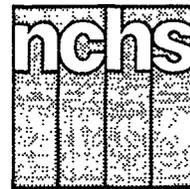


Clearinghouse on Health Indexes



National Center for Health Statistics

Bibliography on Health Indexes

2 ACKNOWLEDGMENTS

3 ANNOTATIONS

- 3 Ahmad, W.I.U.; Kernohan, E.E.M.; Baker, M.R.; Cross-cultural Use of Socio-Medical Indicators with British Asians; *Health Policy* 13(2):95-102, 1989
- 3 Ahroni, Jessie H.; A Description of the Health Needs of Elderly Home Care Patients with Chronic Illness; *Home Health Care Services Quarterly* 10(3/4):77-92, 1989
- 3 Anderson, John P.; Kaplan, Robert M.; Berry, Charles C.; Bush, James W.; Rumbaut, Ruben G.; Interday Reliability of Function Assessment for a Health Status Measure; *Medical Care* 27(11):1076-1084, 1989
- 4 Barusch, Amanda S.; Spaid, Wanda M.; Gender Differences in Caregiving: Why Do Wives Report Greater Burden?; *Gerontologist* 29(5):667-676, 1989
- 4 Baumgarten, Mona; The Health of Persons Giving Care to the Demented Elderly: A Critical Review of the Literature; *Journal of Clinical Epidemiology* 42(12):1137-1148, 1989
- 4 Brown, Gregory K.; Nicassio, Perry M.; Wallston, Kenneth A.; Pain Coping Strategies and Depression in Rheumatoid Arthritis; *Journal of Consulting and Clinical Psychology* 57(5):652-657, 1989
- 5 Camerer, Colin F.; Kunreuther, Howard; Decision Processes for Low Probability Events: Policy Implications; *Journal of Policy Analysis and Management* 8(4):565-592, 1989
- 5 Champion, Howard R.; Copes, Wayne S.; Buyer, David; Flanagan, Maureen E.; Bain, Lawrence; et al.; Major Trauma in Geriatric Patients; *American Journal of Public Health* 79(9):1278-1296, 1989
- 5 Cohen, Harvey Jay; Feussner, John R.; Comprehension Geriatric Assessment: Mission Not Yet Accomplished; *Journal of Gerontology: Medical Sciences* 44(6):M175-177, 1989
- 6 De Haes, J.C.J.M.; VanKnippenberg, F.C.E.; Quality of Life Instruments for Cancer Patients: "Babel's Tower Revisited"; *Journal of Clinical Epidemiology* 42(12):1239-1241, 1989

(continued on page 55)



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Public Health Service
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National Center for Health Statistics
Manning Feinleib, M.D., Dr. P.H., Director



ACKNOWLEDGMENTS

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REFERENCE NUMBER 1

Au: Ahmad, W.I.U.; Kernohan, E.E.M.; Baker, M.R.
Ti: **Cross-cultural Use of Socio-Medical Indicators with British Asians**
So: *Health Policy* 13(2):95-102, 1989

Socio-medical measures of health are increasingly being used as adjuncts to traditional clinical and epidemiological investigations. Such instruments can potentially make a significant contribution to research on inequalities in health between different ethnic groups and in planning health service delivery. However, care must be taken to ensure that the cross-cultural adaptation has conceptual, semantic, and linguistic equivalence with the original and cultural differences in the meanings of health and illness must be closely considered. The use of some such instruments with Britain's Asian populations is reviewed and issues in adapting the Nottingham Health Profile for use with these populations, and some preliminary results are discussed. (25 references) AA

Address for reprint requests: University of Bradford, Bradford RD7 1DP, United Kingdom

REFERENCE NUMBER 2

Au: Ahroni, Jessie H.
Ti: **A Description of the Health Needs of Elderly Home Care Patients with Chronic Illness**
So: *Home Health Care Services Quarterly* 10(3/4):77-92, 1989

Although trends in health care point to the increasing use of home health services in caring for the chronically ill elderly, little attention has been focused on assessing the specific services that these patients perceive as most needed. Twenty-eight elderly patients with chronic illness who had been referred for home health agency service self reported their functional status using items from the Barthel Index. These patients also ranked their perceived need for 32 home health services derived from the literature on a four point Likert scale. The items which averaged more than "little need" included heavy lifting, assessment of a health condition, having questions answered, physical or occupational therapy, help obtaining special equipment, help organizing the home, checking on the elderly, help coping with stress or fears, and companionship. Functional status scores and perceived needs were negatively related; patients with higher functional status scores perceived less need for services. This data indicates that functional status measures are good indicators of the degree of perceived need for home health services. Continued research in home care is imperative if effective services aimed at the multiple needs of the chronically ill aging population and their families are to be developed. (14 references) AA-M

Address for reprint requests: Seattle VA Medical Center, Seattle, Washington 98108

REFERENCE NUMBER 3

Au: Anderson, John P.; Kaplan, Robert M.; Berry, Charles C.; Bush, James W.; Rumbaut, Ruben G.
Ti: **Interday Reliability of Function Assessment for a Health Status Measure**
So: *Medical Care* 27(11):1076-1084, 1989

This paper uses data from five empirical studies: a household interview of a sample of residents in San Diego, California; adults who had been treated at a burn treatment center; Indochinese refugees living in southern California; older adults with chronic obstructive pulmonary disease; and persons with noninsulin dependent diabetes. Interday reliabilities were estimated for each of these study groups. Estimates were over .80 for all comparisons, with most being .90 or larger. The differences from 1.0 are hypothesized to be the changes in dysfunction that people experience over time. (30 references) AA

Address for reprint requests: University of California at San Diego, La Jolla, California 92093

REFERENCE NUMBER 4

Au: Barusch, Amanda S.; Spaid, Wanda M.

