Psychometrically respectable instruments in all domains are identified and described, and legitimate applications and potential uses for instruments are discussed. Instruments in all health assessment domains have been underutilized. (142 references) AA

Address for reprint requests: Oregon Graduate School of Professional Psychology, Pacific University, 2004 Pacific Avenue, Forest Grove, Oregon 97116

**REFERENCE NUMBER 18**

**Au:** de Witte, L.; Jacobs, H.; Luttik, A.  
**Ti:** **The Sickness Impact Profile: A Dutch Version**  
**So:** Unpublished, State University, Utrecht, The Netherlands: Department of General Practice, 1987

This paper briefly describes the reliability and validity of the 1985 Dutch language translation of the Sickness Impact Profile. Validity experience is given for 4 different patient groups, those with arthritis (N = 34), those with spinal cord lesion (N = 34), those with stroke (N = 20) and those with spondylitis (N = 32). In a study of a general practice population, involving 300 persons with and 350 without health complaints, the Dutch SIP was able to discriminate between these two sub-populations. (no references given) CH-P

Address for reprint requests: Department of General Practice, State University, Utrecht, The Netherlands

**REFERENCE NUMBER 19**

**Au:** Donabedian, Avedis; Elinson, Jack; Spitzer, Walter; Tarlov, Alvin  
**Ti:** **Advances in Health Assessment Conference Discussion Panel**  
**So:** *Journal of Chronic Diseases* 40(Suppl 1):183S-191S, 1987

This paper presents an overall reaction to the first conference on Advances in Health Status Assessment that was held in 1986. (See *Bibliography on Health Indexes* No. 1, 1986 or *Journal of Chronic Diseases* volume 40 (Suppl 1) 1987 for a summary of the meeting.) Comments of each of the authors/reactors is given separately. (18 references) CH-P

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

**REFERENCE NUMBER 20**

**Au:** Eagle, D. Joan; Guyatt, Gordon; Patterson, Christopher; Turpie, Irene  
**Ti:** **Day Hospitals' Cost and Effectiveness: A Summary**  
**So:** *Gerontologist* 27(6):735-740, 1987

A review of the literature concerning the effectiveness and cost of geriatric day hospitals revealed a large number of enthusiastic descriptive studies and four randomized control studies. One of the four studies demonstrated credible improvement in physical and emotional function in the day hospital versus a

conventional care control group. The three randomized studies in which costs were examined revealed, however, substantially greater costs in the day hospital group. (48 references) AA

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, Room 3H7, McMaster University Health Sciences Centre, Hamilton, Ontario, L8N3Z5

#### REFERENCE NUMBER 21

Au: Egli, H.

Ti: **What Constitutes Quality of Life? Methodological Considerations and Suggestions for Clinical Practice**

So: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):87-89, 1987

Quality of life is considered an inclusive term to be redefined in accordance with the purpose of every investigation. The subjective aspects and individual value systems of patients are illustrated by a short review of empirical studies. It ensues that treatment choices should be made together with the individual patient, based on his attitudes toward quality as well as quantity of survival. The difficulties of this demand are illustrated by the author's own analysis of videotaped interviews. Physicians and patients seem to agree that it is preferable not to discuss anxiety-related topics but to hold out hope for the treatment. (15 references) AA

Address for reprint requests: Psychosomatischer Dienst, Kantonsspital, CH-9007 St. Gallen, Switzerland

#### REFERENCE NUMBER 22

Au: Feinson, Marjorie Chary

Ti: **Mental Health and Aging: Are There Gender Differences?**

So: *Gerontologist* 27(6):703-711, 1987

A review of community mental health studies that have included older adult revealed adults revealed a lack of consistent evidence of more psychological impairment among older females than males. Additionally, in a recent survey of older adults no significant relationships were found between gender and 5 measures of impairment for those 65 and over; and only minimal associations on 2 impairment measures for bereaved respondents. These findings are incongruent with the literature on gender differences in psychological impairment and have social policy implications. (43 references) AA

Address for reprint requests: Institute for Health, Health Care Policy, and Aging Research, Rutgers — The State University, New Brunswick, NJ 08903

#### REFERENCE NUMBER 23

Au: Filer, Jack

Ti: **The International Workshop on Dietary Intakes and Health Outcomes: New Ways of Looking at Old Things**

So: *Currents* 3(2):5-8, 1987

This article summarizes a workshop that was held at the University of North Carolina in May 1987. The workshop elicited some of the questions which are of concern to the nutrition community, and set forth an agenda which could anticipate future nutrition policy. Another aspect of this workshop was its impact on issues ranging from "quality of life" scales to Toyokawa's food pattern analysis. (0 references) AS

Address for reprint requests: University of Iowa, Ames, Iowa

**REFERENCE NUMBER 24**

**Au:** Finklestein, Seth P.; Weintraub, Richard J.; Karmouz, Nasser; Askinazi, Clifford; Davar, Gudarz; et al.

**Ti:** **Antidepressant Drug Treatment for Poststroke Depression: Retrospective Study**

**So:** *Archives of Physical Medicine and Rehabilitation* 68(11):772-776, 1987

The records of 60 patients evaluated psychiatrically for major depression after stroke were reviewed retrospectively. Forty-two patients were treated with one of several 'cyclic' antidepressant drugs, and 16 received no drug treatment. Objective ratings, based on current standard criteria for "major depression" (DSM-III) were used to establish degree of depression at initial evaluation and within six weeks after the start of treatment. Overall, improvement in depression was no greater in treated than in untreated patients. However, a subgroup (40%) of drug-treated patients was identified with a substantial improvement in depression ratings. Only three (17%) untreated patients showed a comparable improvement within a similar time period. Eighteen (43%) of the drug-treated patients experienced minor side effects (especially mild sedation), but only three (7%) experienced major side effects that required cessation or treatment. The degree of initial depression was not correlated with the degree of motor or functional disability among patients. These results suggest that antidepressants may constitute safe and effective treatment for some patients with poststroke depression and further studies of the pathophysiology and treatment of this disorder are indicated. (19 references) AA

Address for reprint requests: Department of Neurology, Massachusetts General Hospital, Boston, Massachusetts 02114

**REFERENCE NUMBER 25**

**Au:** Gayton, David; Wood-Dauphinee, Sharon; de Lorimer, Marie; Tousignant, Pierre; Hanley, James

**Ti:** **Trial of a Geriatric Consultation Team in an Acute Care Hospital**

**So:** *Journal of the American Geriatrics Society* 35(8):726-736, 1987

A controlled trial was conducted to examine the effects of superimposing an interdisciplinary geriatric consultation team upon the conventional patterns of care in medical wards of an acute care hospital. Two hundred and twenty-two patients, aged 69 years of age or older, admitted from the emergency room to two trial wards and 182 similar patients admitted to two control wards where the team did not work, were followed. Evaluations at admission, two and four weeks, and three and six months postadmission by independent evaluators allowed comparisons between the care groups with reference to survival, length of stay, disposition, physical, mental and social functional levels, and use of services after discharge. Data from charts and treatment logs allowed the care processes to be compared. Findings determined that patients in the two groups were alike on socio-demographic and clinical characteristics at entry. Results demonstrated that patients in the trial and control groups fared similarly on the outcome measures at each evaluation point, although a trend toward better survival among team patients was noted. It was concluded that the addition of a consultative geriatric team to the medical wards failed to show a significant impact on patient outcomes. (22 references) AA

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

**REFERENCE NUMBER 26**

**Au:** Gokal, R.; King, J.; Bogle, S.; Marsh, F.; Oliver, D.; et al.

**Ti:** **Outcome in Patients on Continuous Ambulatory Peritoneal Dialysis and Haemodialysis: 4-Year Analysis of a Prospective Multicentre Study**

**So:** *Lancet* II(8568):1105-1109, 1987

In a study in seven large renal units in England, the morbidity and mortality of all patients starting continuous ambulatory peritoneal dialysis (CAPD) and haemodialysis during 1983-85 were monitored

prospectively over a 4-year period and related to reasons for choice of therapy and potential risk factors. 610 new patients (median age 52 years, range 3–80-years) started CAPD; 16% had diabetes mellitus and 21% had cerebrovascular or cardiovascular disease. 329 patients (median age 48 years, range 5–77 years) started haemodialysis; 7% had diabetes mellitus and 17 cerebrovascular or cardiovascular disease. The Kaplan-Meier patient survival estimates at 4 years were 74% for haemodialysis and 62% for CAPD; technique survival figures for the same period were 91% for haemodialysis and 61% for CAPD. Cox's proportional hazards regression analysis showed that cerebrovascular/cardiovascular disease, age over 60 years, and diabetes mellitus were important predictors for survival in CAPD patients; there were no risk factors associated with permanent change to haemodialysis. In the haemodialysis group early change to CAPD was associated with presence of cerebrovascular or cardiovascular disease. The major cause of drop-out in both groups was transplantation. The mean length of hospital admission was 14.8 days per patient-year for CAPD and 12.4 days per patient-year for haemodialysis. (19 references)AA

Address for reprint requests: Royal Infirmary, Manchester, Royal Free Hospital, London

#### REFERENCE NUMBER 27

Au: Greene, Vernon L.; Monahan, Deborah J.

Ti: **The Effect of a Professionally Guided Caregiver Support and Education Group on Institutionalization of Care Receivers**

So: *Gerontologist* 27(6):716–721, 1987

Family caregivers participating in support and education groups had lower institutionalization rates among their care receivers than did caregivers who enrolled but did not participate (3.8% as compared to 8.6%, respectively). When baseline differences were controlled, the implied treatment effect was to reduce the enrollment group institutionalization rate from 17.2% to 5.2%. These differences were statistically significant at the .1 and .05 levels, respectively. Savings from deterred nursing home utilization more than offset program costs. (16 references) AA

Address for reprint requests: The Maxwell School of Citizenship and Public Affairs, Syracuse University, Syracuse, New York 13244–1090.

#### REFERENCE NUMBER 28

Au: Guyatt, Gordon H.; Berman, Leslie B.; Townsend, Marie

Ti: **Long-term Outcome after Respiratory Rehabilitation**

So: *Canadian Medical Association Journal* 137(12):1089–1095, 1987

To determine the long-term effect of respiratory rehabilitation, the authors followed for 6 months after discharge 31 consecutive patients enrolled in a multidisciplinary inpatient rehabilitation program lasting 4 to 6 weeks. Of the 31, 24 showed improvement in quality of life (as measured with a previously validated questionnaire) and in functional exercise capacity (as measured with the 6-minute walk test) 2 weeks after discharge. The improvement was sustained for 6 months in 11 of the 24. Other investigators have found higher response rates than those in this report. The differences are likely due to enrollment of consecutive patients in this study, the length and completeness of follow-up, and the objective measurement of quality of life by an interviewer not associated with the rehabilitation program. Controlled trials of respiratory rehabilitation measuring both costs and benefits are warranted. In the meantime, strategies to maintain the initial improvement seen after rehabilitation should be developed and studied. 33 references) AA–M

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, Rm. 3H7, Health Sciences Centre, McMaster University, 1200 Main St. W, Hamilton, Ontario L8N 3Z5

**REFERENCE NUMBER 29**

Au: Guyatt, Gordon H.; Townsend, Marie; Berman, Leslie B.; Keller, Jana L.  
 Ti: **A Comparison of Likert and Visual Analogue Scales for Measuring Change in Function**  
 So: *Journal of Chronic Diseases* 40(12):1129-1133, 1987

Many controlled trials rely on subjective measures of symptoms or quality of life as primary outcomes. The relative merits of different response options for these measures is an important, but largely unexplored, issue. Therefore, the authors compared the responsiveness of seven-point Likert versus visual analogue scales (VAS) in a questionnaire measuring quality of life in chronic lung disease. The VAS and seven-point scale versions of the questionnaire were administered to 28 patients before and after completing an inpatient respiratory rehabilitation program of known benefit. For all four dimensions of the questionnaire (dyspnea, fatigue, emotional function, and mastery) the VAS showed a larger improvement than the seven-point scale when both were standardized on a scale of 0-10. However, in each case the variability of the improvement was greater using the VAS. The difference in improvement between the two scales was not statistically significant. The authors conclude that the two methods of presenting response options show comparable responsiveness. The ease of administration and interpretation of the seven-point scale recommend its use in clinical trials. (33 references) AA

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

**REFERENCE NUMBER 30**

Au: Haggmark, Caroline; Theorell, Tores; Ek, Bengt  
 Ti: **Coping and Social Activity Patterns Among Relatives of Cancer Patients**  
 So: *Social Science and Medicine* 25(9):1021-1025, 1987

In this study we have examined how relatives of cancer patients change their social patterns when they are offered increased possibilities to take active part in the care of the patient. Relatives who were offered such an activation programme were compared with relatives who were offered the usual routine programme ('comparison group'). The instrument used for the present study was a modified version of the 'coping wheel' introduced by Shalit. Fifty relatives in the activation group and 45 in the comparison group were followed at repeated occasions approximately once a month during the patient's treatment. Twenty-two in the activation group and 19 in the comparison group were followed 1 and 2 month(s) after the patient's death. Relatives in the activation group reported a significantly higher proportion of activities concerning friends and relatives during the treatment period. At the last observation occasion preceding death, relatives in the comparison group reported significantly more areas dealing with 'own feelings.' Relatives in the activation group reported a significantly greater increase in number of 'own activities' from the last observation preceding the patient's death to 1 month after death compared to the comparison group. (4 references) AA

Address for reprint requests: Department of Oncology, Karolinska Hospital, Box 60500, S-10401 Stockholm

**REFERENCE NUMBER 31**

Au: Hayes, Steven C.; Nelson, Rosemary O.; Jarrett, Robin B.  
 Ti: **The Treatment Utility of Assessment: A Functional Approach to Evaluating Assessment Quality**  
 So: *American Psychologist* 42(11):963-974, 1987

In practical terms, the sine qua non of the modes, methods, devices, strategies, and theories of clinical assessment is their contribution to treatment outcome. The importance of this contribution has often been noted, but under many different labels and rationales. The resultant conceptual confusion has considerably

restricted the visibility and frequency of research in this critical area. In this article the authors propose a name for the impact of assessment on treatment outcome: the "treatment utility of assessment." Some of the questions that can be asked about the treatment utility of assessment are described, and methods appropriate for asking them are examined. Finally, the implications of this kind of utility for other approaches to evaluation assessment quality are analyzed. (73 references) AA

Address for reprint requests: Department of Psychology, University of Nevada-Reno, Reno, NV 89557-0062

#### REFERENCE NUMBER 32

Au: Helman, Cecil G.

