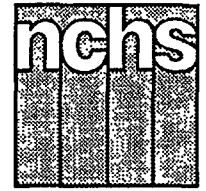


Clearinghouse on Health Indexes



National Center for Health Statistics

Number 4, 1988

Bibliography on Health Indexes

2 ACKNOWLEDGMENTS

3 ANNOTATIONS

- 3 Aaronson, Neil K.; Quantitative Issues in Health-Related Quality of Life Assessment; *Health Policy* 10(3):217-230, 1988
- 3 Auslander, Gail K.; Social Networks and the Functional Health Status of the Poor: A Secondary Analysis of Data from the National Survey of Personal Health Practices and Consequences; *Journal of Community Health* 13(4):197-209, 1988
- 4 Bains, Gurdip K.; Slade, Pauline; Attributional Patterns, Moods, and the Menstrual Cycle; *Psychosomatic Medicine* 50(5):469-476, 1988
- 4 Barusch, Amanda S.; Problems and Coping Strategies of Elderly Spouse Caregivers; *Gerontologist* 28(5):677-685, 1988
- 4 Baumgarten, Mona; Thomas, Daniel; de Courbal, Louise Poulin; Infante-Rivard, Claire; Evaluation of a Mutual Help Network for the Elderly Residents of Planned Housing; *Psychology and Aging* 3(4):393-398, 1988
- 5 Bergsma, J.; Engel, G.L.; Quality of Life: Does Measurement Help?; *Health Policy* 10(3):267-279, 1988
- 5 Berkanovic, Emil; Hurwicz, Margo-Lea; Landsverk, John; Psychological Distress and the Decision to Seek Medical Care; *Social Science and Medicine* 27(11):1215-1221, 1988
- 6 Bonner, Ronald L.; Rich, Alexander; Negative Life Stress, Social Problem-Solving Self-Appraisal, and Hopelessness: Implications for Suicide Research; *Cognitive Therapy and Research* 12(6):549-556, 1988
- 6 Brunswick, Ann F.; Merzel, Cheryl R.; Health Through Three Life Stages: A Longitudinal Study of Urban Black Adolescents; *Social Science and Medicine* 27(11):1207-1214, 1988

(continued on page 58)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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ACKNOWLEDGMENTS

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annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, that became available in October, November, or December 1988.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

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

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

REFERENCE NUMBER 1

Au: Aaronson, Neil K.

Ti: **Quantitative Issues in Health-Related Quality of Life Assessment**

So: *Health Policy* 10(3):217-230, 1988

The current interest in incorporating psychosocial outcomes into health care research raises a number of conceptual and methodological issues regarding the assessment of health-related quality of life. This paper offers an overview of some of the principal factors to consider in choosing or developing quality of life measures, including: (a) the bandwidth-fidelity problem; (b) generic versus disease-specific focus; (c) level of data aggregation; (d) interview versus questionnaire; (e) question time-frame; (f) response scales; (g) psychometric properties; and (h) feasibility. While the discussion focuses on quantitative approaches to quality of life assessment, it is suggested that a mixture of quantitative strategies may be most fruitful. (35 references) AA

Address for reprint requests: Department of Psychosocial Research, The Netherlands Cancer Institute, Amsterdam, The Netherlands

REFERENCE NUMBER 2

Au: Auslander, Gail K.

Ti: **Social Networks and the Functional Health Status of the Poor: A Secondary Analysis of Data from the National Survey of Personal Health Practices and Consequences**

So: *Journal of Community Health* 13(4):197-209, 1988

This study uses data from the Wave I of the National Survey of Personal Health Practices and Consequences (N=3,025) to examine the relationship between social networks and the health status of the poor. No single category of networks was found to be consistently predictive of health status among the poor. The number of close friends, satisfaction with number of close ties, frequency of contact with network ties, and church attendance were all significantly related to health status but in no case were sufficient to bring health status level of the poor up to the level of the nonpoor. (27 references) AA

Address for reprint requests: The Hebrew University of Jerusalem, Mt. Scopus, Jerusalem, Israel

REFERENCE NUMBER 3

Au: Bains, Gurdip K.; Slade, Pauline

Ti: **Attributional Patterns, Moods, and the Menstrual Cycle**

So: *Psychosomatic Medicine* 50(5):469-476, 1988

Sixty women attending a family planning clinic completed assessments of their attributions for negative and positive mood states for an individual at different menstrual cycle stages. Negative moods occurring premenstrually were almost invariably viewed as related to health factors. Positive moods tended to be attributed to environmental events and the person's life style details. Personality tended to be used as an attribution for moods occurring intermenstrually. There was no association between attributional patterns and menstrual cycle complaints or attitudes to the menstrual cycle as measured by the Menstrual Attitude Questionnaire. The results are discussed within the framework of the social cognition theory of menstrual cycle complaints. (24 references) AA

Address for reprint requests: University Department of Psychiatry, Ramsley Building, Manchester Royal Infirmary, Manchester M13 9W1, England

REFERENCE NUMBER 4

Au: Barusch, Amanda S.

Ti: **Problems and Coping Strategies of Elderly Spouse Caregivers**

So: *Gerontologist* 28(5):677-685, 1988

In-depth interviews were conducted with 89 spouse caregivers to identify problem situations which strain their abilities and to identify coping techniques which prove effective. The diversity of problems encountered by these elderly caregivers requires a varied repertoire of coping techniques. Findings revealed caregivers' general preference for managing situations on their own. Implications for the design of caregiver support program are discussed. (14 references) AA

Address for reprint requests: Graduate School of Social Work, University of Utah, Salt Lake City, Utah 84112

REFERENCE NUMBER 5

Au: Baumgarten, Mona; Thomas, Daniel; de Courbal, Louise Poulin; Infante-Rivard, Claire

Ti: **Evaluation of a Mutual Help Network for the Elderly Residents of Planned Housing**

So: *Psychology and Aging* 3(4):393-398, 1988

We set up a mutual help network among the elderly residents of a government-subsidized apartment building and evaluated its impact on their social ties, social support satisfaction, and depression. A quasi-experimental design was used, with the residents of a similar building located in the same neighborhood serving as the control group. A total of 230 individual services were exchanged, and 28 group activities were organized during the study period. There was almost no difference between experimental and control groups with respect to the change over the study period in the number of social ties with other residents of the building. Support satisfaction decreased in both groups, but the decrease was larger in the experimental group. The control group had a slight decrease in the frequency of their depressive symptoms, whereas the experimental group had a moderate increase. More research is needed on the ability of social support interventions to produce beneficial effects on mental health among individuals who are not experiencing a particular life stress. (29 references) AA

Address for reprint requests: Ste-Justine, 3175 Cote Ste-Catherine, Montreal, Quebec H3T 1C5, Canada

REFERENCE NUMBER 6

Au: Bergsma, J.; Engel, G.L.

Ti: **Quality of Life: Does Measurement Help?**

So: *Health Policy* 10(3):267-279, 1988

Quality of life is a very frequently applied concept nowadays. One may doubt whether everyone has the same connotation in mind while using this expression and why quality of life attracts so much attention. Is the idea a very old one or is it a new and noble value? It is argued here that changes such as in the number of aged people and of chronically disabled people, combined with spectacular developments in medical technology and with a rise in knowledge and assertivity, created an increased awareness of quality of life and its interaction with medicine. Moreover, limitations to budgets and technological developments trigger an interest in new arguments. Quality of life plays an increasing role in all sorts of medical decisions, be it in policy decisions or in individual clinical decisions, be it formally assessed or implicitly weighted. A number of examples is briefly described to illustrate the very broad and diffuse use of quality of life as a criterion. Subsequently we have tried to operationalize the concept on 4 levels: macro, meso, personal, and physical. The macro level applies to the meaning of life in a society; assessments of quality of life play a role, for instance, in discussions on euthanasia and in political decisions on medical investments. Examples of the meso level are the hospital, with its internal processes and its ties to the rest of the world, but also the patient in his social environment. On the personal level the individual's frames of reference on health, illness, future, pain, and hope—both of the patient and the doctor—are being considered. It is argued that legitimation of important decisions, investments, and interventions requires measurement of quality of life in an objective way and on different levels. Quantifying quality, however, appears hardly feasible. Therefore quality of life is frequently measured at the fourth level only, the level of physical activities. Confining measurement to the measurable induces the question of whether it really is quality of life that is being quantified. Still, results from such measurements can be of help in decision making. Who decides in clinical situations and in what way should quality of life be involved in decision making? In one solution, perhaps the old fashioned one, the doctor takes all responsibility, possibly from a paternalistic ideal. Conversely, should the doctor behave in a completely non-directive way, full autonomy is given to the patient. The authors advocate a third way, where mutual respect of patient and doctor may enable open consideration of objective and subjective elements of quality of life so as to give it a central place in clinical decisions. (16 references) AA

Address for reprint requests: Health Council, Post Office Box 90517, 2509 LM The Hague, The Netherlands

REFERENCE NUMBER 7

Au: Berkanovic, Emil; Hurwicz, Margo-Lea; Landsverk, John

Ti: **Psychological Distress and the Decision to Seek Medical Care**

So: *Social Science and Medicine* 27(11):1215-1221, 1988

There have been a number of studies linking psychological distress with the demand for medical care. The importance of these studies lies in the finding that the distressed use services more frequently than the non-distressed. To the extent that many of the visits of the distressed are for medically trivial reasons, which is the most frequent interpretation of this finding, there may be an argument in favor of cost containment strategies aimed at diverting the distressed away from seeking 'unneeded' medical attention. There are, however, a number of difficulties both with most of the studies that have been done to date and with how the finding of more frequent visits among the distressed is interpreted. The present study examines the reporting of illnesses, disability per illness reported, patient initiated physician visits per illness reported, and physicians' judgment regarding the medical necessity of the visits reported for a representative sample of the Los Angeles metropolitan area. The 950 respondents in this analysis were divided into groups by three levels of psychological distress. Illnesses reported both prospectively and

retrospectively to the measurement of psychological distress are analyzed. The data indicate that, although the distressed report more illnesses, they are no more likely either to report disability per illness or to initiate medical care per illness. Further, the distressed are no more likely either to initiate unnecessary physician visits or to avoid initiating necessary visits. The implications of these findings for the impact of cost containment strategies on equity in the delivery of medical services are discussed. (33 references) AA

Address for reprint requests: University of California, Los Angeles School of Public Health, Rm. 21-267, Los Angeles, California 90024

REFERENCE NUMBER 8

Au: Bonner, Ronald L.; Rich, Alexander

Ti: **Negative Life Stress, Social Problem-Solving Self-Appraisal, and Hopelessness: Implications for Suicide Research**

So: *Cognitive Therapy and Research* 12(6):549-556, 1988

The role of problem-solving self-appraisal and negative life stress in hopelessness among college students was examined. Subjects ($n = 186$) completed the Problem-Solving Inventory, the Life Experiences Survey, the Self-Rating Depression Scale, and the Hopelessness Scale. The results of a hierarchical multiple regression analysis showed that problem-solving self-appraisal and its interaction with negative life stress are independent predictors of hopelessness beyond depressed mood. Results are discussed in terms of the implications for future research and treatment of hopelessness and suicidal behavior. (16 references) AA

Address for reprint requests: Department of Psychology, Indiana University of Pennsylvania, Indiana, Pennsylvania 15705

REFERENCE NUMBER 9

Au: Brunswick, Ann F.; Merzel, Cheryl R.

Ti: **Health Through Three Life Stages: A Longitudinal Study of Urban Black Adolescents**

So: *Social Science and Medicine* 27(11):1207-1214, 1988

This is a study of life stage coherence and change in perceived health status and morbidity reports over a 15-year interval bounding adolescence. Data were obtained through personal home interviews with a representative sample ($N = 426$) of urban black youths who were interviewed at three successive life stages: first when they were adolescents ages 12-17, 6-8 years later when they were ages 18-23, and 7-8 years after that when they were ages 26-31. Results showed that health decline was neither continuous nor progressive over the three life stages. Instead, a dramatic increase in morbidity reports occurring between adolescent and post-adolescent measurement was succeeded by stabilization in the following 7-year interval. One interpretation of these findings is that they reflect the stressfulness of the adolescent life stage in the urban black youth cohort. The congruence of this interpretation with Mechanic and Angel's theory of differential health synchrony over the life course and also with Antonovsky's theory of sense of coherence in explaining variations in perceived health is discussed. The study, finally, pointed up a serious methodological impediment to attempting comparative life span health studies such as this, namely, the difficulty in arriving at equivalently comprehensive and sensitive health symptom indicators at different life stages. (17 references) AA

Address for reprint requests: Columbia University, 60 Haven Avenue, B-4, New York, New York 10032

REFERENCE NUMBER 10

Au: Burns, Barbara J.; Lehman, Anthony F.

Ti: **Quality-of-Life Measurement for the Chronically Mentally Ill**

So: *Quality of Life and Cardiovascular Care* 142-144, 1988

This paper presents a profile of the chronically mentally ill (CMI) patient population, briefly reviews treatment developments that relate to quality of life (QoL), discusses measurement issues for this population, and describes four QoL measures which are in current use. The reviewed measures are the Satisfaction with Life Domain Scale, a 21-item scale developed by Stein and Test, the Quality-of-Life Interview, and the Oregon Quality-of-Life Interview. (13 references) AA

Address for reprint requests: Department of Psychiatry, University of Maryland School of Medicine, 645 West Redwood Street, Baltimore, Maryland 21201

REFERENCE NUMBER 11

Au: Cappelli, Mario; McGrath, Patrick J.; MacDonald, Noni E.; Boland, Margaret; Fried, Peter; et al.

Ti: **Parent, Family, and Disease Factors as Predictors of Psychosocial Functioning in Children with Cystic Fibrosis**

So: *Canadian Journal of Behavioral Science* 20(4): 1988

Although there is a significant body of literature to suggest that children with a chronic illness have a greater risk than healthy children of developing psychosocial problems, the factors predicting psychological and social functioning have not been clearly identified. In part, this is attributable to the lack of complete data collection and analysis. Typically, researchers have gathered and analyzed data concerning the effects of parental, family, and disease factors in isolation from each other. The purpose of this study was to collect data on these three factors and examine their prediction of psychological functioning of 36 children with cystic fibrosis. The children's self-esteem, based on physical appearance, and occurrence of behavioral problems were found to be associated with maternal trait. Social competence and athletic self-esteem were strongly associated with the nutritional status of the child. These results reflect the need for clinicians to be sensitive to parental and family functioning when dealing with the behavioral problems, and to consider physical status when providing treatment of social problems. (49 references) AA

Address for reprint requests: Carleton University, Ottawa ON K1S, Canada

REFERENCE NUMBER 12

Au: Carney, Robert M.; Rich, Michael W.; Freedland, Kenneth E.; Saini, Jasbir; TeVelde, Adriaantje; et al.

Ti: **Major Depressive Disorder Predicts Cardiac Events in Patients with Coronary Artery Disease**

So: *Psychosomatic Medicine* 50(6):627-633, 1988

Fifty-two patients undergoing cardiac catheterization and subsequently found to have significant coronary artery disease (CAD) were given structured psychiatric interviews before catheterization. Nine of these patients met criteria for major depressive disorder. All 52 patients were contacted 12 months after catheterization, and the occurrence of myocardial infarction, angioplasty, coronary bypass surgery, and death was determined. Results of the study show that major depressive disorder was the best predictor of these major cardiac events during the 12 months following catheterization. The predictive effect was independent of the severity of CAD, left ventricular ejection fraction, and the presence of smoking. Furthermore, with the exception of smoking, there were no statistically significant differences between those patients with major depressive disorder and the remaining patients on any variable studied. The possible mechanisms relating major depressive disorder to subsequent cardiac events are discussed. It is concluded that major depressive disorder is an important independent risk factor for the occurrence of major cardiac events in patients with CAD. (15 references) AA

Address for reprint requests: Department of Psychiatry, Jewish Hospital, 216 S. Kingshighway, St. Louis, Missouri 63110

REFERENCE NUMBER 13

Au: Clarvit, Susan R.

