Clearinghouse on Health Indexes

National Center for Health Statistics
Number 2, 1987

Bibliography on Health Indexes

(continued on page 44)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • Centers for Disease Control

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annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, that became available in April, May, or June 1987. Materials searched in the preparation of this issue are given in the section entitled Sources of Information which follows the annotation section. Bibliographic citations are given in the standard form: author, title, and source of the article, designated by Au:, Ti:, and So:, respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviations are avoided whenever possible.

Following the abstract, the number of references used in the preparation of the document and source of the annotation are given. There are four 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: Battista, Renaldo N.
Ti: **Discussion: Fletcher, Hunt, and Bulpitt's "Evaluation of Quality of Life in Clinical Trials of Cardiovascular Disease"**
So: *Journal of Chronic Diseases* 40(6):567–569, 1987

This paper comments and expands on several points raised by Fletcher, et al. in a paper that appeared in the same journal issue (see reference 17 below). In discussing desirable properties of quality-of-life assessments, Battista specifically elaborates on the notions of validity and reliability. Battista also discusses some problems and pitfalls in designing and analyzing clinical trials. (6 references) CH-P

Address for reprint requests: Kellogg Centre, Division of Clinical Epidemiology, Montreal General Hospital, 1650 Cedar Avenue, Montreal, Quebec, Canada H3G 1A4

REFERENCE NUMBER 2

Au: Barnum, Howard
Ti: **Evaluating Healthy Days of Life Gained from Health Projects**
So: *Social Science and Medicine* 24(10):833–841, 1987

This paper draws attention to the importance of incorporating weights for time preference and productivity in using the concept of healthy days of life lost to evaluate healthy projects. Two alternative health strategies are defined for Ghana and evaluated, over a range of discount rates from 0 to 20 percent, with regard to the present value of productive life saved. It is found that the relative ranking of the projects is sensitive to the choice of discount rates. The sensitivity of disease rankings to the underlying morbidity and fatality rates is also examined and the results underline the importance of obtaining better epidemiological baseline data and information on project effectiveness if the potential usefulness of the healthy days of life approach to project evaluation is to be fully realized. (21 references) AA

Address for reprint request: World Bank, Washington, DC 20433

REFERENCE NUMBER 3

Au: Braun, Kathryn L.; Rose, Charles L.
Ti: **Geriatric Patient Outcomes and Costs in Three Settings: Nursing Home, Foster Family, and Own Home**
So: *Journal of the American Geriatrics Society* 35:387–397, 1987

Forty-nine matched triads of geriatric patients were compared after three months in their respective placement settings: nursing homes, geriatric foster homes, and own homes with supportive services. Compared to similarly disabled patients in nursing homes, patients in the two community settings made greater improvements in self-care skills and mobility, expressed greater well-being, had similar types and amounts of morbidity, and entailed lower costs. The results support the expansion of home and community-based services as alternatives to institutional care for a substantial number of geriatric patients. (32 references) AA

Address for reprint requests: Department of Social Work, The Queen's Medical Center, 1301 Punchbowl Street, Honolulu Hawaii 96813

REFERENCE NUMBER 4

Au: Brooks, Richard G.
Ti: **The Development and Construction of Health Status Measures An Overview of the Literature**
So: Lund, Sweden: The Swedish Institute for Health Economics

This report is an introduction to health status measures. It presents the background to the development of these measures, pointing out the limitations of such traditional indicators as mortality and morbidity rates in assessing the value of medical interventions. Health status measures are required for a number of reasons, those of most interest for the purposes of this report being: (1) the need to measure the efficacy and effectiveness of medical interventions; (2) the possibilities for improving clinical decisions, and (3) the need to assess quality of care. Chapters in this report describe the analytic framework used in the report, discuss the definition of health, methodological criteria and valuation and related measurement issues, and review selected assessment strategies.

(421 references) AA

Address for reprint requests: The Swedish Institute for Health Economics, Box 1207, S-221 05 Lund, Sweden

REFERENCE NUMBER 5

Au: Chambers, Larry W.; Haight, Murray; Norman, Geoffrey; MacDonald, Lorry
Ti: **Sensitivity to Change and the Effect of Mode of Administration on Health Status Measurement**
So: *Medical Care* 25(6):470–480, 1987

A measure of global health status, the McMaster Health Index Questionnaire (MHIQ), was assessed to determine two important measurement properties related to its reliability and validity—sensitivity to change and the effect of mode of administration. Ninety-six patients in a physiotherapy clinic were randomly assigned to three mode-of-administration study groups, administered the MHIQ at four points in time including at admission and discharge from the clinic, and assessed for change by their physiotherapist. MHIQ physical function, social function, and emotional function retest scores obtained by self-completion within a 1-week interval were most stable. Physical function scores by any of self-completion, telephone interview, or personal interview were sensitive to change, that is, they improved dramatically by the time of discharge from the clinic. Mode of administration did not affect the size of the change scores. Changes reflected by the physical function scores correlated with changes in physical function reported by a patient's physiotherapist. No systematic changes occurred with social and emotional function scores; this is not surprising in a group of patients with predominantly physical function problems. (22 references) AA

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, McMaster University, 1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 6
Au: Charlson, Mary E.; Pompei, Peter; Ales, Kathy L.; MacKenzie, C. Ronald
Ti: **A New Method of Classifying Prognostic Co-morbidity in Longitudinal Studies: Development and Validation**
So: *Journal of Chronic Diseases* 40(5):373–383, 1987

The objective of this study was to develop a prospectively applicable method for classifying co-morbid conditions which might alter the risk of mortality for use in longitudinal studies. A weighted index that takes into account the number and the seriousness of co-morbid disease was developed in a cohort of 559 medical patients. The 1-yr mortality rates for the different scores were: "0", 12 percent (181); "1–2", 26 percent (225); "3–4", 52 percent (71); and ">5", 85 percent (82). The index was tested for its ability to predict risk of death from co-morbid disease in the second cohort of 685 patients during a 10-yr follow-up. The percent of patients who died of co-morbid disease for the different scores were: "0", 8 percent (588); "1", 25 percent (54); "2", 48 percent (25); ">3", 59 percent (18). With each increased level of the co-morbidity index, there were stepwise increases in the cumulative mortality attributable index, there were stepwise increases in the cumulative mortality attributable to co-morbid disease (log rank $=165;p<0.00010$). In this longer follow-up, age was also a predictor of mortality ($p<0.001$). The new index performed similarly to a previous system devised by Kaplan and Feinstein. The method of classifying co-morbidity provides a simple, readily applicable and valid method of estimating risk of death from co-morbid disease for use in longitudinal studies. Further work in larger populations is still required to refine the approach because the number of patients with any given condition in this study was relatively small. (13 references) AA

Address for reprint requests: Clinical Epidemiology Unit, Department of Medicine, Cornell Medical Center, 515 E. 71st Street, New York, NY 10021

REFERENCE NUMBER 7
Au: Cole, Martin G.; Dastoor, Dolly P.
Ti: **A New Hierarchic Approach to the Measurement of Dementia**
So: *Psychosomatics* 28(6):298–304, 1987

The Hierarchic Dementia Scale is a new instrument for assessing cognitive impairment, based on Piagetian concepts, neuropsychological findings, and the hierarchic nature of decline in mental function. Performance of 20 specific functions such as orienting reflexes and comprehension can be rapidly pinpointed over a wide range of impairment. Scale reliability and validity, tested in 50 demented patients, were high. In a study of the course of Alzheimer's disease in 13 patients the scale defined a variety of patterns in mental decline. (19 references) AA

Address for reprint requests: Saint Mary's Hospital Center, 3830 Avenue Lacombe, Montreal, P.Q. H3T 1M5, Canada

REFERENCE NUMBER 8
Au: Doessel, D.P.
Ti: **Health Outcome and Higher Medical Qualifications: An Economic Conception and Notes on Implementation**
So: *Social Science and Medicine* 24(11):897–910, 1987

A major policy issue in the health sector is the relationship between the outcomes of a medical procedure provided by differently qualified medical personnel, and in which the medical service supplied by the different groups of providers are differently priced. This problem, which exists in health systems which have providers' remuneration based on either fee-for-service or salaries, has not been explicitly considered by economists. Although this question has been indirectly treated in the economic literature on occupational regulation, and directly in the medical literature on quality assessment, both literatures are deficient in different respects. This paper applies the characteristics theory of consumer demand to the problem. A procedure for establishing the nature of the relationship between levels of qualifications and health outcome in an illustrative case of discrete choice is outlined. It is emphasized that the nature of this relationship must be established empirically. It is shown that in this illustrative situation there are four distinct cases that can arise and that under certain circumstances the analysis of the problem can be appropriately conducted in terms of a single dimension of health status. Different prices for the medical service are introduced and the conditions under which a higher price for a service provided by a medical practitioner with higher qualifications can be justified in terms of consumer welfare are considered. The paper concludes with a discussion of some issues associated with an empirical application of the conceptual framework. (64 references) AA

Address for reprint requests: Department of Economics, University Queensland, Saint Lucia, Queensland 4067, Australia

REFERENCE NUMBER 9

Au: Del Greco, Linda; Walop, Wikke; McCarthy, Richard H.
Ti: **Questionnaire Development: 2. Validity and Reliability**
So: *Canadian Medical Association Journal* 136(7):699–700, 1987

The authors stress the importance of reliability and validity of questionnaires that have been designed to assess health characteristics. As a guide to understanding these measurement characteristics, the authors briefly define and discuss four types of validity: content, face, criterion, and construct. Reliability is defined and different methods of examining reliability are introduced. (3 references) CH-P

Address for reprint requests: New York Hospital, 21 Bloomingdale Rd., White Plains, New York 10605

REFERENCE NUMBER 10

Au: Del Greco, Linda; Walop, Wikke; Eastridge, Lily
Ti: **Questionnaire Development: 3. Translation**
So: *Canadian Medical Association Journal* 136(8):817–819, 1987

Translation of questionnaires is needed when the information is to be collected from persons using a different language from the one in which the instrument was developed. Procedures have been established to assure that the original and translated versions collect the same information. The authors introduce and briefly discuss four stages in translating questionnaires: preliminary translation; evaluation of the preliminary translation; cross-language equivalence; and determination of reliability and validity of the translated instrument. (4 references) CH-P

Address for reprint requests: New York Hospital, 21 Bloomingdale Rd., White Plains, NY 10605

REFERENCE NUMBER 11

Au: Drummond, Michael F.
Ti: **Discussion: Torrance's "Utility Approach to Measuring Health Related Quality of Life"**
So: *Journal of Chronic Diseases* 40(6):601–603, 1987

The author comments on the paper by Torrance in the same issue of the journal (see reference 68 below). While Drummond is essentially in agreement with the issues Torrance raised, several areas for additional consideration and research are discussed. With regard to validity, it is suggested that more work be done to explore the convergent validity of currently available quality-of-life measures; the comparison of several measures in the same population is also recommended. Another issue discussed is that of the values placed on health states; here a central point is the consideration of whose values should be used, those of the patient or the policy maker. (9 references) CH-P

Address for reprint requests: University of Birmingham, Health Services Management Centre, Park House, 40 Edgbaston Park Road, Birmingham, B15 2RT, United Kingdom

REFERENCE NUMBER 12

Au: Drummond, Michael F.