Ti: **Heart Disease and the Cultural Construction of Time: The Type A Behavior Pattern as a Western Culture-Bound Syndrome**

So: *Social Science and Medicine* 25(9):969-979, 1987

For over 20 years, the image of the coronary-prone 'type A' individual, ambitious, competitive, hostile, and time-obsessed has been a familiar feature of cardiology literature, and of popular discourse on health. A closer examination of the moral content of this model, suggests that it is based on a binary classification of social values type A (bad) and type B (good). But the type A individual is also a figure of moral ambiguity, embodying many of the inherent contradictions of Western industrial society. In particular his anti-social behaviour is rewarded in money, or status by that same society. The paper proposes a model of symbolic inversion, whereby these social contradictions are resolved for both victim, and society by his development of coronary heart disease. The type A behaviour pattern can be regarded as a 'culture-bound syndrome' particularly of middle-aged, middle-class men, and one which condenses key concerns and behavioural norms of the society. As a diagnostic category, it can only be understood in the social context of the industrialized world and against the background of the unique social and symbolic characteristics of Western time. (67 references) AA

Address for reprint requests: Department of Primary Health Care, University College & Middlesex Medical School, Highgate Wing, Whittington Hospital, London WC1E 6BT, England

#### REFERENCE NUMBER 33

Au: Hilliard, Ronald; Gjerde, Craig; Parker, Loran

Ti: **Validity of Two Psychological Screening Measures in Family Practice: Personal Inventory and Family APGAR**

So: *Journal of Family Practice* 23(4):345-349, 1986

To determine the level of accuracy with which the Personal Inventory and Family APGAR identify patients with psychological distress, the two instruments were administered to patients new to a family practice clinic. Eighteen months later, the following clinical variables were recorded by chart audit: number of physician visits, number of chronic and acute illnesses or conditions diagnosed, and presence of psychological symptoms. A high frequency of psychological symptoms was observed in the clinical sample; depression, anxiety, marital problems and chemical dependency were most frequently seen. Statistically significant differences were observed between the mean scores for symptomatic and nonsymptomatic patients on both the Personal Inventory and Family APGAR. Cutting scores established for each instrument allowed for the accurate classification of 83 percent of symptomatic patients by the Personal Inventory and 68 percent of symptomatic patients by the Family APGAR. Substantial gains in screening accuracy occurred when both measures were administered and when a "symptomatic" score on either instrument was considered suggestive of psychological distress. Although individuals with "symptomatic" scores attended the clinic more frequently than those nonsymptomatic by test, differences were not statistically significant. The results support the use of the Personal Inventory and the adjunctive use of the Family APGAR. (12 references) AA

Address for reprint requests: Broadlawns Family Health Center, 1800 Hickman Road, Des Moines, Iowa 50314

**REFERENCE NUMBER 34**

Au: Hunt, Sonja M.; Wiklund, Ingela

Ti: **Cross-Cultural Variation in the Weighting of Health Statements: A Comparison of English and Swedish Valuation**

So: *Health Policy* 8(2):227-235, 1987

An understanding of social and cultural differences in the valuation of experiences associated with illness is essential for the design and interpretation of cross-cultural studies and can also contribute to theoretical formulations concerned with the relationship between adverse medical and social conditions, perceived health and illness behaviour. A comparison of weightings given to the items on the Nottingham Health Profile by Swedish and English samples is described. These items represent lay expressions of discomfort and distress in the domains of physical mobility, pain, sleep, social interaction, emotion and energy. The weightings were obtained by the Thurstone Method of Paired Comparisons and show high agreement between the Swedish translation and the English version. These results strongly suggest that the expression of perceived health problems has relevance in the Swedish as well as the British context; that valuations show few cultural differences; that the Thurstone Method is of high reliability and validity for this type of indicators; that it is feasible to adapt subjective health measures for the linguistic groups. Discrepancies in weightings are ascribed to differences in cultural values. (19 references) AA

Address for reprint requests: Research Unit in Health and Behavioral Change, University of Edinburgh, 17 Teviot Place, Edinburgh EH1 2QZ, United Kingdom

**REFERENCE NUMBER 35**

Au: Israel, Barbara A.; Antonucci, Toni C.

Ti: **Social Network Characteristics and Psychological Well-Being: A Replication and Extension**

So: *Health Education Quarterly* 14(4):461-481, 1987

This article represents a replication and extension of a previous study by Israel and her colleagues that investigated the relationship between psychological well-being and social network characteristics. The present research included both a comparable sample of white women (N = 104) between the ages of 60 and 68 (as in the original study), and a more extensive adult population of men and women (N = 718) between the ages of 50 and 95. The network characteristics examined are categorized along three broad dimensions: Structure — linkages in the overall network (size and density); interaction — nature of the linkages themselves (frequency, geographic dispersion, and reciprocity); and functions that networks provide (affective support and instrumental support). The results indicate a predominance of comparable findings for both the replication and extension studies. Of the eight network characteristics examined, the results of five of the regression analyses were the same across all three studies. The network characteristics of size, density, geographic dispersion, reciprocal instrumental support, and instrumental support did not make a significant contribution to the variance in psychological well-being. Of the other three network characteristics, the effect of frequency of interaction varied across the studies, and a pattern of significant results was found for affective support and reciprocal affective support. A discussion of this evidence in light of current literature and implications for practice and research is included. (64 references) AA

Address for reprint requests: Department of Health Behavior and Health Education, School of Public Health, 1420 Washington Heights, University of Michigan, Ann Arbor, Michigan 48109-2029

**REFERENCE NUMBER 36**

Au: Jette, Alan M.; Harris, Bette Ann; Cleary, Paul D.; Campion, Edward W.

Ti: **Functional Recovery after Hip Fracture**

So: *Archives of Physical Medicine and Rehabilitation* 68(10):735-740, 1987

This investigation was designed to describe the 12-month functional recovery following hip fracture, testing the hypothesis that intensive rehabilitation would enhance the level of functional recovery. The study included 50 patients with intertrochanteric, and 25 patients with subcapital hip fractures who were admitted to the Massachusetts General Hospital teaching service (67 women, x age = 78 yr). Twenty-nine percent of the patients died and six instrumental activities of daily living, respectively. Twenty-six percent regained their prefracture level of social/role functioning. There were no statistically significant differences in mortality, hospital discharge status, or pattern and level of functional recovery, between patients receiving experimental and standard approaches to hospital rehabilitation. (27 references)AA

Address for reprint requests: MGH Institute of Health Professions 15 River Street Boston, Massachusetts 02108-3402

**REFERENCE NUMBER 37**

Au: Kahn, Jeffrey P.; Gully, Robert J.; Cooper, Thomas B.; Perumal, Authur S.; Smith, Thomas M.; et al.

Ti: **Correlation of Type A Behavior with Adrenergic Receptor Density: Implications for Coronary Artery Disease Pathogenesis**

So: *Lancet* II:937-939, 1987

In 17 healthy young men who had a parent with documented early coronary disease, ratings of type A behavior correlated with upregulated lymphocyte receptor density and inversely with the ratio of platelet to lymphocyte receptor density ratio. This indicates a correlation of type A behavior with receptor-based determinations of increased peripheral adrenergic balance, consistent with increased coronary arterial vasoconstriction, perhaps leading to coronary artery disease. (25 references) AA

Address for reprint requests: Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York State Psychiatric Institute and Nathan Kline Research Institute

**REFERENCE NUMBER 38**

Au: Kane, Robert L.

Ti: **Commentary: Functional Assessment Questionnaire for Geriatric Patients — or the Clinical Swiss Army Knife**

So: *Journal of Chronic Diseases* 40(Suppl 1):95S-98S, 1987

This commentary on a paper by Pearlman (*Journal of Chronic Diseases* volume 40 (Suppl 1) 1987) analyzes the proposed approach to geriatric assessment from the perspective of the purpose of the measurement, hence the Swiss Army knife analogy. While no single evaluation tool may meet all the uses to which it might be put in a clinical setting, even simple tools that alert physicians to frequently overlooked areas would result in improved care. (13 references) CH-P

Address for reprint requests: School of Public Health, University of Minnesota, Minneapolis, Minnesota 55455



**REFERENCE NUMBER 39**

Au: Kannel, William B.; McGee, Daniel L.

Ti: **Composite Scoring — Methods and Predictive Validity: Insights from the Framingham Study**

So: *Health Services Research* 22(4):499-535, 1987

The risk factor is now firmly established. Atherosclerotic cardiovascular disease can be predicted and highly vulnerable candidates identified from profiles derived from ordinary office procedures and simple laboratory tests. 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. Multivariate cardiovascular risk profiles made up of the major cardiovascular risk factors can predict all of the major cardiovascular events with reasonable efficiency. Such risk assessment can be made convenient for example by reproduction of handbooks and use of small programmed calculators to facilitate office and public health assessments. The sensitivity and specificity of these profiles can probably be improved by more detailed lipid information. General cardiovascular risk profiles can be devised to predict efficiently all of the major cardiovascular events. (23 references) AS-M

Address for reprint requests: Professor of Medicine, Chief, Section of Preventive Medicine and Epidemiology, Boston University Medical Center, Doctor's Office Building, Suite 1105, 720 Harrison Avenue, Boston, Massachusetts 02118

**REFERENCE NUMBER 40**

Au: Kemp, Bryan J.; Staples, Frederick; Lopez-Aqueres, Waldo

Ti: **Epidemiology of Depression and Dysphoria in an Elderly Hispanic Population: Prevalence and Correlates**

So: *Journal of the American Geriatrics Society* 35(10):920-926, 1987

Depression among older minority groups, including Hispanics, has not been well studied. Little is known of the true rates of depression, its correlates or how well it is treated. This research is part of a series examining health status of older Hispanics using the Comprehensive Assessment and Referral Evaluation (CARE). Seven hundred older Hispanics living in Los Angeles County were studied using an area-probability sampling method. The CARE items were regrouped to reflect Diagnostic and Statistical Manual III criteria for depression and dysphoria. More than 26% were found to have a major depression or dysphoria. These affective disorders were strongly correlated with physical health status. Without physical health complications the rate was 5.5%. A number of socioeconomic, health behavior, and family variables were related to affective state. Treatment for affective disorder appeared to be very poor for this population. (13 references) AA

Address for reprint requests: Rehabilitation Research and Training Center on Aging, Rancho Los Amigos Medical Center, 7601 E. Imperial Highway, Downey, California 90242

**REFERENCE NUMBER 41**

Au: Kind, Paul; Carr-Hill, Roy

Ti: **The Nottingham Health Profile: A Useful Tool for Epidemiologists?**

So: *Social Science and Medicine* 25(8):905-910, 1987

The Nottingham Health Profile (NHP) 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. (12 references) AA

Address for reprint requests: Centre for Health Economics, University of York, York YO1 5DD, England

#### REFERENCE NUMBER 42

Au: Klerman, Gerald L.; Budman, Simon; Berwick, Donald; Weissman, Myrna M.; Damico-White, Josephine; et al.

Ti: **Efficacy of a Brief Psychosocial Intervention for Symptoms of Stress and Distress Among Patients in Primary Care**

So: *Medical Care* 25(11):1078-1088, 1987

Psychosocial problems and symptoms of emotional distress play a prominent role in patients reporting to primary care settings. Interpersonal counseling (IPC) was developed as a brief psychosocial intervention for patients with stress and distress to be administered by nurse practitioners in a primary care setting. The results of a pilot study indicate more rapid reduction of symptoms and improvement in emotional symptoms and psychosocial functioning in the IPC group than in a comparison group with initially elevated scores on the General Health Questionnaire. The priorities for further testing are discussed, and possible implications for service delivery are explored. Key words: psychosocial intervention; stress; distress; interpersonal counseling; primary care setting. (31 references) AA

Address for reprint requests: Institute for Health Research, Harvard Community Health Plan, One Fenway Plaza, Boston, Massachusetts 02215

#### REFERENCE NUMBER 43

Au: Kloos, Helmut; Etea, Alemayehu; Degefa, Assefa; Aga, Hundessa; Solomon, Berhanu; et al.

Ti: **Illness and Health Behaviour in Addis Ababa and Rural Central Ethiopia**

So: *Social Science and Medicine* 25(9):1003-1019, 1987

This paper examines the results of health surveys among 544 randomly selected households (2829 people) in seven kebele (urban dwellers' associations) in Addis Ababa and Kaliti, an industrial suburb of Addis Ababa, and in four rural villages in two peasant associations. The major objective was to study illness distribution and health behaviour among different socioeconomic and cultural groups in urban and rural communities within the context of available health resources, national health policy and planning. Results show that in spite of the rapid expansion of health services since the Ethiopian revolution serious problems of allocation and access persist. Higher illness prevalence rates were found in rural areas (23.2%), Kaliti (25.5%) and in the low socioeconomic kebele in Addis Ababa (23.9%) than in the high socioeconomic kebele (16.5%), but rural/urban and intraurban differences were greater than reported here due to underreporting. One-third of all illnesses were treated by modern services, 19.9% by self care and 26.0% by traditional medicine and transitional healers, with 21.5% of all illnesses not being treated. Utilization rates varied with type and duration of illness, socioeconomic level, age, sex and place of residence. The role of distance and other contact barriers, treatment outcome and availability of private clinics and alternative health resources in utilization is also evaluated. Coverage of the modern health services was associated with socioeconomic status and mobility of patients as well as availability of health services. (57 references) AA

Address for reprint requests: Department of Geography, Addis Ababa University, Addis Ababa, Ethiopia

**REFERENCE NUMBER 44**

Au: Koster, R.; Gebbensleben, B.; Stutzer, H.; Salzberger, B.; Ahrens, P.; et al.

Ti: **Quality of Life in Gastric Cancer: Karnofsky's Scale and Spitzer's Index in Comparison at the Time of Surgery in a Cohort of 1081 Patients**

So: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):102-106, 1987

Karnofsky's performance status scale (KS) and Spitzer's quality of life index (QLI) were used to assess the quality of life of 1081 patients with histologically proven gastric cancer who entered the German multicentre observational field study for the validation of the TNM system for gastric cancer. Age and sex distribution and interscale correlation were examined to obtain information about the validity of the KS and the quality of life of gastric cancer patients. Age and sex distributions revealed two trends: men seemed to have better KS and QLI values than women, and old patients had worse QLI values than young patients. The interscale correlation gave a good  $-0.72$  Spearman's rank correlation coefficient. These results showed that KS and QLI had comparable age and sex distributions among gastric cancer patients. Together with the good interscale correlation this means a mutual confirmation of both concepts and of the first contributions for the validation of KS. (9 references) AA

Address for reprint requests: Krankenhaus der Augustinerinnen, Jakobstr 27-31, D-5000 Koln 1, FRG

**REFERENCE NUMBER 45**

Au: Kusche, J.; Vestweber, K.H.; Troidl, H.