Ti: **Stress and Menstrual Dysfunction in Medical Students**

So: *Psychosomatics* 29(4):404-409, 1988

This study examined the prevalence of oligomenorrhea, amenorrhea, and other types of physical discomfort during menses in a group of medical students. No evidence was found to support the hypothesis that a high perceived level of stress was associated with a change in any of the measures of menstrual function examined. The vast majority of women who had oligomenorrhea, amenorrhea, dysmenorrhea, or other types of physical discomfort with menses during medical school also had these prior to beginning medical school. (17 references) AA

Address for reprint requests: New York State Psychiatric Institute, Box 95, 722 West 168th Street, New York, New York 10032

REFERENCE NUMBER 14

Au: Cohen, Donna; Eisdorfer, Carl

Ti: **Depression in Family Members Caring for a Relative with Alzheimer's Disease**

So: *Journal of the American Geriatrics Society* 36(10):885-889, 1988

The reformulated learned helplessness model of depression was tested in a study of families caring for relatives with Alzheimer's disease who did not participate in family support groups or have access to respite care. Family members who identified themselves as major caregivers, i.e., those providing daily assistance to the patient, received a clinical psychiatric interview, the Beck Self-Report Depression Scale, and a modified Hammen and de Mayo Attributional Style Questionnaire. The results showed that 55% of major caregivers, primarily spouses, living with an older relative with dementia experienced clinical depression. Depressed caregivers were more likely to perceive a lack of control over their situation than those who were not depressed. Contrary to the reformulated learned helplessness hypothesis, they did not perceive their situation to be the result of internal, stable, and global attributions. The results suggest the need to study depression in ecologically stressful natural settings and to develop effective clinical intervention strategies. (25 references) AA

Address for reprint requests: Gerontology Center, University of Illinois, Chicago, Illinois 60612

REFERENCE NUMBER 15

Au: Cwikel, Julie; Ritchie, Karen

Ti: **The Short GDS: Evaluation in a Heterogeneous, Multilingual Population**

So: *Clinical Gerontologist* 8(2):63-71, 1988

Difficulties in detecting depressive illness in the elderly have recently led to the development of screening tests which focus on depressive symptoms typical of older persons. The present study examined the utility of one such test, the Short GDS, in a heterogeneous elderly population. The sample consisted of 20 clinically depressed elderly, matched with 20 elderly from a Jerusalem neighborhood sample. The test was found to significantly discriminate depressed and normal community-dwelling elderly. Sensitivity and specificity were found to be inadequate for large-scale screening. This was hypothesized to be due to the use, in the present study, of depressed persons on antidepressant medication, cultural variations in the interpretation of items, the treatment of missing data, and the variance in community sample. The Short GDS has utility for use in a two-stage screening process. (13 references) AA

Address for reprint requests: Brookdale Institute of Gerontology, Post Office Box 13087, Jerusalem, Israel 91130

REFERENCE NUMBER 16

Au: Danish Institute for Clinical Epidemiology

Ti: **The Danish Health and Morbidity Survey 1986-1987**

So: Copenhagen, Denmark: Danish Institute for Clinical Epidemiology, filed 1988

During 1986-87, The Danish Institute for Clinical Epidemiology (DICE) has carried out a survey of the general population's health and morbidity, illness and health behavior, and other health-related subjects. A nationally representative random sample of Danish adults has been interviewed (Sept. 1986, Feb. 1987, and May-June 1987). The Danish National Institute for Social Research has assisted in the data collection, coding and preparation for computer analyses. The interviews were carried out by the interviewer corps from the Danish National Institute for Social Research. A total sample of 5950 individuals was drawn. Interviews were obtained among 4753, corresponding to 80%. Supplementary samples in two countries were interviewed providing data for regional community health profiles. The survey has been financially supported by funding from the Ministry of Interior and The Health Foundation.

Address for reprint requests: 25, Svanemollevej, 2100 Copenhagen O, Denmark

REFERENCE NUMBER 17

Au: DeFrank, Richard S.; Ivancevich, John M.; Schweiger, David M.

Ti: **Job Stress and Mental Well-Being: Similarities and Differences among American, Japanese, and Indian Managers**

So: *Behavioral Medicine* 14(4):160-170, 1988

The sources and mediators of occupational stress have been assessed frequently but rarely from a cross-cultural perspective. The present study examined responses to a number of stress, social support, job satisfaction, and personal characteristics measures and their relationships to mental well-being among samples of lower-, middle-, and upper-level managers in the United States, Japan, and India. These data suggested basic similarities between 178 U.S. and 306 Indian managers; the 222 Japanese managers tended to report more negative reactions than the other two groups. Variability among these groups was seen, however, in the relative weights given to the factors of the mental well-being measure and in the association of these factors with the various independent variables. Implications and shortcomings of these results are discussed, along with suggestions for future research priorities. (45 references) AA

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

REFERENCE NUMBER 18

Au: Denig, P.; Haaijer-Ruskamp, F.M.; Zijlsling, D.H.

Ti: **How Physicians Choose Drugs**

So: *Social Science and Medicine* 27(12):1381-1386, 1988

A drug choice model which includes the physician's attitudes, norms, and personal experiences with drugs, was tested. One hundred and sixty-nine physicians were asked to estimate the model's components for the treatment of irritable bowel syndrome (IBS) and of renal colic. Given three drugs for both indications, the physicians gave their expectancies about the treatment outcomes, professional acceptability, patient demand, and their personal experience with the drugs. They also stated the value they assign to each of these components when choosing a drug for IBS and for renal colic. The influence of patient demand on the choice of a specific drug appeared to be negligible. The combined effect of the other three elements of

the model predicted the stated drug of first choice correctly in 74% (for IBS) and 78% (for renal colic) of the cases, but further analysis showed that only the drug choices for renal colic were as reasoned as the model assumed. Expectancies and values about treatment outcomes determined the drug choice only in part. For choosing a drug for renal colic, the professional environment was more important. Moreover it was found that drug preferences were more related to expectancies about efficacy than to expectancies about side effects for both disorders. The findings can be useful when trying to change prescribing behavior. Only a limited effect can be expected from the provision of technical drug information. Especially information about costs is unlikely to change prescribing easily, unless values and norms are changed as well. The importance of the professional environment implies that educational programmes in groups might be more effective than individual approaches. (29 references) AA

Address for reprint requests: Department of Health Sciences, University of Groningen, Bloemensingel 1, 9713 BZ Groningen, The Netherlands

REFERENCE NUMBER 19

Au: Deniston, Lynn O.; Carpentier-Alting, Patricia; Kneisley, Jill; Hawthorne, Victor M.; Port, Friedrich K.

Ti: **Assessment of Quality of Life in End-Stage Renal Disease**

So: forthcoming in *Health Services Research*

Ten different multi-item indices as well as nine single-item measures were used to assess quality of life of patients assigned one of four major modalities of treatment for end-stage renal disease (ESRD). Assessments were made on a population-based sample of Michigan patients with onset of ESRD after November 1, 1981 during the period May 1984 to September 1986. The nature of these measures is described and correlations among them are reported. The correlations suggest these indices tend to represent either function or feeling, with moderate relationships within the two clusters but little between them. Findings are also reported in terms of age, race, and sex. Depending upon the measure chosen to assess quality of life, different conclusions about the relationship of quality of life to these demographic characteristics will be reached. These relationships may help readers think more critically about the nature of quality of life and arrive at judgments of the relative validity of these different measures. (37 references)

Address for reprint requests: University of Michigan, Department of PHPA, SPH II, Ann Arbor, Michigan 48109-2029

REFERENCE NUMBER 20

Au: Dise-Lewis, Jeanne E.

Ti: **The Life Events and Coping Inventory: An Assessment of Stress in Children**

So: *Psychosomatic Medicine* 50(5):484-499, 1988

This article reports the development of the Life Events and Coping Inventory (LECI), an instrument that assesses the experience of the life stress and the use of coping behaviors in 12- to 14-year-old children. Six hundred eighty-one children participated in item generation, item rating, reliability procedures, and validity procedures for the LECI. Indices of life stress were correlated at a statistically significant level ($p < 0.01$) with measures of state and trait anxiety, psychosomatic symptoms, depression, and a variety of behavior problems. A broad range of coping strategies was evidenced, with strategies that provide distraction from the stress event the most useful. The results are discussed in light of current theoretic literature on stress and well-being. (20 references) AA

Address for reprint requests: Department of Rehabilitation Medicine, University of Colorado Health Sciences Center, 4200 E. Ninth Avenue, Denver, Colorado 80262

REFERENCE NUMBER 21

Au: Dooley, David; Catalano, Ralph; Rook, Karen S.
 Ti: **Personal and Aggregate Unemployment and Psychological Symptoms**
 So: *Journal of Social Issues* 44(4):107-123, 1988

Four different types of individual-level unemployment experiences were studied in relation to psychological symptoms: (1) current unemployment following a recent involuntary job loss, (2) unemployment among students of homemakers, (3) reemployment after recent job loss, and (4) either voluntary or long-term (greater than 6 months) unemployment. Aggregate unemployment (the prevailing rate in the surveyed community) was also studied, both alone and in interaction with each of the four individual/level unemployment conditions. These five variables were each related positively to psychological symptoms, whether measured as a continuous variable or as a dichotomous variable simulating a case/noncase split, and controlling for the usual demographic variables and various other stressful life events. Little evidence was found for interactions of the unemployment conditions with aggregate unemployment or with potential moderators. A small panel study provided a partial longitudinal check for several of these cross-sectional findings. The findings are discussed in terms of public policy options. (32 references) AA

Address for reprint requests: Program in Social Ecology, University of California, Irvine, California 92717

REFERENCE NUMBER 22

Au: Downes, John Joseph; Davies, Ann D.M.; Copeland, J.R.M.
 Ti: **Organization of Depressive Symptoms in the Elderly Population: Hierarchical Patterns and Guttman Scales**
 So: *Psychology and Aging* 3(4):367-374, 1988

Survey data from the US-UK Cross-National Geriatric Community Study was examined for hierarchical patterns in the organization of depressive symptomatology in the elderly population. A pattern similar to that previously found in a younger sample (Sturt, 1981) was evident. Low prevalence symptoms were associated with increased numbers of other symptoms. The poor fit of high-frequency somatic symptoms in this hierarchy was explained by their low specificity for depression in an elderly population. Derived Guttman scales of somatic and affective symptoms suggested, nonetheless, that such low-specificity symptoms may be clinically significant in the ontogeny of depression. (43 references) AA

Address for reprint requests: Department of Pharmacology, University of Bradford, West Yorkshire BD7 1DP, England

REFERENCE NUMBER 23

Au: Engel, G.L.; Bergsma, J.
 Ti: **Quality of Life**
 So: *Health Policy* 10(3):215-216, 1988

Quality of life is frequently measured and even more frequently debated. How to measure quality of life, when and how often should this be repeated, should instruments be developed (such as standard questionnaires), or would in depth interviews be preferable? And why, for what purpose, should we measure quality of life? In this issue of Health Policy, some approaches to measurement of quality of life are presented. In addition, articles in this issue address some of the differing perspectives as to the conceptual problems in developing aggregate measures. (0 references) CHI-P

Address for reprint requests: Health Council, Post Office Box 90517, 2509 LM The Hague, The Netherlands

REFERENCE NUMBER 24

Au: Espino, David V.; Neufeld, Richard R.; Mulvihill, Michael; Libow, Leslie S.
 Ti: **Hispanic and Non-Hispanic Elderly on Admission to the Nursing Home: A Pilot Study**
 So: *Gerontologist* 28(6):821-824, 1988

The records of all Puerto Rican/Hispanic patients (n = 25) residing in, or who were discharged within the last 12 months from one nursing home were reviewed and compared to a control group (n = 50) admitted during the same time period. The Puerto Rican/Hispanic group was younger and had more disabilities. Suggested is that their families may not be able to maintain an impaired member at home, which contradicts the common view of Puerto Rican/Hispanic families. (17 references) AA

Address for reprint requests: University of Texas Health Science Center of San Antonio, Texas 78284

REFERENCE NUMBER 25

Au: Farmer, Mary E.; Locke, Ben Z.; Moscicki, Eve K.; Dannenberg, Andrew L.; Larson, David B.; et al.
 Ti: **Physical Activity and Depressive Symptoms: The NHANES I Epidemiologic Follow-up Study**
 So: *American Journal of Epidemiology* 128(6):1340-1351, 1988

The relation between self-reported physical activity and depressive symptoms was analyzed for 1,900 healthy subjects aged 25-77 years in the Epidemiologic Follow-up Study (1982-1984) to the first National Health and Nutrition Examination Survey (NHANES I). Depressive symptomatology as measured by the Center for Epidemiologic Studies Depression Scale (CES-D) was examined by sex and race in relation to recreational physical activity and physical activity apart from recreation, controlling for age, education, income, employment status, and chronic conditions. Little or no recreational physical activity and little or no physical activity apart from recreation were cross-sectionally associated with depressive symptoms in whites and in blacks. After exclusion of those with depressive symptoms at baseline, recreational physical activity was an independent predictor of depressive symptoms an average of 8 years later in white women. The adjusted odds of depressive symptoms at followup were approximately 2 for women with little or no recreational physical activity compared with women with much or moderate recreational physical activity (95% confidence interval 1.1-3.2). These findings are the first indication from a prospective study of a large community sample that physical inactivity may be a risk factor for depressive symptoms. (46 references) AA

Address for reprint requests: Parklawn Building, Room 10C09, 5600 Fishers Lane, Rockville, Maryland 20857

REFERENCE NUMBER 26

Au: Field, Dorothy; Schaie, K. Warner; Leino, E. Victor
 Ti: **Continuity in Intellectual Functioning: The Role of Self-Reported Health**
 So: *Psychology and Aging* 3(4):385-392, 1988

Surviving members of the Berkeley Older Generation Study were interviewed and tested with the Wechsler Adult Intelligence Scale in 1969-1970 and again in 1983-1984, when subjects' ages ranged from 73 to 93. Health was assessed by self-reports at both measurement periods. Although many individuals showed some decline in intellectual functioning, substantial individual differences were apparent at all age levels. More than one half of the subjects showed no reliable change, and a minority showed a reliable increase in verbal scores. The role of self-reported health has increasing importance in the maintenance of intellectual functioning in advanced old age. (50 references) AA

Address for reprint requests: Institute of Human Development, 1203 Tolman Hall, University of California, Berkeley, California 94720

REFERENCE NUMBER 27

Au: Field, Tiffany; Alpert, Bene; Vega-Lahr, Nitza; Goldstein, Sheri; Perry, Susan
Ti: **Hospitalization Stress in Children: Sensitizer and Repressor Coping Styles**
So: *Health Psychology* 7(5):433-445, 1988

To examine the effects of individual sensitizer/repressor coping styles on responses to hospital procedures, 56 children (mean age = 6.5 years) were observed during hospitalization for minor surgery. Although the sensitizer children, as classified by their mothers, did not differ from the repressor children on baseline measures including hospital preparation, they were more talkative, expressive, and active during hospital play observations. During blood tests and preoperative injections, the sensitizers, compared with the repressors, were reported by their mothers to observe the procedures, to seek additional information about the procedures, and to show more protest behaviors. Finally, the sensitizer children required fewer hours of intensive care. (21 references) AA

Address for reprint requests: Mailman Center for Child Development, University of Miami Medical School, Post Office Box 016820, Miami, Florida 33101