Ti: **Gender Differences in Caregiving: Why Do Wives Report Greater Burden?**

So: *Gerontologist* 29(5):667-676, 1989

Women typically report greater burden associated with caregiving than do men. The authors used data from interviews with 131 older spouse caregivers to explore potential explanations for this difference. A linear regression model explained 35% of the variance in caregiver burden. The patient's cognitive and behavioral difficulties emerged as the most important predictor of burden, followed by caregiver age, unpleasant social contacts, caregiver sex, and overall coping effectiveness. Findings suggest that age differences in male and female caregivers contribute to the observed differences in burden. (31 references)

AA

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

REFERENCE NUMBER 5

Au: Baumgarten, Mona

Ti: **The Health of Persons Giving Care to the Demented Elderly: A Critical Review of the Literature**

So: *Journal of Clinical Epidemiology* 42(12):1137-1148, 1989

The majority of the demented elderly live at home, usually cared for by their spouse or an adult child. Clinical impressions suggest that caring for an older person suffering from a dementing disorder may lead to physical and mental health problems for the caregiver. A critical review of the research literature on this topic revealed that a multitude of physical and mental health outcomes as well as numerous correlates of health problems have been studied in relation to caregiving. Furthermore, several methodological problems were identified in the studies reviewed including inadequate sample size, unrepresentative study samples, and uncontrolled confounding factors. The diversity of outcomes studied and the number of methodological problems make it difficult to make statements about the causal effect of caregiving on health, or to assess the public health impact of caring for a demented elderly person. Nevertheless, the work done to date suggests interesting directions for future research. (59 references) AA-M

Address for reprint requests: St. Justine Community Health Department, 3175 Cote St. Catherine, Montreal, Quebec, Canada H3T 1C5

REFERENCE NUMBER 6

Au: Brown, Gregory K.; Nicassio, Perry M.; Wallston, Kenneth A.

Ti: **Pain Coping Strategies and Depression in Rheumatoid Arthritis**

So: *Journal of Consulting and Clinical Psychology* 57(5):652-657, 1989

A study was conducted to examine the role of pain episodes and the role of active and passive pain coping strategies in predicting depression in 287 patients with rheumatoid arthritis (RA). The independent effects of pain and pain coping strategies, as well as the interaction effects between pain and pain coping strategies on depression, were evaluated cross-sectionally and prospectively over a 6-month interval. The cross-sectional findings revealed that pain, passive coping, and the interaction between pain and passive coping contributed independent variance, all accounting for higher depression. Of principal interest was the finding that the frequent use of passive pain coping strategies in the face of high pain contributed to the most severe level of depression over time. These results were obtained after controlling for the potentially confounding effects of prior depression, functional disability, and medication status. These data imply that there may be a potential benefit of developing techniques to reduce the use of passive pain coping strategies to deal with chronic arthritis pain in cognitive-behavioral pain management programs. (31 references) AA

Address for reprint requests: Health Care Research Project, School of Nursing, Vanderbilt University, Nashville, Tennessee 37240

REFERENCE NUMBER 7

Au: Camerer, Colin F.; Kunreuther, Howard

Ti: **Decision Processes for Low Probability Events: Policy Implications**

So: *Journal of Policy Analysis and Management* 8(4):565-592, 1989

This survey describes the impact of judgments and choices about low probability, high consequence events on the policymaking process. Empirical evidence indicates that normative models of choice, such as expected utility theory, are inadequate descriptions of individual choices. The ambiguity of low probabilities also affects decisions in ways that are not normative. Further, people exhibit biases in judgments about risks and probabilities. These findings have stimulated development of new theories, such as prospect theory and generalized utility theories incorporating attributes such as regret. The authors survey many of these empirical results and explore their implications for policy. They consider the role of information, economic incentives, compensation, and regulation in inducing socially desirable effects through the reframing of outcomes. They suggest that surveys and experiments can help analysts better understand the decision process for low probability events and design more effective public policies. (116 references) AA

Address for reprint requests: The University of Connecticut U-20, Room 107, 406 Babbidge Road, Storrs, Connecticut 06269-1020

REFERENCE NUMBER 8

Au: Champion, Howard R.; Copes, Wayne S.; Buyer, David; Flanagan, Maureen E.; Bain, Lawrence; et al.

Ti: **Major Trauma in Geriatric Patients**

So: *American Journal of Public Health* 79(9):1278-1296, 1989

Contemporary trauma to the elderly, its severity and associated mortality and morbidity in 111 United States and Canadian trauma centers are described. Three thousand eight hundred thirty-three (3,833) trauma patients age 65 years or older are compared to 42,944 injured patients under age 65. Although both groups had equivalent measures of injury severity, the older group had higher case fatality and complication rates and longer hospital stays. The results raise important questions regarding the triage, acute care, accurate prediction of outcome, and hospital reimbursement for the elderly injured patient, with implications for care evaluation, quality assurance, and the long-term viability of trauma centers and systems of care. (15 references) AA

Address for reprint requests: 110 Irving Street, NW, Rm 4B-46, Washington, D.C. 20010

REFERENCE NUMBER 9

Au: Cohen, Harvey Jay; Feussner, John R.

Ti: **Comprehension Geriatric Assessment: Mission Not Yet Accomplished**

So: *Journal of Gerontology: Medical Sciences* 44(6):M175-177, 1989

Geriatric assessment is a worthwhile diagnostic modality, just as is the history and physical examination. The more we know, the better able we are to make informed decisions. The authors urge a greater sense of balance, another look at what is known and unknown about the process, and how its desired outcomes can best be achieved. Systematically addressing the research agenda outlined by the consensus panel will provide the mechanism by which the medical and scientific community will be able to judge the value of the "new technology." (16 references) AA

Address for reprint requests: Division of Geriatrics and General Internal Medicine, Duke University Medical Center, Durham, North Carolina 27706

REFERENCE NUMBER 10

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

Ti: **Quality of Life Instruments for Cancer Patients: "Babel's Tower Revisited"**

So: *Journal of Clinical Epidemiology* 42(12):1239-1241, 1989

The authors view quality of life as a global, overall evaluation of the good or satisfactory character of life. This evaluation is related to experienced and observable aspects of the patient's situation. Adaptation processes, too, influence this evaluation. When investigating the impact of cancer treatment, experienced/subjective and observable/objective effects should be measured. Their relative weight can be determined empirically. When quality of life and length of life are considered concurrently, these endpoints must be integrated. The tradition of utility measurement enables this integration and deserves further attention in quality-of-life research in oncology. (22 references) AA

Address for reprint requests: Department of Clinical Oncology, Academic Hospital, Postbox 9600, 2300 RC Leiden, The Netherlands

REFERENCE NUMBER 11

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

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

So: *Health Services Research* 24(4):555-578, 1989

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

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

REFERENCE NUMBER 12

Au: Denman, Susan J.; Ettinger, Walter H.; Zarkin, Beth Ann; Coon, Patricia Jay; Casani, Julie A.