Ti: **Resource Allocation Decisions In Health Care: A Role For Quality of Life Assessments?**

So: *Journal of Chronic Diseases* 40(6):605–616, 1987

This paper discusses the relevance of quality of life measurement in clinical and epidemiological research allocation decisions in health care. The discussion concentrates on economic evaluations, the form of health services research which most directly pertains to decisions about the allocation of resources, and the use of the quality-adjusted life-year in economic evaluation. Three key issues are addressed: (i) whose assessments of quality of life are relevant and how should these be obtained; (ii) should one search for a generalizable quality of life measure; (iii) is it right to construct "league tables" of health care interventions in terms of cost per quality-adjusted life-year? (38 references) AA

Address for reprint requests: University of Birmingham, Health Services Management Centre, Park House, 40 Edgbaston Park Road, Birmingham, B15 2RT, United Kingdom

REFERENCE NUMBER 13

Au: Drinka, Theresa J.K.; Smith, Jane C.; Drinka, Paul J.

Ti: **Correlates of Depression and Burden for Informal Caregivers of Patients in a Geriatrics Referral Clinic**

So: *Journal of the American Geriatrics Society* 32:522–525, 1987

Caregiver burden has been associated with patient dementia. In this study we tested the hypothesis that caregiver burden and depression are related to patient cognitive impairment. We analyzed records of 127 elderly male patients from a Veterans hospital geriatrics referral clinic. The patients and their informal caregivers had been referred to the clinic because the complexity and multiplicity of their problems were beyond the treatment capability of other clinics. There was a high prevalence of dementia (73 percent) and depression (69 percent) in these patients according to Diagnostic and Statistical Manual (DSM-III) criteria. Quantitative measures of patient dementia and dependency in activities of daily living were not statistically associated with measures of caregiver depression or burden. In contrast, measures of patient depression were significantly correlated with measures of caregiver depression and burden. We hypothesize that caregivers of chronically ill, elderly men cope better with physical and cognitive incapacity than with affective symptoms. Because caregiver support is the most important factor in maintaining a disabled elder in the community, we suggest evaluating patients and caregivers for depression as part of standard practice in geriatric clinical settings. (22 references) AA

Address for reprint requests: Interdisciplinary Team Training in Geriatrics Program, William S. Middleton Memorial Veterans Hospital, 2500 Overlook Terrace, Madison, Wisconsin 53705

REFERENCE NUMBER 14

Au: Erkinjuntti, T.; Sulkava, R.; Wikstrom, J.; Autio, L.
Ti: **Short Portable Mental Status Questionnaire as a Screening Test for Dementia and Delirium Among the Elderly**
So: *Journal of the American Geriatrics Society* 35:412–416, 1987

Pfeiffer's Short Portable Mental Status Questionnaire (SPMSQ) is a brief screening test for organic brain syndromes. The validity of the SPMSQ was evaluated in random sample of 119 community residents and 282 consecutively admitted medical inpatients. The SPMSQ proved to be a sensitive and specific screening test for moderate to severe dementia both in the community and hospital. Using the cut-off point (number of errors accepted) of three errors, the sensitivity of the test was 86.2 percent and the specificity 99.0 percent among medical inpatients. The percentages in the community sample were 66.7 percent and 100 percent, respectively. The validity of the SPMSQ was not as good for delirium because of its variable clinical picture. For screening purposes lower cut-off points than previously recommended should be used: three errors for dementia and two errors for delirium. Among Finnish elderly people it was not necessary to use correction for education in the SPMSQ. (14 references) AA

Address for reprint requests: Department of Neurology, University of Helsinki, 00290 Helsinki, Finland

REFERENCE NUMBER 15

Au: Ewer, Michael S.; Mansour, Georganne
Ti: **Critical Care Treatment of the Cancer Patient: Preserving the Quality of life**
So: *Cancer Bulletin* 38(5):261–263, 1986

Critical care for cancer patients may be needed at various points during the natural history of the malignant process; care should be determined by the patient's position in this process. Critical care options frequently include aggressive diagnostic and therapeutic options, the implementation of which may have adverse effects on the patient's quality of life. The authors discuss a critical care decision making process which has evolved at their institution. (8 references) CH-P

Address for reprint requests: Division of Nursing, The University of Texas M.D. Anderson Hospital and Tumor Institute at Houston, 5151 Holcombe Boulevard, Houston, Texas 77050

REFERENCE NUMBER 16

Au: Feinstein, Alvan R.
Ti: **Clinimetric Perspectives**
So: *Journal of Chronic Diseases* 40(6):635–640, 1987

The term clinimetrics is used to refer to arbitrary ratings, scales, indexes, instruments, or other expressions that have been created to measure clinical phenomena that cannot be measured by the usual laboratory methods. In this paper the author develops a catalog that shows why clinimetric issues are often difficult and confusing. (16 references) AS-M

Address for reprint requests: Yale University School of Medicine, 333 Cedar Street, Post Office Box 3333, New Haven, Connecticut 06510-8025

REFERENCE NUMBER 17

Au: Fletcher, Astrid E.; Hunt, Barbara M.; Bulpitt, Christopher J.
Ti: **Evaluation of Quality of Life in Clinical Trials of Cardiovascular Disease**
So: *Journal of Chronic Diseases* 40(6):577–566, 1987

There is an increasing interest in the use of quality of life methods to assess the benefits of treatment in cardiovascular disease. When selecting dimensions of quality of life and the instruments to measure these dimensions, the key issue is the detection of a response to treatment during the trial. The sensitivity of a variety of instruments appropriate to hypertension, angina and congestive heart failure is reviewed. Quality of life should be assessed in double blind randomized controlled trials. A Health Index must be included to take into account any mortality and morbidity occurring during the trial. Data are presented on the measurement of quality of life in patients taking placebo prior to entering trials of antihypertensive treatment. The variation with age, sex, and nationality is discussed. Also reported are the results arising from observer bias in a single-blind trial. (51 references)AA

Address for reprint requests: Department of Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WCIE 7HT, United Kingdom

REFERENCE NUMBER 18

Au: Frankenburg, William K.; Fandal, Alma W.; Thornton, Susan M.
Ti: **Revision of Denver Prescreening Developmental Questionnaire**
So: *Journal of Pediatrics* 110:653–657, 1987

The Denver Prescreening Developmental Questionnaire (PDQ), a parent-answered questionnaire, has been revised to extend the age of children who can be screened to those from 6 years down to birth, to make the test items more challenging for children and more informative for parents, and to make it easier for professionals to compare a child's performance with Denver Developmental Screening Test (DDST) norms. This Revised PDQ (R-PDQ) identified 84 percent of non-normal DDST results. Test-retest reliability over 1 week was 94.1 percent, and parent-teacher agreement was 83 percent. A field test of the R-PDQ, conducted in a variety of settings with 1,434 children, revealed that suspect scores on first-stage screening varied with the setting, from 15.6 percent in private pediatric practices to 50.5 percent in Head Start and urban day care centers. Parents found the R-PDQ interesting and easy to complete; health professional found it economical and easy to interpret. We recommend that the R-PDQ be coupled with a brief developmental examination, and that the R-PDQ be used in busy office settings and community mass screening programs. (4 references) AA

Address for reprint requests: University of North Carolina at Chapel at Chapel Hill, School of Public Health, Department of Maternal and Child Health, Rosena Hall, 201 H, Chapel Hill, North Carolina 27514

REFERENCE NUMBER 19

Au: Fuchs, Victor R.; Zeckhauser, Richard
Ti: **Valuing Health — A "Priceless" Commodity**
So: *American Economic Review* 77(2):263–268, 1987

In this paper the authors comment on health in relation to wealth, time preference, risk aversion, and utility—all in standard economic contexts. Of specific interest is the endorsement of the use of quality-adjusted life years (QALYs) as the focal point for discussions of health valuation; this is based on the rationale that health valuations should focus on health outputs rather than inputs. (0 references) CH-P

Address for reprint requests: Stanford University, Stanford,California 94305, and Harvard University Kennedy School of Government, Cambridge, Massachusetts 02138

REFERENCE NUMBER 20

Au: Fuhrer, Marcus J.; Carter, R. Edward; Donovan, William H.; Rossi, Charles D.; Wilkerson, Margaret Ann
Ti: **Postdischarge Outcomes for Ventilator-Dependent Quadriplegics**
So: *Archives of Physical Medicine and Rehabilitation* 68(6):353–356, 1987

Based on data contributed to the National Spinal Cord Injury Data Base between the years 1975 and 1981, outcomes were assessed for 34 patients who had been injured approximately a year earlier and who were ventilator dependent when discharged from inpatient rehabilitation. Their outcomes were compared with those of 196 patients who required mechanical respiration some time during acute care of rehabilitation, but who were free of such assistance at discharge. Statistically significant differences were obtained between the groups in levels of spinal cord injury, duration of acute care hospitalization, duration of total hospitalization, extent of self-care capability, hours/week of hired attendant care, and hours of actual physical assistance/day. The groups did not differ significantly in terms of duration of inpatient rehabilitation, duration of re-hospitalization, and vocational or prevocational status at follow-up. (10 references) AA

Address for reprint requests: The Institute for Rehabilitation and Research, Houston, Texas 77030

REFERENCE NUMBER 21

Au: Gatz, Margaret; Pedersen, Nancy L.; Harris, Jennifer
Ti: **Measurement Characteristics of the Mental Health Scale from the OARS**
So: *Journal of Gerontology* 42(3):332–335, 1987

Psychometric properties of the mental health scale from the OARS, which is also called the Short Psychiatric Evaluation Schedule (SPES), were explored in a large (N=2,015) cross-sectional sample ranging in age from 26 to 86 years. Results indicated that the 15 SPES items represented three distinctive factors-alienation, somatic symptoms, and depression. Only on somatic symptoms was there a pattern of greater endorsement by older respondents. The results illustrate that global test scores can be misleading, especially when applied to different age groups. (18 references) AA

Address for reprint requests: Department of Psychology, University of Southern California, Los Angeles, California 90089-1061

REFERENCE NUMBER 22

Au: Ghadirian, A. Missagh; Kamaraju, Lakshmi S.
Ti: **Premenstrual Mood Changes in Affective Disorders**
So: *Canadian Medical Association Journal* 136(10):1027–1034, 1987

Mood changes during the premenstrual phase have been the focus of considerable research in recent years. Although there has been significant progress in the diagnosis and etiology of major affective disorders, the relation between these disorders and menstrual changes remains controversial. There have been contradictory reports and speculations on women's susceptibility to psychiatric disorders during the premenstrual phase. We describe three patients with a history of mood swings associated with menstruation in whom major affective disorders developed, necessitating intensive psychiatric treatment or admission to hospital. Among women who manifest menstrual mood changes, manic-depressive illness may develop only in a subgroup with genetic predisposition. In such cases the possibility of postpartum mania or depression should be kept in mind in follow-up. (51 references) AA

Address for reprint requests: Allan Memorial Institute, 1025 Pine Avenue, West Montreal, PQ H3A 1A1, Canada

REFERENCE NUMBER 23
Au: Goligher, John C.
Ti: **Judging the Quality of Life After Surgical Operations**
So: *Journal of Chronic Diseases* 40(6):631–633, 1987