Ti: **Quality of Life after Total Gastrectomy for Stomach Cancer: Results of Three Types of Quality of Life Evaluative Methods**

So: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):96-101, 1987

In a randomized controlled trial (planned sample size,  $N = 60$ ) oesophagojejunostomy was compared with the Hunt-Lawrence-Rodino pouch as operative procedures of gastrectomy in gastric cancer patients. Besides the survival time, one end point of the study was the postoperative quality of life of the patients. From 1978 to 1985 the quality of life could be assessed in 26 out of 35 patients by a modified Visick scaling and by a score constructed from a standardized questionnaire. Since 1984 the Spitzer index has also been introduced for quality of life assessment. In this interim report our questionnaire turned out to be more precise (sensitive) than the Visick scaling. This result was related to disease-specific variables more than to sociopersonal variables. The Spitzer index did not correlate with the questionnaire. Thus the question was left open whether our questionnaire measured an end point divergent from quality of life or whether the Spitzer index, developed for chronically ill patients, was not as suitable for quality of life estimation after a major operation. (10 references) AA

Address for reprint requests: Biochemical and Experimental Division, IInd Dept. of Surgery, University of Cologne, Ostmerheimer Str. 200, D-5000 Koln 91, FRG

**REFERENCE NUMBER 46**

Au: Lalonde, Bernadette

Ti: **The General Symptom Distress Scale: A Home Care Outcome Measure**

So: *Quality Review Bulletin* 13(7):243-250, 1987

The General Symptom Distress Scale (GSDS) is a broad measure of client's distress caused by 11 general symptoms that home care personnel consider important to monitor and manage, regardless of diagnosis. Among the symptoms included in this assessment are pain, bowel problems, skin problems and mood. Each symptom is arbitrarily scored 1-4 with 4 indicating the most severe level of distress. The GSDS provides a method of flagging clients who are at risk to ensure that home care agencies are doing everything they can to manage distress. (22 references) CH-P

Address for reprint requests: Lalonde Research and Consultation, Seattle, Washington

**REFERENCE NUMBER 47**

Au: Leon, Arthur S.; Connett, John; Jacobs, David R.; Rauramaa, Rainer

Ti: **Leisure-Time Physical Activity Levels and Risk of Coronary Heart Disease and Death: The Multiple Risk Factor Intervention Trial**

So: *Journal of the American Medical Association* 258(17):2388-2395, 1987

The relation of self-selected leisure-time physical activity (LTPA) to first major coronary heart disease (CHD) events and overall mortality was studied in 12138 middle-aged men participating in the Multiple Risk Factor Intervention Trial. Total LTPA over the preceding year was quantitated in mean minutes per day at baseline by questionnaire, with subjects classified into tertiles (low, moderate, and high) based on LTPA distribution. During seven years of follow-up, moderate LTPA was associated with 63% as many fatal CHD events and sudden deaths, and 70% as many total deaths as low LTPA ( $P < .01$ ). Mortality rates with high LTPA were similar to those in moderate LTPA; however, combined fatal and nonfatal major CHD events were 20 lower with high as compared with low LTPA ( $P < .05$ ). These risk differentials persisted after statistical adjustments for possible confounding variables, including other baseline risk factors and Multiple Risk Factor Intervention Trial group assignments. It is concluded that LTPA has a modest inverse relation to CHD and overall mortality in middle-aged men at high risk for CHD. (35 references) AA

Address for reprint requests: Division of Epidemiology, School of Public Health, University of Minnesota, Stadium Gate 27, 611 Beacon St SE, Minneapolis, MN 55455

**REFERENCE NUMBER 48**

Au: Levitt, Mary J.; Clark, M. Cherie; Rotton, James; Finley, Gordon E.

Ti: **Social Support, Perceived Control, and Well-Being: A Study of an Environmentally Stressed Population**

So: *Internal Journal of Aging and Human Development* 25(4):247-258, 1987

Interviews were conducted with elderly residents of an area targeted for massive redevelopment. Social support was considered simultaneously with health and personal control beliefs in relation to well-being, and the unresolved issue of the sufficiency of one support figure was explored. Health, control, and support each emerged as independent predictors of affect and life satisfaction, and affect was significantly lower for those with no close support figure than for those with one close relationship. The results suggest that one close support figure may be sufficient to promote well-being, but alternative interpretations are possible. (28 references)-AA

Address for reprint requests: Department of Psychology Florida International University North Miami, Florida 33181

**REFERENCE NUMBER 49**

Au: Lichtenstein, Richard L.; Thomas, William

Ti: **A Comparison of Self-Reported Measures of Perceived Health and Functional Health in an Elderly Population**

So: *Journal of Community Health* 12(4):213-230, 1987

In studies of large elderly populations, two types of measures of physical health status, perceived health and functional health, are commonly used. Although they represent very different conceptions of health, these two types of measures appear often to be used interchangeably. In this paper, we examine changes over time in self-reported measures of perceived health and functional health for a sample of Medicare beneficiaries. By investigating the patterns of change in the two measures for different subgroups of the

population, we are able to draw inferences about the appropriateness of each type of measure for specific administrative and/or research situations. The perceived health status measure appears suitable for descriptive studies of the health of elderly populations, while the greater stability of functional health makes this type of measure generally more appropriate in studies investigating relationships between an individual's physical health status and subsequent behavior. (33 references) AA

Address for reprint requests: Department of Health Services Management and Policy School of Public Health, University of Michigan, Ann Arbor, Michigan 48109-2029

#### REFERENCE NUMBER 50

Au: Lohr, Kathleen N.; Ware, John E. Jr.

Ti: **Advances in Health Assessment: Organization of the Conference and of this Monograph**

So: *Journal of Chronic Diseases* 40(Suppl 1):1S-5S, 1987

According to this article, the 1986 conference on Advances in Health Status Assessment was organized to explore the state of the art of health status measurement. The conference was seen as an opportunity for developers and users of health status measures to discuss conceptual and methodological issues related to their use in health policy analysis, biomedical research and clinical practice. The papers and discussions as well as the official overall reactions to the conference are published in along with this article. (0 references) CH-P

Address for reprint requests: Institute of Medicine, National Academy of Sciences, Washington, D.C. 20418

#### REFERENCE NUMBER 51

Au: Lubitz, James

Ti: **Health Status Adjustment for Medicare Capitation**

So: *Inquiry* 24(4):362-375, 1987

The issue of biased selection has taken on increased importance because of the growing numbers of Medicare beneficiaries enrolled in capitated systems. One way to deal with biased selection is through adjusting payment to health plans to reflect enrollee health status. This paper reviews proposed health status adjustors based on perceived health status, functional health status, health service use, program entitlement data, mortality, and risk factors. There is evidence that almost all of these could perform better in a statistical sense than the current Medicare HMO payment formula. For policy purposes, the most practical adjustors at present are measures based on prior use of services. These could be tested and perhaps implemented now as work proceeds on other adjustors. (35 references) AA

Address for reprint requests: Office of Research and Demonstrations, HCFA, Oak Meadows Building, Room 2504, 6340 Security Blvd., Baltimore, Maryland 21207

#### REFERENCE NUMBER 52

Au: Markides, Kyriakos S.; Levin, Jeffrey S.; Ray, Laura A.

Ti: **Religion, Aging, and Life Satisfaction: An Eight-Year, Three-Wave Longitudinal Study**

So: *Gerontologist* 27(5):660-665, 1987

Data from a three-wave longitudinal study of older Mexican-Americans and Anglos revealed little evidence that older people turn increasingly to religion as they age, decline in health, and face death. Nor were indicators of religiosity increasingly redictive of life satisfaction as people age. Also examined was the effect of dropouts on the association between religious attendance and life satisfaction. Because dropouts attend church less due to poorer health, their exclusion from longitudinal studies decreases associations between religious attendance and life satisfaction. (18 references) AA

Address for reprint requests: Division of Sociomedical Sciences, Department of Preventive Medicine and Community Health, The University of Texas Medical Branch, Galveston, Texas 77550-2777

**REFERENCE NUMBER 53**

Au: Markowe, H.L.J.; Bulpitt, C.J.; Shipley, M.J.; Rose, G.; Crombie, D.L.; et al.  
 Ti: **Prognosis in Adult Asthma: A National Study**  
 So: *British Medical Journal* 295:949-952, 1987

Although one million people consult their general practitioners for asthma each year, data on the prognosis of this disease are scarce, particularly in adults. Mortality was studied among 2547 adult asthmatics attending a national sample of 60 general practices between 1970 and 1976; they were compared with a matched group of non-asthmatic patients. Mortality from all causes was significantly raised in the asthmatic cohort (189 deaths v 112 among controls; relative risk 1.61, 95% confidence interval 1.3 to 2.0), especially in women (92 v 42 deaths; relative risk 2.2 (1.5 to 3.1)), and in the oldest age group (55-59 years). In both sexes the predominant cause of excess mortality was respiratory disease, particularly asthma (25 v 0 deaths) and chronic obstructive airways disease (37 v 4 deaths; relative risk 8.8 (2.8 to 23)). Overall, 94% of the asthmatic cohort survived the mean follow up period of eight years compared with 96% of the controls. In contrast to previous findings, the risk of death due to malignant neoplasms was not significantly reduced overall (34 versus 36 deaths), though the risk was significantly reduced among those aged under 45 years (2 versus 10 deaths; relative risk 0.2 (0-0.2 to 0-9)) and there was a significant trend of lowering of relative risk with younger age. (29 references) AA

**REFERENCE NUMBER 54**

Au: McClish, Donna Katzman; Powell, Stephen H.; Montenegro, Hugo Nochomovitz, Michael  
 Ti: **The Impact of Age on Utilization of Intensive Care Resources**  
 So: *Journal of the American Geriatrics Society* 35(11):983-988, 1987

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, 55-64, 65-74 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 aged 65 years and over comprised 48% of the MICU sample. The distribution of CHE differed among the 4 groups with older patients having more chronic illness. The APS at admission was similar for all age groups, as was admission, daily, and total TISS. The sample of patients treated on conventional medical divisions had age distribution similar to the MICU sample. There was some evidence that admission APS and maximum APS differed slightly across age groups. Yet elderly patients admitted to the MICU were no sicker than younger patients. From this it appears that there were no selective barriers restricting access of the elderly to the MICU and that once admitted to the MICU, treatment patterns differed only in the application of do not resuscitate status. (23 references) AA-M

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

**REFERENCE NUMBER 55**

Au: McCreadie, Robin G.; Affleck, James W.; McKenzie, Yvonne; Robinson, Andrew D.T.  
 Ti: **A Comparison of Scales for Assessing Rehabilitation Patients**  
 So: *British Journal of Psychiatry* 151(4):520-522, 1987

Twenty-four chronic schizophrenic patients were assessed by the Morningside Rehabilitation Status Scale (MRSS), the Krawiecka Scale, and the Social Adjustment Scale by Self-Report. Inter-rater correlations suggest that the MRSS can be used by a rater with little previous knowledge of the patient. Between-scale

correlations suggest the three scales assess somewhat different dimensions. A standard approach to rehabilitation assessment is suggested. (8 references) AA

Address for reprint requests: Crichton Royal Hospital, Dumfries DG1 4TG, UK

#### REFERENCE NUMBER 56

Au: McDowell, Ian

Ti: **Screening for Psychosocial Problems among Primary Care Patients: A Pilot Study**

So: *Canadian Medical Association Journal* 137(12):1095-1100, 1987

The symptoms that a patient presents to the doctor are often not the underlying concern that prompted the consultation. The success of consultations involving a hidden diagnosis depends on how well the patient can express his or her concerns to the doctor and on how skillfully the doctor can encourage this. This study tested the feasibility and acceptability of having patients complete a brief health index questionnaire designed to help them describe their underlying concerns to the doctor. In two family medicine centres 996 patients were asked to complete a questionnaire while waiting to see the doctor; 724 (73%) did so. An evaluation of their responses showed the method to be acceptable to most. The doctors judged that it added valuable information in 41% of all consultations and in 73% of consultations in which the patient presented with psychologic complaints. There was, nevertheless, considerable variation among the physicians in their acceptance of the approach. The variability alternative models of how, in practical terms, to treat the psychosocial dimensions of a patient's complaint. (17 references) AA

Address for reprint requests: Department of Epidemiology and Community Medicine, Faculty of Health Sciences, University of Ottawa, Ontario K1H 8M5

#### REFERENCE NUMBER 57

Au: Mechanic, David; Hansell, Stephen

Ti: **Adolescent Competence, Psychological Well-Being, and Self-Assessed Physical Health**

So: *Journal of Health and Social Behavior* 28(4):364-374, 1987

Longitudinal data from 1,057 adolescents in 19 public schools indicated that self-assessment of physical health were influenced by competence in several important areas of adolescent life and by psychological well-being but not by physical symptoms. Specifically, adolescents who reported higher levels of school achievement and more participation in sports and other exercise assessed their health to be better over a one-year period, when we controlled for initial self-assessments than those who reported lower achievement and less participation. Physical health status, as measured by common physical symptoms, was associated cross-sectionally with self-assessed health, but its longitudinal effect was mediated by initial levels of self-assessed health. Other longitudinal results showed that adolescents who were initially less depressed assessed their health more positively. The inclination among adolescents to associate competence and psychological well-being with self-assessed physical health may contribute to the expression of distress in somatic terms later in life, and may help explain this commonly observed pattern among adults. (29 references) AA

Address for reprint requests: Institute for Health, Health Care Policy, and Aging Research, Rutgers University, 30 College Ave., New Brunswick, New Jersey 08903

#### REFERENCE NUMBER 58

Au: Mehrez, Abraham; Gafni, Amiram

Ti: **An Empirical Evaluation of Two Assessment Methods for Utility Measurement for Life Years**

So: *Socio-Economic Planning Sciences* 21(6):371-375, 1987

Measurements of utility functions over life years provide useful information for decision making in the health care field. However, biases in the assessment procedures of utility functions is a well-known and documented phenomenon. In this paper we investigate possible biases in the assessment of utility functions

when two different methods (direct and indirect assessment) are used. More specifically, we examine the estimation of utility functions over different lengths of life. The main findings, obtained from an empirical investigation in which the two assessment techniques were applied to a sample of students, are: (a) the rise of the different methods does not lead to significant differences in the utility evaluation from a social point of view (health program evaluation); (b) the use of the different methods does lead to significant differences in the utility evaluation from an individual point of view (clinical decision making); (c) in both methods risk aversion was found to be common for shorter periods of time while risk prone behavior, when it exists, was found mainly for longer periods of time. (23 references) AA

Address for reprint requests: Department of Clinical Epidemiology & Biostatistics, Health Science Center, McMaster University, Hamilton, Ontario L8N 3Z5, Canada

#### REFERENCE NUMBER 59

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

Ti: **A Prospective Evaluation of the Effect of Managed Care on Medical Care Utilization Among Severely Disabled Independently Living Adults**

So: *Medical Care* 25(11):1057-1068, 1987

We conducted an 18-month longitudinal evaluation of a model-managed medical care program for severely disabled, independently living adults. Regression analyses using an additive model (no interaction effects) suggest that persons in the study group did not have statistically significantly different utilization experiences than members of the comparison group. Regression analyses that include interaction effects suggest that, for certain segments of the cohort, the study group's utilization experience was significantly lower than that of members of the comparison group. Persons in the study group with higher baseline emergency room (ER) utilization had significantly fewer hospital admissions. The participants with better self-assessments of health experienced significantly fewer hospital days per person and days per person hospitalized, and persons with organizational affiliations reported significantly fewer ER visits. (20 references) AA

Address for reprint requests: School of Public Health, Boston University School of Medicine, 80 East Concord Street A-401, Boston, Massachusetts 02118

#### REFERENCE NUMBER 60

Au: Millstein, Susan G.; Irwin, Charles E. Jr.