Ti: **Short-Term Outcomes of Elderly Patients Discharged from an Emergency Department**

So: *Journal of the American Geriatrics Society* 37(10):937-943, 1989

To determine the short-term functional and medical outcomes and predictors of outcome following discharge from an acute hospital emergency department, 100 elderly (>65 yr) and 100 patients were studied prospectively. Patients were interviewed at 3 days and again at 3 weeks following emergency department discharge. The number of new prescriptions given to both groups in the emergency department was similar. The elderly were as likely as the nonelderly to know the correct name, dosage schedule, and purpose of their new medications. There was no difference in patients' understanding of the diagnosis or in medication compliance. Elderly patients were more likely to keep scheduled follow-up appointments (87% vs 65%). Despite these similarities the elderly had worse medical outcomes at 3

weeks; 67% of the elderly were better and 20% were worse, including seven patients who required interim hospitalization, four of whom died. In contrast, 82% of the nonelderly were better and only 4% were worse. None of the nonelderly required hospitalization or had died. Functional impairments were more common in the elderly both at baseline (elderly, 26%; nonelderly, 6%) and at 3 weeks (elderly, 27%; nonelderly, 6%) and at 3 weeks (elderly, 27%; nonelderly, 5%). Independent predictors of poor medical outcome included age > 65 and functional impairment at baseline. Older patients with impaired functional status who are discharged from an emergency department should be targeted for close medical surveillance and ready access to health services. (12 references) AA

Address for reprint requests: Francis Scott Key Medical Center, 5200 Eastern Avenue, Baltimore, Maryland 21224

REFERENCE NUMBER 13

Au: Diamond, Eric L.; Jernigan, James A.; Moseley, Ray A.; Messina, Valerie; McKeown, Robert A.
 Ti: **Decision-Making Ability and Advance Directive Preferences in Nursing Home Patients and Proxies**
 So: *Gerontologist* 29(5):622-626, 1989

The authors studied 39 nursing home patients and proxies to assess their decision-making capability and preferences regarding advance directives (AD's) or "living wills." Most patients willingly stated preferences; over half opted to forgo burdensome measures when death appeared imminent. Patients perceived as decisionally capable were more likely to forgo life-sustaining measures than those of questionable capability. The vast majority of proxies disapproved of using life-sustaining measures, even in some cases with limited knowledge of patients' preferences. (17 references) AA

Address for reprint requests: Department of Community Health and Family Medicine, University of Florida, Box J-217, JHMHC, Gainesville, Florida 32610

REFERENCE NUMBER 14

Au: Ekdahl, Charlotte; Andersson, Sven Ingmar; Svensson, Bjorn
 Ti: **Muscle Function of the Lower Extremities in Rheumatoid Arthritis and Osteoarthritis: A Descriptive Study of Patients in a Primary Health Care District**
 So: *Journal of Clinical Epidemiology* 42(10):947-954, 1989

Thirty-six patients with rheumatoid arthritis (RA), 30 patients with cox- or gonarthrosis (OA), and a control group of 40 patients with diabetes mellitus (DM) were studied with the aim of analyzing and comparing patient-experienced muscular problem of muscle strength, endurance, and balance/coordination with muscle function as assessed by standardized tests. The results indicated that patient-experienced problems of muscle function of the lower extremities were frequent in both the RA and the OA groups (about 80%) compared to the DM group (10%). Multivariate analyses of variance on experienced and tested muscle strength, endurance, and balance/coordination, revealed a significant RA-OA difference. Separate analyses of variance indicated OA patients show decreased tested endurance compared with the RA group. There was no significant RA-OA difference as to pain. Results provide evidence for considering muscle function of the lower extremities in therapeutic programs for RA and OA within primary health care. (26 references) AA

Address for reprint requests: Department of Community Health Sciences, University of Lund, S-240 10 Dalby, Sweden

REFERENCE NUMBER 15

Au: Feather, N.T.

Ti: **The Meaning and Importance of Values: Research with the Rokeach Value Survey**

So: *Australian Journal of Psychology* 40(4):377-390, 1988

This study was designed to examine the affective meaning of the 36 values from the Rokeach Value Survey (RVS) by using the semantic differential procedure. Subjects were 106 tertiary students of whom half rated the 18 instrumental values from the RVS on 9 bipolar adjective scales selected to sample evaluation, potency, and activity dimensions, and half rated the 18 instrumental values from the RVS on the same scales. All subjects then completed Form G of the RVS. Factor analysis of the intercorrelations between the scales across subjects and values provided an evaluation factor and a potency/activity factor and enabled the construction of subscales corresponding to these two factors. The relative importance of values was positively related to scores on the evaluation subscale both within and across subjects but not to scores on the potency/activity subscale, though values differed on the latter dimension. These findings were related to theoretical analyses of the value concept and the meaning of importance. (36 references) AA

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

REFERENCE NUMBER 16

Au: Fisher, Jeffrey D.; Silver, Roxane Cohen; Chinsky, Jack M.; Goff, Barry; Klar, Yechiel; et al.

Ti: **Psychological Effects of Participation in a Large-Group Awareness Training**

So: *Journal of Consulting and Clinical Psychology* 57(6):747-755, 1989

A study was designed to assess the psychological effects of participation in an intervention that has been classified as a large group awareness training (LGAT). One hundred and thirty-five participants in the Forum (the successor to the "est" training and at present the most widespread LGAT) and 73 comparable peer-nominated control subjects completed detailed questionnaires approximately 4-6 weeks pre- and 4-6 weeks post-training. Participants and nominees also completed similar measures approximately 1 1/2 years later. Both Forum participants and nominees were men and women who were predominantly white, well educated, and of relatively high socioeconomic status. Forum outcome was assessed on a broad array of outcome dimensions (perceived control, life satisfaction, daily coping, social functioning, positive and negative affect, self-esteem, physical health, and symptomatology), using multivariate techniques. The short-term outcome analyses revealed that only perceived control was affected by Forum participation, and no long-term treatment effects were observed. Results suggest that claims about far-reaching positive or negative psychological effects of participation in LGAT's such as the Forum may be exaggerated. (50 references) AA

Address for reprint requests: The University of Connecticut U-20, Room 107, 406 Babbidge Road, Storrs, Connecticut 06269-1020

REFERENCE NUMBER 17

Au: Gafni, Amiram

Ti: **The Quality of QALYs (Quality-Adjusted-Life-Years): Do QALYs Measure What They at Least Intend to Measure?**