In gauging the achievements of surgical treatment it is important to try to measure the quality of functional result vouchsafed to the patient and his capacity for work and recreation. Because the impairments of function that may occur after different operations vary considerably, an operation-specific assessment for each type of procedure is essential. (13 references) AA

Address for reprint requests: Nufffield Hospital, Outwood Lane, Horsforth, Leeds LS18 4HP, Yorkshire, England

REFERENCE NUMBER 24
Au: Greer, David S.
Ti: **Quality of Life Measurement in the Clinical Realm**
So: *Journal of Chronic Diseases* 40(6):629–630, 1987

In summarizing his observations from the Portugal Conference on Quality of Life (QoL), the presentations from which are summarized in this issue of the journal, the author makes the 5 following points. (1) Clinicians and methodologists should develop a consensus on the definition and core concepts of QoL. (2) QoL assessments should be developed in collaboration with clinicians. (3) It is time to recognize and accept without apology the perceptual nature of QoL assessment. (4) QoL concepts and measurement should be introduced into the medical school curriculum. (5) QoL should be used in structuring and transmitting clinical information, thus enhancing its credibility. (0 references) CH-P

Address for reprint requests: Brown University of Medicine, Providence, Rhode Island 02912

REFERENCE NUMBER 25
Au: Griffiths, R.A.; Good, W.R.; Watson, N.P.; O'Donnell, O.P.; Fell, P.J.; Shakespeare, J.M.
Ti: **Depression, Dementia and Disability in the Elderly**
So: *British Journal of Psychiatry* 150(4):482–493, 1987

A structured sample of mobile elderly patients in a rural community practice was assessed on validated rating scales for depression, dementia and disability. A total of 62 percent of the sample was abnormal on at least one variable. The overall prevalence of depression was 13 percent; the overall prevalence of dementia was either 10 or 18 percent depending on the criterion of Mental Test Score (MTS). Depression and dementia were related, depression being more common in females. In depressed and demented patients, MTS was age-related in those over 60 years; in depression alone, MTS was not age-related. Dementia was age-related, particularly over the age of 75. Disability increased with age and was more common in females. Disability was associated with both depression and dementia. (28 references) AA

Address for reprint requests: Radcliffe Infirmary, Oxford, England OX2 6HE

REFERENCE NUMBER 26
Au: Gunning-Schepers, Louise J.; Hagen, J. Hans
Ti: **Avoidable Burden of Illness: How Much Can Prevention Contribute to Health?**
So: *Social Science and Medicine* 24(11):945–951, 1987

The WHO campaign for health for all by the year 2000 brought health back into the centre of attention in health policy making. Different authors have analyzed the determinants of health in different models. One of these is the well-known model of Lalonde, in which health is seen as the result of four determinants:

human biology, life style, environment, and health care. Dever, in the U.S., has tried to quantify this model in order to compare the percentages of mortality attributable to each of the four determinants with the percentage of resources from the health care budget, allocated to them. The authors have, individually, tried to replicate these estimate, through a survey of Dutch experts. The results of these surveys are presented and discussed. The authors conclude that, although a quantification of the relative importance of the determinants of health would be extremely useful in health policy making, the methodology proposed by Dever does not yield suitable results. An alternative approach suggested, would be to subdivide the broad determinants into known risk factors and to arrive at a quantification through the utilization of known epidemiologic relationships between risk factors and disease. (13 references) AA

Address for reprint requests: Department of Public Health and Social Medicine, Erasmus University Rotterdam, Post Office Box 1738, 3000 DR Rotterdam, The Netherlands

REFERENCE NUMBER 27

Au: Guralnik, Jack M.
Ti: **Assessing the Full Spectrum of Physical Functioning in the Elderly**
So: Presented at the Workshop on Innovations in Measurement of Function among Elders: A Focus on National Surveys sponsored by the National Center for Health Statistics, September 1986

There is a growing body of literature which attests to the value of measuring physical function in assessing the health of older persons. Rather than making a case for the advantages of measuring physical functioning, the author addresses some of the problems faced in selecting measures which evaluate physical functioning. In particular, the case that researchers should attempt to characterize older persons along the full spectrum of functioning and not just the end of the spectrum that represents serious disability is presented. Many of the instruments in use in aging research were developed for use with patients in nursing homes. When we step out into the community to do epidemiologic research, such as in the NHANES, the majority of older persons do **not** have a major disability. These community dwelling elders, however, do show a range of health status, vitality and functional abilities which, if measured, can provide us with much valuable information. (0 references) AA

Address for reprint requests: National Institute on Aging, 7550 Wisconsin Avenue, 612 Federal Building, Bethesda, Maryland 20892

REFERENCE NUMBER 28

Au: Haan, Mary; Kaplan, George A.; Camacho, Terry
Ti: **Poverty and Health: Prospective Evidence From the Alameda County Study**
So: *American Journal of Epidemiology* 125(6):989–98, 1987

To examine the reasons for the association between socioeconomic status and poor health, the authors examined the nine-year mortality experience of a random sample of residents aged 35 years and over in Oakland, California. Residents of a federally designated poverty area experienced higher age-, race-, and sex adjusted mortality over the follow-up period compared with residents of non-poverty areas (relative risk = 1.71, 95 percent confidence interval 1.20–2.44). This increased risk of death persisted when there was multivariate adjustment for baseline health status, race, income, employment status, access to medical care, health insurance coverage, smoking, alcohol consumption, physical activity, body mass index, sleep patterns, social isolation, marital status, depression, and personal uncertainty. These results support the hypothesis that properties of the socio-physical environment may be important contributors to the association between low socioeconomic status and excess mortality, and that this contribution is independent of individual behaviors. (43 references) AA

Address for reprint requests: Department of Health Services, 2151 Berkeley Way, Annex 2, Room 211, Berkeley, California 94704-9980

REFERENCE NUMBER 29

Au: Haley, William E.; Levine, Ellen G.; Brown, S. Lane; Berry, Jack W.; Hughes, Glenn H.

Ti: **Psychological, Social, and Health Consequences of Care for a Relative with Senile Dementia**

So: *Journal of the American Geriatrics Society* 35:405–411, 1987

While providing home care for a family member with senile dementia is clearly extremely stressful, there has been little controlled research assessing the specific effects of this stress on caregiver psychological, social, and health functioning. To address this question, 44 primary caregivers of senile-dementia patients and 44 matched controls completed a series of questionnaires and interview assessments. Caregivers reported significantly higher levels of depression and negative affect toward their relatives and lower overall life satisfaction than did controls. Caregivers also had significant impairment of their social activities, including visits with friends, vacations, and church attendance when compared with controls. Caregivers expressed less satisfaction with their social networks than did controls, but the groups did not differ in objective size of social networks or number of network contacts. Caregivers reported poorer health, more prescription medication use, and higher utilization of health care than controls. Results clearly indicate the serious and wide-ranging effects of the stress of caregiving, and reinforce the importance of providing comprehensive services for caregiving families. (24 references) AA

Address for reprint requests: Department of Psychology, University of Alabama at Birmingham, Birmingham, Alabama 35294

REFERENCE NUMBER 30

Au: Haney, C. Allen; Raffoul, Paul R.

Ti: **Four Psychosocial Stressors Among Cancer Patients**

So: *Cancer Bulletin* 38(5):244–247

The author presents 4 scenarios to motivate a discussion of the stressors faced by cancer patients as a result of their disease; these sources of stress can influence not only the patient's morale and level of cooperation, but maybe even the course of disease. The impact of these stressors on the treatment of cancer can be positive or negative, depending on the characteristics of the individual and his or her environment. (6 references) CH-P

Address for reprint requests: Graduate School of Social Work, University of Houston (University Park Campus), Houston, Texas 77004

REFERENCE NUMBER 31

Au: Haynes, R. Brian; Mukherjee, Jayanti; Sackett, David L.; Taylor, D. Wayne; Barnett, Henry J.M.; et al.

Ti: **Functional Status Changes Following Medical or Surgical Treatment for Cerebral Ischemia**

So: *Journal of American Medical Association* 257(15):2043–2047, 1987

To determine the value of extracranial-intracranial arterial anastomosis (EC/IC bypass), we randomly allocated 1,377 patients with symptomatic atherosclerosis of the internal carotid or middle cerebral arteries to medical care alone or to EC/IC bypass with continuing medical care. As previously reported, surgery did not reduce—or significantly increase—the risk of stroke. Functional status data collected during the trial provide new information. Six weeks following entry, surgical patients showed greater dysfunction in the following activities: fluency of speech, getting in and out of bed, sitting down and standing up, toileting, cutting food and pouring beverages, and dressing and undressing. At 4.5 months, surgical patients still exhibited greater dysfunction in toileting, with nonsignificant trends in several other activities. From six months onward, there were no significant differences between the groups. Thus, EC/IC bypass results in transient worsening of functional status beyond the immediate perioperative period. (8 reference)AA

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, McMaster University Health Sciences Centre, 1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 32

Au: Harding, Courtenay M.; Brooks, George W.; Ashikaga, Takamaru; Strauss, John S.; Breier, Alan

Ti: **The Vermont Longitudinal Study of Persons With Severe Mental Illness, I: Methodology, Study Sample, and Overall Status 32 Years Later**

So: *American Journal of Psychiatry* 144:718–726, 1987

The authors report the latest findings from a 32-year longitudinal study of 269 backward patients from Vermont State Hospital. This intact cohort participated in a comprehensive rehabilitation program and was released to the community in a planned deinstitutionalization effort during the mid-1950s. At their 10-year follow-up mark, 70 percent of these patients remained out of the hospital but many were socially isolated and many were recidivists. Twenty to 25 years after their index release, 262 of these subjects were blindly assessed with structured and reliable protocols. One-half to two-thirds of them had achieved considerable improvements or recovery, which corroborates recent findings form Europe and elsewhere. (67 references) AA

Address for reprint requests: 150 CMHC, 34 Park St., New Haven, Connecticut 06519

REFERENCE NUMBER 33

Au: Harding, Courtenay M.; Brooks, George W.; Ashikaga, Takamaru; Strauss, John S.; Breier, Alan

Ti: **The Vermont Longitudinal Study of Persons with Severe Mental Illness, II: Long-Term Outcome of Subjects Who Retrospectively Met DSM-III Criteria for Schizophrenia**

So: *American Journal of Psychiatry* 144:727–735, 1987

The authors present the findings from a long-term follow-up study of 118 patients from Vermont State Hospital who, when rediagnosed retrospectively, met DSM-III criteria for schizophrenia at their index hospitalization in the mid-1950s. The patients were studied with structured, reliable, multivariate instrument batteries by raters who were blind to information in their records. The rediagnostic process is described, and results of the follow-up are presented. Outcome varied widely, but one-half to two-thirds of the sample had achieved considerable improvement or recovered, in contrast to statements in DSM-III that predict a poor outcome for schizophrenic patients. (73 references) AA

Address for reprint requests: 150 CMHC, 34 Park Street, New Haven, Connecticut 06519

REFERENCE NUMBER 34

Au: Hickie, Catherine; Snowdon, John

Ti: **Depression Scales for the Elderly GDS: Gilleard, Zung**

So: *Clinical Gerontologist* 6(3):51–53, 1987

This article reports on the validation of the Geriatric Depression Scale (GDS) and the Depression Scale of Schwab et al. The Zung Self-Rating Depression Scale is used for comparison. According to this study, all three scales were able to distinguish between depressed and non-depressed elderly persons. All study participants met DSM-III criteria of depression. (5 references) CH-P

Address for reprint requests: Prince of Wales Hospital Sydney, Australia

REFERENCE NUMBER 35

Au: Jacobson, Alan M.; Hauser, Stuart T.; Wolfsdorf, Joseph I.; Houlihan, John; Milley, Janet E.