Ti: **Concepts of Health and Illness: Different Constructs of Variations on a Theme?**

So: *Health Psychology* 6(6):515-524, 1987

Although health and illness concepts are thought to be important mediators of health and illness behaviors, little work has been done examining health concepts, and no research has examined the two conceptual structures simultaneously. This study examined concepts of health and illness in 218 adolescents between the ages of 11 and 18 years. Results were consistent with the hypothesis that concepts of health and illness are not opposite ends of a single health dimension, but reflect different and overlapping constructs. The degree of overlap varied as a function of age, with health concepts showing less emphasis on "the absence of illness" with greater maturity. The results suggest that models of health behavior that focus on illness avoidance neglect many components of health salient to lay persons. (11 references) AA

Address for reprint requests: Department of Pediatrics, Division of Adolescent Medicine A-268, School of Medicine, University of California, San Francisco, California 94143



**REFERENCE NUMBER 61**

Au: Mooney, Gavin

Ti: **What Does Equity in Health Mean?**

So: *World Health Statistics Quarterly* 40:296-303, 1987

The author raises a number of questions regarding equity in health care; these are presented to indicate that clarifying what equity means or should mean is a difficult but important task. There is not single, uniquely correct answer and no attempt is made to provide it here. However, the process of discussing and highlighting the different possible ways of looking at equity should help to make the choice of equity definitions, dimensions, goals and measurement more rational, which is the purpose of this article. (12 references) AS-M

Address for reprint requests: Institute of Social Medicine, University of Copenhagen, Denmark

**REFERENCE NUMBER 62**

Au: Morokoff, Patricia J.; Baum, Andrew; McKinnon, William R.; Gilliland, Ruth

Ti: **Effects of Chronic Unemployment and Acute Psychological Stress on Sexual Arousal in Men**

So: *Health Psychology* 6(6):545-560, 1987

Effects on sexual arousal of unemployment and acute stress were studied in men. Ten unemployed (high-chronic-stress) and 9% employed (low-chronic-stress) men were exposed to two erotic videotapes in the laboratory. Acute stress was induced by telling the men that they would have to give a talk on their own sexual behavior and fantasies. Half the men were told about the talk before seeing either erotic tape, the other half were told in between the two erotic tapes. Cardiovascular measures confirmed the stressful nature of this manipulation. Results showed that the unemployed men achieved less penile tumescence than the employed men when stressed prior to erotic stimulation. Presentation of the stressor between the erotic videotapes (after sexual arousal occurred) produced no differences between the employed and unemployed men. These results suggest that impairment of erection occurs as a result of a combination of chronic and acute stress. (34 references) AA

Address for reprint requests: Department of Psychology, University of Rhode Island, Kingston, Rhode Island, Kingston, Rhode Island 02881

**REFERENCE NUMBER 63**

Au: Morris, John N.; Gutkin, Claire E.; Ruchlin, Hirsch S.; Sherwood, Sylvia

Ti: **Housing and Case-Managed Home Care Programs and Subsequent Institutional Utilization**

So: *Gerontologist* 27(6):788-796, 1987

Four kinds of community-based housing and case-managed home care programs were investigated for associations with subsequent institutional utilization. Across the four programs and a community housing sample, specific comparisons were made for four institutional risk subgroups (very low, low, some, high). Analyses of institutional placement rates and days indicated that significant effects of housing and case-managed home care services were limited to elderly in the high institutional-risk group. (27 references) AA

Address for reprint requests: Department of Social Gerontological Research, Hebrew Rehabilitation Center for Aged, 1200 Center Street, Boston, Massachusetts 02131

**REFERENCE NUMBER 64**

**Au:** Nelson, Eugene C.; Landgraf, Jeanne M. Hays, Ron D.; Kirk, John W.; Wasson, John H.; et al.  
**Ti:** **Dartmouth COOP Proposal to Develop and Demonstrate a System to Assess Functional Health Status in Physicians' Offices**  
**So:** Unpublished, Hanover, New Hampshire: Dartmouth Medical School, 1987

The purpose of this research is to develop a set of office-based functional health measures that would: (1) produce reliable and valid data on a core set of functional dimensions; (2) be conveniently integrated into routine data collection activities normally performed in office practice; (3) be applicable to a wide range of problems and diagnoses; (4) possess a high degree of face validity and be judged by clinicians and patients as acceptable; (5) yield easily interpretable scores; and (6) provide the practitioner with clinically useful information regarding patients' functional status. This report describes the design of the COOP chart system, the methods for its evaluation, and the clinical settings in which the evaluation was conducted. (68 references) AS-M

Address for reprint requests: Dartmouth COOP Project, Department of Community and Family Medicine, Dartmouth Medical School, Hanover, New Hampshire 03755

**REFERENCE NUMBER 65**

**Au:** Norris, Fran H.  
**Ti:** **Effects of Attrition on Relationships Between Variables in Surveys of Older Adults**  
**So:** *Journal of Gerontology* 42(6):597-605, 1987

Using data from a five-wave panel study of older adults, this study examined the potential for attrition to affect relationships among study variables. There were few differences between those respondents who completed all five waves and those who did not in either their initial matrices of correlations or in the equations that best predicted their Wave 2 health and depression. Relationships among variables also did not differ between respondents and persistent nonrespondents, between respondents and four specific attrition types, or between the original sample and various multiwave samples. In discussing the findings, the limited effects that attrition has on relationships between variables are contrasted to the stronger effects that attrition appears to have on mean levels of those variables, showing that the former does not necessarily follow from the latter. The findings support recent conclusions in the literature that the threat posed by panel loss is not as great as typically assumed. (21 references)AA

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

**REFERENCE NUMBER 66**

**Au:** Norris, Fran H.; Murrell, Stanley A.  
**Ti:** **Older Adult Family Stress and Adaptation Before and After Bereavement**  
**So:** *Journal of Gerontology* 42(6):606-612, 1987

As part of a larger panel study, interviews were obtained from 63 older adults who had experienced the death of a spouse, parent, or child, and from 387 older adults who had not been bereaved. Three interviews were conducted before the death, one after. The study found that: (a) Bereavement itself did not affect health; (b) family stress increased as the time of death approached but diminished thereafter; (c) before the death, family stress was associated with worsening health; (d) after the death, health worsened if there had been no family stress preceding the death, but otherwise it improved; (e) after the death, however, psychological distress increased sharply, regardless of the level of prebereavement stress. Implications of the study for conceptualizations of grief and for understanding the life experiences of older adults are discussed. (21 references)AA

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

**REFERENCE NUMBER 67**

Au: Nosek , Margaret A.; Parker, Randall M.; Larsen, Stephen

Ti: **Psychosocial Independence and Functional Abilities: Their Relationship in Adults with Severe Musculoskeletal Impairments**

So: *Archives of Physical Medicine and Rehabilitation* 68(12):840-845, 1987

Personality traits, functional abilities, and demographic characteristics of 61 persons with severe musculoskeletal impairments were examined using a personality factors scale (psychologic independence) and an independent living scale (social independence). Data were analyzed using correlations, chi-squares, analyses of variance, factor analyses, and discriminant analyses. Subjects with high psychologic independence tended to live in less restrictive settings, had fewer communication problems, and spent less time in comprehensive rehabilitation facilities. Those with high social independence tended to be married; have assertive, self-assured, and self-sufficient personalities; more education; and more earned income. Both groups of highly independent persons tended to have hired attendants, good health, and more transportation options. They were outgoing, predominantly female, and tended to perceive themselves as independent. Functional abilities were not significantly related to levels of psychologic and social independence.

(21 references)AA

Address for reprint requests: Baylor College of Medicine, Houston, Texas 77027

**REFERENCE NUMBER 68**

Au: O'Brien, Bernie

Ti: **Multiple Sclerosis**

So: *London, England:Office of Health Economics*, 1987

This paper reviews a number of aspects of multiple sclerosis (MS) — the definition, diagnosis, epidemiology, cost and management of the disease. The aim is to build up a comprehensive picture of MS and its consequences and to identify areas where clues to causation and treatment have arisen. The main part of this paper documents the distribution of mortality and morbidity attributable to MS and examines the health services consequences of the disease in terms of resource utilization. In the section that focusses on management of MS and advances and prospects for treatment, the major MS-specific health-related quality of life measures are discussed. (78 references) AS-M

Address for reprint requests: 12 Whitehall, London SW1A 2DY England

**REFERENCE NUMBER 69**

Au: Oster, Gerry; Epstein, Arnold M.

Ti: **Cost-effectiveness of Antihyperlipemic Therapy in the Prevention of Coronary Heart Disease: The Case of Cholestyramine**

So: *Journal of the American Medical Association* 258(17):2381-2387, 1987

Using cholestyramine as a model, we considered the cost-effectiveness of antihyperlipemic therapy in the primary prevention of coronary heart disease among men between 35 and 74 years of age with elevated levels of total plasma cholesterol. Our findings indicate that the cost-effectiveness of treatment varies substantially, ranging from about \$36000 to over \$1 million per year of life saved. Cost-effectiveness was highest for younger patients, for those with additional coronary risk factors (eg, smoking or hypertension), and for those whose course of therapy is of less-than-lifelong duration. Conversely, it is lowest for older patients, for those with no additional coronary risk factors, and for those who are treated for a lifetime. Our results suggest that pharmacologic therapy may not be cost-effective for all patients with elevated cholesterol levels, especially those over 65 years of age. For many younger patients, however those with additional coronary risk factors and more severe elevations in cholesterol levels the cost effectiveness of therapy may be comparable with other accepted medical practices. (23 references)AA

Address for reprint requests: Policy Analysis Inc, 1577 Beacon St, Brookline, Massachusetts 02146

**REFERENCE NUMBER 70**

Au: Ouslander, Joseph G.; Morishita, Lynne; Blaustein, Jenna; Orzeck, Susan; Dunn, Sherri; et al.  
 Ti: **Clinical, Functional, and Psychosocial Characteristics of an Incontinent Nursing Home Population**  
 So: *Journal of Gerontology* 42(6):631-637, 1987

Although urinary incontinence is recognized as a prevalent, disruptive, and costly problem among nursing home residents, the factors associated with this condition have not been carefully studied. We compared clinical, functional, and psychosocial characteristics of 50 incontinent and 50 continent nursing home residents. In spite of a selection bias due to the informed consent process that resulted in the exclusion of many of the most functionally impaired incontinent residents, the incontinent study participants had significantly greater impairments in functional abilities related to toileting and, on average, took longer to perform a timed series of toileting-related tasks than did the continent comparison group. With the exception of bacteriuria, we did not find incontinence in the nursing home setting and suggest that a standard functional assessment of toileting skills could make an important contribution to the care of incontinent residents. (31 references)

Address for reprint requests: Jewish Homes for the Aging, 1855 Victory Blvd., Reseda, California 91335

**REFERENCE NUMBER 71**

Au: Palmer, R. Heather  
 Ti: **Commentary: Assessment of Function in Routine Clinical Practice**  
 So: *Journal of Chronic Diseases* 40(Suppl 1):65S-69S, 1987

This article discusses two features and two proposed uses of the COOP charts as well as where these charts should fit in the inventory of clinical tools (REFERENCE NUMBER 64 above and *Journal of Chronic Diseases* volume 40 (Suppl 1) 1987). The two features discussed are the use of pictures to represent health concepts and the standardization of the concepts that this implies. The use of the charts for screening and for monitoring established disease is discussed. Adoption of the charts for routine use in clinical practice may hinge more on factors such as relationship to physician reimbursement than to their actual utility. (11 references) CH-P

Address for reprint requests: Institute for Health Research, Harvard University, Boston, Massachusetts 02115

**REFERENCE NUMBER 72**

Au: Patel, M.S.; Blacklock, N.J.; Rao, P.N.  
 Ti: **Economic Evaluation of Six Scenarios for the Treatment of Stones in the Kidney and Ureter by Surgery or Extra-Corporeal Shock Wave Lithotripsy**  
 So: *Health Policy* 8(2):207-225, 1987

Health policy makers in the U.K. have had to respond to the advent of a new, high technology, method of treating stones. In order to assist the definition of an appropriate policy this evaluative study of the new technique was undertaken. The economic benefits of extracorporeal shock wave lithotripsy (ESWL) were compared with those of conventional open surgery for the treatment of upper urinary tract stones considering 6 possible scenarios, or intuitively plausible combinations of prices and level of diffusion. It was concluded that second generation ESWL machines operated and financed at designated stone centers by coalitions of health regions for a supra-regional population of about 12-15 million would be the most cost efficient option. Use of the currently available Dornier machine on the same supra-regional basis would be the, somewhat more expensive, second best option. These results, along with a range of supplementary documentation, were presented to both the national Department of Health and Social

Security, and to the North Western Regional Health Authority. The NWRHA in turn presented its case to a supra-regional committee. The most cost-effective solution was adopted by this supra-regional committee. (35 references)AA

Address for reprint requests: Institute Universitaire de Medecine Sociale et Preventive, 17 rue du Bugnon, 1005 Lausanne, Switzerland

#### REFERENCE NUMBER 73

Au: Patrick, Donald L.

Ti: **Commentary: Patient Reports of Health Status as Predictors of Physiologic Health in Chronic Disease**

So: *Journal of Chronic Diseases* 40(Suppl 1):37S-40S, 1987

In this discussion of the Kaplan paper in the same issue of the *Journal of Chronic Diseases*, the author suggests that one of the implications of the results is the character of perceived health; that is, is it both a state and trait, like happiness. This is particularly important since some aspects of well-being may be protective for health and these aspects need to be identified in relation to personality characteristics. (17 references) CH-P

Address for reprint requests: School of Public Health and Community Medicine, University of Washington, Seattle, Washington

#### REFERENCE NUMBER 74

Au: Sallis, James F.; Grossman, Robin M.; Pinski, Robin B.; Patterson, Thomas L.; Nader, Philip R.