So: *Health Policy* 13(1):81-83, 1989

This note alerts the readers to the fact that QALYs (quality-adjusted-life-years) do not stem directly from the individual's utility function and thus, at best, only partly reflect an individual's true preferences. This might lead to the choice of the non-preferred alternative due to the misrepresentation of the individual's preference. This is illustrated by using a simple example from Mehrez and Gafni (1989). (5 references) AA

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics (Room 2C12A), McMaster University, 1200 Main Street, West Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 18

Au: Gilden, Janice L.; Hendryx, Michael; Casia, Carla; Singh, Sant P.
Ti: **The Effectiveness of Diabetes Education Programs for Older Patients and Their Spouses**
So: *Journal of the American Geriatrics Society* 37(11):1023-1030, 1989

Improvements in diabetes knowledge, psychosocial functioning, and metabolic control were assessed following a six-week diabetes education program for older male patients (aged 65 to 82 years) and their spouses. Before and after the program, scored questionnaires were administered to patients and their wives regarding knowledge, quality of life, stress, family involvement in diabetes care, and patient involvement in social activities. The patients were again assessed six months later. Results were compared to those of younger adult male patients (aged 28 to 64 years). The older patients significantly increased their knowledge of diabetes, and to an extent equal to that of younger individuals. Reduction in stress correlated with their increase in knowledge ($r=0.9$) and their improved diet-related quality of life ($r=0.7$). A decrease in stress was still evident six months after the program. Perceived quality of life for areas requiring greater life-style modification (diet and exercise) increased, and was maintained at six months. In contrast, younger patients reported decreases in perceived quality of life. A theoretical model of compliance and control specific to diabetes in the elderly is proposed. (36 references) AA-M

Address for reprint requests: Diabetes Patient Education, V.A. Medical Center (111E) North Chicago, Illinois 60064

REFERENCE NUMBER 19

Au: Greenwald, Howard P.; Dirks, Susan J.; Borgatta, Edgar F.; McCorkle, Ruth; Nevitt, Michael C.; et al.
Ti: **Work Disability Among Cancer Patients**
So: *Social Science and Medicine* 29(11):1253-1259, 1989

To identify factors affecting the ability of persons with recent cancer diagnoses to remain in the labor force and retain premorbid levels of work performance, the investigators analyzed data on 247 individuals with lung, pancreatic, prostatic, or cervical cancer. Subjects were selected from a population-based tumor registry. Physical factors related to disease were the strongest predictors of work disability, defined as either leaving the labor force or functioning less fully at work than before becoming ill. The strongest predictors of work disability were physical dysfunction measured by the Sickness Impact Profile (SIP) and disease stage. Two job characteristics, (1) physical demands of work and (2) discretion over hours worked and how much work would be done, predicted work disability. Strictly disease-related factors appear more important in predicting work disability than in studies of other diseases. Still, it appears that increasing flexibility of working hours and the pace of work could help some individuals with cancer histories remain in the labor force. Unwillingness of employers to facilitate such accommodation where technically feasible may constitute a form of discrimination against the cancer patient. (30 references) AA-M

Address for reprint requests: University of Southern California, Los Angeles, California 90089-0041

REFERENCE NUMBER 20

Au: Haley, William E.; Pardo, Kinta M.
Ti: **Relationship of Severity of Dementia to Caregiving Stressors**
So: *Psychology and Aging* 4(4):389-392, 1989

In studies of individual differences and longitudinal changes in stress and coping among dementia caregivers, assessing severity of patient impairment is critically important. It is proposed that with the progression of dementia, cognitive impairment may steadily increase, but other stressful behavioral symptoms peak at various stages of dementia. Cross-sectional data from 49 caregiving families and longitudinal follow-up data from 48 families suggest that instrumental self-care deficits begin early in

dementia, and basic self-care deficits increase with dementia severity, but that many distressing behavioral symptoms decrease in late dementia. Assessments of dementia patient severity should be multidimensional, and increases and decreases in various dementia patients' stressors over time should be considered as factors influencing caregiver coping. (15 references) AA

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

REFERENCE NUMBER 21

Au: Hall, Wayne

Ti: **The Limitations of Multivariate Statistical Methods in the Mensuration of Human Misery**

So: *Australian and New Zealand Journal of Psychiatry* 23:503-511, 1989

Multivariate statistical methods have been widely used in the analysis of the multiple symptom data which are routinely collected in psychiatric research on the classification of depressive illnesses. The most commonly used methods, those of factor analysis and discriminant function analysis, were introduced into research on the classification of depressive illness with unreasonably high expectations about what they could achieve. The failure to realize these expectations has produced skepticism in some quarters about the usefulness of multivariate methods in psychiatric research. When evaluated more circumspectly, multivariate statistical methods have made a contribution to our understanding of depressive illnesses, and they will continue to do so, if they are used with more reasonable expectations. (52 references) AA

Address for reprint requests: National Drug and Alcohol Research Centre, University of New South Wales, P.O. Box 1, Kensington, N.S.W., 2033 Australia

REFERENCE NUMBER 22

Au: Hendricson, William D.; Russell, I. Jon; Prihoda, Thomas J.; Jacobson, James M.; Rogan, Alice; et al.

Ti: **An Approach to Developing a Valid Spanish Language Translation of a Health-Status Questionnaire**

So: *Medical Care* 27(10):959-966, 1989

This article discusses methodological issues confronting health professionals using questionnaires to study health care variables among populations with limited literacy in English, and suggests techniques for minimizing problems that plague questionnaire-based research among these populations. A recent effort to validate the Sickness Impact Profile (SIP) questionnaire for rheumatoid arthritis patients in South Texas is used to illustrate pitfalls and potential solutions. (22 references) AA

Address for reprint requests: 7703 Floyd Curl Drive, San Antonio, Texas 78284

REFERENCE NUMBER 23

Au: Iezzoni, Lisa I.

Ti: **Using Severity Information for Quality Assessment: A Review of Three Cases by Five Severity Measures**

So: *QRB* 15(2):376-382

This article discusses five severity measures: Acute Physiology and Chronic Health Evaluation (APACHE II), the Computerized Severity Index (CSI), Disease Staging (Q-Scale and Q-Stage), MedisGroups, and Patient Management Categories (PMC's). These systems use different judgments of the severity of illness and use different approaches when determining the need for a quality review. As yet, though, no objective evidence exists to indicate which of these systems, if any, are useful flags for quality problems. (24 references) CH-P

Address for reprint requests: Boston University School of Medicine, Boston, Massachusetts

REFERENCE NUMBER 24

Au: Kadden, Ronald M.; Getter, Herbert; Cooney, Ned L.; Litt, Mark D.