Ti: **Psychologic Predictors of Compliance in Children with Recent Onset of Diabetes Mellitus**

So: *Journal of Pediatrics* 110:805–811, 1987

A group of 57 children with recent onset of insulin-dependent diabetes mellitus was studied over 18 months. Compliance with the prescribed diabetic treatment deteriorated over this period. Adolescents (aged 13 to 15 years) were less compliant than preadolescents (aged 9 to 12 years). Initial patient reports of self-esteem, perceived competence, social functioning, behavioral symptoms, and their adjustment to diabetes predicted subsequent compliance behaviors. The findings highlight the linkage of child personality and adjustment with self-care of diabetes, and suggest that psychosocial assessment soon after diabetes is diagnosed may help identify patients at risk for later compliance problems. (26 references) CH-P

Address for reprint requests: Joslin Diabetes Center, One Joslin Place, Boston, Massachusetts 02215

REFERENCE NUMBER 36
Au: Justice, Blair
Ti: **Evidence of Psychosocial Influence in Disease Onset and Outcome**
So: *Cancer Bulletin* 38(5):241–244, 1986

Although there is mounting evidence as to the varying influences that social support and other psychological factors have on health and illness, the resistance to accepting this evidence continues. The author argues that it is now time to stop casting the issue of complex disease causation into either/or terms and recognize that multiple influences, including psychosocial factors, contribute to both the cause and duration of disease. (35 references) CH-P

Address for reprint requests: School of Public Health, The University of Texas Health Science Center at Houston, P.O. Box 20186, Houston, Texas 77225

REFERENCE NUMBER 37
Au: Katz, Sidney
Ti: **The Science of Quality of Life**
So: *Journal of Chronic Diseases* 40(6):459–463, 1987

This editorial presents the rationale for and reviews the papers presented at the Portugal Conference entitled Measuring Quality of Life in Clinical and Epidemiological Research; the papers and discussions are printed in this journal issue and those related to health indexes are abstracted in this bibliography. (36 references) CH-P

Address for reprint requests: Brown University School of Medicine, Providence, Rhode Island 02912

REFERENCE NUMBER 38
Au: Kind, Paul; Rosser, Rachel
Ti: **Preferences for States of Illness Measured on Interval and Ratio Scales**
So: Unpublished, London, England: Department of Psychiatry, filed 1987

This paper addresses the question of whether the severity of illness can be measured on a cardinal scale. Judgments of the severity of states of illness were made in an interview consisting of two stages, a ranking exercise and a magnitude estimation procedure. The results of the first stage were processed to yield a scale which might best be interval. The results of the second stage were processed to yield a scale which might be ratio. The resulting scales had a log linear relationship which is characteristic of a prothetic, or quantitative, continuum. The results indicate that the severity of illness can be measured quantitatively. (32 references) AA

Address for reprint requests: Department of Psychiatry, Middlesex Hospital, London, England W.1

REFERENCE NUMBER 39
Au: Krause, Neal
Ti: **Satisfaction with Social Support and Self-Rated Health in Older Adults**
So: *Gerontologist* 27(3):301–308, 1987

The purpose of this study was to determine whether older adults dissatisfied with the amount of social support they had received were more likely to rate their health as poorer than elderly people satisfied with the support they had received. The findings suggest that satisfaction with support was an important determinant of self-perceived health and that this relationship remained significant after controlling for the effects of the amount of support that was provided. (22 references) AA-M

Address for reprint requests: The University of Michigan, 1420 Washington Heights, Ann Arbor, Michigan 48109-2029

REFERENCE NUMBER 40
Au: Lane, David A.
Ti: **Utility, Decision, and Quality of Life**
So: *Journal of Chronic Diseases* 40(6):585–591, 1987

This paper introduces the notion of utility and its application to the measurement of quality of life. Utility is a general concept for measuring the value individuals attach to the consequences of various courses of action. Its purpose is to guide decision making when the consequences of the alternative decisions cannot be known with certainty. How utility can be applied to clinical decision making is illustrated by example. In addition, utility is compared to other quality-of-life measures with respect to its scope, its purpose, and its interpretation. (6 references) AA

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

REFERENCE NUMBER 41
Au: Lane, David A.; Hutchinson, Tom A.
Ti: **The Notion of "Acceptable Risk": The Role of Utility in Drug Management**
So: *Journal of Chronic Diseases* 40(6):621–625, 1987

This paper presents a definition of "acceptable risk" that is based on the concept of utility. The adverse effects of a specific use of a drug pose an acceptable risk if no alternative treatment has a higher cumulated expected utility in the relevant patient population than that associated with the use of the drug. The implications of this definition for postmarketing management of drugs are explored. In particular, postmarketing surveillance should be expanded to include the quantification of patients' values, a drug's beneficial effects, and its adverse effects. Management actions should be targeted at specific drug uses with unacceptable risks rather than at drugs themselves. This may require the use of education and service action options, as well as regulatory actions aimed at prescribers and dispensers. (6 references) AA

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

REFERENCE NUMBER 42
Au: Lasry, Jean-Claude M.; Margolese, Richard G.; Poisson, Roger; Shibata, Henry; Fleischer, David; et al.
Ti: **Depression and Body Image Following Mastectomy and Lumpectomy**
So: *Journal of Chronic Diseases* 40(6):529–534, 1987

A twenty-year debate about the appropriate surgery for breast cancer has resulted in two clinical trials comparing radical versus more conservative operations. Despite the favorable results of these trials, the majority of breast cancer patients in North America still undergo mastectomy. We investigated the psychological and social adjustment following total and partial mastectomy in a group of patients randomly assigned to one or the other operation (National Surgical Adjuvant Breast Protocol—B-06). Total mastectomy patients showed higher levels of depression and less satisfaction with body image. Partial mastectomy patients did not display any measurable increase in fear of recurrence. Patients undergoing radiation therapy showed surprising increase in depressive symptoms. Radiation therapy could well be more frightening to breast surgery patients than had been anticipated. These patients may benefit from some anticipatory counselling. (25 references) AA

Address for reprint requests: Department of Psychiatry, Jewish General Hospital, 3755 Cote Ste-Catherine Road, Montreal Quebec, Canada H3T 1E2

REFERENCE NUMBER 43

Au: Liang, Matthew H.; Cullen, Karen E.; Larson, Martin G.; Schwartz, Julie A.; Robb-Nicholson, Celeste; et al.

Ti: **Effects of Reducing Physical Therapy Services on Outcomes in Total Joint Arthroplasty**

So: *Medical Care* 25(4):276–285, 1987

A natural experiment provided an opportunity to determine whether physical therapy (PT) service reduction would affect the outcomes of total joint arthroplasty. A sample of 200 patients with rheumatoid arthritis or osteoarthritis who underwent total hip or total knee replacement during successive reduction of services was randomly selected. The demographic and clinical characteristics of patients in each period were similar. Despite large differences between groups in hours of PT per patient, there were no major differences in length of stay between the groups, or compared to similar hospitals, functional status at discharge, or numbers of surgical complications. Implications for health services organization are discussed. (10 references) AA

Address for reprint requests: Brigham and Women's Hospital, 75 Francis Street, Boston, Massachusetts 02115

REFERENCE NUMBER 44

Au: Liang, Matthew H.; Robb-Nicholson, Celeste

Ti: **Health Status and Utility Measurement Viewed from the Right Brain: Experience from the Rheumatic Diseases**

So: *Journal of Chronic Diseases* 40(6):579–583, 1987

Questionnaires for measuring function, health status, and quality of life have been developed for the rheumatic and musculoskeletal disorders. These new measures are as valid and as reliable as traditional measures of clinical status in clinical trials and health services research and add a valuable dimension to outcome assessment. However, they have limitations for use in patient care. Questionnaires cannot determine the etiologic basis of functional disability; nor cover any one function in enough depth; nor deal with the relative nature of function; nor account for the differences in functional priorities. Questionnaires are statistical approaches and based on normative model; patient care is humanistic emphasizing differences. Nevertheless, the interaction between psychometric approaches and concerns of patient care is a necessary and desirable goal for all we seek to accomplish with clinical investigation. (37 references) AA

Address for reprint requests: Harvard School of Public Health, 75 Francis Street, Boston Massachusetts 02115

REFERENCE NUMBER 45

Au: Lord, Janet P.; Lieberman, James S.; Portwood, Margaret M.; Fowler, William M. Jr.; Carson, Richard
Ti: **Functional Ability and Equipment Use Among Patients with Neuromuscular Disease**
So: *Archives of Physical Medicine and Rehabilitation* 68(6):348–352, 1987

The relationship between graded functional ability of a neuromuscular disease patient and his routine daily activities remains unknown. Mobility equipment use may provide an indirect measure of routine daily activities. In this study 110 neuromuscular disease patients were evaluated for both functional grade (Brooke upper extremity and Vignos lower extremity scales) and equipment use. Although several of the Vignos and Brooke categories did not describe significant numbers of these patients, the Vignos scale was able to predict whether or not a given patients would use a wheelchair with 94 percent accuracy, while the Brooke scale was only 85 percent accurate. It was not possible to predict manual versus electric wheelchair use based on functional rating scores. Patients with proximal weakness, regardless of diagnosis, displayed a similar pattern of functional outcome and equipment use, which was significantly different from the pattern displayed by groups with distal weakness. As expected, as functional ability diminished, wheelchair use increased; however, wheelchair use began at surprisingly high functional levels. Patients generally preferred a combination of manual and electric wheelchair use. (10 references) AA

Address for reprint requests: Department of PM&R, University of California—Davis, Sacramento, California 95817

REFERENCE NUMBER 46

Au: MacDonald, Michael R.; Nielson, Warren R.; Cameron, M.G.P.
Ti: **Depression and Activity Patterns of Spinal Cord Injured Persons Living in the Community**
So: *Archives of Physical Medicine and Rehabilitation* 68(6):339–343, 1987

The present study examined the effects of depression and injury level (paraplegics/quadriplegics) on respondents' respondents' daily activity (ADL) patterns for 53 spinal cord injured (SCI) persons living in the community. This investigation involved the administration of the Beck Depression Inventory, the Clinical Depression Measure, the Multiple Affect Adjective Check List, and the Activity Patterns Indicators. The first issue of interest was the incidence of clinical depression in this community-based sample. Evidence of clinical depression was found in only 15 percent of the sample, with 45 percent of respondents showing evidence of mild depression. A second issue concerned the independent and/or interactive effects of depression and injury levels across several different types of ADL. Independent depression effects were found for personal activities, such that mildly depressed respondents reported fewer personal activities than nondepressed individuals. Independent injury level effects were found for overall frequency of activities, with quadriplegics achieving lower scores than paraplegics. Interactive effects were obtained between depression and injury level for work and travel. For each of these activities, similar levels were found for nondepressed quadriplegic, mildly depressed quadriplegic, and mildly depressed paraplegic respondents, all of whom were less active than nondepressed paraplegics. These results suggest that for some activities depression may play as important a role in long-term rehabilitation as degree of disability. (15 references) AA