Ti: **The Development of Scales to Measure Social Support for Diet and Exercise Behaviors**

So: *Preventive Medicine* 16(6):825-836, 1987

The purpose of this study was to develop measures of perceived social support specific to health-related eating and exercise behaviors. In Study 1, specific supportive and nonsupportive behaviors were identified through interviews with 40 individuals making health-behavior changes. In Study II, items derived from the interviews were administered 171 subjects. Support from family and friends was assessed separately for both diet and exercise habits. Meaningful factors were identified for each of the four scales, and some factors were similar for family and friend scales. Both test-retest and internal consistency reliabilities were acceptable, and six factors can be used as subscales. Social support scales were correlated with respective self-reported dietary and exercise habits, providing evidence of concurrent criterion-related validity. A measure of general social support was not related to the specific social support scales or to reported health habits. These scales are among the first measures of social support behaviors specific to dietary- and exercise-habit change. (27 references)AA

Address for reprint requests: Child and Family Health Studies, M-031-F, University of California at San Diego, La Jolla, California 92093

#### REFERENCE NUMBER 75

Au: Schmidt, Anton J.M.; Arntz, Arnoud

Ti: **Psychological Research and Chronic Low Back Pain: A Stand- Still or Breakthrough?**

So: *Social Science and Medicine* 25(10):1095-1104, 1987

Some of the main psychological research topics concerning chronic low back pain (CLBP) are critically discussed. These topics include: 1. research aimed at describing a specific low back pain personality profile. 2. research into the predictability of therapy results on the basis of psychological assessment, and 3. outcome research of psychologically-oriented treatment for CLBP. It is concluded that these topics provide little insight in the role of psychological factors in the development and maintenance of CLBP. Based on

the few empirical studies available, some new and promising directions for future research are proposed, aimed at gaining a better insight into the CLBP syndrome itself. Discussed are: 1. Risk factors in the transition from acute to chronic LBP; 2. the deviant sensitivity to acute, experimental pain stimuli of CLBP patients; 3. the relationship between CLBP behavior and psychophysiological variables; 4. determinants of CLBP behavior, with special attention to endurance; 5. the deviant processing of proprioceptive stimuli; and 6. the implementation for chronic pain of the unpredictability and uncontrollability paradigms. The emphasis in the presentation of these new topics is more on raising questions than on answering them. (87 references) AA

Address for reprint requests: Department of Medical Psychology, University of Limburg, Post Office Box 616, 6200 MD Maastricht, The Netherlands

#### REFERENCE NUMBER 76

Au: Sechrest, Lee; Pitz, Diane

Ti: **Commentary: Measuring the Effectiveness of Heart Transplant Programmes**

So: *Journal of Chronic Diseases* 40(Suppl 1):155S-158S, 1987

In commenting on the paper by O'Brien and colleagues in the same issue of this journal (see also *Bibliography on Health Indexes* No. 1, 1986) the authors critique the results based on the use of the Nottingham Health Profile in the British National Heart Transplant study. One issue specifically discussed is that of multiple indicators versus a single score; the authors think the latter to be necessary. Another issue is that of sensitivity of a generic health status measure to assess health-related quality of life in this target population. (9 references) CH-P

Address for reprint requests: Department of Psychology, University of Arizona, Tucson, Arizona 85721

#### REFERENCE NUMBER 77

Au: Shinar, David; Gross, Cynthia R.; Bronstein, Kathryn S.; Licata-Gehr, Eloise E.; Eden, Dianne T.; et al.

Ti: **Reliability of the Activities of Daily Living Scale and Its Use in Telephone Interview**

So: *Archives of Physical Medicine and Rehabilitation* 68(10):723-728, 1987

Activities of daily living (ADL), a popular outcome assessment tool for studies of disabled populations, was evaluated for use in multicentered studies. The interobserver reliability of a modified Barthel Index of the ADL was evaluated on 18 stroke patients. Reliabilities between administrators of the ADL and between observers of the ADL administrations were  $r > .99$  for total scores and  $r = .90$  for most of the individual component items. the validity of ADL evaluation based on telephone interviews was demonstrated relative to ADL scores obtained on 72 patients in a direct test of their performance capabilities. The correlations between the performance-based ADL and the interview-based ADL were  $r > .97$  for the total score and  $r > .85$  for most of the individual items. The modified Barthel Index of the ADL is a reliable measure for assessing stable stroke patients, supporting its use in multicenter studies. In addition, the high validity observed in the telephone interview supports its use in longitudinal studies and large surveys where direct performance evaluation is not feasible or too costly. (7 references)AA

Address for reprint requests: College of Pharmacy and School of Nursing University of Minnesota 308 Harvard Street, S.E. Minneapolis, Minnesota 55455

**REFERENCE NUMBER 78**

Au: Siegrist, K.; Siegrist, J.

Ti: **Psychosocial Factors in the Course of Gastric Cancer**

So: *Scandinavian Journal of Gastroenterology* 22(Suppl 133):90-92, 1987

A recent trend in the research in chronic disease is to consider the possible impact of psychosocial aspects. They are taken into account on the side of the predictors and on the side of criteria. Behavioral oncology suggests that social support and education might influence the course of disease to a certain extent. In an ongoing study of 1444 gastric cancer patients this hypothesis could not be confirmed. The role of other, more important psychological variables is discussed. (7 references) AA

Address for reprint requests: Department of Medical Sociology, Faculty of Medicine, University of Marburg, Bunsenstr. 2, D-3550 Marburg, FRG

**REFERENCE NUMBER 79**

Au: Speake, Dianne L.

Ti: **Health Promotion Activity in the Well Elderly**

So: *Health Values* 11(6):25-30, 1987

This study was conducted to assess the relationship of health locus of control, perceived health status, selected demographic variables, and the health promotion behavior of physical activity in 118 noninstitutionalized elderly clients. Subjects participated in an interview and maintained a three-day activity form to record the metabolic unit (MET) values of activities. Data were analyzed using frequency statistics, correlation statistics, and multiple regression analysis. Overall, subjects were well educated and predominantly white. Internal locus of control was associated ( $r = .31$ ,  $P = .001$ ) with better perceptions of health. Subjects who were older, unmarried, less educated, lived alone, or lived in retirement complexes were more likely ( $P = < .05$ ) to believe that health is vulnerable to luck or chance. Higher mean activity scores were associated with better perceptions of health. Subjects who were older, unmarried, lived in a retirement complex, or lived alone were associated with lower mean activity scores ( $P = < .01$ ). Multiple regression analyses revealed three variables: age, marital status, and perceived health status which accounted for 30% of the explained variance ( $P = < .05$ ) in activity scores. (28 references)AA

Address for reprint requests: School of Nursing, Florida State University, Tallahassee, Florida 32306

**REFERENCE NUMBER 80**

Au: Spitzer, Walter O.

Ti: **Commentary: Predictors of Good Function: The Framingham Heart Study and Health Assessment in the Framingham Offspring/Spouse Study**

So: *Journal of Chronic Diseases* 40(Suppl 1):181S-182S, 1987

These comments focus on the utility of longitudinal analyses of functional health status. Since rewards from the available function measures evaluated longitudinally have been slight, the author suggests that future work in this area be strongly reconsidered. This reaction is offered in the spirit of prompting further comments and research. (3 references) CH-P

Address for reprint requests: Department of Epidemiology and Biostatistics, McGill University, Montreal, Canada H3A 1A2

**REFERENCE NUMBER 81**

**Au:** Stallones, Reuel A.

**Ti:** **Epidemiological Studies of Health: A Commentary on the Framingham Studies**

**So:** *Journal of Chronic Diseases* 40(Suppl 1):177S-180S, 1987

The author reviews several studies that study health in a reasonably comprehensive way; this review also illustrates some of the difficulties involved. With this background, the author discusses the properties of a useful definition of health for epidemiologic analyses and then goes on to discuss issues of developing a composite measure of health. (7 references) CH-P

Address for reprint requests: School of Public Health, University of Texas Health Service Center, Houston, Texas 77025

**REFERENCE NUMBER 82**

**Au:** Starfield, Barbara

**Ti:** **Child Health Status and Outcome of Care: A Commentary on Measuring the Impact of Medical Care on Children**

**So:** *Journal of Chronic Diseases* 40(Suppl 1):109S-115S, 1987

The author in commenting on a paper by Pantell and Lewis in this issue of the journal asserts that the task of developing health status measures for children is more difficult than it is for adults. Among the conceptual problems mentioned are that the concept differs widely within the child population and that the concept for health among children must be different than it is for adults. A number of methodologic problems are also highlighted; these include obtaining information either from self or proxy respondents and developing measures for phenomena that are not normally distributed. (11 references) CH-P

Address for reprint requests: Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland 21205

**REFERENCE NUMBER 83**

**Au:** Stein, Ruth E.K.; Perrin, Ellen C.; Pless, I. Barry; Gortmaker, Steven L.; Perrin, James M.; et al.

**Ti:** **Severity of Illness: Concepts and Measurements**

**So:** *Lancet* II:1506-1509, 1987

This paper has four aims: to clarify some of the constructs of severity of illness and to propose a new framework for classifying existing measures; to examine issues in the assessment of all forms of severity; to assess the implications of different types of severity for clinical care and research; and to recommend steps that would improve progress in this area. Many examples are taken from paediatrics, but the ideas and concepts apply across all ages. (38 references) AS

Address for reprint requests: Preventive Intervention Research Center for Child Health, Albert Einstein College of Medicine, 1300 Morris Park Avenue, Bronx, New York 10461

**REFERENCE NUMBER 84**

**Au:** Tetrick, Lois E.; LaRocco, James M.

**Ti:** **Understanding, Prediction, and Control as Moderators of the Relationships Between Perceived Stress, Satisfaction, and Psychological Well-Being**

**So:** *Journal of Applied Psychology* 72(4)538-543, 1987

This study provides a preliminary test of a model proposed by Sutton and Kahn (1986). In the model, the ability to understand, predict, and control events in the work environment can reduce the potential adverse effects generally associated with certain work conditions. Using a sample of physician, dentist, and nurses



(N = 206) from a large naval medical hospital, the present study examined the moderating effects of understandable, predictable, and controllable work situations on the relationship between perceived role stress, satisfaction, and psychological well-being. Understanding and control were found to have moderating effects on the relationship between perceived stress and satisfaction. Understanding, prediction, and control were found to have direct relationships with perceived stress, but only control had a significant direct relationship with satisfaction. None of these variables were found to have significant direct relationships with psychological well-being. (21 references)AA

Address for reprint requests: Department of Psychology, Wayne State University, 71 West Warren, Detroit, Michigan 48202

#### REFERENCE NUMBER 85

Au: Tinetti, Mary E.

Ti: **Factors Associated with Serious Injury During Falls by Ambulatory Nursing Home Residents**

So: *Journal of the American Geriatrics Society* 35(7):644-648, 1987

Recognizing the importance of identifying fallers at risk for injury, the author studied factors associated with injury during falls by ambulatory nursing home residents. Forty-eight of 79 subjects (61%) fell during their first year of residence. Fourteen fallers suffered a serious injury. Among fallers, subjects with lower extremity weakness were more likely to be injured than were fallers without weakness (42 versus 12% injured). On the other hand, injured fallers needed less help than noninjured fallers (14% needed help with at least 2% activities of daily living versus 35%), and were less likely to be depressed than were noninjured fallers (7 versus 38%). Although frequently associated with falling, no injury occurred while rising from a chair. The contribution of environmental hazards was not well defined. The only acute factor distinguishing noninjurious from injurious falls was a recent previous fall (present in 30% of the former and 0% of the latter). The finding that injured fallers tend to be more independent, yet have greater lower extremity weakness, than noninjured fallers suggests that both components of injury, namely force of impact and protective responses of the fallers, may contribute to likelihood of injury during a fall. This study suggests that if predictive characteristics of the injury-prone faller, or the fall, can be identified, preventive strategies could be targeted at the high risk group. (17 references)AA

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

#### REFERENCE NUMBER 86

Au: Ueda, Kazuo; Fujii, Ichiro; Kawano, Hideo; Hasuo, Yutaka; Yanai, Toshiro; Kiyohara, Yutaka; et al.

Ti: **Severe Disability Related to Cerebral Stroke: Incidence and Risk Factors Observed in a Japanese Community, Hisayama**

So: *Journal of the American Geriatrics Society* 35(7):616-622, 1987

To elucidate the incidence of severe disability due to cerebral stroke and its related factors, prospective data of 1,621 Hisayama residents aged 40 and over were examined. Severe disability resulting from stroke was defined as patients who were unable to dress, take care of their toilet needs, and feed themselves without assistance, or who required a wheel chair for ambulation three months after the most recent episode. During 20 years of follow-up 255 stroke patients were observed among the sample population. The annual incidence of stroke per thousand was 9.8, and rate of severe disability was 2.8 for men and 6.4 and 2.0 for women, respectively. Of the 74 cases with severe disability, approximately 92% were attributed to cerebral infarction. Related factors to severe disability due to cerebral infarction were recurrent attacks, hypertension, changes in ocular fundi and diabetes mellitus among predispositions and quadriplegia or muscular contraction, and intelligent or mental disorders among inhibiting factors for functional recovery. Furthermore, in 59 autopsy cases with multiple cerebral infarctions, the frequency of disability increased as

the number of infarcts increased. Hypertension and diabetes mellitus, as risk factors for cerebral infarction and factors inhibiting post-ictal functional recovery were discussed. (22 references)AA

Address for reprint requests: Second Department of Internal Medicine, Faculty of Medicine, Kyushu University, 3-1-1 Maidashi, Higasi ku, Fukuoka City, Japan, 812

#### REFERENCE NUMBER 87

Au: Ware, John E.; Brook, Robert H.; Rogers, William H.; Keeler, Emmett B.; Davies, Allyson Ross; et al.

Ti: **Health Outcomes for Adults in Prepaid and Fee-for-Service Systems of Care: Results from the Health Insurance Experiment**

So: Santa Monica, California:Rand Corporation (R-3459-HHS), 1987

Research has shown that health maintenance organizations (HMOs) have lower medical costs compared with fee-for-service (FFS) plans with the same benefits. In this study involving 1,673 individuals aged 14 to 61 years, health status was assessed using a comprehensive battery of 13 measures in three major categories: physiological health; health habits; and general health. Two conclusions are drawn about the way in which HMO care affected health. First, for the economically advantaged, the HMO in this study achieved cost savings without harm to health. Second, the low-income group who began the experiment with health problems appeared worse off at the HMO by comparison with both the free and pay FFS plans. This finding suggests that special provisions may be required for the poor at-risk group to minimize the possibility that staff model HMOs achieve cost savings at the expense of health. (61 references) AS-M

Address for reprint requests: The Rand Corporation, 1700 Main Street, P.O. Box 2138, Santa Monica, CA 90406-2138

#### REFERENCE NUMBER 88

Au: Weinberger, Morris; Hiner, Sharon L.; Tierney, William M.

Ti: **Assessing Social Support in Elderly Adults**

So: *Social Science and Medicine* 25(9):1049-1055, 1987

We examined the relationship among stress, social support and health status in patients with symptomatic osteoarthritis. Further, we compared three approaches to measuring social support (i.e. objective measures, subjective indicators, and satisfaction). Generally, subjective, rather than objective, indicators of support were more strongly associated with satisfaction with the amount of support received. Regardless of how social support was assessed, we failed to find evidence that support buffers individuals from negative health-related consequences of exposure to stressors. Univariate analyses also demonstrated that being black, married, better educated, and having a higher income were positively associated with social support. Social support continues to be a complex concept in terms of its operational definition and identification of the mechanism by which it influences health outcomes. (36 references)AA

Address for reprint requests: Regenstrief Institute for Health Care, 5th Floor, 1001 West Tenth Street, Indianapolis, Indiana 46202

#### REFERENCE NUMBER 89

Au: Weinstein, Milton C.; Coxson, Pamela G.; Williams, Lawrence W.; Pass, Theodore M.; Stason, William B.; et al.

Ti: **Forecasting Coronary Heart Disease Incidence, Mortality, and Cost: The Coronary Heart Disease Policy Model**

So: *American Journal of Public Health* 77(11):1417-1426, 1987

A computer simulation model was developed to project the future mortality, morbidity, and cost of coronary heart disease (CHD) in the United States population. The model contains a demographic-epidemiologic (DE) submodel, which simulates the distribution of coronary risk factors and the conditional

incidence of CHD in a demographically evolving population: a "bridge" submodel, which determines the outcome of the initial CHD event; and a disease history (DH) submodel, which simulates subsequent events in persons with a previous CHD event. The user of the model may simulate the effects of interventions, either preventive (i.e., risk factor modification) or therapeutic, upon mortality, morbidity, and cost for up to a 30-year period. If there were no future changes in risk factors or the efficacy of therapies after 1980, baseline projections indicate that the aging the population, and especially the maturation of the post-World War II baby-boom generations, would increase CHD prevalence and annual incidence, mortality, and costs by about 40-50 per cent by the year 2010. Unprecedented reductions in risk factors would be required to offset these demographic effects on the absolute incidence of CHD. The specific forecasts could be inaccurate, however, as a consequence of erroneous assumptions or misestimated baseline data, and the model awaits validation based on actual future data. (49 references) AA

Address for reprint requests: Institute for Health Research, Harvard School of Public Health, 677 Huntington Avenue, Boston, Massachusetts 02115

#### REFERENCE NUMBER 90

Au: Wells, Kenneth B.