REFERENCE NUMBER 28

Au: Fisher, Ann; Chestnut, Lauraine G.; Violette, Daniel M.
Ti: **The Value of Reducing Risks of Death: A Note on New Evidence**
So: *Journal of Policy Analysis and Management* 8(1):88-100, 1989

Government agencies face difficult resource-allocation decisions when confronted with projects that will reduce risks of fatality. Evidence from individual behavior helps determine society's values for reducing risks. The most credible evidence is based on individuals' willingness to pay (or willingness to accept compensation) for small changes in risks. Studies for consumer behavior are limited, but more evidence is available relating wages to job risks. Contingent valuation studies reinforce the wage-risk implications, leading to a range of values that can be compared with the costs of proposals to reduce fatal risks. (32 references) AA

Address for reprint requests: Environmental Protection Agency (EPA), Washington, D.C. 20460

REFERENCE NUMBER 29

Au: Foley, Frederick W.; Miller, Andrew H.; Traugott, Ute; LaRocca, Nicholas G.; Scheinberg, Labe C.; et al.
Ti: **Psychoimmunological Dysregulation in Multiple Sclerosis**
So: *Psychosomatics* 29(4):398-403, 1988

Studies examining the relationship between immunologic and psychologic states have been conducted primarily on medically healthy adults experiencing psychological distress. The overall findings point to an association between distress and cell-mediated immunodysregulation. The current study sought to extend the psychoimmunologic literature by examining the relationship between mood and immunity in persons with a preexisting hyperimmune disorder: multiple sclerosis (MS). Psychologic, neurologic, and immunologic status were examined in 15 carefully screened MS patients. Disease-specific (hyperimmune) dysregulation was related to psychologic distress, but not to severity of disease. The relationship between immunity and mood in MS is discussed. (18 references) AA

Address for reprint requests: Albert Einstein College of Medicine, 2527 Glebe Avenue, Bronx, New York 10461

REFERENCE NUMBER 30

Au: Folks, David G.; Blake, Daniel J.; Freeman, Arthur M.; Sokol, Roberta S.; Baker, Diane M.
 Ti: **Persistent Depression in Coronary Bypass Patients Reporting Sexual Maladjustment**
 So: *Psychosomatics* 29(4):387-391, 1988

Four hundred ten patients undergoing coronary artery bypass surgery demonstrated a highly significant correlation between sexual-adjustment disturbance and postoperative depressive symptomatology. Patients were assessed preoperatively with the Psychosocial Adjustment to Illness Scale (PAIS), Zung SDS, and CES-D depression-rating scales; assessments were also made at 3, 6, and 12 months postoperatively. The PAIS served to examine psychosocial adjustment following bypass surgery. In particular, five of the six subscale items addressing sexual function were significantly correlated with persistent depressive symptoms. Sexual function problems were highly correlated with depression both pre- and postoperatively; of greater importance, preoperative sexual adjustment disturbances were predictive of depressive symptoms postoperatively on all assessment occasions. This study supports the need for an assiduous sexual history and psychiatric evaluation prior to surgery. (17 references) AA

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

REFERENCE NUMBER 31

Au: Friedman, Lois C.; Baer, Paul E.; Nelson, David V.; Lane, Montague; Smith, Frank E.; et al.
 Ti: **Women With Breast Cancer: Perception of Family Functioning and Adjustment to Illness**
 So: *Psychosomatic Medicine* 50(5):529-540, 1988

Fifty-seven women with breast cancer completed measures of family adaptability and cohesion, marital adjustment, and psychosocial adjustment to illness. Using a circumflex model of family systems, we examined whether subjects who perceived their families at moderate levels of cohesion and adaptability reported better psychosocial adjustment than subjects from families with extreme levels of cohesion and adaptability. The results indicated that the patients who reported the best adjustment to breast cancer and in their marriages also reported the highest levels of family cohesion. There was not a significant relationship between adjustment to illness and adaptability. The implications for the treatment of women with breast cancer and for the families of these patients were discussed. (36 references) AA

Address for reprint requests: Baylor College of Medicine, One Baylor Plaza, Houston, Texas 77030

REFERENCE NUMBER 32

Au: Fulda, Joseph S.
 Ti: **Ratings and Confirmation**
 So: *Quality and Quantity* 22(4):435-438, 1988

The author presents a formalism which makes explicit and precise the confirming effect of multiple observers and repeated trials on composite ratings, considering the relevant subjective inputs. The author notes that common measures of central tendency frequently fail as valid summary measures. Several examples are given to illustrate this point. (3 references) AA-M

Address for reprint requests: Hofstra University, Hempstead, Long Island, New York 11550

REFERENCE NUMBER 33

Au: Goodkin, Donald E.; Hertzgaard, Doris; Seminary, Judy

Ti: **Upper Extremity Function in Multiple Sclerosis: Improving Assessment Sensitivity with Box-and-Block and Nine-Hole Peg Tests**

So: *Archives of Physical Medicine and Rehabilitation* 69(10):850-854, 1988

The need for standardized operational definitions, as well as a more sensitive, easily applied, and reproducible upper extremity functional assessment for following patients in multiple sclerosis clinical trials is evident. Experience with the use of two upper extremity functional assessment instruments—the nine-hole peg test (9HPT) and the box-and-block test (BBT)—is described. The patients, who were followed for six months, experienced subjective change in functional status but failed to show significant change on the pyramidal, cerebellar, or visual functional scores of the Kurtzke Expanded Disability Status Scale (EDSS). The prevalence of upper extremity dysfunction in multiple sclerosis, as measured by the 9HPT and the BBT, is higher than previously appreciated. The 9HPT and BBT are more sensitive in detecting upper extremity functional status change than the EDSS and should prove helpful in following patients in clinical trials. (10 references) AA

Address for reprint requests: 700 1st Avenue South, Fargo, North Dakota 58103

REFERENCE NUMBER 34

Au: Grand, A.; Grosclaude, P.; Bocquet, H.; Pous, J.; Albarede, J.L.

Ti: **Predictive Value of Life Events, Psychosocial Factors and Self-Rated Health on Disability in an Elderly Rural French Population**

So: *Social Science and Medicine* 27(12):1337-1342, 1988

Increasing evidence suggests that exposure to stressful life events and a variety of psychosocial factors are related to different health outcomes in the elderly. Our purpose is to study the predictive value of each of these items on the ability deterioration of a panel of 645 rural adults, aged 60 and over, living at home, and followed for 4 years (1982-1986). This survey was carried out in five rural areas of Haute-Garonne (South-West France). Data were collected from the elderly themselves by questionnaire in 1982 and 1986. An indicator of ability evolution (1982-1986) was constructed for all those surviving and reviewed in 1986. Our study concerned 470 elderly people. Ability deterioration was 55.3% (260 elderly people). The analysis of age-adjusted relative risks (RR) of ability deterioration showed a significant impact of economic level (RR = 2.3), self-rated health (RR = 2.2), and reported morbidity (RR = 2.2). Among the psychosocial factors, we noted the predictive role of a lack of project for the future (RR = 1.7) and mostly of a feeling of uselessness (RR = 9.8), but also of nonparticipation in association activities for people aged less than 75. All these relationships remain significant after adjustment according to reported morbidity. In contrast, no significant effect was found for social support and life events which occurred during the followup period. Logistic discriminant analysis and segmentation analysis were performed. They confirmed the independence of the predictive roles played by age, economic level, reported morbidity, and the feeling of uselessness. These results, discussed with bibliographic data, should give a better knowledge of the processes which underlie pathological aging. (24 references) AA

Address for reprint requests: Economic de la Sante et Prevention, Faculte de Medecine, 37, allees Jules Guesde, Toulouse Cedex, France 31073

REFERENCE NUMBER 35

Au: Gudex, Claire

Ti: **QALYS and their Use by the Health Service**

So: York, England:University of York, Centre for Health Economics (Discussion Paper 20), filed 1988

Despite considerable progress and achievements in health care over the last century, we still cannot give every ill person as full a treatment as possible. With limited resources, decisions have to be made to determine priorities in the health care system. These decisions should be based on both costs of resource inputs and on the health outcome for the patients involved. However, there is little emphasis on outcome data in present decisions, and its importance and usefulness needs to be highlighted. In a joint project between the University of York and the North Western Regional Health Authority (NWRHA), one measure of health outcome, the quality adjusted life year (QALY) was combined with cost data to provide a new criterion for use in determining resource allocation. The NWRHA found this cost/QALY data to be a useful adjunct to their decisionmaking, and they will require details of both resource inputs and of health outcome to be given in subsequent bids. It is hoped that with the further development of a QALY-type measurement, it will be easier to include such information in the decisionmaking process, and those concerned will be reminded that quality of life is a factor that should not be ignored. In this paper the background to the project and the methods used are described. This is followed by a discussion of the QALY results in terms of their usefulness to a health authority, and in the context to some shortcomings that have yet to be resolved. (45 references)

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

REFERENCE NUMBER 36

Au: Gudex, Claire; Kind, Paul

Ti: **The QALY Toolkit**

So: York, England:University of York, Centre for Health Economics (Discussion Paper 38), filed 1988

QALYs (quality adjusted life years) represent a powerful addition to the range of evaluative techniques for use in assessing the impact of health care. In the past such benefits have been portrayed in terms of their contribution to life expectancy. The ability to adjust for quality of life is an important step which permits comparisons to be made between specific forms of intervention, and between competing programmes of health care. The measurement of quality of life is fundamental to the calculation of QALYs and is achieved, in this case, by using an index first described by Rachel Rosser (now Professor of Psychiatry, Middlesex Hospital, London). This "toolkit" brings together all the relevant background information on measuring QALYs. The paper sets out the background to the Rosser index, including both the descriptive classification of disability/distress states and their associated valuations. It also presents examples of the methods which have been used to compute QALYs—by reprocessing published data and consulting specialist reference groups. A self-completed questionnaire which yields Rosser ratings has been developed by the York QALY team for use in survey settings. The questionnaire is included as an Appendix, together with instructions in encoding response data. Policy choice has to be informed by data about the costs and outcomes if therapies and programmes competing for scarce and limited resources. This QALY toolkit, in conjunction with cost data, will enable choices to give good values for money to public and private sector health care systems. (28 references) AA

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

REFERENCE NUMBER 37

Au: Gurland, Barry J.; Teresi, Jeanne; Smith, W. McFate; Black, Dennis; Hughes, Glenn; et al.
Ti: **Effects of Treatment for Isolated Systolic Hypertension on Cognitive Status and Depression in the Elderly**
So: *Journal of the American Geriatrics Society* 36:1015-1022, 1988

The Systolic Hypertension in the Elderly Program (SHEP) was designed as a feasibility study and in part dealt with the effects of the treatment of isolated systolic hypertension on cognitive status and depression. Subjects were 60 years of age or older with a systolic blood pressure of 160 mmHg or greater and diastolic of less than 90 mmHg; free of several specified illnesses or chronic conditions. These volunteers were randomly assigned to treatment (n=443) and placebo (n=108) groups. The behavioral assessments at baseline and 1 year later were the SHORT-CARE instrument for depression, cognitive impairment, and disability and other tests of cognitive status (Digit Symbol Substitution and the Trail Making tests). Although the treatment regime was highly successful in controlling the hypertension, it did not have a significant impact on changes in cognitive function or level of depression; a behavioral benefit was not evident, but the results are consistent with the view that an effective treatment regime for isolated systolic hypertension in the elderly can be behaviorally safe. (36 references) AA

Address for reprint requests: Columbia University Center for Geriatrics, 100 Haven Avenue, Tower 3-29F, New York, New York 10032

REFERENCE NUMBER 38

Au: Hall, Ellen M.; Johnson, Jeffrey V.
Ti: **Depression in Unemployed Swedish Women**
So: *Social Science and Medicine* 27(12):1349-1355, 1988

Two groups of Swedish women—51 employed and 96 unemployed—were compared in terms of their scores on the Beck Depression Inventory (BDI). It was hypothesized that unemployed women would be more depressed than their employed counterparts and further that the distress of unemployment would be reflected in elevation in cortisol values among those who were out of work. It was found, even when controlling for social support, stressful life events, and marital status, that depression as seen in the BDI scores was greater in the unemployed group. However, no relationship was observed between either cortisol and employment status or cortisol and depression. (46 references) AA

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

REFERENCE NUMBER 39

Au: Harris, Rosemary E.; Mion, Lorraine C.; Patterson, Marian B.; Frengley, J. Dermot
Ti: **Severe Illness in Older Patients: The Association Between Depressive Disorders and Functional Dependency During the Recovery Phase**
So: *Journal of the American Geriatrics Society* 36(10):890-896, 1988

An association between depression and physical dependency arising from a recent illness has been generally accepted. To clarify this relationship over time, 30 medical rehabilitation patients aged 54 to 94 years were assessed 1 week after admission and a discharge to quantify symptoms of depression, physical dependency, and cognitive functioning using the Hamilton Depression Scale (HAM-D), the Geriatric Depression Scale (GDS), the Barthel Index for physical function, and the Mini-Mental State Examination (MMSE). Significant depressive symptomatology was found by HAM-D in 25 patients on admission and 14 on discharge. No significant associations were present between either admission or discharge depression scores and all other variables. The HAM-D change score was significantly correlated with the Barthel change score ($r=0.57$, $P<0.001$) and with the MMSE change score ($r=0.48$, $P=0.01$). All patients whose

mood improved also improved in physical functioning, whereas 75% of those whose mood did not improve failed to make headway in physical functioning. This implies that it is not the degree of physical incapacity but rather the failure to regain prior abilities which is strongly associated with persisting depression following a catastrophic illness. Furthermore, characteristics found commonly in the group whose mood did not improve included physicians' failure to diagnose and treat depression or a setback from a significant medical or surgical complication. (31 references) AA

Address for reprint requests: Division of Restorative and Geriatric Medicine, H-540, 3395 Scranton Road, Cleveland Metropolitan General/Highland View Hospital, Cleveland, Ohio 44109

REFERENCE NUMBER 40

Au: Harper, Mary S.

Ti: **Behavioral, Social and Mental Health Aspects of Home Care for Older Americans**

So: *Home Health Care Services Quarterly* 9(4):61-124, 1988

This article profiles the behavioral, social, and mental health needs of the elderly with physical illnesses as well as those with behavioral, social, and mental disorders. In particular, the author focuses on conditions which home health care providers and families find challenging; these included delirium, suicidal ideation and attempts, depression, and wandering. A few of the familiar psychosocial assessments for the elderly are discussed in this context. (202 references) AS-M

Address for reprint requests: National Institute of Mental Health, U.S. Department of Health and Human Services, Rockville, Maryland 20857

REFERENCE NUMBER 41

Au: Harris, John

Ti: **Life: Quality, Value and Justice**

So: *Health Policy* 10(3):259-266, 1988

The claim is questioned that QALYs (quality adjusted life years) provide an effective measure of beneficial health care and of cost-effective and/or efficient health care and allow for a morally defensible way of distributing scarce health resources. It is argued the QALYs: (1) fallaciously value time lived instead of individual lives; (2) take an excessively narrow view of what quality of life might be; and finally and perhaps most importantly (3) they are unjust. (20 references) AA

Address for reprint requests: Centre for Social Ethics and Policy, University of Manchester, Manchester, United Kingdom

REFERENCE NUMBER 42

Au: Hatziandreu, Evridiki I.; Koplan, Jeffrey P.; Weinstein, Milton C.; Caspersen, Carl J.; Warner, Kenneth E.