Address for reprint requests: Departments of Psychology and Physical Medicine, University of Western Ontario, London, Ontario, Canada N6A 5A5

REFERENCE NUMBER 47
Au: MacVicar, Mary G.; Winningham, Maryl L.
Ti: **Promoting the Functional Capacity of Cancer Patients**
So: *Cancer Bulletin* 38(5):235–239, 1986

This article reviews the disuse syndrome as a possible cause of functional capacity loss in cancer patients, and offers suggestions to counter that loss; in addition 2 studies on activity and cancer patients are presented. The first study was conducted to learn about patients' perceptions of the role of exercise during and subsequent to their treatment for cancer. The second project was an intervention study to determine if moderate-intensity exercise could improve cancer patients' functional capacity, and to identify any corresponding alterations in psychologic status. (16 references) AS-M

Address for reprint requests: The Ohio State University College of Nursing, Columbus, Ohio

REFERENCE NUMBER 48
Au: Margolese, Richard G.
Ti: **The Place of Psychosocial Studies in Medicine and Surgery**
So: *Journal of Chronic Diseases* 40(6):627–628, 1987

The author examines the issue that medical science has lagged in its concern with the quality of life of patients undergoing either medical or surgical treatments in a historical context. Previously, when the primary causes of disease were due to infectious agents, the indicators of successful control and its benefits were more clearcut than today when chronic conditions are the primary causes. The more complex diseases of today require more complicated treatments. This leads to the emerging focus on the relative values of treatments and their side effects. (3 references) CH-P

Address for reprint requests: 3555 Cote Ste-Catherine Road, Montreal, Quebec, Canada H3T 1E2

REFERENCE NUMBER 49
Au: Maynard, Alan
Ti: **Incentives for Cost-Effective Physician Behaviour**
So: *Health Policy* 7(2):189–204, 1987

The objective of the National Health Service 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 improvements 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 incentives 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 seem appropriate. (32 references) AA

Address for reprint requests: Director, Centre for Health Economics, University of York, York Y01 5DD, England

REFERENCE NUMBER 50
Au: McFarlane, Alexander C.
Ti: **The International Classification of Impairments, Disabilities and Handicaps: Its Usefulness in Classifying and Understanding Biopsychosocial Phenomena**
So: *Australian and New Zealand Journal of Psychiatry* 22 (1):31–42, 1988

The International Classification of Impairments, Disabilities and Handicaps (ICIDH) was developed because of the growing awareness that ICD-9 failed to reflect many of the problems that people bring to health care systems. The ICIDH was designed to classify the consequences of disease such as the disruption of daily activity and the social disadvantage that accompany illness. However, since its introduction, the ICIDH has largely been ignored by psychiatry, despite its conceptual strength. In particular, it provides a framework for applying the biopsychosocial model and studying the phenomena of mental illness. The latter is an important issue because of clinical psychiatry's inherent weakness in distinguishing between symptoms of disease and the psychosocial consequences, a particular inadequacy of the DSM-III diagnostic criteria. The utility of the ICIDH is shown in the study of the phenomena of panic disorder and agoraphobia, where the author concludes that agoraphobia should be classified as a disability/handicap and not a disorder. (78 references) AA

Address for reprint requests: Department of Psychiatry, The Flinders University of South Australia, Bedford Park, South Australia 5042

REFERENCE NUMBER 51
Au: McKenzie, Brad; Campbell, James
Ti: **Race, Socioeconomic Status and the Subjective Well-being of Older Americans**
So: *International Journal of Aging and Human Development* 25(1):43–61, 1987

Causal examination of factors influencing life satisfaction among older Americans can provide knowledge important to social policy development. Using rotated factor analysis, this study isolates two dimensions of life satisfaction, labeled happiness and morale, using data from the 1981 Harris survey on aging. Race, SES characteristics, and the two intervening variables of self-assessed health status and problems experienced are tested through path analysis on the two attributes of life satisfaction. Most of the effects of race and SES are mediated by self-assessed health status and problems experienced, and these two intervening variables are the strongest direct predictors of happiness and morale. Of particular significance are results which demonstrate that racial background has a strong influence on problems experienced, and that education is more influential than income on the life satisfaction factors tested in this study. (24 references) AA

Address for reprint requests: 2126 West Mohawk Lane Phoenix, Arizona 85027

REFERENCE NUMBER 52
Au: Miettinen, Olli S.
Ti: **Quality of Life from the Epidemiologic Perspective**
So: *Journal of Chronic Diseases* 40(6):641–643, 1987

In summarizing the Portugal Conference (abstracts of papers relevant to health indexes appear in this bibliography) from the epidemiological perspective the author identifies the following main themes. (1) Quality of life (QoL) is one aspect of health outcome, the other is duration of life. (2) In a medical sense, QoL is an aggregate representation of disability discomfort, and distress resulting from illness and/or medical action. (3) QoL is a situation-specific concept in medicine; measurement instruments should be designed with this in mind. (4) Development of QoL scales should be continued, posing challenges to theorists and researchers alike. (8 references) AA

Address of reprint requests: Department of Epidemiology and Biostatistics, McGill University, 1020 Pine Avenue West, Montreal, Quebec, Canada H3A 1A2

REFERENCE NUMBER 53

Au: Milbrath, Lester W.; Doyno, Victor
Ti: **A Study of the Quality of University Life: SUNY at Buffalo**
So: *Social Indicators Research* 19(2):173–190, 1987

A quality of life (QoL) questionnaire was sent to all 1375 faculty members at SUNY Buffalo. Each was asked to judge the level of satisfaction and importance of 123 elements of campus life. The study created a complex evaluation of the University (services, offices, functions, attitudes) intended to guide future policy. The study was well received; it has guided policy and the Faculty Senate requested that it be repeated in 3 to 5 years. The quality of campus life was generally perceived to be better in the professional schools than in the core arts and sciences faculties. Librarians had especially low morale and QoL Monetary and institutional barriers that frustrated faculty members in trying to fulfill their professional obligations to their own high standards were the major factors detracting from QoL (lack of secretarial help, little travel money, bureaucratic red tape, etc.). This methodology would easily be transferable to other campuses. Studies conducted elsewhere would provide a basis for comparison that would enlarge our ability to assess professionally our universities and help guide future development. (16 references) AA

Address for reprint requests: Environmental Studies Center, State University of New York, 123 Wilkeson Quadrangle, Buffalo, New York 14261

REFERENCE NUMBER 54

Au: Moffatt, Michael Edward Knowler; Kato, Caroline; Pless, Ivan Barry
Ti: **Improvements in Self-Concept After Treatment of Nocturnal Enuresis: Randomized Controlled Trial**
So: *Journal of Pediatrics* 110(4):647–652, 1987

To determine whether changes in attitude and behavior occur after treatment of nocturnal enuresis, we randomly assigned 121 children aged 8 to 14 years to receive conditioning therapy ($n = 66$) or a 3-month waiting period ($n = 55$). All children completed the Piers-Harris Self-Concept Scale (P-H), the State-Trait Anxiety Scale (STAIC), and the Nowicki-Strickland Locus of Control test (NSLC) at entry and after treatment or delay. Parents completed the Achenbach Child Behavior Checklist (CBCL). There were no significant group differences in background demographic variables. Significant improvements in the P-H Scale ($P = 0.04$) and three of its subscales occurred in children in the treatment group compared with those in whom treatment was delayed. The changes were greatest for those who had the largest decreases in wetting frequency. Changes in CBCL, STAIC, and NSLC scores were not statistically significant. We conclude that there may be mental health benefits in children helped to master the symptom of enuresis, which in this age group is probably a chronic stressor. (22 references) AA

Address for reprint requests: Winnipeg Children's Hospital, 680 William Ave., Winnipeg, Manitoba, Canada R3E OW1

REFERENCE NUMBER 55

Au: Mor, Vincent
Ti: **Cancer Patients' Quality of Life over the Disease Course: Lessons from the Real World**
So: *Journal of Chronic Diseases* 40(6):535–544, 1987

We examined the correlates of the Quality of Life Index (QL-Index) in three samples of cancer patients: newly diagnosed (N=397), recipients of chemotherapy (N=194), and terminal (N=2,046). The relative importance of physical, emotional, social, and disease symptom characteristics in predicting the QL-Index was compared across samples. Despite differences in data collection approaches (telephone, personal interview, or paper and pencil) and differences in patient characteristics, the QL-Index was a robust construct with its central organizing principle being physical functioning. In all samples, functioning, symptoms, depression, and social support were significant predictors of the QL-Index, while age and cancer type were only minimally related. The QL-Index significantly differentiated between patients at different disease phases and measured more than physiological functioning. However analyses suggested that the dominant factor constraining the range of human psychosocial functioning was physical condition. (12 references) AA

Address for reprint requests: Centers of Gerontology and Health Care Research, Brown University, Box G, Providence, Rhode Island 02912

REFERENCE NUMBER 56

Au: Mor, Vincent
Ti: **Discussion: Wood-Dauphinee and Williams' "Reintegration to Normal Living as a Proxy to Quality of Life"**
So: *Journal of Chronic Diseases* 40(6):501–502, 1987

In commenting on this paper (see reference 73 below) the author separates the discussion into two parts. The first deals with the conceptual issues, thus contributing to the debate about whether quality of life is an intra-personal, subjective experience, or a more objective condition. The second issue deals with methods and data sources used to validate quality-of-life scales and to compare the findings from these scales with findings from other measures. (3 references) AA

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

REFERENCE NUMBER 57

Au: Morris, John N.; Sherwood, Sylvia
Ti: **Quality of Life of Cancer Patients at Different Stages in the Disease Trajectory**
So: *Journal of Chronic Diseases* 40(6):545–553, 1987

Building on prior work with cancer patients, our analyses sought to determine whether the process of decline in quality of life identified for patients served by hospices applied to those in nursing homes; and to relate these findings to the broader community cancer population. We found the change in quality of life to be similar for terminal cancer patients in nursing homes and in the community. Findings from the broader spectrum of cancer patients in the community suggest that cancer patients tend to undergo serious reductions in life quality prior to the last 12 weeks of life, followed by another major loss during the last few weeks of life. Finally, we were unable to identify a sizable subgroup of cancer patients with positive quality of life scores in the period immediately preceding death. Further research is needed to specify the process of decline prior to the last few months during which diminution of life quality occurs. (? references) AA

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

REFERENCE NUMBER 58

Au: Neidhart, James A.; Bell-Colakhasanoglu, Virginia
Ti: **Quality of Life as an End Point in Cancer Treatment Protocols-Theoretical Considerations**
So: *Cancer Bulletin* 38(5):215–217, 1987

The acquisition of better and more detailed information about subjective effects of cancer and its treatment should help improve delivery of care to patients. However, use of any therapeutic end point in clinical trials must be done carefully and with great consideration, lest faulty design leads to faulty conclusions. Interpretation must be done with equal care. Taken in that context, quality-of-life measurement should be a valuable tool in helping us understand acute and chronic effects of cancer and its therapy. (12 references) CH-P

Address for reprint requests: Division of hematology and Medical Oncology, University of New Mexico Cancer Center, Albuquerque, New Mexico