Ti: **Commentary: Assessment of Psychological Morbidity in Primary Care**

So: *Journal of Chronic Diseases* 40(Suppl 1):81S-83S, 1987

This paper discusses general issues about the interpretation and research applications of self-report screeners for psychiatric disorder as well as issues more specific to the analysis presented by Berwick et al. in an article in the same issue of this journal. (14 references) AS-M

Address for reprint requests: Depart of Psychiatry, UCLA Neuropsychiatric Institute, School of Medicine, Los Angeles, California 90024

#### REFERENCE NUMBER 91

Au: Wennberg, John E.

Ti: **Commentary: Using Claims to Measure Health Status**

So: *Journal of Chronic Diseases* 40(Suppl 1):51S-54S, 1987

In commenting on the Mossey and Roos paper, the author suggests three caveats for the use of claims data as the basis for measuring the population level of illness. (1) Since the information in claims data bases is based on utilization, they are seriously biased according to physician definition of illness and need for care. (2) The proposed scale may be too highly aggregated, thus hiding important information that might be overcome if a more disease-specific measure were used. (3) Claims morbidity measures are biased in that they do not provide information about persons who do not use services. The author focusses on the first two points. (2 references) CH-P

Address for reprint requests: Department of Epidemiology, Dartmouth Medical School, Hanover, New Hampshire 03755

#### REFERENCE NUMBER 92

Au: Wertlieb, Donald; Weigel, Carol; Feldstein, Michael

Ti: **Measuring Children's Coping**

So: *American Journal of Orthopsychiatry* 57(4):548-560, 1987

Using a transactional model of stress and coping, a measure of children's coping is offered and applied in a semi-structured interview in which specific coping style are assessed. Data from 176 school-age children yield findings on age and gender differences along with other preliminary suggestions of the validity of the instrument. (33 references)AA

Address for reprint requests: Eliot-Pearson Department of Child Study, Tufts University, Medford, Massachusetts 02155

**REFERENCE NUMBER 93**

Au: Williams, Mark E.

Ti: **Identifying the Older Person Likely to Require Long-Term Care Services**

So: *Journal of the American Geriatrics Society* 35(8):761-766, 1987

The purpose of this study is to determine the accuracy of predictions in identifying older persons who subsequently require long-term care such as home services or institutionalization. Eighty-six individuals undergoing geriatric evaluation between May 1983 and April 1984 were evaluated using a series of commonplace tasks such as opening doors, stacking checkers, and copying a simple sentence. Predictions of an individual's use of long-term care services were made during the initial evaluation and were based on whether the person could complete all the manual tasks and on the amount of time required to do so. Outcomes were determined by telephone interviews by trained social workers in Dec 1984. A statistically significant association ( $P < 0.005$ ) was observed between the predictions and actual outcomes. Analysis of variance confirmed that the mean times for each outcome were different ( $F = 2.6$ ,  $P < 0.05$ ). The results suggest that timing manual performance offers a useful way to prospectively identify older persons at risk of requiring additional long-term care services. (20 references)AA

Address for reprint requests: Division of General Internal Medicine, University of North Carolina School of Medicine, Chapel Hill, North Carolina 27514

**REFERENCE NUMBER 94**

Au: Williams, Mark E.; Williams Franklin; Zimmer, James G.; Hall, W. Jackson; Podgorski, Carol A.

Ti: **How Does the Team Approach to Outpatient Geriatric Evaluation Compare with Traditional Care: A Report of a Randomized Controlled Trial**

So: *Journal of the American Geriatrics Society* 35(12):1071-1078, 1987

Although team-oriented geriatric assessment clinics are growing throughout the country, little documentation exists regarding their clinical efficacy, cost-effectiveness, or impact on patient functioning and well-being. This report describes a randomized controlled clinical trial to evaluate the effectiveness of a team-oriented geriatric assessment approach compared to traditional care. One hundred-seventeen subjects 65 years of age and over, meeting eligibility criteria to target frail older persons with changing medical and social needs, were randomly assigned to receive a comprehensive geriatric assessment by a multidisciplinary team (treatment) or by one of a panel of community internists who were reimbursed according to their usual and customary fee (controls). Extensive analysis of baseline information failed to identify significant differences between groups. Over the 1-year follow-up period, treatment participants experienced 26 hospital admissions and used 670 hospital days compared with 23 admissions and 1113 days for controls (a 39.8% difference). Annual hospital costs average \$4297 for treatment subjects and \$7018 for controls. Overall institutional costs including hospital and nursing home care revealed an average saving of \$2189 per person for treatment subjects compared with controls, a 25% reduction. A small proportion of subjects accounted for this difference. No significant differences were noted in patient or caregiver satisfaction with the evaluation process, functional ability, or health status. These findings suggest that team-oriented outpatient geriatric assessment provides a promising way to deliver high-quality, satisfying care to older persons without increasing (and possibly decreasing) health care costs. (26 references) AA

Address for reprint requests: Department of Medicine, Division of General Medicine and Clinical Epidemiology, University of North Carolina School of Medicine, Box 2, 5039 Old Clinic Building 226H, Chapel Hill, North Carolina 27514

**REFERENCE NUMBER 95**

**Au:** Yeatts, Dale E.; Capitman, John A.; Steinhardt, Bruce J.

**Ti:** **Evaluation of Connecticut's Medicaid Community Care Waiver Program**

**So:** *Gerontologist* 27(5):652-659, 1987

Client and aggregate level analyses were used to evaluate the program which was targeted only to elderly persons hospitalized and applying for nursing home admission. Client data suggested that waiver clients were a risk of institutionalization whereas aggregate data suggested but did not reveal whether the program was cost effective. Recommended is a rigorous pre-admission screening of nursing home applicants to increase the likelihood of serving only those who would enter nursing homes unless community care is provided. (18 references) AA

Address for reprint requests: American Society for Training and Development, 1630 Duke Street, Box 1443, Alexandria, Virginia 22313

**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(2)  
 Acta Psychiatrica Scandinavica 76(4-5)  
 American Economic Review 77(5)  
 American Journal of Economics and Sociology 46(4)  
 American Journal of Epidemiology 126(4-6)  
 American Journal of Orthopsychiatry 57(4)  
 American Journal of Psychiatry 144(10-12)  
 American Journal of Psychology 100(3/4)  
 American Journal of Public Health 77(10-12)  
 American Journal of Sociology 93(3)  
 American Political Science Review 81(4)  
 American Psychologist 42(10-12)  
 American Sociological Review 52(5-6)  
 Archives of Environmental Health 42(1-5)  
 Archives of Physical Medicine and Rehabilitation 68(10-12)  
 Behavioral Science 32(4)  
 British Journal of Psychiatry 151(4-6)  
 British Journal of Psychology 78(4)  
 British Journal of Sociology 38(4)  
 British Medical Journal 294(6603-6607)  
 Canadian Journal of Behavioral Science 19(4)  
 Canadian Journal of Public Health 78(6)  
 Canadian Medical Association Journal 137(7-12)  
 Child Welfare 66(6)  
 Clinical Gerontologist 7(1)  
 Cognitive Psychology 19(4)  
 Community Mental Health 23(3)  
 Economic Development and Cultural Change 35(3-4) 36(1)  
 Evaluation Review 11(2-6)  
 Family and Community Health 10(3)  
 Geriatrics 42(10-12)  
 Gerontologist 27(5-6)  
 Hastings Center Report 17(5-6)  
 Health Affairs 6(4)  
 Health Care Financing Review 9(2)  
 Health Education Quarterly 14(4)  
 Health Policy 8(2) 8(3)  
 Health Psychology 6(4) 6(6)  
 Health Services Research 22(4-5)  
 Health Values 11(5-6)  
 Home Health Care Services Quarterly 8(3)  
 Human Organization 46(4)  
 Inquiry 24(4)  
 International Journal of Aging and Human Development 25(4)  
 International Journal of Epidemiology 16(4)  
 International Journal of Health Services 17(4)  
 Issues of Science and Technology 4(1)  
 Journal of Accounting and Public Policy 6(2-4)  
 Journal of Allied Health 16(4)  
 Journal of Applied Behavioral Science 23(3-4)  
 Journal of Applied Psychology 72(4)  
 Journal of Behavioral Medicine 10(5)  
 Journal of Chronic Diseases 40(10-12)  
 Journal of Community Health 12(2-4)  
 Journal of Epidemiology and Community Health 41(4)  
 Journal of Experimental Child Psychology 44(2-3)  
 Journal of Experimental Social Psychology 23(6)  
 Journal of Family Practice 25(4) 25(6)  
 Journal of Gerontology 42(6)  
 Journal of Health and Social Behavior 28(4)  
 Journal of Health Economics 6(4)  
 Journal of Health, Politics, Policy and Law 12(3)  
 Journal of Medical Systems 11(1-3) 11(5)  
 Journal of Nervous and Mental Disease 175(10-12)  
 Journal of Pediatrics 111(4)  
 Journal of Policy Analysis and Management 6(4) 7(1)  
 Journal of Policy Modelling 9(1-4)  
 Journal of Political Economy 95(5-6)  
 Journal of Public Health Policy 8(4)  
 Journal of School Health 57(8-10)  
 Journal of School Psychology 25(4)  
 Journal of Social Issues 43(4)  
 Journal of Social Policy 16(4)  
 Journal of the American Geriatrics Society 35(7-8) 35(10-12)  
 Journal of the American Medical Association 258(13-17) 258(19-24)  
 Lancet II(8562-63) II(8565-71) II(8573-8574)  
 Medical Care 25(10-12) 25(12 Suppl)

- Medical Decision Making 7(1-4)
- New England Journal of Medicine 317(14-20)  
317(22-24) 317(26-27)
- Perspectives in Biology and Medicine 31(1)
- Philosophy and Public Affairs 16(3)
- Policy Sciences 20(4)
- Policy Studies Review 7(2)
- Preventive Medicine 16(6)
- Psychological Record 37(4)
- Psychosocial Rehabilitation Journal 11(2)
- Psychosomatic Medicine 49(5-6)
- Psychosomatics 28(10-12)
- Public Health Reports 102(5-6)
- Quality and Quantity 21(3-4)
- Quality Review Bulletin 13(7-9) 13(11)
- Review of Economics and Statistics 69(4)
- Risk Analysis 7(4)
- Science, Technology and Human Values 12(3/4)
- Social Forces 66(2)
- Social Indicators Research 19(4)
- Social Problems 34(4)
- Social Psychology Quarterly 50(4)
- Social Science and Medicine 25(7-12)
- Social Science Research 16(4)
- Social Security Bulletin 50(10-12) (Annual Suppl)
- Social Service Review 61(1-3)
- SocioEconomic Planning Sciences 21(6)
- Sociological Methods and Research 16(2)
- Sociology and Social Research 71(4)
- Sociology of Health and Illness 9(4)
- Statistics in Medicine 6(7-8)
- World Health Forum 8(3)
- World Health Statistics Quarterly 40(4)

#### **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 October through December 1987 period. Thus, it is possible for unpublished materials that have been written prior to these months to appear in this issue.

This section lists citations to journal articles which have been classified under the medical subject heading health status indicator's by the National Library of Medicine (NLM) and which were entered into the NLM's SDILINE or FILE HEALTH data bases in October, November, or December 1987. 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 96****AU:** Morgan GJ Jr**TI:** **Quality of life in patients receiving auranofin therapy: confirmation of efficacy using nontraditional health status measures.****SO:** *Scand J Rheumatol* Suppl 1986;63:29-35

Traditionally, assessment of therapeutic efficacy in patients 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 health status measures ("quality-of-life" measures) in addition to the traditional 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.

**REFERENCE NUMBER 97****Au:** Cox CL ; Miller EH ; Mull CS**TI:** **Motivation in health behavior: measurement, antecedents, and correlates.****SO:** *ANS* 1987 Jul;9(4):1-15

Additional reliability, validity, and information on health behavior correlates for a recently developed measure of intrinsic motivation in health behavior are reported. A randomly selected sample of 379 elders responded to a structured interview containing the Health Self-determinism Index (HSDI) and other relevant variables. The overall reliability of the HSDI was supported with an alpha coefficient of 0.78. The multidimensionality of the instrument was reconfirmed through principal components analysis, and factor invariance across study samples was established. The total HSDI and subscale scores were associated with the practice of selected life-style behaviors. The homogeneity of the sample raises significant considerations relative to contextual item sensitivity and sample-induced response tendencies.



**REFERENCE NUMBER 98**

AU: Zindler-Wernet P ; Weiss SJ  
TI: **Health locus of control and preventive health behavior.**  
SO: *West J Nurs Res* 1987 May;9(2):160-79

**REFERENCE NUMBER 99**

AU: Rodriguez Idigoras MI ; Rodriguez Cabezas A ; Cabrerizo Portero J  
TI: **[Planning and evaluation of a health education program]**  
SO: *Rev Sanid Hig Publica (Madr)* 1986 Nov-Dec;60(11-12):1179-200

**REFERENCE NUMBER 100**

AU: Meenan RF  
TI: **Health status assessment in pediatric rheumatology.**  
SO: *Rheum Dis Clin North Am* 1987 Apr;13(1):133-40

Major issues in the conceptualization and measurement of health status in pediatric rheumatology are considered. Recent work on the Arthritis Impact Measurement Scales (AIMS) questionnaire for adults provides a framework for the discussion.

**REFERENCE NUMBER 101**

AU: Tugwell P ; Bombardier C ; Buchanan WW ; Goldsmith CH ; Grace E ; Hanna B  
TI: **The MACTAR Patient Preference Disability Questionnaire—an individualized functional priority approach for assessing improvement in physical disability in clinical trials in rheumatoid arthritis.**  
SO: *J Rheumatol* 1987 Jun;14(3):446-51

A new approach to assessing disability in arthritis that quantifies the functional priorities of the patient is described. Comparison against global improvement suggests that this instrument has the potential to detect small clinically important changes in function.

**REFERENCE NUMBER 102**

AU: Meenan RF ; Pincus T  
TI: **The status of patient status measures.**  
SO: *J Rheumatol* 1987 Jun;14(3):411-4

**REFERENCE NUMBER 103**

AU: Dent OF ; Tennant CC ; Goulston KJ  
TI: **Precursors of depression in World War II veterans 40 years after the war.**  
SO: *J Nerv Ment Dis* 1987 Aug;175(8):486-90

The impact of wartime stress and other psychosocial and health variables on depressive illness in the 40 years since the Second World War is examined in this study of Australian male prisoners of the Japanese and other veterans. A random sample of 170 surviving members of the captured Eighth Division of the Australian Army residing in Sydney in 1983 (POWs) was compared with a similar sample of 172 veterans who fought in Southeast Asia during the war but were not imprisoned (non-POWs). Multiple regression analysis involving nine predictor variables revealed that self-reported nervous illness during the war and depressive illness since the war had pronounced independent effects on current depression as measured by

the Zung Scale. Being married and better educated had significant protective effects against depression for the non-POWs while being employed and having higher socioeconomic status were protective for POWs. A clear linkage was shown from wartime nervous illness to postwar depressive illness to present-day depression.