Ti: **A Cost-Effectiveness Analysis of Exercise as a Health Promotion Activity**

So: *American Journal of Public Health* 78(11):1417-1421, 1988

We used cost-effectiveness analysis to estimate the health and economic implications of exercise in preventing coronary heart disease (CHD). We assumed the nonexercisers have a relative risk of 2.0 for a CHD event. Two hypothetical cohorts (one with exercise and the other without exercise) of 1,000 35-year-old men were followed for 30 years to observe differences in the number of CHD events, life expectancy, and quality-adjusted life expectancy. We used jogging as an example to calculate cost, injury rates, adherence, and the value of time spent. Both direct and indirect costs associated with exercise, injury, and treating CHD were considered. We estimate that exercising regularly results in 78.1 fewer CHD events

and 1,138.3 Quality Adjusted Life Years (QALYs) gained over the 30-year study period. Under our base case assumptions, which include indirect costs such as time spent in exercise, exercise does not produce economic savings. However, the cost per QALY gained of \$11,313 is favorable when compared with other preventive or therapeutic interventions for CHD. The value of time spent is a crucial factor, influencing whether exercise is a cost-saving activity. In an alternative model, where all members of the cohort exercise for one year, and then only those who like it or are neutral continue, exercise produces net economic savings as well as reducing morbidity. (21 references) AA

Address for reprint requests: Centers for Disease Control, Building 1, Room 2047(D22), Atlanta, Georgia 30333

REFERENCE NUMBER 43

Au: Hay, David Ian

Ti: **Socioeconomic Status and Health Status: A Study of Males in the Canada Health Survey**

So: *Social Science and Medicine* 27(12):1317-1325, 1988

The relationships between education/occupation/income and health status have been well documented in the international epidemiological and sociological literature for many years; however, specific studies on the subject are scarce in Canada. Even when relationships have been demonstrated, the reasons for these relationships are much debated. The study presents an analysis of the relationship between socioeconomic status (SES) and health status. The study is based on analysis of data from a sample of nearly 2,000 male principal income earners from the 1978 Canada Health Survey. Firstly, is there a relationship between an individual's SES and health status in Canada? Secondly, what aspects of SES—education, occupational status, and/or income—are most important? Thirdly, what are the possible explanations of the observed relationship? That is, is it possible to disaggregate the relationship and thereby infer possible causal mechanism? The findings indicated a direct positive relationship between SES and health status, i.e., the higher and individual's SES, the better that person's health. The major exception to this was the SES/fitness relationship. In this instance, the higher the SES, the lower the level of fitness. Though age was an important control variable as SES, fitness and illness are age related, the findings relating SES to the health measures remained even when age was controlled for. Of the three SES measures, income was consistently the best correlate of health status. Occupational status showed the most inconsistent relationships with health status. The findings supported both the social causation and social selection hypotheses. That is, social position can have an effect on health status (social causation), while health status can affect one's social position (social selection). (53 references) AA

Address for reprint requests: Department of Behavioral Science, University of Toronto, Toronto, Ontario M5S 1A8, Canada

REFERENCE NUMBER 44

Au: Headey, Bruce; Wearing, Alex

Ti: **The Sense of Relative Superiority Central to Well-Being**

So: *Social Indicators Research* 20:497-516, 1988

Quality-of-life (QOL) research appears to show that in nearly all countries which have been studied almost all sections of the community rate their subjective well-being (SWB) above the mid-point of scales. This paper suggests a partial explanation of this puzzling finding. It is that almost all human beings explicitly believe that their own performance in major life roles is well above average. We label this the human sense of relative superiority (SRS). In the 1985 Australian Quality-of-Life survey (N=584) respondents rated their performance in seven major roles on a 7-point scale running from "way above average" to "way below average." The percentages rating themselves above average ranged from 85.9% for main job to 49.8% for main spare time activity. Percentage rating below average ranged from 1% for main job to 11.5% for keeping fit and healthy. The median respondent rated herself/himself above average in five of seven roles.

Differences between men and women, young and old, higher and lower status people, were slight. The later sections of the paper are concerned with the adaptive mechanisms by which large majorities manage to feel SRS. Differential weighting of sub-roles in assessment of overall role performance and use of restricted reference groups are suggested as two such mechanisms. The concluding section discusses the benefits and costs of SRS. Benefits include enhanced self-esteem and SWB. Costs include failure to perceive one's own poor performance and hence to take corrective action. (47 references) AA

Address for reprint requests: Political Science Department, University of Melbourne, Parkville, Victoria 3052, Australia

REFERENCE NUMBER 45

Au: Hornquist, Jan Olof

Ti: **Concept and Assessment of Quality of Life: One Coherent Swedish Approach**

So: Linköping, Sweden: Linköping University, filed 1988

This paper describes the conceptual foundation and operational definition of a new quality-of-life assessment. The author's definition of quality of life is perceived need and functional satisfaction with special emphasis on well-being within six life spheres: somatical, psychological, behavioral activity, material and structural. (23 references) CH-P

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

REFERENCE NUMBER 46

Au: Horowitz, Mardi; Adler, Nancy; Kegeles, Susan

Ti: **A Scale for Measuring the Occurrence of Positive States of Mind: A Preliminary Report**

So: *Psychosomatic Medicine* 50(5):477-483, 1988

It may be as important to measure a failure to achieve desirable states of mind as it is to measure negative moods. The proposed measure of positive states of mind was found to be internally consistent, sensitive to degrees of life stress, well accepted, quick to administer, and amenable to use as a repeated measure in longitudinal studies. Data from 187 men and women in a college student sample are reported. (13 references) AA

Address for reprint requests: Box-37, Langley Porter Psychiatric Institute, University of California, San Francisco, California 94143

REFERENCE NUMBER 47

Au: Iverson, Lars; Sabroe, Svend

Ti: **Psychological Well-Being Among Unemployed and Employed People After a Company Closedown: A Longitudinal Study**

So: *Journal of Social Issues* 44(4):141-152, 1988

In a three-year longitudinal study, we examined the effects of unemployment and the fear of becoming unemployed on the psychological well-being of 1,153 employees at a shipyard that was closed down, and a control group of 441 employees from another operative shipyard. On all three questionnaires, unemployed people were significantly lower in psychological well-being than employed people. Change to or from employment was significantly associated with changes in psychological well-being, whereas remaining employed or unemployed did not lead to any systematic changes in psychological well-being. Among employed people, the fear of unemployment was strongly associated with reduced psychological well-being. Thus, the health-related consequences of unemployment affect not only the unemployed but also employed

people who have little job security. Consequently, we stress the need to create new workplaces and to implement reforms that can reduce job insecurity in the labor market. (13 references) AA

Address for reprint requests: Institute of Social Medicine, University of Copenhagen, Blegdamsvej 3, 2200 Copenhagen N, Denmark

REFERENCE NUMBER 48

Au: Jenkinson, Crispin; Fitzpatrick, Ray; Argyle, Michael

Ti: **The Nottingham Health Profile: An Analysis of its Sensitivity in Differentiating Illness Groups**

So: *Social Science and Medicine* 27(12):1411-1414, 1988

A recent criticism of the Nottingham Health Profile (NHP) claimed it was an insensitive instrument for use in population surveys because its modal response was zero, and domains measured by the instrument are insufficiently distinct. It is argued here that the NHP was designed specifically to uncover the chronically ill in populations and, further, research undertaken here indicates that the instrument is sufficiently sensitive to be successful in permitting variations within and between illness groups to be determined. However, the domains of mobility and pain, as measured by the instrument, are found to be confounded. (12 references) AA

Address for reprint requests: Nuffield College, Oxford OX1 1NF, England

REFERENCE NUMBER 49

Au: Johnston, Denis F.

Ti: **Toward a Comprehensive 'Quality-of-Life' Index**

So: *Social Indicators Research* 20(5):473-496, 1988

Any attempt to construct an overall measure of the quality of life (QOL) of a community, population group, or larger society must inevitably confront the critical obstacle posed by the absence of a common numeraire. The diverse elements that significantly affect the QOL of individuals and social groups are each subject, at least in principle, to some form of measurement, but no satisfactory method has yet been devised whereby these different measurements could be reduced to a single metric. The construct that is developed in this paper cannot claim to have overcome this fundamental problem; nor does it settle the equally basic difficulties relating to what specific indicators to include in the composite construct, and how to weigh their individual values. However, it illustrates one possible approach toward the development of a summary index value that provides some insight into both direction ("favorable" or "unfavorable") and magnitude of observed year-to-year changes in a selected number of fairly representative socioeconomic indicators for which measures were available for the United States annually from 1969 to the present. The information provided by this index lacks explanatory power, but examination of the components of the observed changes in the index does yield some useful insight into the relative contribution of changes in different "areas of concern" to the overall changes observed in the QOL in the United States during the 1969-1985 period.

Address for reprint requests: Georgetown University, Washington, D.C. 20057

REFERENCE NUMBER 50

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

Ti: **Measuring Quality of Life in Arthritis Patients (Including Discussion of a General Health-Decision Model)**

So: *Quality of Life and Cardiovascular Care* 4(3):131-139, 1988

This article addresses the issues of disease-specific versus generic health status measures for persons with arthritis. Three arthritis-specific assessments, the Arthritis Impact Measurement Scale (AIMS), the Health

Assessment Questionnaire (HAQ), and MACTAR, are briefly reviewed. The Quality of Well-Being Scale, a generic health status measure, is used to illustrate the strengths and weaknesses of generic measures. (29 references) AA

Address for reprint requests: Division of Health Care Sciences, University of California at San Diego, La Jolla, California 92093

REFERENCE NUMBER 51

Au: Katzman, Robert; Zhang, Mingyuan; Ouang-Ya-Qu; Wang, Zhengyu; Liu, William T.; et al.

Ti: **A Chinese Version of the Mini-Mental State Examination: Impact of Illiteracy in a Shanghai Dementia Survey**

So: *Journal of Clinical Epidemiology* 41(10):971-978, 1988

A dementia screening survey was carried out in Shanghai using a culturally adapted Chinese version of the Mini-Mental State Examination. A probability sample of 5,055 community-dwelling elderly in Shanghai was surveyed, 1,497 aged 55-64, 2,187 aged 65-74, and 1,371 aged 75 and over. In the 73.3% of the subjects who had gone to school, using the age and education adjustments suggested by Kittner et al. (1986) [Kittner et al., *Journal of Chronic Disease* 39:163-170; 1986], suitable cutoff scores could readily be selected to identify the subjects who should be examined intensively for the presence of dementia. However, in the 26.7% who had not gone to school, there was a significant increase in low scores on the mental status test as well as a different error pattern, reflecting the lack of formal education. Methods for following cognitive changes in illiterate individuals need further development. (10 references) AA

Address for reprint requests: Department of Neuroscience, M-024, University of California at San Diego, La Jolla, California 92093

REFERENCE NUMBER 52

Au: Kind, Paul

Ti: **The Design and Construction of Quality-of-Life Measures**

So: York, England: University of York, Centre for Health Economics (Discussion Paper 43), filed 1988

There is growing acceptance of the need for improved outcome measures in monitoring and evaluating the impact of health care. Past emphasis on indicators of mortality and morbidity is being replaced with a greater awareness of the possibilities for measuring quality of life (QOL). This discussion paper describes some of the methodological issues which lie behind the design and construction of such measures and reviews some of the principal examples. The derivation and application of disease-specific and generic measures is documented, and the bibliography provides ready access to the main sources of reference material in this field.

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

REFERENCE NUMBER 53

Au: Koivukangas, Pirjo; Koivukangas, John

Ti: **Role of Quality of Life in Therapeutic Strategies in Brain Tumors**

So: *Health Policy* 10(3):241-257, 1988

The results of the surgical management of brain tumors have improved considerably with the development of new technology. One of the current problems is the evaluation of results of surgical treatment of infiltrative brain tumors, for example, the low-grade astrocytoma. This paper centers on the evaluation of changes in quality of life based on indepth qualitative, together with some quantitative, data on quality of life of four representative cases of cerebral astrocytoma. Results of clinical evaluation (Karnofsky scale,

Glasgow Outcome Score) and semi-structured theme interview showed improvement of quality of life during the first post-treatment year in all cases. This was particularly noted in social aspects of quality of life, including the effect of reduced symptoms on social aspects of quality of life, including the effect of reduced symptoms on social interaction. The patients' own evaluation of the quality of their lives was not influenced only by the illness and treatment, but also by general life circumstances, such as social relations and work. The study further provides some basic data that can be used to develop questionnaires for evaluation of results of the treatment of these patients. (40 references) AA

Address for reprint requests: Department of Economics and Department of Neurosurgery, University of Oulu, Finland

REFERENCE NUMBER 54

Au: Kuiper, Nicholas A.; Olinger, L. Joan; Martin, Rod A.
 Ti: **Dysfunctional Attitudes, Stress, and Negative Emotions**
 So: *Cognitive Therapy and Research* 12(6):533-547, 1988

This research examined several hypotheses relating to the proposed moderating effect of dysfunctional attitudes on the relationship between stressful events and mood disturbance. Participants in Study 1 completed the Dysfunctional Attitudes Scale (DAS), the Beck Depression Inventory, and the Daily Hassles Scale. As predicted, dysfunctional attitudes significantly moderated the relationship between the reported frequency of microstressors and dysphoria. Study 2 extended these findings by means of a laboratory experiment in which participants completed a video task under both minimally and moderately stressful social evaluative conditions. In further support of the proposal that dysfunctional attitudes enhance stress appraisals and negative emotions, individuals scoring high on the DAS displayed increased levels of physiological arousal, anxiety, and self-consciousness throughout the experimental procedures. In addition, these individuals perceived greater disapproval and rejection on the part of the experimenter in the moderately stressful condition than did individuals scoring low on the DAS. Findings from these two studies were discussed in terms of the role of dysfunctional attitudes in stress appraisals, and negative emotions such as anxiety and dysphoria. (14 references) AA

Address for reprint requests: Department of Psychology, University of Western Ontario, London, Ontario N6A 5C2, Canada

REFERENCE NUMBER 55

Au: Lamb, K.L.; Dench, S.; Brodie, D.A.; Roberts, K.
 Ti: **Sports Participation and Health Status: A Preliminary Analysis**
 So: *Social Science and Medicine* 27(12):1309-1316, 1988

This paper presents fresh evidence which examines health in relation to age, sex, socio-economic status, sport type, and frequency amongst indoor sports participants. The evidence is from 4,441 self-completed questionnaires by representative samples of adult participants in seven indoor sports at 46 separate sports facilities, in six U.K. cites. Six indicators of the respondents' health were interrelated and, for purposes of this analysis, are combined into a six-point scale. Males and females in all age groups who were taking part in the more physically demanding sports recorded the highest health scores. In addition, individuals who were playing these demanding sports more than once per week scored higher than those participating in the same activities less often. Health score was also found to be associated with other health-promoting lifestyle practices, such as never smoking and moderate alcohol consumption. Longitudinal corroboration will be necessary to confirm sport as a causal factor in the health-sport relationship, though the cross-sectional evidence from the inquiry is encouraging. It suggests that all types of physically demanding

sport, competitive or not, offer measurable health gains to men and women of all ages and whatever their broader ways of living. (22 references) AA

Address for reprint requests: Department of Sociology and School of Movement Science and Physical Education, University of Liverpool, Liverpool L69 3BX, England

REFERENCE NUMBER 56

Au: Lanier, David C.; Stockton, Patricia

Ti: **Clinical Predictors of Outcome of Acute Episodes of Low Back Pain**

So: *Journal of Family Practice* 27(5):483-489, 1988

In this prospective study, predictors of outcome were identified for patients (n = 116) who were presented to their family physician with acute mechanical low back pain. Short-term outcome was measured by the number of days lost from work and longer term outcome was measured by disability at the 6-week followup. Unlike other published work, this study did not find obesity or a history of previous back problems to be related to a poorer outcome from acute episodes of low back pain. Among those patients not involved in manual labor, a history of anxiety or depression was a significant predictor of both greater work loss and longer term disability. Among this same group, cigarette smoking was also found to be related to greater long-term disability from acute low back pain. Further study of this relationship is needed. The number of hours of manual labor performed daily was a strong predictor of poor outcome (both short- and long-term) of acute episodes of low back pain. Among both manual laborers and professional-technical workers, the number of days off work (at bed rest) prescribed by the physician was significantly related to greater absenteeism from work; the physician's diagnosis of an actual or possible disc problem was also related ($P < .05$) to greater work loss among manual laborers. Neither of these factors, however, was related to longer term disability. (20 references) AA

Address for reprint requests: Family Medicine Center, 3001 Bladensburg Road NE, Washington, D.C. 20018

REFERENCE NUMBER 57

Au: Lawrence, Renee H.; Liang, Jersey

Ti: **Structural Integration of the Affect Balance Scale and the Life Satisfaction Index A: Race, Sex, and Age Differences**

So: *Psychology and Aging* 3(4):375-384, 1988

In this research we examined race, sex, and age differences in the factorial structure of Liang's (1985) model of subjective well-being that integrates the Affect Balance Scale and the Life Satisfaction Index A. In particular, we viewed the covariance structure of the items as a function of several parameter matrices. We analyzed the factorial invariance by testing hypotheses involving the equivalence constraints of one or more parameter matrices with regard to the following: White and Black subsamples, men and women, and the young-old and the old-old. Data for the research came from the 1974 Harris National Council on Aging Survey, Myths and Reality of Aging in America. Analysis of covariance structures, or LISREL, was used to assess the factorial invariance. Replicated race differences were found in the factorial structure, but sex and age differences were not found. Consistent race differences were found for the second-order factor loading for negative affect. (46 references) AA

Address for reprint requests: University of Texas Medical Branch, Galveston, Texas 77550

REFERENCE NUMBER 58

Au: Liberatos, P.; Elinson, J.