REFERENCE NUMBER 59

Au: Ouslander, Joseph G.; Uman, Gwen C.; Urman, Harold N.; Rubenstein, Laurence Z.
Ti: **Incontinence Among Nursing Home Patients: Clinical and Functional Correlates**
So: *Journal of the American Geriatrics Society* 35:324–330, 1987

This study was undertaken to examine the association of specific medical and genitourinary conditions, medications and functional disabilities with urinary incontinence (UI) in a nursing home (NH) population. Seventy-six incontinent and 38 continent patients in a Veterans Administration NH were studied. Incontinence was highly associated with each of the physical and mental functional disabilities we examined. However, with the exception of recurrent urinary tract infections and dementia, no specific clinical factors were significantly more common among incontinent than continent patients. Although precise causes for the UI were not determined, these data highlight the potential role of impairments of physical and/or mental function in the pathogenesis of UI among NH patients, and emphasize the need to address these impairments in future research on the assessment and treatment of UI in this population. (29 references) AA

Address for reprint requests: Medical Director, Mason F. Lord Hospital, Francis Scott Key Medical Center, 5200 Eastern Avenue, Baltimore, Maryland 21224

REFERENCE NUMBER 60

Au: O'Young, Judy; McPeek, Bucknam
Ti: **Quality of Life Variables in Surgical Trials**
So: *Journal of Chronic Diseases* 40(6):513–522, 1987

Clinical trials are commonly performed in surgery to assess the efficacy of one or more treatments. Many therapies result in only partial or temporary improvement, rather than cure. Others sharply affect the quality of patients' lives or of their deaths. For most interventions, it is important to document effects on quality of life as well as morbidity and mortality rates. Yet, a review of the literature reveals that very few surgical trials consider quality of life variables as outcome measures. Surgical investigators in areas like cancer, inflammatory bowel disease, end-stage renal disease, and cardiac disease have examined quality-of-life issues extensively using a variety of scales and indices. However, most studies on quality of life are hampered by poor design and inadequate methods of assessment. Failure to evaluate quality-of-life variables prevents the recognition and full use of potentially beneficial therapies and the rejection of potentially harmful ones. (63 references) AA

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

REFERENCE NUMBER 61
Au: Rabins, Peter V.; Rovner, Barry W.; Larson, David B.; Burns, Barbara J.; Prescott, Carol; et al.
Ti: **The Use of Mental Health Measures in Nursing Home Research**
So: *Journal of the American Geriatrics Society* 35:431–434, 1987

To examine the quality of mental health research in nursing homes, 130 articles published in six geriatric specialty and health care delivery journals were reviewed. Thirty-nine (30 percent) articles used a mental health measure. Measures of cognitive function were most common, being used in 32 (25 percent) of the articles reviewed. Twenty-three (18 percent) studies measured abnormal mental experiences and 17 (13 percent) articles measured behavioral disorder. Many articles used measures or determinations with no established reliability. Twenty-six of the articles which used a mental health measure also used a measure of activities of daily living or physical function. Retrospective and prospective studies were similar in number. A minority of articles used control groups, random samples, or prepost measures while a majority (64 percent) identified an outcome measure. We conclude that nursing home research can be improved by the increased use of reliable measures of cognition and abnormal mental experiences and by the development of reliable measures of behavioral disorder. Study design can be improved by identifying a priori hypotheses and by the increased use of random sampling and control/comparison groups. (19 references) AA

Address for reprint requests: Meyer 279, 600 North Wolfe Street, Baltimore, Maryland 21205

REFERENCE NUMBER 62
Au: Rintala, Diana Hopkins; Willems, Edwin P.
Ti: **Behavioral and Demographic Predictors of Postdischarge Outcomes in Spinal Cord Injury**
So: *Archives of Physical Medicine and Rehabilitation* 68(6):357–362, 1987

Functional assessments were made on 39 spinal cord injured persons, during their stay at a comprehensive rehabilitation hospital, to predict behavior at 3 months after discharge. Subjects reported 24-hour sequences of activities using the Self-Observation and Report Technique (SORT). Demographic and injury-related data were also obtained. During the third month after discharge, participants reported on daily behavior and health status. Results of multiple regression analyses showed that (1) independent behavior (activities without help) in the ward predicted postdischarge independence; (2) number and diversity of activities predicted number of activities after discharge; (3) a combination of four demographic variables predicted number of different locations entered; and (4) three behavioral measures accounted for effects of health problems on daily activities. By predicting which hospitalized clients are likely to have difficulty in some important aspects of their adjustment after discharge, treatment teams may develop strategies for coping with the anticipated difficulties. (20 references) AA

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

REFERENCE NUMBER 63
Au: Ropers, Richard H.; Boyer, Richard
Ti: **Perceived Health Status Among the New Urban Homeless**
So: *Social Science and Medicine* 24(8):669–678, 1987

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

Address for reprint requests: Department of Behavioral and Social Sciences, Southern Utah State College, Cedar City, Utah 84720

REFERENCE NUMBER 64

Au: Siegrist, Johannes
Ti: **Impaired Quality of Life as a Risk Factors in Cardiovascular Disease**
So: *Journal of Chronic Diseases* 40(6):571–578, 1987

Traditionally, quality of life has been considered a major outcome variable in the study of patients with chronic disease or handicap. In this paper, impaired quality of life is analyzed as a risk, that is a condition influencing early manifestation of cardiovascular disease. Specific social contexts as well as a psychological coping style (need for control) that generates sustained emotional distress are defined, and data from two socio-epidemiological studies are presented. The first is a retrospective case-control study of 380 men with a first myocardial infarction. The second is a prospective study of 416 middle-aged blue-collar workers followed over 3 years. Findings show that indicators of impaired quality of life are related to high levels of cardiovascular risk factors and high prevalence of overt cardiovascular disease. Practical implication point to the importance of a socio-behavioral approach in cardiovascular prevention. (30 references) AA

Address for reprint requests: Department of Medical Sociology, School of Medicine, University of Marburg, Bunsenstrasse 2, Marburg 3550, West Germany

REFERENCE NUMBER 65

Au: Spector, William D.; Katz, Sidney; Murphy, John B.; Fulton, John P.
Ti: **The Hierarchical Relationship Between Activities of Daily Living and Instrumental Activities of Daily Living**
So: *Journal of Chronic Diseases* 40(6):481–489, 1987

A three-level hierarchical scale including IADL (shopping and transportation) and ADL (bathing, dressing, transferring, and feeding) was tested and validated based on secondary analysis of three studies of elders in the community: a population-based sample, the Cleveland-GAO, and two service-based samples, the Alternative Health Services Project, a study of Medicaid-eligible elders in Georgia, and the Section 222 Homemaker-Day Care study, a sample of Medicare-eligible elders. Scalability analysis included evaluation of Cronbach's alpha, Guttman analysis, and analysis of the pairwise association of individual items. Validation included discriminant validity and predictive validity. With respect to discriminant validity, the negative association between functional ability (as measured by the scale) and age was observed. With respect to predictive validity, the negative relationship between functional ability (as measured by the scale) and risk of decline to ADL, death, and hospitalization in a year was observed. A six-level scale similar in structure and detail to the Katz Index of ADL was examined with the three studies. This scale can be used to describe a broader range of needs of elders in the community and will be particularly useful to health services planners, practitioners and researchers. (21 references) AA

Address for reprint requests: Brown University, Gerontology Center, Providence, Rhode Island 02912

REFERENCE NUMBER 66

Au: Sisk, Jane E.
Ti: **Discussion: Drummond's "Resource Allocation Decisions in Health Care: A Role for Quality of Life Assessment?"**
So: *Journal of Chronic Diseases* 40(6):617–619, 1987

In commenting on Drummond's paper (see reference 12 above), Sisk focusses on describing different frameworks of economic analysis and the use of results. These comments are intended primarily to clarify and less frequently to take issue with aspects of Drummond's exposition. (5 references) AS-M

Address for reprint requests: Office of Technology Assessment, Health Program, U.S. Congress, Washington, DC 20510

REFERENCE NUMBER 67

Au: Spitzer, Walter O.
Ti: **State of Science 1986: Quality of Life and Functional Status as Target Variables for Research**
So: *Journal of Chronic Diseases* 40(6):465–471, 1987

In this Keynote Address presented at the Portugal Conference, the author outlines the history of the use of the term quality of life as it relates to health and welfare. Following this, he turns to a discussion of various measurement issues including those related to the validity of the assessments. (20 references) CH-P

Address for reprint requests: Department of Epidemiology and Biostatistics, McGill University, 1020 Pine Avenue West, Montreal, Quebec, Canada H3A 1A2

REFERENCE NUMBER 68

Au: Torrance, George W.
Ti: **Utility Approach to Measuring Health-Related Quality of Life**
So: *Journal of Chronic Diseases* 40(6):593–600, 1987

Quality of life is a broad concept that incorporates all aspects of an individual's existence. Health-related quality of life is a subset relating only to the health domain of that existence. The utility approach can be used to measure a single cardinal value, usually between 0 and 1, that reflects the health-related quality of life of the individual at a particular point in time. The utility approach is founded in modern utility theory, a normative rational model of decision-making under uncertainty. The measurement techniques that have been used include standard gamble, time trade-off, and rating scales. The techniques are described in the paper and compared in terms of their acceptability to subjects, reliability, precision, validity, and ease of use. It is concluded that the utility approach is beyond the experimental stage, and is now a viable alternative for investigators to use in measuring health-related quality of life. (40 references) AA

Address for reprint requests: McMaster University, Faculty of Business, 1280 Main St W., Hamilton, Ontario, Canada L8S 4M4

REFERENCE NUMBER 69
Au: Troidl, Hans; Kusche, Juergen; Vestweber, Karl-Heinz; Eypasch, Ernst; Koeppen, Ludwig; et al.
Ti: **Quality of Life: An Important Endpoint Both in Surgical Practice and Research**
So: *Journal of Chronic Diseases* 40(6):523–528, 1987

Surgery asks patients to trade present discomfort and risk for future gains. Although research reports on the effectiveness of surgery have largely focused on mortality, length of hospital stay, major complications, and laboratory analyses, the principal criteria guiding surgeons' clinical decisions and patients' acceptance of treatment are most often the patients' subjective feelings and capabilities and the quality of their lives. This is true for both major and minor surgical procedures. We discuss the role of information on functional capacity, overall well-being, and quality of life in the assessment of surgical outcomes. Broadening the choice of endpoints beyond traditional, so-called "hard" variables in surgical studies has advantages for both surgeons and patients. (27 references) AA

Address for reprint requests: II. Lehrstuhl fur Chirurgie, an der Universitaet zu Koeln, Ostmerheimer Str. 200, 5 Koeln-Merheim, West Germany

REFERENCE NUMBER 70
Au: Ware, John E. Jr
Ti: **Standards for Validating Health Measures: Definition and Content**
So: *Journal of Chronic Diseases* 40(6):473–480,1987

Adherence to standards for judging the content validity of health measures and for labeling them is needed for the field of health assessment to proceed in an orderly fashion. This paper discusses the dimensionality of health and the range of health states that can be measured with each dimension. These two attributes of published definitions of health are used to derive minimum standards for judging the validity of health measures in terms of their content. Five generic health concepts are defined: physical health, mental health, social functioning, role functioning, and general health perceptions. Items from widely used health measures are presented to clarify distinctions among these concepts and the different health states they encompass. It is recommended that labels be assigned to health measures in a manner consistent with their content and other evidence of validity. (53 references) AA