**REFERENCE NUMBER 104**

AU: Ferraro KF

TI: **Double jeopardy to health for black older adults?**

SO: *J. Gerontol* 1987 Sep;42(5):528-33

Previous health research on the double jeopardy of being Black and old is largely based upon subjective assessments of health. This article discusses the measurement of health with the understanding that health indicators vary in their degree of objectivity/subjectivity and examines the double jeopardy thesis with data from a national sample of older adults. The results indicate that older Blacks tend to have poorer health, as judged by perceived health and disability, than older Whites. However, there is no evidence that the health differential between elderly Whites and elderly Blacks varies with age; the results do not support the double jeopardy hypothesis. The analysis also illustrates ways to assess the difference of effects in a multivariate model applied to more than one group.

**REFERENCE NUMBER 105**

AU: Ashelrod AA

TI: **[Information-entropic analysis in the health status of workers]**

SO: *Gig Tr Prof Zabol* 1987 Jun;(6):4-9

**REFERENCE NUMBER 106**

AU: Medina E ; Kaempffer AM ; Cumsille F ; Medina R

TI: **[Morbidity and medical care surveys as a method of analyzing health status]**

SO: *Bol Of Sanit Panam* 1987 Jun;102(6):594-605

**REFERENCE NUMBER 107**

AU: Coulton CJ ; Zborowsky E ; Lipton J ; Newman AJ

TI: **Assessment of the reliability and validity of the arthritis impact measurement scales for children with juvenile arthritis.**

SO: *Arthritis Rheum* 1987 Jul;30(7):819-24

There are few multidimensional measures of functional status in children, and none have been developed for children with juvenile arthritis (JA). This report describes an attempt to apply selected components of the Arthritis Impact Measurement Scales (AIMS), which were developed and validated for adults, to a sample of children with active JA (n = 60) or inactive JA (n = 17). Our results suggest that the Pain scale and the Physical Activity scale are the most reliable measures for children with JA; the correlations of the Pain scale, Physical Activity scale, and Dexterity scale results with the clinical measures of JA diagnostic category and joint count support the convergent validity of these scales for the active JA group; and the AIMS revised Physical Disability dimension and the Pain dimension, used to predict the children's classification in the active or inactive JA group, evidence discriminant validity. Additional studies of children with a wider range of impairments are needed to further assess the usefulness of the AIMS for children with JA.

**REFERENCE NUMBER 108**

AU: Siegel LP

TI: **Utilization of the health risk appraisal for a needs assessment [news]**SO: *Am J Public Health* 1987 Sep;77(9):1228**REFERENCE NUMBER 109**

AU: Charpak Y ; Zylberman M ; Chastang C

TI: **[Comparison of the fields of randomized therapeutic trials published in the New England Journal of Medicine with various health indicators]**SO: *Therapie* 1987 Mar-Apr;42(2):217-21**REFERENCE NUMBER 110**

AU: Gunning-Schepers LJ ; Hagen JH

TI: **Avoidable burden of illness: how much can prevention contribute to health?**SO: *Soc Sci Med* 1987;24(11):945-51

The WHO campaign for health for all by the year 2000 brought health back into the centre of attention in health policy making. Different authors have analysed the determinants of health in different models. One of these is the well-known model of Lalonde, in which health is seen as the result of four determinants: human biology, life style, environment and health care. Dever, in the U.S., has tried to quantify this model in order to compare the percentages of mortality attributable to each of the four determinants with the percentage of resources from the health care budget, allocated to them. The authors have, individually, tried to replicate these estimates, through a survey of Dutch experts. The results of these surveys are presented and discussed. The authors conclude that, although a quantification of the relative importance of the determinants of health would be extremely useful in health policy making, the methodology proposed by Dever does not yield suitable results. An alternative approach suggested, would be to subdivide the broad determinants into known risk factors and to arrive at a quantification through the utilization of known epidemiologic relationships between risk factors and disease.

**REFERENCE NUMBER 111**

AU: Williams ME

TI: **Identifying the older person likely to require long-term care services.**SO: *J Am Geriatr Soc* 1987 Aug;35(8):761-6

The purpose of this study is to determine the accuracy of predictions in identifying older persons who subsequently require long-term care such as home services or institutionalization. Eighty-six individuals undergoing geriatric evaluation between May 1983 and April 1984 were evaluated using a series of commonplace tasks such as opening doors, stacking checkers, and copying a simple sentence. Predictions of an individual's use of long-term care services were made during the initial evaluation and were based on whether the person could complete all the manual tasks and on the amount of time required to do so. Outcomes were determined by telephone interviews by a trained social worker in Dec 1984. A statistically significant association ( $P$  less than 0.005) was observed between the predictions and actual outcomes. Analysis of variance confirmed that the mean times for each outcome were different ( $F = 2.6$ ,  $P$  less than 0.05). The results suggest that timing manual performance offers a useful way to prospectively identify older persons at risk of requiring additional long-term care services.

**REFERENCE NUMBER 112****AU:** Hall J ; Hall N ; Fisher E ; Killer D**TI:** Measurement of outcomes of general practice: comparison of three health status measures.**SO:** *Fam Pract* 1987 Jun;4(2):117-22

The broad range of medical problems seen in general practice means that the assessment of health outcomes shares much with the assessment of health status in the general community. The last two decades have seen considerable progress in health status measurement for this purpose. This paper reports the use of three such measures in a general practice setting. The 'Rand health insurance study battery', the 'sickness impact profile' and the 'general health questionnaire' were tested in two general practices in Sydney, Australia, to determine patient compliance, to assess the range of scores and discriminative ability of the instruments, and to compare the different instruments. There was a high degree of acceptance of the questionnaires, showing that patients visiting their general practitioners are prepared to complete such questionnaires. The range of scores obtained was less skewed for the Rand measures than for the sickness impact profile or the general health questionnaire, suggesting that the Rand measures should be the preferred general health status measure.

**REFERENCE NUMBER 113****AU:** Blanchy S**TI:** [Public health priorities in Reunion in 1986]**SO:** *Bull Soc Pathol Exot Filiales* 1987;80(1):112-20

French Overseas Departments affords, with their sanitation, a range of transition situations between industrialized and developing countries. Reunion Island, in spite of quite comparable health indicators with European countries, keep specificities in according with his mentality and economic predicament, involving other sanitary priorities. Is it possible to omit to have a real Prevention Policy?

**REFERENCE NUMBER 114****AU:** Foxman B ; Edington DW**TI:** The accuracy of health risk appraisal in predicting mortality.**SO:** *Am J Public Health* 1987 Aug;77(8):971-4

In order to determine the accuracy of the Centers for Disease Control/Health Risk Appraisal (CDC/HRA) program, the authors compared observed to predicted mortality for the 3,135 persons followed from 1959-79 as part of the Tecumseh Community Health Study. The analysis was limited to smokers and never-smokers aged 25-60 whose 1959 questionnaires included at least the minimal variables for prediction using the CDC/HRA (age, sex, race, height, weight, and smoking habits). For men and women overall and in each age group, the observed proportion dying over 20 years of follow-up increased as the difference between 1959 age and risk age increased. CDC/HRA predicted 10-year risks of mortality appeared to improve upon age-sex-race predicted risks of mortality when compared to the observed proportion dying over 10 years and when predictors were used in a logistic regression model with vital status after 10 years as the dependent variable. Thus, CDC/HRA may be an appropriate method for identifying high-risk populations for health interventions.

**REFERENCE NUMBER 115**

AU: Peck MG

TI: **[Quality of information and various indicators of maternal-child health in the Hispanic population of the United States]**SO: *Salud Publica Mex* 1987 Jan-Feb;29(1):65-72**REFERENCE NUMBER 116**

AU: Ropers RH ; Boyer R

TI: **Perceived health status among the new urban homeless.**SO: *Soc Sci Med* 1987;24(8):669-78

Homelessness may be the leading social problem in the United States in the mid 1980s. While there may be anywhere from 250,000 to three million homeless persons, few empirically based published studies are available concerning the correlates of mental and physical health status among the homeless. Los Angeles, where the present study was conducted, has been designated by the U.S. Department of Housing and Urban Development to have one of the largest homeless populations (34,000-50,000) in the U.S. The current study is based on 269 in-depth interviews with homeless men and women in Los Angeles County, California. The homeless were found to be younger, better educated and disproportionately non-white compared to the profiles of the skidrow homeless of the past decades. Nearly half the men were veterans of military services, including 30% who were veterans of the Vietnam War. Respiratory infections and hypertension were the most prevalent health problems. The data suggest that a large segment of the homeless persons were depressed, 15.6% reported lifetime prevalence of hospitalization for emotional or nervous problems, and 12.6% reported hospitalization for substance abuse disorders. Multiple regression was utilized to test the validity of a perceived health status index as measured among the homeless and to identify the correlates of health. The health index reflect primarily an affliction by a chronic disease, the severity of an acute condition, the duration of depressed mood, and the alcoholism symptomatology. Length of unemployment, education, gender, and number of nights spent in a shelter were the best predictors of poor health in this population. Evidence from this study, as well as others, suggests that efforts should be made to avoid using the term homeless metaphorically. The causes of homelessness are multiple and complex and the resulting subgroups among the homeless population have different problems which require a variety of strategies to meet their needs.

**REFERENCE NUMBER 117**

AU: Vuorinen HS

TI: **Core-periphery differences in infant mortality.**SO: *Soc Sci Med* 1987;24(8):659-67

The study aims to describe the development of core-periphery differences in infant mortality trends in Finland from 1950 to 1984. The infant mortality trends in core and in periphery are described at three levels of spatial hierarchy: (1) nation, (2) province and (3) local hospital region. The main findings are: (1) at the national level: (a) the differences between core and periphery in infant mortality trends disappear by the mid 1960s, mainly due to the equalization of postneonatal mortality and (b) the diminishing of postneonatal mortality stops and the diminishing of especially the first-day mortality begins about the middle of 1960s, both in core and periphery; (2) in the province of Uudenmaan laani there are no differences in infant mortality trends between the metropolitan area of Helsinki (core) and the rest of this province (periphery); (3) in the two local hospital regions the diminishing of infant mortality is significantly slower in periphery than in core. At present there is scarcely any core-periphery variation in the trends of different components of infant mortality. This is a very remarkable fact when the achievements of the health and social policy of Finland are assessed. Several possible methodological, socio-economic,

demographic and health care factors that may explain the differences in infant mortality trends between core and periphery at different levels of spatial hierarchy are discussed.

#### REFERENCE NUMBER 118

AU: Caravella SJ ; Clark DA ; Dweck HS

TI: **Health codes for newborn care.**

SO: *Pediatrics* 1987 Jul;80(1):1-5

A survey was conducted of the health departments in each of the 50 states, Washington, DC, and the Commonwealth of Puerto Rico to determine the present legal mandates for newborn care. Each of the 52 health departments were queried regarding birth certificates, identification procedures, prophylactic eye care, umbilical cord care, use of vitamin K, Apgar scoring, and metabolic screening. In each category, the departments were asked whether the procedures were mandatory or optional. Birth certificates are uniformly required within the health codes of all states. Although in-hospital identification of newborns is required in most states, four states specifically require arm banding, and only New York State requires footprinting. Eye prophylaxis with silver nitrate is required in 49 states, with erythromycin or tetracycline allowed as topical alternatives in 42 states. Clamping of the umbilical cord is addressed by eight states. Parenteral vitamin K administration is mandated by only five states. Apgar scoring is addressed by 25 states. Newborn metabolic screening is available in every health department, although significant variations exist in the tests available.

#### REFERENCE NUMBER 119

AU: Blaxter M

TI: **Evidence on inequality in health from a national survey.**

SO: *Lancet* 1987 Jul 4;2(8549):30-3

The debate about social inequality in health in Britain has so far been based principally on mortality rates. A survey of morbidity and fitness in a large representative sample of adults living in private households in England, Wales, and Scotland reveals striking differences between social classes in self-defined health status, the reported incidence of illness, the prevalence of chronic disease, and measured physiological fitness. The disadvantage in health status does not simply relate to a minority in the poorest social circumstances but appears to be related in a very regular way to the social class structure.

#### REFERENCE NUMBER 120

AU: Pearlman RA

TI: **Development of a functional assessment questionnaire for geriatric patients: the Comprehensive Older Persons' Evaluation (COPE).**

SO: *J Chronic Dis* 1987;40 Suppl 1:85S-98S

Several sources of data were used to identify questions worthy of inclusion in a functional assessment questionnaire for older patients. Community hospital use of the Functional Assessment Inventory was reviewed to identify questions that discriminated between inpatients and outpatients. Repeated administrations of the Older Americans Resources and Services questionnaire with elderly patients were reviewed to identify questions that discriminated between community and nursing home status and predicted nursing home placement. Twenty clinicians providing geriatric care identified clinically important questions in a modified Delphi survey. Questions were retained if they: were considered clinically essential; discriminated between inpatients and outpatients and between independent living and nursing home status; predicted nursing home placement; and showed changes in responses over 6 months that predicted subsequent

nursing home placement. These questions were organized into a brief, clinically relevant functional assessment questionnaire, known as the Comprehensive Older Persons' Evaluation (COPE), that may facilitate the efficient provision of geriatric care.

**REFERENCE NUMBER 121**

AU: Read JL ; Quinn RJ ; Hoefler MA

TI: **Measuring overall health: an evaluation of three important approaches.**

SO: *J Chronic Dis* 1987;40 Suppl 1:7S-26S

There is growing recognition that meaningful measures of health-related quality of life must be used to evaluate health care interventions. We examined the practicality and validity of three promising measures of overall health: the General Health Rating Index (GHRI), the Quality of Well-being Scale (QWB), and the Sickness Impact Profile (SIP). Practicality was assessed in terms of interviewer training required, administration time, and respondent burden. Content validity, convergent construct validity, and tests of discriminant validity were also evaluated. Although differing in theory and application, we found that each instrument performed according to the claims of the developers and could provide useful, valid data on overall health. The GHRI may be preferred where brief, self-administered forms are required; the QWB has advantages when health assessments are used to calculate cost-effectiveness; and the SIP is a versatile, easy to understand measure dealing with a wide range of specific dysfunctions. It is worth the required effort to include well-studied measures such as these in any trial intended to provide definitive information on the effectiveness of health care interventions.