Ti: **Matching Alcoholics to Coping Skills or Interactional Therapies: Posttreatment Results**

So: *Journal of Consulting and Clinical Psychology* 57(6): 698-704, 1989

This study tested the hypothesis that patients could be matched to effective treatments on the basis of certain pretreatment characteristics. Specifically, it was hypothesized that those subjects who showed more sociopathy, more psychopathology, and greater neuropsychological impairment would have better outcomes when treated with coping skills training and, conversely, that those with less impairment in these areas would have better outcomes with interactional treatment. Ninety-six male and female subjects were recruited from an inpatient alcoholism treatment program and randomly assigned to one of these two types of aftercare group treatment. Outcome was assessed using the Addiction Severity Index and the Psychosocial Functioning Inventory. Coping skills training was more effective for subjects higher in sociopathy or psychopathology, and interactional therapy was more effective for those lower in sociopathy. Generally, both treatments appeared equally effective for subjects lower in psychopathology. Contrary to expectations, those more neuropsychologically impaired appeared to have better outcomes after interactional therapy. (35 references) AA

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

REFERENCE NUMBER 25

Au: Kane, Robert L.; Garrard, Judith; Skay, Carol L.; Radosevich, David M.; Buchanan, Joan L.; et al.

Ti: **Effects of a Geriatric Nurse Practitioner on Process and Outcome of Nursing Home Care**

So: *American Journal of Public Health* 79(9):1271-1277, 1989

The authors compared measures of quality of care and health services utilization in 30 nursing homes employing geriatric nurse practitioners with those in 30 matched control homes. Information for this analysis came from reviews of samples of patient records drawn at comparable periods before and after the geriatric NP's were employed. The measures of geriatric nurse practitioner impact were based on comparisons of changes from pre-NP to post-NP periods. Separate analyses were done for newly admitted and long-stay residents; a subgroup of homes judged to be best case examples was analyzed separately as well as the whole sample. Favorable changes were seen in two out of eight activity of daily living (ADL) measures; five of 18 nursing therapies; two of six drug therapies; six of eight tracers. There was some reduction in hospital admissions and total days in geriatric NP homes. Overall measures of medical attention showed a mixed pattern with some evidence of geriatric NP care substituted for physician care. These findings suggest that the geriatric NP has a useful role in nursing home care. (8 references) AA

Address for reprint requests: Mayo Box 197, 420 Delaware Street, SE, Minneapolis, Minnesota 55455

REFERENCE NUMBER 26

Au: Kaplan, Robert M.

Ti: **Health Outcome Models for Policy Analysis**

So: *Health Psychology* 8(6):723-735, 1989

The increasing therapeutic options in health care have created new dilemmas because resources to pay for the new technologies are limited. Cost/effectiveness and cost/utility models are required in order to evaluate the return on the invested dollar for various health care technologies. The problem is that different technologies are often evaluated using very different outcome units. The alternatives may range from liver transplantation to rehabilitation to preventive care. This article presents an overview of a general health policy model that expresses the benefits of all programs in a common unit known as the

well-year—defined as the equivalent of one completely well year of life. The model uses two data sources: life expectancy and health-related quality of life during years prior to death. The quality-of-life component considers behavioral scales for mobility, physical activity, social activity, and symptoms. These dimensions are weighted by utility or preference to create a single scale that ranges from 0 (for death) to 1.0 (for optimum health). Preliminary analyses suggest that some behavioral interventions compete favorably with traditional medical and surgical treatments in terms of cost/well-year of life production. Various applications of the model are discussed. (28 references) AA-M

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

REFERENCE NUMBER 27

Au: Kart, Cary S.; Dunkle, Ruth E.

Ti: **Assessing Capacity for Self-Care Among the Aged**

So: *Journal of Aging and Health* 1(4):430-450, 1989

Data drawn from the Supplement of Aging (SOA) to the 1984 National Health Interview Survey (NHIS) were used to identify correlates of older persons' assessment of their capacity to provide self-care. The SOA data set consists of responses, based on personal interviews with 16,148 persons 55 years of age and older. Most assessed their capacity to care for themselves in positive terms; only 11% assessed their capacity to provide self-care as fair or poor. Based on stepwise regression, self-reported health status and perceived control of health accounted for approximately 15% of the 17% of variation explained in the dependent variable. The Health Belief Model may provide a theoretical context in which to understand better the self-care component of the health-care continuum. (51 references) AA

Address for reprint requests: Department of Sociology, University of Toledo, Toledo, Ohio 43606

REFERENCE NUMBER 28

Au: Kawachi, Ichiro

Ti: **QALYs and Justice**

So: *Health Policy* 13(2):115-120, 1989

Health Policy, 10 (1988) 259-266 featured an article by Harris which argued that QALYs (quality-adjusted life years) are unjust, and that their use as a tool for distributing scarce health resources cannot be morally defended. Harris' paper is the latest in a series of articles purporting to criticize the concept and application of QALYs. However, most of the criticisms leveled at QALYs so far have been based on: (1) a failure to distinguish between average/marginal health benefits; (2) confusion about the nature of cost-effectiveness evaluation; and (3) theoretical objections which have not been substantiated by empirical evidence to date. An important problem of QALYs is the difficulty of making interpersonal comparisons; however, it is argued that this problem is not unique to QALYs, but is common to other established mechanisms of distributing scarce health resources. The methods and applications of QALYs are still being developed. At this stage in its evaluation, critical discussion on QALYs should be directed toward more practical issues such as the standardization of measurement techniques and the reliability/sensitivity of the measuring instruments. (89 references) AA

Address for reprint requests: Department of Community Health, Wellington School of Medicine, Wellington, New Zealand

REFERENCE NUMBER 29

Au: Kinney, Jennifer M.; Stephens, Mary Ann Parris
 Ti: **Hassles, and Uplifts of Giving Care to a Family Member with Dementia**
 So: *Psychology and Aging* 4(4):402-408, 1989