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

REFERENCE NUMBER 71
Au: Warner, Stephanie C.; Williams, J. Ivan
Ti: **The Meaning in Life Scale: Determining the Reliability and Validity of a Measure**
So: *Journal of Chronic Diseases* 40(6):503–512, 1987

The Meaning in Life (ML) Scale and Uniscale were developed to assess the sense of purpose, beliefs, and faith of patients in hospice and rehabilitative programs. Specialists have called for such instruments arguing that meaning in life is not adequately measured by quality-of-life measures. The reliability and validity of the measures were tested with 257 English and French patients in long term care facilities in Montreal. The internal consistency of the responses to the 15 items in the ML Scale and the stability of the measures over a two-week period were at acceptable levels. With respect to construct validity, the direction and magnitude of the correlation of the measures with those of subjective well-being, social support, pain, activities of daily living, quality of life, and social desirability were generally as predicted. Further research is required to determine the utility of the ML Scale and Uniscale in clinical research. (46 references) AA-M

Address for reprint requests: Division of Clinical Epidemiology, Montreal General Hospital, 1650 Cedar Avenue, Montreal, Quebec, Canada H3G 1A4

REFERENCE NUMBER 72

Au: Williamson, John B.
Ti: **Social Security and Physical Quality of Life in Developing Nations: A Cross-National Analysis**
So: *Social Indicators Research* 19(2):205–227, 1987

Much research has been done assessing cross-national variation in level of social security program development, but very little analysis has been done of the link between social security development and social welfare outputs such as physical quality of life. There is much debate as to whether any independent effect remains once differences in level of development are taken into consideration. Hypotheses derived from several general theories of inequality and welfare state development are tested. The analysis is based in part on a cross-sectional sample of 80 developing nations and in part on a pooled sample for 1970 and 1975. We find strong support for hypotheses derived from industrialism theory and demographic modernization theory. In addition we find support for hypotheses derived from dependency theory and ethnic conflict theory and some effect for social security spending. Also of note is our failure to find support for hypotheses derived from democratic theory of class (working class strength) theory. (68 references) AA

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

REFERENCE NUMBER 73

Au: Wood-Dauphinee, Sharon; Williams, J. Ivan
Ti: **Reintegration to Normal Living as a Proxy to Quality of Life**
So: *Journal of Chronic Diseases* 40(6):491–499, 1987

The impact of disease and treatment of patients' lives is frequently measured by endpoints such as health status, well being and quality of life. The objective of this paper is to introduce a new but related outcome concept termed "reintegration to normal living" and to compare it to the quality of life. The concept of "reintegration" is closely allied to functional performance. Like quality of life, it is important to measure when therapeutic goals cannot include a cure but are directed at controlling the disease process or fostering compensation for impairment. A Reintegration to Normal Living (RNL) Index has been developed. Although more limited in conceptual focus, its content is similar to global quality of life measures. It is internally consistent, demonstrates content and construct validity, can be completed by patients or significant others and is sensitive to changes in patient status. The degree of reintegration achieved by patients after an incapacitating illness is seen as contributing to the quality of their lives. (30 references) AA

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

REFERENCE NUMBER 74

Au: Yancik, Rosemary; Yates, Jerome W.
Ti: **Quality-of-Life Assessment of Cancer Patients: Conceptual and Methodologic Challenges and Constraints**
So: *Cancer Bulletin* 38(5):217–222, 1987

The authors outline the rationale for attempting to assess the cancer patient's quality of life during the treatment process. The remarks are intended for practitioners who are curious enough about quality-of-life measures to want to learn some of the complexities of their application in a general sense. Although no recommendations or endorsements for specific measures are offered, the authors do explore the scope of conducting quality-of-life research; some conceptual, methodologic, and feasibility issues are described.

Several suggestions are offered for building the foundation to study and monitor the quality of life of persons ill with cancer. (22 references) AS-M

Address for reprint requests: Centers and Community Oncology Program, Division of Cancer Prevention and Control, National Cancer Institute, Bethesda, Maryland

REFERENCE NUMBER 75

Au: Yeo, Gwen; Ingram, Linda; Skurnick, Joan; Crapo, Lawrence
Ti: **Effects of a Geriatric Clinic on Functional Health and Well-Being of Elders**
So: *Journal of Gerontology* 42(3):252–258, 1987

Using a prospective randomized design, the effects on self-reported functional health and well being of 18 months of primary outpatient care in a geriatric clinic staffed by a multidisciplinary team with geriatric training were compared with traditional Veterans Administration (VA) care for 205 elders. Significantly less decline in functional health was found for the geriatric clinic participants on the total Sickness Impact Profile (SIP) ($M = .18$ versus 3.12, $p = 0.029$) and its physical dimension ($M = .28$ versus 4.39, $p = 0.011$), but not for the psychosocial dimension of the SIP, life satisfaction, depression, self-rated health, or affect balance. In addition, twice as many geriatrics clinic patients died ($p = 0.10$) during the study. Further clarification of the impact of a multidisciplinary geriatrics clinic on health outcomes and cost in VA and other settings are needed prior to recommending that this model of geriatric health care be adopted. (27 references) AA

Address for reprint requests: Stanford University Teaching Nursing Home Project, Geriatric Research Educational and Clinical Center 182C Palo Alto VA Medical Center, 3801 Miranda Avenue, Palo Alto, California 94304

Professional Journals Reviewed

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

ABS-American Behavioral Scientist 31(1–3)
Acta Psychiatrica Scandinavica 75(4–6)
American Economic Review 77(2)
American Journal of Economics and Sociology 46(2)
American Journal of Epidemiology 125(4–6)
American Journal of Orthopsychiatry 57(2)
American Journal of Psychiatry 144(4) 144(6)
American Journal of Psychology 100(2)
American Journal of Public Health 77(4–6)
American Journal of Sociology 92(6)
American Political Science Review 81(2)
American Psychologist 42(4–6)
American Sociological Review 52(2–3)
Archives of Physical Medicine and Rehabilitation 68(4–6)
Rehabilitation 68(5 Suppl)
Behavioral Science 32(2)
British Journal of Psychiatry 150(4–6)
British Journal of Psychology 78(2)
British Journal of Sociology 38(2)
British Medical Journal 294(6576–6580) 294(6582–6583)
Canadian Journal of Behavioral Science 19(2)
Canadian Journal of Public Health 78(2–3)
Canadian Medical Association Journal 136(7–12)
Child Welfare 66(3)
Clinical Psychology Review 7(3)
Cognitive Psychology 19(2)
Cognitive Therapy and Research 11(2)
Community Mental Health 23(1)
Family and Community Health 10(1)
Geriatrics 42(4–6)
Gerontologist 27(2–3)
Hastings Center Report 17(2–3)
Health Affairs 6(1)
Health Care Financing Review 8(4)
Health Education Quarterly 14(2)
Health Policy 7(2)
Health Psychology 6(2)
Health Services Research 22(1–2)
Health Values 11(2–3)
Home Health Care Services Quarterly 8(2)
Inquiry 24(1)
International Journal of Aging and Human Development 24(4) 25(1–2)
International Journal of Epidemiology 16(2)
International Journal of Health Services 17(2)
International Journal of Mental Health 16(1–2)
Issues of Science and Technology 3(3–4)
Journal of Accounting and Public Policy 6(1)
Journal of Allied Health 16(2)
Journal of Applied Psychology 72(2)
Journal of Behavioral Medicine 10(2–3)
Journal of Chronic Diseases 40(4–6)
Journal of Community Health 12(1)
Journal of Epidemiology and Community Health 41(2)
Journal of Experimental Child Psychology 43(2–3)
Journal of Gerontology 41(6) 42(1–2)
Journal of Family Practice 24(1–2) 24(5–6)
Journal of Gerontology 42(3)
Journal of Health and Social Behavior 28(2)
Journal of Health Economics 6(2)
Journal of Health, Politics, Policy and Law 12(1)
Journal of Nervous and Mental Diseases 175(4–6)
Journal of Political Economy 95(2)
Journal of Public Health Policy 8(1)
Journal of School Health 57(4–5)
Journal of School Psychology 25(2)
Journal of Social Issues 43(1)
Journal of Social Policy 16(2)
Journal of the American Geriatrics Society 35(2) 35(4–6)
Journal of the American Medical Association 257(13–24)
Lancet I (8536-8548)
Medical Care 25(4–6)
Milbank Memorial Fund Quarterly 65(2)
Multivariate Behavioral Research 22(2)
New England Journal of Medicine 316(14) 316(16–26)
Organizational Behavior and Human Decision Process 38(1–3) 39(1)
Perspectives in Biology and Medicine 30(3)
Philosophy and Public Affairs 16(2)
Policy Sciences 20(2)

Policy Studies Journal 15(4)
Policy Studies Review 6(4)
Preventive Medicine 16(3)
Psychological Record 37(2)
Psychosomatic Medicine 49(3)
Psychosomatics 28(4–6)
Quality and Quantity 21(2)
Review of Economics and Statistics 69(2)
Risk Analysis 7(2)
Scandinavian Journal of Psychology 28(2)
Science, Technology and Human Values 12(2)
Social Forces 65(4)
Social Indicators Research 19(2)
Social Problems 34(2–3)
Social Science and Medicine 24(7–12)
Social Science Research 16(2)
Social Security Bulletin 50(4–6)
Sociological Methods and Research 15(4)
Sociology and Social Research 71(1–3)
Sociology of Health and Illness 9(2)
Statistics in Medicine 6(3–4)

Monographs, Government Documents and Unpublished Reports

The unpublished reports cover work in progress and articles submitted for publication. Monographs, government publications and unpublished reports cited in the ANNOTATIONS Section have been received by the Clearinghouse during the April through June 1987 period. Thus, it is possible for unpublished materials that have been written prior to these months to appear in this issue.

This section lists citations to journal articles which have been classified under the medical subject heading "health status indicators" by the National Library of Medicine (NLM) and which were entered into NLM's SDILINE or FILE HEALTH databases in April, May or June 1987. Citations are printed, with only slight modification of format, in the order and form in which they appear in the NLM files. Following NLM's convention, titles which are enclosed in brackets indicate that the article is published in some language other than English.

REFERENCE NUMBER 76
AU Rieth L
TI **The multidimensional health locus of control applied to four classifications of working adults.**
SO *AAOHN J 1987* Jan;35(1):41–8

REFERENCE NUMBER 77
AU Smith KW ; McKinlay SM ; Thorington BD
TI **The validity of health risk appraisal instruments for assessing coronary heart disease risk.**
SO *Am J Public Health 1987* Apr;77(4):419–24

This study evaluated the validity of the scoring systems employed by 41 health risk assessment instruments (HRAs) with respect to the probability of death due to coronary heart disease. Validity was assessed by comparing predictions of mortality risk produced by each HRA to estimates from the Framingham Heart Study and the Risk Factor Update Project. Correlations with both epidemiologic estimates indicated that instruments employing logistic regression or the Geller/Gesner methodology had the highest validity coefficients, while validity was lowest for self-administered general health status and lifestyle questionnaires. However, most instruments using the Geller/Gesner technique appear to systematically overestimate the probability of CHD mortality. For HRAs based on additive risk scales, validity was often attenuated by the crude categorization of some risk factors and by the omission of the effects of age from the scoring system.