**REFERENCE NUMBER 122**

AU: Nelson E ; Wasson J ; Kirk J ; Keller A ; Clark D ; Dietrich A ; Stewart A ; Zubkoff M

TI: **Assessment of function in routine clinical practice: description of the COOP Chart method and preliminary findings.**

SO: *J Chronic Dis* 1987;40 Suppl 1:55S-69S

The COOP Project, a primary care research network, has begun development of a Chart method to screen function quickly. The COOP Charts, analogous to Snellen Charts, were pretested in two practices on adult patients (N = 117) to test feasibility, clinical utility, and validity. Patients completed questionnaires containing validated health status scales and sociodemographic variables. Practice staff filled out forms indicating COOP Chart scores and clinical data. We held debriefing interviews with staff who administered the Charts. The results indicate the Charts take 1-2 minutes to administer, are easy to use, and produce important clinical data. The patterns of correlations between the Charts and validity indicator variables provide evidence for both convergent and discriminant validity. We conclude that new measures are needed to assess function in a busy office practice and that the COOP Chart system represents one promising strategy.

**REFERENCE NUMBER 123**

AU: Mossey JM ; Roos LL Jr

TI: **Using insurance claims to measure health status: the Illness Scale.**

SO: *J Chronic Dis* 1987;40 Suppl 1:41S-54S

Health insurance systems are generating large numbers of claims filed by physicians and hospitals for reimbursement and accounting purposes. This paper describes and evaluates a measure of health status derived from physician and hospital claims filed for a sample of older Canadians during 1970-1977. Information on the number, type, and seriousness of reported diagnoses and the number and duration of hospitalizations and surgeries during each year were combined to generate annual Illness Scales ranging

from 0 to 24. Alpha coefficients, measures of internal consistency, were between 0.82 and 0.84. Consistent with high validity, Illness Scale scores increased with age, were significantly associated with other health measures, and were strongly predictive of death and hospitalization in the following year. The ability to develop valid and reliable health status measures from insurance claims substantially expands the potential use of these data for research and evaluation.

#### REFERENCE NUMBER 124

AU: Kaplan SH

TI: **Patient reports of health status as predictors of physiologic health measures in chronic disease.**

SO: *J Chronic Dis* 1987;40 Suppl 1:27S-40S

Accurate assessment of health status and forecasting of risk for poor outcomes in chronic disease require a broad representation of health measures. To support this conclusion, the health of patients with diabetes (N = 73) and hypertension (N = 105) was assessed using measures of physical and role functioning, perceived health, and disease severity (blood sugar or diastolic blood pressure, respectively, for diabetes and hypertension). Health questionnaires measuring functional limitations, overall health rating, level of health concern, perceived susceptibility to illness, and number of health problems were administered at study enrollment. Laboratory tests for blood sugar (hemoglobin A1) and diastolic blood pressures were performed at enrollment and were repeated at a subsequent clinic visit, from 3 to 6 months later. Functional limitations correlated significantly with elevated blood sugar ( $r = 0.57$ ) and blood pressure ( $r = 0.49$ ) at study enrollment. Perceived poor health was not substantially related to either physiologic measure at enrollment. Using ordinary least squares regression, the best predictor of both blood sugar and blood pressure at follow-up was baseline blood sugar and blood pressure, respectively. However, both functional limitations and perceived poor health made significant and independent contributions to the prediction of blood sugar and blood pressure at follow-up. The results underscore the value of both health survey measures and clinical measures in studies of chronic disease.

#### REFERENCE NUMBER 125

AU: Berkeley JL ; Israel I ; Stokes J 3d

TI: **Health assessment in the Framingham Offspring Study: a research proposal.**

SO: *J Chronic Dis* 1987;40 Suppl 1:169S-182S

This paper proposes that a broader health assessment be made in the Framingham Offspring/Spouse Study than is undertaken in the Framingham Study. The Offspring Study is composed of the children (and their spouses) of the members of the original Framingham Study cohort. The Offspring population has a broader age range and an average age that is approximately 30 years younger than the original parent cohort. Therefore, mortality and morbidity measures, which were used as indices of health status for the parent cohort and which focus on the negative "sickness" component of health, are less appropriate for use in this relatively healthy population. Thus, we propose a broader conceptual framework of health that emphasizes the positive "wellness" side of the health continuum. The essential components of the comprehensive health index we describe include global health perceptions, measures of physical, mental, and social functioning across valued social roles, the ability to withstand stress as mediated by the coping process and social resources, and the assessment of genetic, behavioral, and physiological risk factors. One purpose of the proposal is to stimulate discussion in the hope of achieving general agreement regarding a shared conceptual frame of reference that would guide the development and testing of a reliable and valid health status instrument.



**REFERENCE NUMBER 126**

AU: Pinsky JL ; Leaverton PE ; Stokes J 3d

TI: **Predictors of good function: the Framingham Study.**

SO: *J Chronic Dis* 1987;40 Suppl 1:159S-167S, 181S-2

This paper asks the question: among 1474 Framingham Study participants aged 35-68 years who were healthy at their fourth examination (1954-1958), what are the physiologic, behavioral, and demographic characteristics that distinguish those who survive and report good function from those who do not after 21 years of biennial observations? Although a larger proportion of women than men survived, their functional status was not as good. Multiple logistic regression analysis revealed that age, alcohol intake, cigarette smoking, ventricular rate, and education were all significantly related to functional status for men, with all but the last of these factors inversely related to good function. For women, the only significant predictor other than age was education, which, as with men, was directly associated with good function. The effect of education is probably mediated by numerous factors such as availability and use of health care services, quality of health care, occupation, and lifestyle.

**REFERENCE NUMBER 127**

AU: O'Brien BJ ; Buxton MJ ; Ferguson BA

TI: **Measuring the effectiveness of heart transplant programmes: quality of life data and their relationship to survival analysis.**

SO: *J Chronic Dis* 1987;40 Suppl 1:137S-158S

This paper explores the problems of benefit measurement in the economic evaluation of heart transplant programmes. We present data from our evaluation of the U.K. heart transplant programmes on both survival and quality of life and we examine the relationship between the two. The quality of life measure used, the Nottingham Health Profile (NHP), is described and results presented. We attempt to aggregate this profile measure into a single index score and combine these data with life expectancy gains to produce estimates of Quality Adjusted Life Years (QALYs) gained for heart transplantation. In addition we examine the extent to which pre-transplant NHP scores can be used as predictors of post-transplant survival.

**REFERENCE NUMBER 128**

AU: Hart LG ; Evans RW

TI: **The functional status of ESRD patients as measured by the Sickness Impact Profile.**

SO: *J Chronic Dis* 1987;40 Suppl 1:117S-136S

This study describes and compares the perceived sickness-related behavioral dysfunction of 859 end-stage renal disease (ESRD) patients from 11 centers according to treatment modality via the Sickness Impact Profile (SIP). The unadjusted functional status of ESRD patients differed significantly by treatment modality. Transplantation patients were least functionally limited followed in order by home dialysis, continuous peritoneal dialysis, and in-center dialysis patients. The largest overall differences were for the sleep and rest, work, recreation and pastimes, and home management SIP categories. Regression analysis revealed that many of the large observed intermodality differences in functional status may have resulted from casemix variations (e.g. age and comorbidity differences). Only SIP score differences between transplantation and other treatment modality patients remained significant following the introduction of casemix controls. Results do not justify choosing one dialysis modality over another because of differences in perceived dysfunction.

**REFERENCE NUMBER 129**

**TI: Proceedings of the Advances in Health Assessment Conference. Palm Springs, California, 19-21 February 1986.**

**SO: *J Chronic Dis* 1987;40 Suppl 1:1S-191S**

**REFERENCE NUMBER 130**

**AU: Wood-Dauphinee S ; Williams JI**

**TI: Reintegration to Normal Living as a proxy to quality of life.**

**SO: *J Chronic Dis* 1987;40(6):491-502**

The impact of disease and treatment on patients' lives is frequently measured by endpoints such as health status, well being and quality of life. The objective of this paper is to introduce a new but related outcome concept termed "reintegration to normal living" and to compare it to the quality of life. The concept of "reintegration" is closely allied to functional performance. Like quality of life, it is important to measure when therapeutic goals cannot include a cure but are directed at controlling the disease process or fostering compensation for impairment. A Reintegration to Normal Living (RNL) Index has been developed. Although more limited in conceptual focus, its content is similar to global quality of life measures. It is internally consistent, demonstrates content and construct validity, can be completed by patients or significant others and is sensitive to changes in patient status. The degree of reintegration achieved by patients after an incapacitating illness is seen as contributing to the quality of their lives.

**REFERENCE NUMBER 131**

**AU: Ware JE Jr**

**TI: Standards for validating health measures: definition and content.**

**SO: *J Chronic Dis* 1987;40(6):473-80**

Adherence to standards for judging the content validity of health measures and for labeling them is needed for the field of health assessment to proceed in an orderly fashion. This paper discusses the dimensionality of health and the range of health states that can be measured within each dimension. These two attributes of published definitions of health are used to derive minimum standards for judging the validity of health measures in terms of their content. Five generic health concepts are defined: physical health, mental health, social functioning, role functioning, and general health perceptions. Items from widely used health measures are presented to clarify distinctions among these concepts and the different health states they encompass. It is recommended that labels be assigned to health measures in a manner consistent with their content and other evidence of validity.

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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 of 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.

The abstracts of these presentations will be presented in the next *Bibliography on Health Indexes*.

### **Program Note from the National Center for Health Services Research and Health Care Technology (NCHSR)**

The NCHSR invites researchers to submit grant proposals for organizing assessment teams that will identify, analyze, and minimize the sources of variation of medical care that result in adverse outcomes or inappropriate resource utilization. The ultimate goal of this research is to provide information to practitioners that will improve the outcome of the care provided and optimize utilization of scarce health care resources. These teams are a continuation of NCHSR's Patient Outcome Assessment Research Program (POARP) funded in fiscal year 1988, which in turn was built on over a decade of research and development on the quality and costs of medical care.

For further information contact

Norman W. Weissman (301) 443-2345  
Jennifer Mayfield (301) 443-2080  
Marcel Salive (301) 443-5780  
NCHSR Division of Extramural Research  
Room 18A-19  
Parklawn Building  
Rockville, MD 20857

### **Statistical Reports of the Nation Released**

*Health, United States 1988* was released in March 1989. This report is divided into parts. First, a chartbook on geographic variation in mortality for selected causes of death consists of 29 charts and accompanying text. Second, 125 detailed statistical tables are organized around four major subject areas — health status and determinants, utilization of health resources, health care resources, and health care expenditures. The detailed tables are designed to show continuing trends in health statistics.

For information on how to obtain a copy of this report contact:

Scientific and Technical Information Office  
National Center for Health Statistics  
3700 East West Highway  
Hyattsville, MD 20782  
(301) 436-8500

*Mental Health United States, 1987* is also now available. This third edition of the report represents a continuing effort on the part of the National Institute of Mental Health (NIMH) to present timely statistical information on the Nation's organized mental health service delivery system. This volume includes a chapter that highlights the characteristics of a very disabled population — those suffering from severe and persistent mental disorders. Other chapters include the latest data on trends in the availability,



volume, staffing, and expenditures of organized specialty mental health services in the U.S.; the characteristics of special population groups who use these services; the features of organized specialty mental health services in each state; revenues and expenditures of each state mental health agency; and Medicaid expenditures.

For information on how to obtain a copy of this report contact:

Division of Biometry and Applied Sciences  
National Institute of Mental Health  
5600 Fishers Lane  
Rockville, MD 20857

#### **Publication Note**

Papers that were presented at the Advances in Health Status Assessment Conference that was sponsored by the H.J. Kaiser Family Foundation in Palm Springs, California, February 19-21, 1986 have been published in *Journal of Chronic Diseases* Volume 40, Supplement 1 1987. The abstracts for the presentations are given in *Bibliography on Health Indexes* Number 1, 1986. Abstracts for the discussions that are printed in the journal appear in the Annotations Section of this bibliography.

#### **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.

**Association for Health Services Research Annual Meeting Chicago, Illinois 18-20 June 1989**

For further information about the sixth annual meeting of ASHR contact:

Suzan Boyce  
ASHR  
2100 M Street NW, Suite 402  
Washington, D.C. 20037  
(202) 223-2477

**Methodological Issues in Stroke Outcome Research: A National Symposium Buffalo, New York 10-12 July 1989**

Invited participants will discuss newer and more unified approaches to resolving methodologic issues in stroke outcome research in order to facilitate the rehabilitation of persons who have had strokes. This conference is by invitation only and is sponsored by the Department of Rehabilitation, State University of New York at Buffalo.

For further information contact:

Glen E. Gresham, M.D.  
Chairman and Professor, Rehabilitation Medicine  
Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215

**Functional Assessment in Rehabilitation Medicine: An International Symposium Buffalo, New York 12-14 July 1989**

This conference will discuss the growing uses of functional assessment methods in rehabilitation medicine and allied areas. Topics to be covered are historical and conceptual issues, applications to different populations of patients, applications for program evaluation, quality assurance, prospective payment, and long-term care.

For further information contact:

Carl V. Granger, M.D.  
Head, Rehabilitation Medicine Department  
Buffalo General Hospital  
100 High Street  
Buffalo, NY 14203

**Public Health Conference on Records and Statistics Washington, D.C. 17-19 July 1989**

The National Center for Health Statistics is sponsoring the 22nd biennial Public Health Conference on Records and Statistics. The conference serves as a national forum for the latest advances in public health statistics. The theme of the 1989 meeting is "Challenges for Public Health Statistics in the 1990s." The conference offers the opportunity to assess the demands for health statistics in the 1990s and how these demands will be met. Three major areas to be addressed are Promotion and Prevention, Surveillance and Epidemiology, and Targeting Services. Presentations will be organized in sessions focusing on policies, programs and services; methodology and analyses; and trends, projections and goals. Of specific interest are two sessions, one on quality of life and the other on chronic disease. The session on quality of life will focus on the use of quality adjusted life years for tracking Objectives of the Nation for the Year 2000, for assessing the benefits of health promotion activities, and for measuring quality of life among persons with AIDS.

For further information contact:

Nancy Hamilton  
OPEP, PHCRS  
National Center for Health Statistics  
3700 East-West Highway, Room 2-12  
Hyattsville, Maryland 20782  
telephone (301) 436-7122

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

The 1989 annual meeting is jointly sponsored by the American Statistical Association, the Biometric Society, and the Institute of Mathematical Statistics.

For further information contact:

Ramon C. Littell  
Department of Statistics  
402 Rolfs Hall  
University of Florida  
Gainesville, Florida 32611.  
(904) 392-1946

**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." These will be a keynote symposium on this topic in which prominent national authorities will participate.

Abstracts are now being accepted for presentation at the Eleventh Annual Meeting of the Society. Abstracts must be received in the Society's office (the address is given below) by no later than May 1, 1989 to be accepted.

Several short courses will be offered on Sunday October 15, the day preceding the scientific program. There will be a course on practical applications of decision making. Advanced courses in decision making will include decision psychology, influence diagrams, simulation modeling and knowledge engineering as well as other advanced topics. The advanced courses will include "hands on" problem solving using computers.

For further information contact:

John C. Tomeny  
Society for Medical Decision Making  
One Main Street  
P.O. Box 447  
West Lebanon, NH 03784  
(603) 298-9929

### Why "Indexes"?

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

### Why a "Clearinghouse"?

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

### What's Included?

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

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

### What Services?

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

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

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

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