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Abstract 1188

HEALTH-RELATED QUALITY OF LIFE AMONG FRENCH PATIENTS HOSPITALIZED IN INTERNAL MEDICINE

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Normative data using the MOS SF-36 generic questionnaire are available in general population and in different diseases. Less data exist for older hospitalized patients and presenting acute or chronic disorders. The aim on this on going survey is to examine health-related quality of life, as measured by the Medical Outcomes Study Short-Form-36 (MOS SF-36) across patient population hospitalized for different medical conditions. Patients hospitalized in internal medicine unit of a Parisian university hospital and a suburb general hospital were asked to give consent and to complete alone the French version of the MOS SF-36, 4 days or more after their entry in hospital. Demographic data were also recorded. More than 300 patients are expected to be enrolled. Item scaling and scoring are those specified by the instrument developers. A physical component summary and a mental component summary scores are also computed. Currently, more than 130 questionnaires have been completed. Except for AIDS and tuberculosis, patients were old and were presenting diseases such as chronic heart failure, chronic obstructive pulmonary disease (COPD), pneumonia, stroke, neoplasms and iatrogenic. Considering the age of patients and the associated handicaps, many patients were unable to complete alone or with proxy the questionnaire (coma, mental confusion, dementia, chronically bedridden, linguistic barrier). Comparison of scores will be performed according to diseases and broken down by age, sex and other demographic data. Some hypotheses are formulated such as : physical function will be more impaired in chronic heart failure and in COPD, emotional function will be altered in AIDS, women will have more impaired quality of life scores and generally older patients will have a low score of social function. The MOS SF-36 questionnaire is easy to administer. But for many hospitalized patients, it is impossible to evaluate their quality of life.

Abstract 1230

VALIDATION OF THE GENITAL HERPES TREATMENT SATISFACTION QUESTIONNAIRE (GHERPTSQ) IN STATUS AND CHANGE VERSIONS

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To validate a measure of satisfaction with treatment for recurrent genital herpes simplex virus (HSV). A 12-item questionnaire was designed using the format and adapting the content of the widely-used Diabetes Treatment Satisfaction Questionnaire (DTSQ). The GHerpTSQ was evaluated within a sample of 202 Canadians (120 English, 82 French) with a history of HSV (type 1,2) infection participating in a 48 week randomised crossover trial. Participants were randomised to receive suppressive or episodic treatment for 24 weeks before crossover to the other regimen. A status version of the GHerpTSQ was completed every 12 weeks and a change version at crossover and end of study. English 12-week status data suggested: 11 items be divided into two subscales plus a single item for separate analysis; one item be dropped. The first subscale related to control and effectiveness (factor loadings>0.79; alpha=0.92), the second to convenience and impact on lifestyle (factor loadings>0.68; alpha=0.79). The single item retained relates to side effects. The 10 items from the two subscales may be used as a total score (loadings>0.56; alpha=0.91). The subscales were verified using the French 12-week status and 36-week English/French change data. Status and change data at week 48 indicated that suppressive treatment was perceived to be significantly more efficacious and convenient than episodic ($P<0.02$). The finding relating to the efficacious subscale is in line with biomedical results showing that participants on episodic therapy were 5.0 ($P<0.01$) times more likely to have a recurrence of genital herpes relative to those on suppressive therapy. The GHerpTSQ will be useful in evaluating new treatment regimens and the strategy of modifying the DTSQ provides a useful measure of satisfaction with treatment for HSV and may be adapted for other chronic conditions.

Abstract 1354

HEALTH STATUS IN RHINITIS: MEASURING THE IMPACT OF DISEASE ON PATIENTS QUALITY OF LIFE

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Purpose of research: in order to measure the burden of allergic rhinitis on health-related quality of life (HRQOL), we carried out a cross-sectional, multicentre study. Methods: eligible pts were 18-54 years old, with at least 2 years history of rhinitis. HRQOL was measured by the general questionnaire SF36 (lower scores mean poorer HRQOL) and the specific instrument Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ, higher scores mean poorer HRQOL). Calculation of scores of each domain of both questionnaire was conducted according procedures designed by the Authors. Results: 1009 pts (mean age 33 years, 48.5% males) were recruited by 105 allergologists and pneumologists throughout Italy. The mean history of rhinitis was 10 years; 71.3% of pts suffered from seasonal rhinitis, while 28.7% from perennial rhinitis. Most involved allergenes were grass pollens (47.8%) and dust mites (27.5%). Severity of disease was scored by investigators as mild, 16.9% of pts, moderate, 59.5%, and severe, 23.6%. Ocular symptoms affected 83.3% of pts, and 45.5% suffered from headache or facial pain. To facilitate comparisons, differencies were transformed into standard deviations (SD) units. Assumption of scale construction and scoring methods (internal validity, discriminant validity, internal reliability) were met. The absolute value of the correlation between domains of the two questionnaires ranged between 0.20 and 0.52. The domains of both questionnaires correlate with the disease severity: the mean difference (SD units) between the scores in mild and severe patients was 0.77 for General Health (SF36) and 1.39 for Total Score (RQLQ). Our results show rhinitis impairs the health status of pts. We believe this is the first time that the Italian version of RQLQ is compared with the Italian version of SF36.

Abstract 1639

DEVELOPMENT OF THE TURKISH SICKNESS IMPACT PROFILE (TR-SIP) - VALIDITY

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Objectives: The purpose of this study was to examine the validity of the Turkish adaptation (TR-SIP) of the Sickness Impact Profile. Methods: Carrying out a validity study proved to be particularly difficult in the Turkish population since there is a limited number of established HRQoL measures available. Although not fully established, the Turkish SF-36 was used for the purpose of this study. Concurrent validity was tested by the application of the two scales (TR-SIP and SF36) together. Convergent validity was tested with the application of the dysfunction scale and the TR-SIP to the patient population and construct validity was tested by the application of the instrument to two different groups; patients and healthy subjects. 183 patients (hypertension, dialysis and asthma) were assessed for concurrent and convergent validity. Results: There was a highly significant correlation between TR-SIP and SF36 ($P<0.01$) representing a study validity. Similarly, convergent validity produced similar findings for all patient groups. The severely dysfunctional scores especially showed high correlation between TR-SIP and SF-36. Finally, construct validity assessment was tested by the total and categorical scores of the TR-SIP for both healthy subject and the patient population representing validity of the TR-SIP. Conclusion: The findings of this study have clearly demonstrated the validity of the TR-SIP in both healthy and patient populations. Validity testing of the TR-SIP showed positive results for the future use of TR-SIP as an reference instrument for developing new Turkish instruments.