The role of daily caregiving stressors (hassles) and small caregiving satisfactions (uplifts) in the well-being of 60 family caregivers was investigated. Hassles and uplifts in four domains of caregiving were examined, and direct effects of hassles, uplifts on caregivers' social and psychological well-being, as well as the interactive and net effects of hassles and uplifts, were assessed. Hassles associated with care recipients' behavior demonstrated strongest associations with well-being. Women and caregivers to socially responsive yet behaviorally inappropriate care recipients reported more behavior and cognitive hassles. Uplifts associated with assistance in activities of daily living and with care recipients' behavior were related to well-being, with more uplifts related to greater, rather than less, depression. More intensely involved caregivers reported more of these uplifts. Net effects in the hypothesized direction were found, but no interactive effects emerged. (19 references) AA

Address for reprint requests: College of Health and Human Services, Bowling Green State University, Bowling Green, Ohio 43403

REFERENCE NUMBER 30

Au: Krueger, Hans
 Ti: **Economic Analysis of Solid Organ Transplantation: A Review for Policy Makers**
 So: *Health Policy* 13(1):1-17, 1989

Solid organ transplantation has advanced over the past decade to the point at which it is now a realistic form of treatment for irreversible failure of many vital organs. While organ transplantation is becoming increasingly successful, the cost of the procedures is still very high. As with all high cost medical procedures, decisions need to be made about the cost-effectiveness of solid organ transplantation. A review of the available literature with respect to the quality of life of the patient and the economic evaluation of transplantation, subdivided in regard to specific organs, is presented. A number of issues which need to be taken into account and reinforced when contemplating policy decisions based on the economic evaluation of solid organ transplantation are then discussed. (89 references) AA

Address for reprint requests: Efficiency Enhancement Programs, Vancouver General Hospital, Vancouver, B.C. Canada

REFERENCE NUMBER 31

Au: Labouvie-Vief, Gisela; DeVoe, Marlene; Bulka, Diana
 Ti: **Speaking About Feelings: Conceptions of Emotion Across the Life Span**
 So: *Psychology and Aging* 4(4):425-437, 1989

Self-descriptions of emotions in 72 participants aged 10 to 77 were assessed. Responses were reliably scored in terms of a four-level cognitive-developmental coding scheme for each of four emotions: anger, sadness, fear, and happiness. Results showed that those younger or lower in ego level and verbal ability described emotions in terms of sensorimotor actions, outer appearance, conventional and technical descriptions, rigid impulse monitoring, and an emphasis on control and the ideal. Those older or of higher ego level and verbal ability conveyed a vivid sense of the experience, had explicit knowledge of bodily sensations, accepted conflict within self and others, and displayed flexibility and delay of action. These findings suggest that understanding of emotions develops along a dimension of cognitive complexity over the life span. This dimension, in turn, is related to life span changes in coping and defense. (66 references) AA

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

REFERENCE NUMBER 32

Au: Latten, J.J.

Ti: **Life-Course and Satisfaction, Equal for Everyone?**

So: *Social Indicators Research* 21(6):599-610, 1989

Since 1974 the department of Social Statistics of the Netherlands Central Bureau of Statistics has carried out regularly Quality of Life Surveys. The goal of the surveys is to give an integrating view of aspects of daily life of the respondents and their evaluation of these aspects. Among other things, information is gathered about satisfaction with life. With the results of the surveys of 1974, 1977, 1980, and 1983, a description is given of the development in satisfaction with life for four hypothetical cohorts. This description points out that there seems to be a general "course of life" in this type of satisfaction, regardless of the generation one belongs to or the period one lives in. This might be explained by the fact that important life-events are concentrated in certain periods of a person's life. However, statistically, this general part of the life course is small. (14 references) AA

Address for reprint requests: Netherlands Central Bureau of Statistics, Department of Socio-Cultural Statistics, Postbox 4481, 6401 CZ Heerlen, The Netherlands

REFERENCE NUMBER 33

Au: Magaziner, Jay; Cadigan, Doris A.; Fedder, Donald O.; Hebel, J. Richard

Ti: **Medication Use and Functional Decline Among Community-Dwelling Older Women**

So: *Journal of Aging and Health* 1(4):470-484, 1989

This prospective study evaluates the relationship between the number of prescription and over-the-counter medications used in community-dwelling aged women and changes in mental, physical, and instrumental functioning. Data are derived from two in-home interviews (one year apart) of 609 women 65 years or older identified through a random sample of households in a 20-contiguous census tract area of Baltimore, Maryland. After controlling for age, education, physical health, number of chronic conditions, and baseline functional status, prescription medication use is associated with declines in ability to perform PADL and IADL tasks and increases in symptoms of depression. No associations are observed between prescription drug use and changes in cognitive functioning over one year. The use of over-the-counter drugs is associated with declines in PADL tasks only. Several explanations for results are discussed. Suggestions for future study and prescribing to the significant minority of persons taking multiple medications are given. (19 references) AA

Address for reprint requests: University of Maryland School of Medicine, Baltimore, Maryland 21205

REFERENCE NUMBER 34

Au: McCusker, Jane; Mundt, Diane J.; Stoddard, Anne M.; Cole, Ellen; Whitbourne, Susan K.; et al.

Ti: **Outcomes of a Geriatric Rehabilitation Program in a Long-Term Care Facility**

So: *Journal of Aging and Health* 1(4):485-506, 1989

This study investigated outcomes of geriatric rehabilitation and predictors of success among 81 consecutive admissions to a 40-bed rehabilitation unit in a long-term care facility. Predictors measured at admission included sociodemographic variables, functional status (both current and prior to illness), social contact, and self-motivation. In all, 62 patients (77%) successfully completed the rehabilitation program; 76% of the successes were discharged home. Failure to discharge successfully rehabilitated subjects was mainly due to placement problems and patient and family preference. Both of the success groups showed

significant improvement in functional status (Barthel index), while failures had poorer initial functional status, and showed no improvement on average. At six-month follow-up, functional status (measured by the Sickness Impact Profile) was similar in the two success groups. No predictors other than functional status were associated with rehabilitation success. Among the successes, better functional status at six months was predicted by aspects of self-motivation. (25 references) AA

Address for reprint requests: School of Public Health, Arnold House, University of Massachusetts, Amherst, Massachusetts 01003

REFERENCE NUMBER 35

Au: Merriam, Sharan B.