REFERENCE NUMBER 78
AU Schoenbach VJ
TI **Appraising health risk appraisal (editorial)**
SO *Am J Public Health 1987* Apr;77(4):409–11

REFERENCE NUMBER 79
AU Cayolla da Mota L
TI **[The case against tobacco. Tobacco and health in Portugal]**
SO *Acta Med Port 1986* Jul-Aug;7(4):147–55

REFERENCE NUMBER 80
AU Folker H
TI **[Sickness impact profile (SIP). A method of assessing health]**
SO *Ugeskr Laeger 1987* Jan 12;149(3):175–8

REFERENCE NUMBER 81
AU Lichtenberg E ; Zilberman D
TI **Efficient regulation of environmental health risks: the case of groundwater contamination in California.**
SO *Sci Total Environ 1986* Nov 15;56:111–9

This paper presents a method for incorporating uncertainty explicitly into risk assessment and risk management procedures and illustrates its use with an application to the case of pesticide contamination of groundwater. The analysis demonstrates the importance of incorporating uncertainty explicitly, of using consistent significance levels of risk to estimate the value of life and explore cost/risk trade-off, and illustrates the role of economic theory in coordinating interdisciplinary work in this area.

REFERENCE NUMBER 82
AU Lichtenstein R ; Thomas JW
TI **Including a measure of health status in Medicare's health maintenance organization capitation formula: reliability issues.**
SO *Med Care 1987* Feb;25(2):100–10

Medicare's formula for determining capitation levels for risk-based HMOs, the Adjusted Average Per Capita Cost (AAPCC), has been criticized as a poor basis for establishing payments. Among new adjusting factors suggested for the formula is a measure of beneficiaries' functional health status. The ability of such a measure to improve predictions of Medicare costs has been demonstrated in several studies. In addition to possessing predictive validity, a measure considered for inclusion in the AAPCC must also be reliable. In this paper, the authors examine a measure of functional health status for intrarater reliability or, equivalently, stability over time. A sample of 1,616 Medicare beneficiaries was surveyed twice—in late 1982 and in January 1984. Using a five-point scale, functional health status scores were calculated for each of the beneficiaries at two points in time. For 68.4% of the sample, functional health scores were unchanged over the year, and second-year scores were within one point of first-year scores for 94.3% of the sample. Based on the intraclass correlation coefficient, the scores on this functional health scale demonstrated substantial to "almost perfect: agreement over the 1-year period.

REFERENCE NUMBER 83
AU Drbal C
TI **[Modern society and health]**
SO *Cesk Zdrav 1987* Jan;35(1):1–10

REFERENCE NUMBER 84
AU Branch LG ; Meyers AR
TI **Assessing physical function in the elderly.**
SO *Clin Geriatr Med 1987* Feb;3(1):29–51

This article emphasizes the complexity underlying the assessment of physical function. The concept of physical function is multidimensional; individuals or groups can be assessed; the assessments can be either preintervention measures or outcome measures. Six issues of measurement are discussed: verbal report versus behavior; self-reported versus proxy-reported information; capacity versus performance; assumptions in Activities of Daily Living and Instrumental Activities of Daily Living measurement; differences between items and instruments; and the search for a summary index. Specific instruments are reviewed.

REFERENCE NUMBER 85

AU Ouslander JG ; Martin S

TI **Assessment in the nursing home.**

SO *Clin Geriatr Med 1987* Feb;3(1):155–74

Nursing homes are an important component of the health care system for elderly people, and their importance will grow over the next several decades. Although the care provided in nursing homes is improving, it is far from optimal in many facilities. Improving the process of assessment in the nursing home is critical to improving nursing home care. This article provides a clinically oriented framework for the assessment of nursing home patients. It focuses on medical, nursing, and interdisciplinary assessment strategies for the assessment of nursing home patients and attempts to emphasize the unique and often complex issues that arise in the nursing home setting.

REFERENCE NUMBER 86

AU Bucher H ; Gutzwiller F ; Wietlisbach V ; Autorengruppe

TI **Determinants of preventive health behavior of the Swiss population. Results of the SOMIPOPS study]**

SO *Soz Praventivmed* 1986;31(6):280–6

In the context of the first Swiss National Health Survey preventive health behaviour was tested in 3419 Swiss citizens aged over 20 years. A health behaviour index including favourable health attitudes and good utilization of preventive health services was correlated with different social indicators. Age, sex and a good self-rated health were the most important factors associated with a high preventive health behaviour score. Education showed a less strong but also significant influence on positive health behaviour. Overall utilization of health services decreased with high preventive health behavior index.

REFERENCE NUMBER 87

AU Musgrove P

TI **The impact of the economic crisis on health and health care in Latin America and the Caribbean.**

SO *WHO Chron* 1986;40(4):152–7

REFERENCE NUMBER 88

AU Hannallah RS

TI **Pediatric outpatient anesthesia.**

SO *Urol Clin North Am 1987* Feb;14(1):51–62

Successful anesthetic management of children undergoing outpatient surgery requires that the surgeon and anesthesiologist be actively involved in all aspects of management. Guidelines should be established in consultation with the surgeons, nurses, and administrators to ensure proper selection and preoperative preparation of patients. The psychological evaluation and preparation of children, and the use of pharmacologic premedication when indicated, will ensure a pleasant experience for all involved. The anesthesiologist should choose a specific anesthetic agent and a technique that are appropriate for each individual child. Use of "routine" induction techniques is rarely, if ever, appropriate. Early ambulation and discharge are very desirable in outpatients. Long-acting drugs and techniques that are associated with excessive drowsiness or nausea and vomiting should not be utilized. Special attention must be paid to the analgesic requirements of the child. Regional blocks should be used whenever possible to supplement "light" general anesthesia and to limit the need for narcotics during recovery. Specific criteria for discharge ensure the safety and protection of the child and staff.

REFERENCE NUMBER 89
AU Wetchler BV
TI **Outpatient general and spinal anesthesia.**
SO *Urol Clin North Am 1987* Feb;14(1):31–42

By the year 1990, it is projected that 50 percent of all surgery in the United States will be performed on an outpatient basis. Both surgeons and anesthesiologists must understand patient and procedure prerequisites for outpatient surgery. The surgeon, prior to scheduling the operation, must evaluate the patient as to acceptability and provide that patient with complete information about the proposed outpatient experience. Anesthesia techniques (premedication, intravenous, inhalational, regional) must be modified and adapted to accomplish early patient ambulation and discharge to home on the same day as surgery. Patients must meet established clinical criteria prior to discharge and must be examined by a physician at the time these criteria have been met. The physician's clinical judgment is the single most important factor in determining the patient's home readiness.

REFERENCE NUMBER 90
AU Saakiants EM ; Kutsenko GI
TI **[The objectives and development of sanitaro-epidemiologic services]**
SO *Sov Zdravookhr* 1986;(12):9–11

REFERENCE NUMBER 91
AU Pu:torak M ; Serejski J ; Cera:nska-Goszczy:nska H ; Ignar-Golinowska B ; Florek A ; Woynarowska B
TI **[Comparative evaluation of schoolchildren's qualification for mass screening following routine and extended health balance studies]**
SO *Pediatr Pol 1986* Jun;61(6):365–73

REFERENCE NUMBER 92
AU Pfeiffer KP ; Kenner T
TI **The risk concept in medicine—statistical and epidemiological aspects: a case report for applied mathematics in cardiology.**
SO *Theor Med 1986* Oct;7(3):259–68

REFERENCE NUMBER 93
AU Menotti A ; Conti S ; Farchi G ; Giampaoli S ; Dima F ; Seccareccia F ; Giuli B ; Torsello S ; Morisi G ; Buongiorno A
TI **The prediction of future health in healthy middle-aged men.**
SO *Eur J Epidemiol 1986* Sep;2(3):233–9

Two cohorts of men aged 49–59 at entry, representing cluster samples of two rural areas in Northern and Central Italy, for a total of 1712 subjects have been followed-up for 20 years within an epidemiological study originally designed for cardiovascular disease. After 20 years, only 41 men have been judged to have remained substancially healthy throughout the observation period, i.e. free from a number of major diseases. Univariate and multivariate analyses trying to predict the maintenance of health status showed that among 21 selected characteristics only the following one had a significant power: age, cigarette smoking (adverse effect) and vital capacity (favourable effect). A minor role was also played by the body mass index (adverse effect) and forced expiratory volume (favourable effect). Those who did not remain healthy exibited a greater increase in blood pressure and body mass index.

REFERENCE NUMBER 94
AU Moos MK ; Cefalo RC
TI **Preconceptional health promotion: a focus for obstetric care.**
SO *Am J Perinatol 1987* Jan;4(1):63–7

Women contemplating pregnancy generally dream of a healthy infant yet are unaware of the critical significance of the weeks of organogenesis that precede entry into prenatal care. Programs of preconceptional health promotion provide women with information on the potential relatedness of prepregnancy lifestyle choices, health status, and pregnancy outcomes. We review the significance of this relationship and offer a framework for exploring preconceptional issues with women contemplating pregnancy.

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.

Second Conference on Advances in Health Status Assessment

This invitational meeting was held in July 1988 under the joint sponsorship of the Institute of Medicine and the Kaiser Family Foundation. Approximately 20 papers were presented, with half being by invitation, the other half were contributed. All focussed on the contribution of health status assessment to health policy, clinical research and clinical practice.

Papers presented at this meeting will be published in March as a supplement to Medical Care.

SINET (Social Indicators Network News)

This newsletter introduces readers to a variety of research and publications in the fields of social indicators and quality-of-life research. Social reports of nations, new methodological developments, studies being planned or completed, and other initiatives throughout the world are reported quarterly. The editor encourages researchers to submit reports of their own research, policy planning activities or other work related to social indicators.

For further information contact:
SINET
Abbott L. Ferriss, Editor
P.O. Box 24064, Emory University Station
Atlanta, Georgia 30322 U.S.A.

American Medical Review Research Center's Symposium
Washington, D.C. 28–29 October 1988

Papers dealing with the following topics will be presented:

- uncertainty in medicine and physician pattern variations
- clinical decision making in operational settings
- medical quality information for consumers
- research and application studies on uniform clinical databases
- models for or applications of quality assessment tools in non-acute settings: long term, ambulatory, home health
- corporate quality assessment programs

For further information contact

Program Committee, AMRRC Suite 505 440 First Street, NW Washington, DC 20001 (202) 639-8614

American Public Health Association
Boston, Massachusetts 13–17 November 1988

The theme for this year's annual meeting is "Technology and Health: Problems and Promises." The meeting is expected to consist of a number of sessions of interest to persons working in the area of health status and quality of life assessment.

On Wednesday afternoon, 16 November, there will be a session entitled "National Data for Measuring Health and Quality of Life." The first half of this session will present current activities in measuring health-related quality of life that are underway at the National Center for Health Statistics (NCHS) and the National Heart, Lung and Blood Institute. The second half will discuss future directions being considered by NCHS and the National Institutes of Health.

Why "Indexes"?

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

Why a "Clearinghouse"?

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

What's Included?

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

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

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

3. involve policy implications for health indexes

4. review the "state of the art"

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

What Services?

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

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

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(continued from page 1)

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