Ti: **Developing a Measure of Unmet Child and Adolescent Health Needs for the Assessment of Pediatric Care**

So: Presented at the Annual Meeting of the American Public Health Association, November 1988

This paper presents an adaptation of the the symptoms-response ratio approach to developing a measure for evaluating pediatric care for low income, high risk children in New York City. Symptoms were chosen for inclusion that had been used in assessing child and adolescent health and had been found to be sensitive to variations in health care services; this resulted in 11 items for children and 17 for adolescents. Results from 100 children and 72 adolescents indicated that both groups had considerable unmet needs for health care. (13 references) CH-P

Address for reprint requests: Medical and Health Research Association of New York, Inc., 40 Worth Street, New York, New York 10013

REFERENCE NUMBER 59

Au: Liem, Ramsay; Liem, Joan Huser

Ti: **Psychological Effects of Unemployment on Workers and Their Families**

So: *Journal of Social Issues* 44(4):87-105, 1988

This paper reviews findings from a panel study of Boston area unemployed men and their families. Psychological effects of unemployment on workers and their wives are summarized, particularly for the first half year of joblessness. Family responses to job loss are also examined, including the role of the marital relationship in buffering workers' stress. Finally, policy and service implications of this research are discussed. Consideration is given not only to the mental health needs of workers, but to frequently overlooked qualities of efficacy and resilience among the unemployed. (29 references) AA

Address for reprint requests: Department of Psychology, Boston College, Chestnut Hill, Massachusetts 02167

REFERENCE NUMBER 60

Au: Logan, John R.; Spitze, Glenna

Ti: **Suburbanization and Public Services for the Aging**

So: *Gerontologist* 28(5):644-647, 1988

As the older population is found increasingly in suburban rather than central city areas there are strong practical reasons to investigate the similarities and differences between older people in these two parts of the metropolis. The data source was a large-scale national survey, the 1984 Supplement on Aging of the National Health Interview Survey. Surprisingly, few differences were found between city and suburban elderly residents in need or receipt of assistance. (9 references) AA

Address for reprint requests: Department of Sociology, State University of New York, Albany, New York 12222

REFERENCE NUMBER 61

Au: Lolk, A.; Nielsen, H.; Kragh-Sorensen, P.

Ti: **Procedures in Evaluating Dementia: A Study of Conjoint Application of Two Rating Scales (SCAG and BCRS) and Psychometric Tests**

So: *Acta Psychiatrica Scandinavica* 78(5):592-598, 1988

Fifty-seven patients with dementia (mean age 74 years) were treated for 16 weeks with two different doses of a test drug or placebo. On day 0 no significant differences (Kruskal-Wallis H test) were found between the three treatment groups on psychometric test scores or the total scores on three rating scales (Modified Crichton Geriatric Behavior Rating Scale, Sandoz Clinical Assessment-Geriatric (SCAG) scale, and Brief Cognitive Rating Scale (BCRS). The score differences (the total scores on day 112 minus the total scores on day 0) on SCAG, BCRS, and psychometric tests were subjected to a series of one-way analyses of variance. As no significant difference was found between the groups, they were combined into a single group. In this group the relationship between total scores on SCAG and BCRS and psychometric test scores was analyzed. Setwise multiple regression analyses (with the psychometric test scores as the independent variables) showed that at most 34% and 45% (respectively) of the variance in the SCAG ratings was accounted for by the results from a small subgroup of tests (dealing with visuo-motor speed and verbal memory) on day 0 and day 112. The results of a somewhat bigger subgroup of tests (dealing with visuo-motor speed, verbal memory, and general intelligence) explained 58% of the variance in the BCRS ratings both on day 0 and day 112. The results of a somewhat bigger subgroup of tests (dealing with visuo-motor speed, verbal memory and general intelligence) explained 58% of the variance in the BCRS ratings both on day 0 and after 16 weeks. Canonical correlation analysis using scores on the two rating scales and the psychometric test results was applied complementarily to make the inferences as valid as possible. This analysis yielded $r = 0.76$ on day 0 and $r = 0.80$ on day 112, with the BCRS score having greater influence than the SCAG score. These results questioned the validity of the SCAG as an assessment instrument in psychopharmacological treatment of cognitive decline. BCRS seems to be more valid. (24 references) AA

Address for reprint requests: Department of Psychiatry, Odense University Hospital, DK-5000 Odense, Denmark

REFERENCE NUMBER 62

Au: Majumdar, Basanti Carpio, Barbara

Ti: **Concept of Health as Viewed by Selected Ethnic Canadian Populations**

So: *Canadian Journal of Public Health* 79(6):430-434, 1988

The way people define health and the extent to which they consider personal behavior to influence health will determine how they identify and take action to address health needs. Culture is an important variable in this equation. An understanding of patients' belief systems is important if health care workers are to understand patient recognition of a response to health needs. A study was undertaken in the Hamilton-Wentworth area to gain knowledge of ethnic groups' health beliefs and practices. A recent immigrant group (Latin American) and two more established groups (East Indian and Filipino) were compared with a Canadian-born sample. Subjects were asked to define health, causes of illnesses, and to cite health maintenance behaviors. Though the recent immigrant group identified basic health concerns more frequently than did the other groups, all groups reported an awareness of broad (lifestyle) health concepts and a readiness to assume decision-making power in terms of health maintenance behavior (internal locus of control). (13 references) AA

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

REFERENCE NUMBER 63

Au: Martin, Jean; Meltzer, Howard; Elliot, David

Ti: **The Prevalence of Disability Among Adults**

So: London, England:Office of Population Censuses and Surveys, Social Survey Division, 1988

This report is one of a series of reports that are based on the surveys of disability in Great Britain; these surveys were commissioned by the Department of Health and Social Security in 1984. This report describes the main concepts and methods common to all of the surveys and presents the prevalence estimated from the two surveys of disabled adults. (79 references) CHI-P

Address for reprint requests: HSMO Books (PC 13A/1), Publications Centre, PO Box 276, London SW8 5DT, England

REFERENCE NUMBER 64

Au: Maynard, Alan

Ti: **Incentives for Cost-Effective Physician Behavior**

So: *Health Policy* 7:189-204, 1987

The objective of the National Health Service (NHS) is to maximize improvements in the health status of patients regardless of their willingness and ability to pay. To achieve this objective it is necessary to identify those procedures which maximize improvement in health or quality adjusted life years (QALYs) and direct scarce resources to those therapies with the best cost-QALY characteristics. Unfortunately in the NHS and elsewhere cost-QALY characteristics are largely unknown and the structure of the health service and its provider remuneration systems are such that objectives are vague, behavior perverse due to the haphazard construction of incentive systems, and health status outcomes often unknown due to the failure to evaluate input-outcome relationships. To reform the NHS, in particular ensure more efficient practice by physicians, existing perverse incentive will have to be replaced by the use of buyer (NHS) power and by budgeting mechanisms which induce economizing behavior. It is not clear which type of incentive mechanism will produce outcomes consistent with NHS goals. To remedy this ignorance, experimentation with careful evaluation would be deemed appropriate. (32 references) AA

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

REFERENCE NUMBER 65

Au: McDowell, Ian; Black, Alison; Collishaw, Neil

Ti: **The Healthstlyes Health Promotion Program: Description and Behavioral Outcomes**

So: *Canadian Journal of Public Health* 79(6):447-454, 1988

A quasi-experimental design was used to evaluate a health promotion program in a community health centre in Ottawa. The program offered an opportunity to test some of the conceptual approaches to health promotion recently enunciated by the World Health Organization and by Health and Welfare Canada. Six hundred and forty experimental volunteers and 11-80 matched controls were followed for 18 months. The results showed significant differences in the progress made by experimental and control populations on a composite health behavior score ($p < 0.001$). The experimental group showed significantly greater improvements than the control in health locus of control, smoking, exercise, body weight, nutrition, and stress levels. These results are highly promising, and should be replicated and rigorously evaluated in the other populations and in other settings. (15 references) AA

Address for reprint requests: Department of Epidemiology, 451 Smyth Road, Ottawa, Ontario K1H 8M5, Canada

REFERENCE NUMBER 66

Au: Meddin, Jay; Vaux, Alan

Ti: **Subjective Well-Being Among the Rural Elderly Population**

So: *International Journal of Aging and Human Development* 27(3):193-206, 1988

The purpose of this study was to investigate the relationship between psychosocial factors and subjective well-being among rural elderly persons. A broad range of psychosocial factors (such as mastery, social support, and perceived health) and measures of well-being (such as positive and negative affect and life satisfaction) were employed in bivariate correlation, canonical correlation, and multiple regression analysis. The findings show significant relationships between subjective well-being measures and psychosocial factors that are concomitant with other populations, both elderly and general. (26 references) AA

Address for reprint requests: Curtin University of Technology, Kent Street, Bentley, Western Australia 6102, Australia

REFERENCE NUMBER 67

Au: Meenan, Robert F.; Kazis, Lewis E.; Anderson, Jennifer J.

Ti: **The Stability of Health Status in Rheumatoid Arthritis: A Five-Year Study of Patients with Established Disease**

So: *American Journal of Public Health* 78(11):1484-1487, 1988

We employed a health status measure to describe the outcomes of rheumatoid arthritis patients over five years. Of the 410 rheumatoid arthritis patients who were originally administered the Arthritis Impact Measurement Scales (AIMS), 299 completed a followup 5 years later. Data were analyzed using nine health status scales, three components of health status, and an overall arthritis impact item. Results for survivors indicated that there was no clinically important deterioration in any of these measures. In status, changes were similar for patients originally in a clinical trial and for those receiving routine specialty care. Age was found to positively relate to improvements in psychological status and overall arthritis impact, but we were unable to demonstrate any consistent effects of sex, marital status, education, or disease duration. Our results contrast with other studies that have noted major declines over time in the health status of patients with rheumatoid arthritis. Furthermore, level of education was not a major determinant of morbidity in this group. The results suggest that health status in certain patients with rheumatoid arthritis is more stable than previously thought. This has implications for both clinical practice and clinical research in rheumatology. (12 references) AA

Address for reprint requests: K123, Boston University School of Medicine, 71 East Concord Street, Boston, Massachusetts 02118

REFERENCE NUMBER 68

Au: Middaugh, Susan J.; Levin, Renee B.; Kee, William G.; Barchiesi, Fiammetta D.; Roberts, John M.

Ti: **Chronic Pain: Its Treatment in Geriatric and Younger Patients**

So: *Archives of Physical Medicine and Rehabilitation* 69(12):1021-1025, 1988

The response of geriatric patients to a multidisciplinary chronic pain rehabilitation program was measured by comparing outcome data on 17 older patients (55 to 78 years) with data on 20 younger patients (29 to 48 years) treated in the same program. Pretreatment data were obtained at an initial evaluation, and posttreatment data were obtained at the most recent followup contact, usually at 12 months after treatment. Treatment outcome was assessed on the basis of eight quantitative measures: pain ratings; health care utilization; activity tolerance; daily "up time"; hours per week spent in paid employment, housework, volunteer work, or school; medication intake; SCL-90R somatization, depression, and anxiety scores; and an overall summary measure. Pretreatment data indicated that older and younger groups were similar on both demographic variables and clinical status. There was a larger percentage of women in the

older group. The older patients were initially somewhat more impaired than the younger ones, with nearly four times the rate of health care utilization and almost two times higher medication intake. Both groups improved significantly from pretreatment to posttreatment on most of the eight measures. Older patients showed a greater decrease in health care utilization. Women and men did not respond differentially to treatment. The data indicated that geriatric patients can benefit from chronic pain rehabilitation programs at least as much as, if not more than, younger patients. (17 references) AA

Address for reprint requests: Department of PM&R, Medical University of South Carolina, 171 Ashley Avenue, Charleston, South Carolina 29425

REFERENCE NUMBER 69

Au: Miller, Michael K.; Farmer, Frank L.

Ti: **Substantive Nonadditivity in Social Science Research: A Note on Induced Collinearity and Measurement and Testing of Effects**

So: *Quality and Quantity* 22(3):221-237, 1988

Theories employed to explain regularities in social behavior often contain reference (explicit or implicit) to the presence of nonlinear and/or nonadditive (i.e., multiplicative relationships) among germane variables. While such nonadditive features are theoretically important, the inclusion of quadratic or multiplicative terms in structural equations to model such features can cause significant methodological problems. This paper estimates a set of equations and formally examines how the inclusion of quadratic terms and multiplicative interaction terms contribute to the level of collinearity or ill-conditioning of the input data matrix and the precision of the parameter estimates. Subsequently we examine how effects of explanatory variables in nonadditive models can be measured and tested for statistical significance. The results indicate that collinearity may not be as big a problem for linear structural social science models as is often believed. Further, although collinearity is increased by adding quadratic and/or multiplicative terms, the effects of the collinearity tend to be localized and entail only variables with a common base. The findings suggest the substantive insight gained from including theoretically appropriate nonlinear and nonadditive terms outweigh the methodological problems they create. (15 references) AA

Address for reprint requests: Department of Medicine, University of Florida, Gainesville, Florida 32610

REFERENCE NUMBER 70

Au: Moos, Rudolf H.; Fenn, Catharine B.; Billings, Andrew G.