Ti: **The Structure of Simple Reminiscence**

So: *Gerontologist* 29(6):761-767, 1989

This study sought to better delineate the nature of simple reminiscence, that is, the recall of past experiences. Studies of how reminiscence might enhance late-life development have been inconclusive, at least in part because of inadequate definition and measurement of the process. Using the constant comparative method, the investigator analyzed transcripts of older adults' reminiscences and found that the process consists of four elements: selection, immersion, withdrawal, and closure. (44 references) AA

Address for reprint requests: Department of Adult Education, University of Georgia, Athens, Georgia 30602

REFERENCE NUMBER 36

Au: Minaire, Pierre; Cherpin, Jean; Flores, Jean-Louis; Weber, Didier

Ti: **Measuring Handicap in the Community: A Micro-Survey in a French Village**

So: *World Health Statistics Quarterly* 42(3):167-176, 1989

Handicap is the result of a process initiated by an underlying disease, an accident, or an abnormality, which leads to a functional deficit in various situations of everyday life. The definition, derived from the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), reflects the desire of the elderly and the handicapped for social integration. It may also form the conceptual basis for analysis of the capacities of individuals and populations. To this end, a micro-survey was conducted in a homogeneous village community of 532 people aged 1-92 years. This study was of the ergonomic type, accompanied by a questionnaire on perceived restrictions and handicaps, and carried out transversely over a period of one month (94.7% participation). The specific objectives of the study were to obtain a reliable functional representation of the population of the village, comparing self-assessment of functional capacity with observed performance, and analyzing the effects of age on capacity. Subjective estimation of handicap proved to be reliable in comparison with actual performance, especially for tests of mobility and highly demanding situations. Estimation of the presence of a handicap increased with age. The deterioration in performance observed was proportional to age, but can be perceived to begin early, at about 30-40 years. Disability-free life expectancy (DFLE) could be an interesting indicator in so far as it appears to be sensitive to the confrontation of individual functional capacities with the environment. However, it is important that any disability used as a basis for calculation should be measured with maximum precision. (4 references) AA

Address for reprint requests: Departement de Reeducation et Readaptation Fonctionnelles, Centre Hospitalier et Universitaire, Hopital Bellevue, Saint-Etienne, France

REFERENCE NUMBER 37

Au: Munro-Ashman, J.

Ti: **Geriatric Assessment — An Australian Idea**

So: *Social Science and Medicine* 29(8):939-942, 1989

Residential care provision for elderly people varies from country to country as well as from state to state within Australia, yet despite this, a universal feature of all countries is community pressure for increased provision of both nursing home and hostel accommodation. Australia has developed the concept of multidisciplinary assessment of elderly people requesting residential care. This paper describes the effectiveness of one assessment team in the south of Tasmania in reducing demand for residential accommodation and in improving outcomes for the clients referred to the team. (6 references) AA

Address for reprint requests: Department of Geriatrics, Royal Hobart Hospital, Hobart, Tasmania, Australia

REFERENCE NUMBER 38

Au: Nord, Erik

Ti: **The Significance of Contextual Factors in Valuing Health States**

So: *Health Policy* 13(3):189-198, 1989

QALY analysis consists of describing the effects of a program in terms of a stream in a patient-time field after which the stream is evaluated. The stream concept represents a considerable advance compared to, for instance, describing the outcome of health care in terms of survival rates. The valuation task, on the other hand, poses difficult problems. Several contextual factors may significantly affect the social value assigned to a health improvement in a particular patient-year. None of these factors is included in the current algorithm for calculating social utility in terms of QALYs. The factors are set together in a model that may serve as a framework within which QALY calculations may be considered. Examples are given of how QALY calculations can be misleading if these factors are not taken into account. (35 references) AA

Address for reprint requests: National Institute of Public Health, Oslo, Norway

REFERENCE NUMBER 39

Au: Norman, Geoffrey R.

Ti: **Issues in the Use of Change Scores in Randomized Trials**

So: *Journal of Clinical Epidemiology* 42(11):1097-1105, 1989

The literature on the measurement of change is often confusing and contradictory. Some authors advocate the use of change scores as the best approach to the analysis of treatment effects in clinical trials; others maintain that change scores should be avoided entirely. This paper reviews these arguments and demonstrates that contradictions arise in part from different definitions of change, and in part from some misunderstanding of the relationship between reliability and responsiveness to change. Conditions under which it is and is not appropriate to use change scores in experimental designs are specified, and formulae for sample size calculations are introduced. (19 references) AA

Address for reprint requests: McMaster University, Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 40

Au: Novak, Mark; Guest, Carol

Ti: **Application of a Multidimensional Caregiver Burden Inventory**

So: *Gerontologist* 29(6):798-803, 1989

Multidimensional measures of caregiver burden give a sensitive reading of caregivers' feelings and a sophisticated picture of caregivers' responses to the demands of care. This paper reports on the development of a 24-item, five-subscale Caregiver Burden Inventory (CBI) and demonstrates its use as a diagnostic tool for professional caregivers. It concludes with a discussion of several ways that professional caregivers can use this multidimensional measure of caregiver burden. (19 references) AA

Address for reprint requests: Department of Psychology, University of Windsor, Windsor, Ontario, Canada N9B 3P4

REFERENCE NUMBER 41

Au: Nyman, John A.; Geyer, Cynthia R.

Ti: **Promoting the Quality of Life in Nursing Homes: Can Regulation Succeed?**

So: *Journal of Health Politics, Policy and Law* 14(4):797-816, 1989

It has been assumed that the best policy for promoting quality of life in nursing homes is direct regulation. In this paper it is argued that if our experience in regulating quality of care is any indication, we may not possess the political will to successfully regulate quality of life. Moreover, from a legal perspective, the less concrete nature of the concept of quality of life may make it more difficult to regulate than quality of care. Finally, although regulation would probably be necessary if potential nursing home residents (and their agents) lacked the information or rationality to make choices that promoted their interests, this has never been shown to be the case empirically. Therefore, we may not be forced to choose regulation to achieve an adequate quality of life. Alternative—and perhaps better—policies may be available. (40 references) AA

Address for reprint requests: 420 Delaware Street SE, Box 729, University of Minnesota, Minneapolis, Minnesota 55455-0392

REFERENCE NUMBER 42

Au: Nyman, John A.; Cyphert, Stacey T.; Russell, Daniel W.; Wallace, Robert B.