Ti: **Life Stressors and Social Resources: An Integrated Assessment Approach**

So: *Social Science and Medicine* 27(9):999-1002, 1988

The Life Stressors and Social Resources Inventory (LISRES) is described. The inventory provides an integrated assessment of an individual's life context. It taps both relatively stable and new aspects of life stressors and social resources in eight domains: physical health, home/neighborhood, financial, work, spouse/partner, children, extended family, and friends. The indices were developed on data obtained at two points in time from groups of depressed patients, alcoholic patients, arthritic patients, and healthy adults. The indices are internally consistent, moderately intercorrelated, and relatively stable over time. In addition, they are predictably related to changes in respondents' functioning. Although more developmental work is needed, the LISRES has some potential clinical and research applications and may be helpful in examining the process of stress and coping. (6 references) AA

Address for reprint requests: Department of Psychiatry and Behavioral Sciences, TD-114, Stanford University Medical Center, Palo Alto, California 94305

REFERENCE NUMBER 71

Au: Mor, Vincent; Guadagnoli, Edward

Ti: **Quality of Life Measurement: A Psychometric Tower of Babel**

So: *Journal of Clinical Epidemiology* 41(11):1055-1058, 1988

This article comments on contradictions inherent in van Knippenberg and de Haes's (Reference Number 93, below) analysis of the validity of quality-of-life measures. The authors suggest additional measurement complexities that confound psychometric analyses. Several areas of quality-of-life research pertaining to cancer patients that were omitted by van Knippenberg and de Haes are also discussed. (21 references) AA

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

REFERENCE NUMBER 72

Au: Morris, Jenny; Ingham, Roger

Ti: **Choice of Surgery for Early Breast Cancer: Psychosocial Considerations**

So: *Social Science and Medicine* 27(11):1257-1262, 1988

A prospective study was conducted with early breast cancer patients who had either been offered, or not been offered, a choice of surgery for treatment. The choice involved mastectomy or wide excision plus radiotherapy. Available evidence suggests that the medical outcome between these two options is similar; this study was designed to investigate selected psychosocial outcomes. It was found that whether or not patients were given a choice was of greater relevance to psychosocial outcomes than was the type of operation performed. Providing a choice led to improved reported adjustments with respect to the ability to undertake work, attitudes towards the future, beliefs about coping, and in physical and psychological functioning. (12 references) AA

Address for reprint requests: Department of Psychology, The University, Southampton SO9 5NH, England

REFERENCE NUMBER 73

Au: Murphy, Nancy Twitchell; Price, Cynthia J.

Ti: **The Influence of Self-Esteem, Parental Smoking, and Living in a Tobacco Production Region on Adolescent Smoking Behaviors**

So: *Journal of School Health* 58(10):401-405, 1988

Selected antecedents of smoking initiation among 1,513 eighth-grade students in an urban tobacco producing county of North Carolina were studied using the Tobacco Cigarette Smoking Questionnaire and the Rosenberg Self-Esteem Scale. Fifteen percent of student reported currently smoking, and 17.2% indicated an intention to smoke upon graduation from high school. Self-esteem and parental smoking behavior related significantly to adolescents' smoking behavior and future intention to smoke. Significantly more females intended to smoke and had lower self-esteem than males. Family involvement in the tobacco industry related significantly to adolescents' intention to smoke but not their smoking behavior. Overall, low self-esteem and parental smoking models may be important to developing the smoking habit among young adolescents. Prevention of smoking initiation should involve promotion of children's self-esteem and avoidance of parental smoking modeling prior to the eighth grade. (29 references) AA

Address for reprint requests: 94 Riviera Drive, Agawam, Massachusetts 01001

REFERENCE NUMBER 74

Au: Williams, Gordon H.
 Ti: **Converting-Enzyme Inhibitors in the Treatment of Hypertension**
 So: *New England Journal of Medicine* 319(23):1517-1525, 1988

This article reviews six converting-enzyme inhibitors—captopril, enalapril, lisinopril, pentopril, ramipril, and alacepril. Of particular interest is the brief section that discusses various efforts to assess quality of life for each of these antihypertensive agents. (102 references) AA

Address for reprint requests: Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts 02115

REFERENCE NUMBER 75

Au: O'Leary, Ann; Shoor, Stanford; Lorig, Kate; Holman, Halsted R.
 Ti: **A Cognitive-Behavioral Treatment for Rheumatoid Arthritis**
 So: *Health Psychology* 7(6):527-544, 1988

This experiment tested a cognitive-behavioral rheumatoid arthritis treatment designed to confer skill in managing stress, pain, and other symptoms of the disease. We hypothesized that a mediator of the magnitude of treatment effects might be enhancement of perceived self-efficacy to manage the disease. It was predicted that the treatment would reduce arthritis symptoms and possibly would improve both immunologic competence and psychological functioning. The treatment provided instruction in self-relaxation, cognitive pain management, and goal setting. A control group received a widely available arthritis helpbook containing useful information about arthritis self-management. We obtained suggestive evidence of an enhancement of perceived self-efficacy, reduce pain and joint inflammation, and improved psychosocial functioning in the treated group. No change was demonstrated in numbers of function of T-cell subsets. The magnitude of the improvements correlated with degree of self-efficacy enhancement. (41 references) AA

Address for reprint requests: Department of Psychology, Tillett Hall, Kilmer Campus, Rutgers University, New Brunswick, New Jersey 08903

REFERENCE NUMBER 76

Au: Patrick, Donald L.; Erickson, Pennifer
 Ti: **What Constitutes Quality of Life? Concepts and Dimensions**
 So: *Quality of Life and Cardiovascular Care* 103-127, 1988

This paper presents a health-related definition of quality of life, identifies a conceptual framework with varying dimensions, and illustrates how different measures have been constructed and applied to assess these concepts and dimensions. (100 references) AA

Address for reprint requests: Department of Health Services SC-37, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 77

Au: Poff, Deborah C.; Michalos, Alex C.
 Ti: **Feminism and the Quality of Life**
 So: *Social Indicators Research* 20(5):445-472, 1988

A measure of feminism is introduced, and a case is made for the acceptability of its levels of reliability, criterion-related, content, construct, and discriminant-validity. Feminism is shown to be related to such features of the quality of life as happiness and being a good person. Survey results are reported from a

sample of 431 members of the Canadian Research Institute for the Advancement of Women and 413 undergraduate women from the University of Guelph. (18 references) AA

Address for reprint requests: address unknown

REFERENCE NUMBER 78

Au: Pruchno, Rachel A.; Kleban, Morton H.; Resch, Nancy L.

Ti: **Psychometric Assessment of the Multidimensional Observation Scale for Elderly Subjects (MOSES)**

So: *Journal of Gerontology: Psychological Sciences* 43(6):164-169, 1988

The factor structure of the MOSES proposed by Helmes et al. (1987) was tested using both exploratory and confirmatory factor analysis procedures. Results indicated the although the number of factors suggested was appropriate, the manifest variables proposed for each latent factor were not stable. A modified 5-factor model using 24 of the original 40 variables was proposed and tested. Confirmation of the modified model suggests factorial invariance across two independent samples. Internal consistency for the five scales measure by coefficient alphas ranged from 0.62 to 0.92. Difficulties in scoring MOSES items are discussed, and solutions offered for alleviating the problems. The 5-factor MOSES model is suggested as a useful research and clinical tool. (23 references) AA

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

REFERENCE NUMBER 79

Au: Relman, Arnold S.

Ti: **Assessment and Accountability: The Third Revolution in Medical Care**

So: *New England Journal of Medicine* 319(13):1220-1222, 1988

Since World War II the U.S. has experience two revolutions in health care, (1) the Era of Expansion and (2) the Era of Cost Containment. The author proposes that we are entering the third revolution, that of assessment and accountability. In this era, the development of better information systems for assessing health care outcomes and effectiveness is thought to lead to better health care at affordable costs. (4 references) AA

Address for reprint requests: Editorial Office, New England Journal of Medicine, 10 Shattuck Street, Boston, Massachusetts 02115-6094

REFERENCE NUMBER 80

Au: Rohrer, James E.; Yesalis, Charles; Laughlin, Philip R.; Wiley, Rebecca

Ti: **Patterns of Change in Functional Status in Extended Care**

So: *Health Services Research* 23(4):495-510, 1988

Most investigators and policymakers assume that the functional abilities of long-term care patients are stable over time. If short-run fluctuations in functional ability occur, then reimbursement and quality control systems based on case mix will have to account for whatever changes can be reasonably expected. However, the probability that the functional status of an extended-care patient will decline, improve, remain constant, or fluctuate over the short run is unknown. Analysis of 191 Veterans Administration extended-care patients over 12 weeks reveals that patients' functional status is unstable in some wards and that patients in wards providing a higher level of care are more likely to be unstable and to be discharged in an improved condition. These findings suggest that nursing homes operating under case-mix reimbursement systems will find skilled patients to be more attractive than other nursing home patients. Variability in dependency is related to patients turnover. Turnover rates can be used to adjust patient assessments for

expected variability in dependency. Adjusted dependency scores should be used in long-term care reimbursement systems for planning quarterly staffing requirements and for quality control systems based on patient outcomes. (15 references) AA

Address for reprint requests: 2700 Steindler Building, University of Iowa, Iowa City, Iowa 52252

REFERENCE NUMBER 81

Au: Roper, William L.; Winkenwerder, William; Hackbarth, Glenn M.; Krakauer, Henry
Ti: **Effectiveness in Health Care: An Initiative to Evaluate and Improve Medical Practice**
So: *New England Journal of Medicine* 319(18):1197-1202, 1988

This article describes the role that the Health Care Financing Administration (HCFA) and the U.S. Public Health Service (USPHS) have decided to undertake to improve the quality of the information that guides medical practice. These agencies plan to build on the work of physicians who have been working in this area for some time. The aim of seeking better information about health care is to improve the general level of standard medical practice. (13 references) AA

Address for reprint requests: Hubert Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201

REFERENCE NUMBER 82

Au: Rubins, Hanna Bloomfield; Moskowitz, Mark A.
Ti: **Discharge Decision-Making in a Medical Intensive Care Unit: Identifying Patients at High Risk of Unexpected Death or Unit Readmission**
So: *American Journal of Medicine* 84(5):863-869, 1988

In an attempt to identify clinical variables associated with unexpected death or unit readmission following discharge from a medical intensive care unit (MICU), 300 consecutive patients admitted to a MICU were prospectively identified and followed through their hospital stay. Of the 229 patients at risk, 37 (16 percent) experienced one or more unexpected unit readmissions ($n = 30$) or death ($n = 7$). In comparison to the patients without such complications ($n = 192$), these 37 patients differed with respect to age, diagnosis, and severity of illness on admission. In addition, these patients were sicker on initial unit discharge as manifested by higher heart and respiratory rates and lower hematocrit values. On multivariate analysis, age, acute physiology score on admission, and a diagnosis of upper gastrointestinal bleeding were independent predictors of unexpected outcome. It is concluded that patients at high risk for unit readmission or unexpected death are distinguished from other MICU survivors on several clinical parameters. Whether such information can be useful in individual discharge decisions is uncertain and requires further investigation. (40 references) AA

Address for reprint requests: Department of Medicine, Boston Veterans Administration Medical Center, 150 South Huntington Avenue, Boston, Massachusetts 02130

REFERENCE NUMBER 83

Au: Saris, Willem E.
Ti: **A Measurement Model for Psychophysical Scaling**
So: *Quality and Quantity* 22(4):417-433, 1988

In the literature very little attention has been given to psychophysical scaling, even though this kind of measurement provides many advantages, such as continuous interval scales, more precision, possibilities for easy replications and therefore for correction of measurement error. Besides all kinds of technical reasons one possible explanation for this lack of attention is that the procedures have always been described as completely different from the commonly used measurement procedures. Also, the tests which have

been suggested for the quality of the results were quite different from the commonly used procedures. In this paper it will be shown that psychophysical scaling can be formulated in a congeneric test model, i.e., all the commonly used criteria for the quality of measurement instruments like reliability and validity can be applied in the usual way. An illustration of this will be given. Furthermore it will be shown that psychophysical scales are no ratio scales but that they satisfy the requirements of a (log) interval scale. (31 references) AA

Address for reprint requests: Methodology Department, University of Amsterdam, Grimborgwal 10, Gebouw 3, 1012 GA Amsterdam, The Netherlands

REFERENCE NUMBER 84

Au: Scitovsky, Anne A.

Ti: **Medical Care in the Last Twelve Months of Life: The Relation between Age, Functional Status, and Medical Care Expenditures**

So: *Milbank Quarterly* 66(4):640-660, 1988

This article presents information from a small, in-depth retrospective study of a group of decedents for whom all information on use of and expenses for medical care in the 12 months preceding their death was collected. In addition, interviews were conducted with the next of kin of a sample of decedents; respondents were asked a number of questions about the decedents' characteristics, including their functional status in the last 12 months of their lives. Results in this article focus on the relation between total expenditures and expenditures by type of service on the one hand and age and functional status on the other. (15 references)

AA

Address for reprint requests: Health Economics Department, Palo Alto Medical Foundation/Research Institute, 860 Bryant Street, Palo Alto, California 94301

REFERENCE NUMBER 85

Au: Simpson, Kit N.; Veney, James E.

Ti: **National Indicators for Health for All**

So: *Social Indicators Research* 20(5):533-548, 1988

This paper examines available international data relevant to the World Health Organization model of health status. It explores the possibility of constructing useful measures of health status, health policy, social and economic status, and provision of health care based on these data. A five-factor model is developed and tested empirically using World Bank statistical data from 123 countries. Two factors representing dimensions of country affluence and population density are found to explain 78 percent of the variation in the health status indicator. The countries with health status indicator levels worse than those predicted by the model are predominantly third-world countries; a majority are African. Countries with health status indicator levels better than predicted are mainly in Asia, Latin America, and Europe. Some generally accepted causal relationships were not supported by the findings in this analysis. (21 references)

AA

Address for reprint requests: Department of Health Policy and Administration, School of Public Health, University of North Carolina, Chapel Hill, North Carolina 27514

REFERENCE NUMBER 86

Au: Siris, Samuel G.; Adan, Federico; Cohen, Miriam; Mandeli, John; Aronson, Andrew; et al.
 Ti: **Postpsychotic Depression and Negative Symptoms: An Investigation of Syndromal Overlap**
 So: *American Journal of Psychiatry* 145(12):1532-1537, 1988

The authors studied 46 patients with the operationally defined syndrome of postpsychotic depression following episodes of schizophrenia or schizoaffective disorder. Half of these patients were also found to satisfy criteria for negative symptoms. The patients with negative symptoms were rated as more severely ill on global measures, but there was only limited evidence that they were more depressed. Nevertheless, in a randomized double-blind trial of imipramine versus placebo as an adjunct to the fluphenazine decanoate and benzotropine regimens of the patients with negative symptoms, the patients who received imipramine seemed to show more improvement. (60 references) AA

Address for reprint requests: Hillside Hospital, Post Office Box 38, Glen Oaks, New York 11004

REFERENCE NUMBER 87

Au: Smith, Dennis W.; Bibeau, Daniel L.; Altschuld, James W.; Heit, Philip
 Ti: **Health-Related Characteristics of Selected School Principals**
 So: *Journal of School Health* 58(10):397-400, 1988

This survey identified and described health characteristics of selected school principals — leaders and role models for teachers and students. A questionnaire assessing multiple areas of well-being, the General Well-Being Schedule (GWB), collected data on principals' health in seven areas including attitudes, behavior, illnesses, and life experiences. Results indicated a higher-than-average group well-being score and a range of healthful behaviors practiced over the seven areas. Principals reported little involvement with drugs, relative comfort in their employment, and healthful patterns of coping behaviors. Changes that might contribute to increased well-being were indicated in physical exercise, diet, and stress and time management. Implications for these results include using the principal's interest in health and role modeling behaviors to promote the school health program. (27 references) AA

Address for reprint requests: Department of Public Health Education, 46 McNutt Building, University of North Carolina at Greensboro, Greensboro, North Carolina 27412

REFERENCE NUMBER 88

Au: Sommers, Ira; Baskin, Deborah; Specht, David; Shively, Michael
 Ti: **Deinstitutionalization of the Elderly Mentally Ill: Factors Affecting Discharge to Alternative Living Arrangements**
 So: *Gerontologist* 28(5):653-658, 1988

Examined were factors associated with the placement of 248 elderly (60 years old) deinstitutionalized mentally ill persons into four settings: independent, community-based program, level III, and level IV nursing homes. The risk of institutionalization was found to increase as cognitive skills and family support declined. The most consistent predictor of placement was prior residence. Surprisingly, the number of medical problems and need for nursing or therapeutic services were not significant predictors of nursing home placement. (20 references) AA

Address for reprint requests: University of Massachusetts—Amherst, Social and Demographic Research Institute, W-34 Machmer Hall, Amherst, Massachusetts 01003

REFERENCE NUMBER 89

Au: Stoller, Eleanor Palo

Ti: **Prescribed and Over-the-Counter Medicine Use By the Ambulatory Elderly**

So: *Medical Care* 26(12):1149-1157, 1988

This article examines use of prescription and over-the-counter drugs among a linear probability sample of ambulatory elderly. As previous research has shown, health status indicators are better predictors of use of prescription than nonprescription medication; the Comprehensive Assessment, Referral, and Evaluation (CARE) instrument was used to collect health status data. The analysis suggests that self-medication with over-the-counter drugs may be a first step in illness behavior, rather than a substitute for physician consultation. These preparations are used most frequently for symptoms that the elderly person interprets as nonthreatening; persons concerned about their health are more likely to consult a physician. (38 references) AA

Address for reprint requests: Department of Sociology, SUNY at Plattsburgh, Plattsburgh, New York 12901

REFERENCE NUMBER 90

Au: Taylor, Graeme J.; Bagby, R. Michael; Ryan, David P.; Parker, James D.A.; Doody, Kenneth F.; et al.

Ti: **Criterion Validity of the Toronto Alexithymia Scale**

So: *Psychosomatic Medicine* 50(5):500-509, 1988

The criterion validity of the Toronto Alexithymia Scale (TAS) was assessed by administering the scale to 46 patients referred to a behavioral medicine outpatient clinic. Clinical ratings derived from observed interviews served as the criterion. TAS scores were significantly higher for the group of patients identified by two out of three raters as "alexithymic" than for the group identified as "nonalexithymic." On the basis of these findings, preliminary TAS cutoff scores were suggested. The results from this study and from previous investigations assessing the reliability and construct validity of the TAS indicate that it is currently the psychometrically best-validated measure of alexithymia. Further refinement and cross-validation with other clinical samples are recommended. (36 references) AA

Address for reprint requests: Department of Psychiatry, Mount Sinai Hospital, 600 University Avenue, Toronto, Ontario M5G 1X5, Canada

REFERENCE NUMBER 91

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

Ti: **Risk Factors for Falls Among Elderly Persons Living in the Community**

So: *New England Journal of Medicine* 319(26):1701-1707, 1988

To study risk factors for falling, we conducted a one-year prospective investigation, using a sample of 336 persons at least 75 years of age who were living in the community. All subjects underwent detailed clinical evaluation, including standardized measures of mental status, strength, reflexes, balance, and gait; in addition, we inspected their homes for environmental hazards. Falls and their circumstances were identified during bimonthly telephone calls. During one year of followup, 108 subjects (32 percent) fell at least once; 24 percent of those who fell had serious injuries and 6 percent had fractures. Predisposing factors for falls were identified in linear-logistic models. The adjusted odds ratio for sedative use was 28.3; for cognitive impairment, 5.0; for disability of the lower extremities, 3.8; for palmomental reflex, 3.0; for abnormalities of balance and gait, 1.9; and for foot problems, 1.8; the lower bounds of the 95-percent confidence intervals were 1 or more for all variables. The risk of falling increased linearly with the number of risk factors, from 8 percent with none to 78 percent with four or more risk factors ($P < 0.001$). About 10 percent of the falls occurred during acute illness, 5 percent during hazardous activity, and 44 percent in the

presence of environmental hazards. We conclude that falls among older persons living in the community are common and that a simple clinical assessment can identify the elderly persons who are at the greatest risk of falling. (38 references) AA

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

REFERENCE NUMBER 92

Au: Tymstra, Tj.; Heyink, J.W.; Roorda, J.; Bijleveld, C.M.A.; Gips, C.H. et al.

Ti: **Research into Quality of Life: A Qualitative Approach in the Evaluation of a Liver Transplant Programme**

So: *Health Policy* 10(3):231-240, 1988

This article describes and analyses the psycho-social impact of a liver transplant programme. Through indepth interviews an inventory has been made of experiences of liver patients/their relatives: those who were on the waiting list, those in the green-light phase, patients who were transplanted (with or without success), patients who were turned down. The article is based on qualitative data. This qualitative approach can provide a better understanding of the problems of the liver transplant technology, and in this way it can contribute to the frame of reference of those who draw up the health policy. (4 references) AA

Address for reprint requests: Department of Medical Sociology, A Deusinghlaan 1, 9713 AV Groningen, The Netherlands

REFERENCE NUMBER 93

Au: Van Knippenberg, F.C.E.; De Haes, J.C.J.M.

Ti: **Measuring the Quality of Life of Cancer Patients: Psychometric Properties of Instruments**

So: *Journal of Clinical Epidemiology* 41(11):1043-1053, 1988

The importance of measuring the Quality of Life (QL) has become more and more apparent during the past 10 years. Traditionally, QL studies have investigated functional status and treatment side effects. In recent years more comprehensive instruments have been constructed to assess the QL of cancer patients. Most QL instruments take a certain degree of physical and psychological functioning into account as well as the level of activity and a global evaluation of life. The reliability and validity of these instruments are reviewed in this paper. Reliability has been well documented and seems satisfactory for most instruments. Only a few authors have discussed content validity. Predictive validity has also been established in most instances and the results from various studies are promising; however, the choice of criteria is seldom taken into account. It also seems difficult to draw conclusions about construct validity. In our view, the main problem is the lack of definitions and the absence of a theoretical framework. Therefore, some assumptions underlying QL research in cancer patients have been elucidated.(67 references) AA

Address for reprint requests: Erasmus University, Postbox 1738, 3000 DR Rotterdam, The Netherlands

REFERENCE NUMBER 94

Au: Van Zuuren, Florence J.

Ti: **The Fear Questionnaire: Some Data on Validity, Reliability and Layout**

So: *British Journal of Psychiatry* 153(5):659-662, 1988

In order to assess some psychometric properties of Marks and Mathews' (1979) short Fear Questionnaire (FQ), a Dutch translation of this form was administered to 143 phobic outpatients: 100 women and 43 men. There was a special interest in assessing validity by comparing the scores of agoraphobic, social phobics, and simple phobics. The findings were that all scales have sufficient internal consistency, although the Total

Phobia scale does not seem to add meaningful information to its subscales. Most scales are significantly related to neuroticism, and the Social Phobia subscale is strongly related to social anxiety. The Agoraphobia and Social Phobia subscales discriminate between categories of phobics in the expected way. For the Blood/Injury subscale the relevant comparisons could not be made. The data presented in this study can be used to develop FQ norms for phobic patients. (17 references) AA

Address for reprint requests: Department of Clinical Psychology, University of Amsterdam, Weesperplein 8, 1018 XA Amsterdam, The Netherlands

REFERENCE NUMBER 95

Au: Varni, James W.; Wilcox, Karen Thompson; Hanson, Virgil

Ti: **Mediating Effects of Family Social Support on Child Psychological Adjustment in Juvenile Rheumatoid Arthritis**

So: *Health Psychology* 7(5):421-431, 1988

This study assessed the mediating effects of social support on psychological adjustment in children having to cope with the ongoing chronic strain of juvenile rheumatoid arthritis. Disease activity, family social support, and peer social support were entered into hierarchical multiple regression analyses to statistically predict internalizing and externalizing behavior problems. Family social support was a statistically significant predictor of child psychological adjustment for both internalizing and externalizing behavior problems, accounting for 22% of the variance in each. These findings are consistent with the stress-social support-psychological adjustment relationship that has received empirical attention in studies on physically healthy children. The results are discussed in terms of their implications for primary and secondary prevention efforts for those chronically ill and handicapped children who are at increased risk for psychological adjustment problems. (38 references) AA

Address for reprint requests: Orthopaedic Hospital, 2400 South Flower Street, Los Angeles, California 90007-2697

REFERENCE NUMBER 96

Au: Viney, Linda L.; Benjamin, Yvonne N.; Preston, Carol A.

Ti: **Promoting Independence in the Elderly: The Role of Psychological, Social and Physical Constraints**

So: *Clinical Gerontologist* 8(2):3-17, 1988

The psychological, physical, and behavioral dimensions of independence of 30 elderly people were assessed before, immediately after, and 12 weeks after a psychological intervention designed to promote their independence. Psychological, physical, and social constraints on their independence were also monitored. Gains were shown by them on the psychological and physical dimensions of independence only. Few gains were retained at followup. Evidence of the effects of the constraints on gains was found, indicating that future interventions to promote independence in the elderly should include these constraints on independence as selection factors. (43 references) AA

Address for reprint requests: Department of Psychology, University of Wollongong, Post Office Box 114, Wollongong, N.S.W. 2500, Australia

REFERENCE NUMBER 97

Au: Vorspan, Roberta

Ti: **Activities of Daily Living in the Clubhouse: You Can't Vacuum in a Vacuum**

So: *Psychosocial Rehabilitation Journal* 12(2):15-21, 1988

This paper questions the validity of teaching Adult Daily Living Skill to mental health clients outside of a milieu in which these skills have useful meaning to both clients and staff members. Contrasting the clubhouse model to that of traditional day treatment programs, the author suggests that only through the recognition of the common humanity and common goals of clients and staff members can such skills be successfully imparted and integrated into clients' lives. (1 reference) AA

Address for reprint requests: van Ameringen Center for Education and Research, Fountain House, Inc., New York, New York

REFERENCE NUMBER 98

Au: Vrsti, R.; Enasescu, N.; Poelinca, C.; Apostol, V.

Ti: **Interpersonal Dependency, Self-Esteem and Depression in Primary Alcoholism**

So: *Acta Psychiatrica Scandinavia* 78(4):448-450, 1988

This study was undertaken to clarify the relationship between alcoholism and depression by means of the personality traits: interpersonal dependency and self-esteem. In a sample of 52 alcoholics that met Feighner's criteria for primary alcoholism, the subjects were assessed by means of the Zung Depression Self-Rating Scale, the Hirschfeld Interpersonal Dependency Scale, and the 23-item version of the Janis and Field Self-Esteem Scale by Rimee and Leyens. By means of the score on the Zung scale the subjects were divided into depressive vs. non-depressive alcoholics. There were no intergroup differences in interpersonal dependency. However, the depressive alcoholic scored significantly lower on the self-esteem scale. The authors suggest that the level of self-esteem in alcoholics is a function of secondary depression, whereas the interpersonal dependency might be influenced by the pathological drinking pattern. (27 references) AA

Address for reprint requests: Psychiatric Hospital at Jebel, 1922 Jebel, Romania

REFERENCE NUMBER 99

Au: Wang, Alvin Y.; Richarde, R. Stephen

Ti: **Global Versus Task-Specific Measures of Self-Efficacy**

So: *Psychological Record* 38(4):533-541, 1988

Two studies were conducted in order to reconcile contextualist accounts of self-efficacy with recent evidence supporting its global nature. A correlational analysis (Study 1) indicated that Tipton and Worthington's (1984) Generalized Self-Efficacy (GSE) Scale was inversely related to Rotter's Internal-External Locus of Control Scale and Beck's Hopelessness Scale. In contrast, no discernible pattern of intercorrelations was obtained across six task-specific tests of self-efficacy. A single bipolar factor emerged, however, when the GSE Scale was factor analyzed with task-specific ratings of self-efficacy. Study 2 demonstrated that task-specific, but not GSE scores, were sensitive to actual performance on cognitive tasks. These results were interpreted as evidence for the hypothesis that global and task-specific measures assess relatively distinct aspects of the construct of self-efficacy. (20 references) AA

Address for reprint requests: Department of Psychology, University of Central Florida, Orlando, Florida 32816

REFERENCE NUMBER 100

Au: Wisniewski, Jack J.; Naglieri, Jack A.; Mulick, James A.

Ti: **Psychometric Properties of a Children's Psychosomatic Symptom Checklist**

So: *Journal of Behavioral Medicine* 11(5):497-507, 1988

The psychometric properties of the Children's Psychosomatic Symptom Checklist, developed for this study, were examined. When administered to 196 sixth-, seventh-, and eighth-grade students who ranged in age from 11 to 14 years ($M = 12.1$, $SD = .94$), the scale items demonstrated a good internal consistency. Item-total correlations were generally significant and exceeded .60, and a coefficient alpha of .83 was obtained. Results of a factor analysis indicated that 70% of the total variance was accounted for by the first factor, best interpreted as general psychosomatic distress. Divergent validity was additionally demonstrated through only modest correlation with measure of anxiety and depression. Use of the checklist is discussed. (21 references) AA

Address for reprint requests: The Ohio State University, Columbus, Ohio 43210

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	32(1-2)	Human Organization	47(4)
Acta Psychiatrica Scandinavica	78(4-6)	Inquiry	25(4)
American Journal of Economics and Sociology	47(4)	International Journal of Aging and Human Development	27(3-4)
American Journal of Epidemiology	128(4-6)	International Journal of Epidemiology	17(4)
American Journal of Medicine	85(4-6)	International Journal of Health Services	18(4)
American Journal of Orthopsychiatry	58(4)	International Journal of Mental Health	17(4)
American Journal of Psychiatry	145(10-12)	Issues of Science and Technology	5(1)
American Journal of Psychology	101(4)	Journal of Accounting and Public Policy	7(4)
American Journal of Public Health	78(10-12)	Journal of Allied Health	17(4)
American Journal of Sociology	94(3)	Journal of Applied Behavioral Science	24(4)
American Political Science Review	82(4)	Journal of Applied Psychology	73(4)
American Psychologist	43(10-12)	Journal of Behavioral Medicine	11(5-6)
American Sociological Review	53(5-6)	Journal of Clinical Epidemiology	41(10-12)
Archives of Environmental Health	43(6)	Journal of Community Health	13(4)
Archives of Gerontology and Geriatrics	7(4)	Journal of Environmental Health	51(1-2)
Archives of Physical Medicine and Rehabilitation	69(10-12) (Special Issue)	Journal of Epidemiology and Community Health	42(4)
Behavioral Medicine	14(4)	Journal of Experimental Child Psychology	46(2-3)
Behavioral Science	33(4)	Journal of Experimental Social Psychology	24(6)
British Journal of Psychiatry	153(4-6)	Journal of Family Practice	27(4-6)
British Journal of Psychology	79(4)	Journal of Gerontology	43(6)
British Journal of Sociology	39(4)	Journal of Health Economics	7(4)
Canadian Journal of Behavioral Science	20(4)	Journal of Health, Politics, Policy and Law	13(4)
Canadian Journal of Public Health	79(5-6)	Journal of Medical Systems	12(5)
Canadian Medical Association Journal	139(7-12)	Journal of Nervous and Mental Disease	176(10-12)
Child Welfare	67(6)	Journal of Pediatrics	113(4-5)
Clinical Gerontologist	8(2)	Journal of Policy Analysis and Management	8(1)
Clinical Psychology Review	8(5-6)	Journal of Policy Modelling	10(4)
Cognitive Psychology	20(4)	Journal of Political Economy	96(5-6)
Cognitive Therapy and Research	12(5-6)	Journal of Public Health Policy	9(4)
Community Mental Health Journal	24(3-4)	Journal of School Health	58(8-10)
Family and Community Health	11(2-3)	Journal of School Psychology	26(4)
Geriatrics	43(10-12)	Journal of Social Issues	44(4)
Gerontologist	28(5-6)	Journal of Social Policy	17(4)
Health Affairs	7(5)	Journal of the American Geriatrics Society	36(10-12)
Health Care Financing Review	10(2)	Journal of the American Medical Association	260(13-24)
Health Education Quarterly	15(4)	Lancet	II(8614-8627)
Health Policy	10(1-3)	Medical Care	26(10-12)
Health Psychology	7(5-6) 7(Suppl)		
Health Services Research	23(5-6)		
Health Values	12(6)		
Home Health Care Services Quarterly	9(4)		

Milbank Quarterly	66(4)	Public Health Reports	103(5-6)
Multivariate Behavioral Research	23(4)	Quality and Quantity	22(3-4)
New England Journal of Medicine	319(12-26)	Quality Review Bulletin	14(10,12)
New York Academy of Medicine Bulletin	64(7-9)	Review of Economics and Statistics	70(4)
Operations Research	36(6)	Risk Analysis	8(4)
Organization Studies	9(4)	Social Forces	67(2)
Organizational Behavior and Human Decision Process	42(2-3)	Social Indicators Research	20(5)
Perspectives in Biology and Medicine	32(2)	Social Problems	35(4-5)
Philosophy and Public Affairs	17(4)	Social Psychology Quarterly	51(4)
Policy Sciences	21(4)	Social Science and Medicine	27(7-12)
Policy Studies Journal	17(1)	Social Science Research	17(4)
Policy Studies Review	8(1)	Social Security Bulletin	51(10-12)
Preventive Medicine	17(6)	Social Service Review	62(4)
Psychological Record	38(4)	Socio-Economic Planning Sciences	22(6)
Psychology and Aging	3(4)	Sociological Methods and Research	17(2)
Psychosocial Rehabilitation Journal	12(2)	Sociology and Social Research	73(1)
Psychosomatic Medicine	50(5-6)	Sociology of Health and Illness	10(4)
Psychosomatics	29(4)	Statistics in Medicine	7(10-12)

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 1988 period. Thus, it is possible for unpublished materials that have been written prior to these months to appear in this issue.

REFERENCE NUMBER 101

Au: Rogers J; Grower R; Supino P
Ti: **Target groups for screening elderly outpatients.**
So: *AM J Prev Med* 1988 Jan-Feb;4(1):27-34

A low-risk target group of 475 individuals 64-71 years of age was recruited from the community and received comprehensive screening assessments. Four hundred four unknown/untreated medical conditions were detected in 74.5% of the participants, but less than 5% of these conditions would have been detected using the most conservative screening procedures recommended for this age group. A more liberal, yet still focused, clinical evaluation could detect the medical conditions noted in 5% or more of the participants. However, 43% of the 279 unknown/untreated laboratory abnormalities were noted on tests that fulfill the more liberal of the accepted screening criteria. Despite a large number of detected conditions, an unfocused, comprehensive screening assessment is not recommended for this particular target group; rather, the use of a selective screening package is supported.

REFERENCE NUMBER 102

Au: Jedlicka-Köhler I ; Götz M
Ti: **Interventional assessment of physical and mental health in children and adolescents with cystic fibrosis.**
So: *Scand J Gastroenterol Suppl* 1988;143:34-7

In spite of being an integral part of health care the subjective estimation of health status in patients with cystic fibrosis is frequently neglected. In a prospective study in 65 patients maternal, paternal, and patients' ratings were determined and correlated with objective data such as Shwachman scores and lung function tests. No statistically relevant correlations were obtained for parental physical assessment versus Shwachman and lung function data. The adolescents' own assessment of health had a significant relationship to clinical evaluation ($r = 0, 42; p < 0.05$). Misjudgements, mainly in the form of overestimations, occurred with a frequency of 28.6% to 53.8%, reflecting inadequate understanding of the disease and its psychological consequences.

REFERENCE NUMBER 103

Au: Siegal MD ; Martin B ; Kuthy RA
Ti: **Usefulness of a local oral health survey in program development.**
So: *J Public Health Dent* 1988 Spring;48(2):121-4

In 1986, the Columbus (Ohio) Health Department conducted an oral health survey of children in grades 1, 2, 6, and 7. The World Health Organization's Pathfinder methodology served as the basis for survey design. The survey was made possible through collaboration and sharing resources among the local and state health departments and two universities. The findings of the children's portion of the survey proved useful in program planning, marketing (including resource procurement), constituency building, and educating the dental profession and the public. The data were used to support successful grant requests that led to the implementation of a school-based dental sealant program. The local government expanded the health department's dental budget to continue the sealant program beyond the grant period. The state health department considered the survey to be a pilot for a statewide effort.

REFERENCE NUMBER 104

Au: Hoffman M ; Yach D ; Katzenellenbogen J ; Pick W ; Klopper JM
Ti: **Mamre Community Health Project—rationale and methods.**
So: *S Afr Med J* 1988 Oct 1;74(7):323-8

The overall aim of the Mamre Community Health Project is to improve the health status of the people of Mamre and to develop an approach to health promotion which may be applicable to other similar areas. Integral to this is the establishment of a surveillance system to monitor changes longitudinally with particular reference to the effects of interventive programmes and the rural-urban transition that the community experienced. A multidisciplinary approach that also involves both postgraduate and undergraduate students will be utilised. This article outlines the methodology employed in the first phase of the project, which was concerned with the collection of the baseline data to determine priorities, plan interventions, and establish a suitable surveillance system. Approximately 1,000 households were visited and 5,000 residents interviewed by 10 trained interviewers who were selected from the community. Sampling was not used. Methodological issues addressed include the methods used to gain the co-operation and participation of the community, development of an appropriate questionnaire, selection and training of interviewers, supervision of fieldwork, coding of data, and steps taken to ensure the reliability and validity of information collected. Thorough planning with meticulous attention to detail ensured that the Mamre Community Health Project was completed on target with fairly smooth implementation of the data collection phase. Future research will focus on refining epidemiological methods, especially aspects of study design, case definition, and exposure status.

REFERENCE NUMBER 105

Au: Yarkony GM ; Roth EJ ; Heinemann AW ; Lovell L
Ti: **Rehabilitation outcomes in C6 tetraplegia.**
So: *Paraplegia* 1988 Jun;26(3):177-185

This study reports on the rehabilitation outcome of 69 C6 tetraplegic patients admitted to the Rehabilitation Institute of Chicago during an 8-year period. All patients' last normal level was C6 bilaterally. A 100-point modified Barthel Index was used to obtain measures of functional independence in 15 self-care and mobility tasks. The population consisted of 54 males and 15 females with an average age of 29.2 years. The average number of days from injury to admission to the rehabilitation unit was 58.6 and the average length of rehabilitation stay was 108.4 days. The average Modified Barthel Index score increased from 16.6 on admission to 50.1 on discharge. The Self-Care Subscore increased from 12.8 to 32.2 and the Mobility subscore from 3.7 to 17.9. There were statistically significant increases in the number of patients able to perform all tasks except ability to don an orthosis and ability to walk 50 yards. This study documents a significant increase in function of C6 spinal cord injured patients during rehabilitation.

REFERENCE NUMBER 106

Au: Parkerson GR Jr ; Eisenson HJ ; Munning KA ; Michener JL ; Helms MJ
Ti: **A health promotion program for medical students.**
So: *J Med Educ* 1988 Sep;63(9):722-4

REFERENCE NUMBER 107

Au: Bishop KR
 Ti: **Childbirthing practices in America—an indicator of health.**
 So: *Fla Nurse* 1988 May;36(5):4-5

REFERENCE NUMBER 108

Au: Fox J
 Ti: **Social network interaction: new jargon in health inequalities [editorial]**
 So: *BMJ* 1988 Aug 6;297(6645):373-4

REFERENCE NUMBER 109

Au: Newman SC
 Ti: **A Markov process interpretation of Sullivan's index of morbidity and mortality.**
 So: *Stat Med* 1988 Jul;7(7):787-94

Using intuitive arguments Sullivan described a method of combining morbidity data and certain ordinary life tables to produce an estimate of illness-free life expectancy. In this paper we use an increment-decrement life table specified in terms of a Markov process to characterize illness-free life expectancy. We show that when the illness under consideration satisfies certain properties Sullivan's approach provides a convenient method of approximation. We illustrate theoretical results with hospital morbidity data on Canadian males for 1981.

REFERENCE NUMBER 110

Au: Rakowski W
 Ti: **Predictors of health practices within age-sex groups: National Survey of Personal Health Practices and Consequences, 1979.**
 So: *Public Health Rep* 1988 Jul-Aug;103(4):376-86

Health promotion-disease prevention programs share with health behavior research the common objective of identifying population subgroups toward whom services can be targeted. For this report, six age-sex groups were examined to determine similarities and differences in the predictors of eight health practice indices. Data were from the 1979 National Survey of Personal Health Practices and Consequences. Results showed very little similarity of predictors across the three age cohorts (20-34, 35-49, 50-64), between men and women, and among the six age-sex groups. No predictor achieved significance consistently for several health practices in any of the six groups, although years of education made the best showing. The lack of overlap among predictors helps to explain why health promotion messages and recruitment strategies may not appeal to as diverse an audience as initially intended. Possible explanations for the absence of similar predictors include differences in the nature of the various practices themselves, absence of data on intentions behind a person's behavior, and the "over-determined" character of an individual person's behavior.

REFERENCE NUMBER 111

Au: Hawkins WE ; Duncan DF ; McDermott RJ
 Ti: **A health assessment of older Americans: some multidimensional measures.**
 So: *Prev Med* 1988 May;17(3):344-56

This study examined the relationships among self-reported health practices and self-reported health status variables for 126 older adults drawn from a population of senior center participants, homebound elderly,

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

REFERENCE NUMBER 112

Au: Potthoff P

Ti: **[Disease-induced impairment of living conditions in the population of Munich]**

So: *Off Gesundheitswes* 1988 Jun;50(6):329-333

REFERENCE NUMBER 113

Au: Glasgow RE ; Terborg JR

Ti: **Occupational health promotion programs to reduce cardiovascular risk.**

So: *J Consult Clin Psychol* 1988 Jun;56(3):365-73

REFERENCE NUMBER 114

Au: Taylor CE

Ti: **Child growth as a community-surveillance indicator.**

So: *Indian J Pediatr* 1988 Jan-Feb;55(1 Suppl):S16-25

REFERENCE NUMBER 115

Au: Robinson D

Ti: **Indices of angina [letter]**

So: *Lancet* 1988 Jul 2;2(8601):51

REFERENCE NUMBER 116

Au: Fletcher A ; McLoone P ; Bulpitt C

Ti: **Quality of life on angina therapy: a randomised controlled trial of transdermal glyceryl trinitrate against placebo.**

So: *Lancet* 1988 Jul 2;2(8601):4-8

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

REFERENCE NUMBER 117

Au: van den Doel R ; Knaap AG ; Sangster B

Ti: **Poison Control Centre and environmental pollution health care and risk assessment.**

So: *J Toxicol Clin Toxicol* 1988;26(1-2):89-102

In the past two decades several incidents of environmental pollution have become known in which people might have been exposed to the contaminating substances. In the Netherlands, the National Poison Control Centre, a department of the National Institute of Public Health and Environmental Protection, plays a distinct role in dealing with the health problems arising from these incidents. The health risk assessment of an environmental incident may be facilitated by utilizing a logical predetermined sequence of decision steps in order to avoid inappropriate responses which could induce many untoward effects within the population of the contaminated area. As an example of this general approach, the handling of a recent incident with mercuric chloride is described.

REFERENCE NUMBER 118

Au: Cockcroft AE

Ti: **Occupational asthma and alveolitis—unanswered questions.**

So: *J R Soc Med* 1988 May;81(5):255-7

REFERENCE NUMBER 119

Au: Meeker WC

Ti: **A review of the validity and efficacy of the Health Risk Appraisal instrument.**

So: *J Manipulative Physiol Ther* 1988 Apr;11(2):108-13

The Health Risk Appraisal instrument links life-style factors with the probability of death by comparing an individual's profile to national averages. The result, usually generated by computer, is used to counsel the individual to modify risk factors that could lead to disease. This paper reviews the validity of the Health Risk Appraisal, its reliability, and its effect on health behavior. While the results of observational studies support the efficacy of the Health Risk Appraisal, more controlled studies have not been able to demonstrate a strong effect. Methodological problems are briefly discussed. Although there are valid criticisms leveled at the procedure, the Health Risk Appraisal has become quite popular as a health education tool and may represent the future in preventive care.

REFERENCE NUMBER 120

Au: Kaplan RM ; Anderson JP

Ti: **A general health policy model: update and applications.**

So: *Health Serv Res* 1988 Jun;23(2):203-350

This article describes the development of a General Health Policy Model that can be used for program evaluation, population monitoring, clinical research, and policy analysis. An important component of the model, the Quality of Well-Being scale (QWB) combines preference-weighted measures of symptoms and functioning to provide a numerical point-in-time expression of well-being, ranging from 0 for death to 1.0 for asymptomatic optimum functioning. The level of wellness at particular points in time is governed by the prognosis (transition rates or probabilities) generated by the underlying disease or injury under different treatment (control) variables. Well-years result from integrating the level of wellness, or health-related quality of life, over the life expectancy. Several issues relevant to the application of the model are discussed. It is suggested that a quality-of-life measure need not have separate components for social and mental health. Social health has been difficult to define; social support may be a poor criterion for resource allocation; and some evidence suggests that aspects of mental health are captured by the general measure.

Although it has been suggested that measures of child health should differ from those used for adults, we argue that a separate conceptualization of child health creates new problems for policy analysis. After offering several applications of the model for the evaluation of prevention programs, we conclude that many of the advantages of general measures have been overlooked and should be given serious consideration in future studies.

REFERENCE NUMBER 121

Au: Murray CJ

Ti: **The infant mortality rate, life expectancy at birth, and a linear index of mortality as measures of general health status.**

So: *Int J Epidemiol* 1988 Mar;17(1):122-8

The infant mortality rate is not a good indicator of overall mortality or health status. Based on new empirical life tables from the UN Population Division, it can only predict life expectancy with 95% confidence to within a 14-year range. Two infant mortality rates must be nearly 80 units apart to be 95% confident that life expectancy in the two communities is different. Life expectancy itself is not an ideal general measure of mortality because it implicitly weights deaths at different ages in an inconsistent fashion. A measure of potential years of life lost is preferable because it is ethically more consistent.

REFERENCE NUMBER 122

Au: Verhoeff AP ; Suk J ; van Wijnen JH

Ti: **Residential indoor air contamination by screen printing plants.**

So: *Int Arch Occup Environ Health* 1988;60(3):201-9

The presence of organic solvents was investigated by means of environmental monitoring of the indoor air during one workweek in each of ten selected small screen printing plants and the houses surrounding them in the inner city of Amsterdam. In the indoor air of the screen printing plants, 14 to 17 organic solvents were identified. The concentrations of the identified organic solvents varied widely from sampling location and period. In the indoor air of the houses situated above the plants, zero to fifteen organic solvents were identified. The concentration of organic solvents in the indoor air of the houses situated above was related to the type of construction materials. The highest concentrations were found in the houses situated above moderately maintained screen printing plants with wooden floors and ceilings ($n = 5$). The concentration of organic solvents in the indoor air of the houses situated above well maintained screen printing plants with wooden floors and ceilings ($n = 3$) was much smaller, while the plants situated in concrete new buildings ($n = 2$) were not a source of organic solvents. The calculated effect specific exposure index (EI), assuming an additive effect and based on the effect specific limit values (ESLVs) for two critical effects [irritation mucous membranes and (pre)narcotic effects] exceeded unity in one workroom in two of the screen printing plants. The calculated EIs for the residents of the houses on the first floor, based on the same ESLVs, but adjusted to potential continuous exposure and interindividual differences in susceptibility, did not exceed unity. However, episodes of irritation of mucous membranes and (pre)narcotic effects may occur.

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

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Clearinghouse Update

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

Why "Indexes"?

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

Why a "Clearinghouse"?

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

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

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

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