Ti: **The Ratio of Impaired Elderly in the Community to Those in Nursing Homes in Two Rural Iowa Counties**

So: *Medical Care* 27(10):920-927, 1989

The Iowa 65+ Rural Health Study gathered health status information on all elderly persons living in two rural Iowa counties. In this report these data are used to determine the ratio of persons with activities of daily living (ADL) dependencies living in the community to those in institutions. Results indicated that the "community/institutional dependency ratio" is about 1 to 1 for these counties, which is about half the ratio representing conventional wisdom. Possible explanations for this difference are discussed. In addition, it was found that the level of ADL dependency (need) can serve alone as an almost certain predictor of institutionalization for some elderly. For others, ADL dependency (need) is only one factor. The likely variability of the community/institutional dependency ratio across different geographic areas has implications for government funding of home health care, for long-term care insurance, and for eliminating excess demand. These implications are discussed. (11 references) AA

Address for reprint requests: 420 Delaware Street SE, Box 729, University of Minnesota, Minneapolis, Minnesota 55455-0392

REFERENCE NUMBER 43

Au: Ostwald, Sharon K.; Snowdon, David A.; Rysavy, S. Del Marie; Keenan, Nora L.; Kane, Robert L.

Ti: **Manual Dexterity as a Correlate of Dependency in the Elderly**

So: *Journal of the American Geriatrics Society* 37(10):963-969, 1989

Physical and mental correlates of dependent living were determined in 128 Catholic sisters (nuns), aged 75 to 94 years, who had similar social support systems and lifestyles. The primary a priori hypothesis was that poor manual dexterity would correlate strongly with living in the nursing home. Stepwise discriminant analysis indicated the manual dexterity explained 51% of the variance in the sisters' residential living site (i.e., nursing home, retirement home, or living in community). The discriminant analysis equation using manual dexterity predicted living site correctly for 63% of the sisters in the nursing home with a specificity of 99%, a positive predictive value of 96%, and a negative predictive value of 84%. The addition of age and mental status to the equation improved the prediction only slightly. (20 references) AA

Address for reprint requests: University of Minnesota, 420 Delaware Street SE, Minneapolis, Minnesota 55455

REFERENCE NUMBER 44

Au: Parkinson Study Group

Ti: **Effect of Deprenyl on the Progression of Disability in Early Parkinson's Disease**

So: *New England Journal of Medicine* 321(20):1364-1371, 1989

In a clinical trial that is still in progress, the ability of deprenyl and tocopherol to delay the onset of disability necessitating levodopa therapy (the primary end point) in patients with early, untreated Parkinson's disease was studied. Disability was measured in terms of activities of daily living, ability to manage domestic or financial affairs, employability, and gait and balance. Eight hundred subjects were randomly assigned in a two-by-two factorial design to receive deprenyl, tocopherol, a combination of both drugs, or placebo, and were followed up to determine the frequency of development of the end point. Only 97 subjects who received deprenyl reached the end point during an average 12 months of follow-up, as compared with 176 subjects who did not receive deprenyl. The risk of reaching the end point was reduced by 57 percent for the subjects who received deprenyl. The subjects who received deprenyl also had a significant reduction in their risk of having to give up full-time employment. We conclude from these preliminary results that the use of deprenyl (10 mg per day) delays the onset of disability associated with early, otherwise untreated cases of Parkinson's disease. (40 references) AA-M

Address for reprint requests: Box 673, Department of Neurology, University of Rochester Medical Center, 601 Elmwood Avenue, Rochester, New York 14642

REFERENCE NUMBER 45

Au: Pearson, Jane L.; Teri, Linda; Reifler, Burton V.; Raskind, Murray A.

Ti: **Functional Status and Cognitive Impairment in Alzheimer's Patients with and without Depression**

So: *Journal of the American Geriatrics Society* 37(12):1117-1121, 1989

Cognitive impairment and depression each compromise functional status in the elderly, but it is not known whether their coexistence is associated with additive functional impairment. The effect of the presence or absence of a diagnosis of major depression on functional status was examined in a group of 50 community-residing patients with dementia of the Alzheimer's type (DAT). Patients were diagnosed as depressed (N=20) or not (N=30) according to DSM-III criteria. Cognitive status was assessed with the Mini-Mental State Exam (MMSE), and functional status was assessed by family report of Instrumental Activities of Daily Living (IADL's). Consistent with previous reports, patients with a depression diagnosis

were less cognitively impaired than their nondepressed counterparts. When cognitive status was controlled for, depression diagnosis was found to have a main effect of functional impairment. Although the direction of effects between depression and functional limitations was not determined here, these results suggest that alleviating depression may decrease functional limitations in DAT patients. (21 references) AA

Address for reprint requests: Department of Psychiatry and Behavioral Sciences, RP-10, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 46

Au: Phifer, James F.; Norris, Fran H.

Ti: **Psychological Symptoms in Older Adults Following Natural Disaster: Nature, Timing, Duration, and Course**

So: *Journal of Gerontology: Social Sciences* 44(6):S207-217, 1989

Using a prospective design with five follow-up intervals, the study addressed questions regarding the timing of onset, duration, course, and nature of psychological reactions to natural disaster. As participants in a statewide panel study, more than 200 older adults were interviewed both before and after two distinct floods occurred in southeastern Kentucky in 1981 and 1984. Exposure to these incidents, which differed in overall intensity, was assessed at both the individual and community levels. Personal loss was associated with short-term increases in negative affect, limited to one year post-flood. Longer-term effects were more dependent on the level of community destruction. Exposure to high levels of community destruction was related to decreased positive affect up to two years postdisaster, whereas exposure to high levels of both community destruction and personal loss was predictive of increased negative affect for two years. (77 references) AA

Address for reprint requests: Department of Psychology, Marianjoy Rehabilitation Center, P.O. Box 795, Wheaton, Illinois 60189-0795

REFERENCE NUMBER 47

Au: Pruchno, Rachel A.; Resch, Nancy L.

Ti: **Mental Health of Caregiving Spouses: Coping as Mediator, Moderator, or Main Effect?**

So: *Psychology and Aging* 4(4):454-463, 1989

Coping strategies used by 315 persons providing care to a spouse diagnosed with Alzheimer's disease were characterized as either emotion-focused (wishfulness, acceptance, intrapsychic) or problem-focused (instrumental). Models in which coping strategies were postulated as having mediator, moderator, and independent main effects were tested using multiple indexes of mental health. Wishfulness and intrapsychic strategies mediated the relationship between degree of stress and CES-D, Anxiety, and Depression. Wishfulness had a direct effect on Obsessive-Compulsive, Somatization, and Interpersonal Sensitivity; intrapsychic strategies had a direct effect on Obsessive-Compulsive, Somatization, and Interpersonal Sensitivity; and instrumental strategies had a direct effect on Positive Affect. Hierarchical regression analyses indicated that stressors and coping strategies explained between 12% and 40% of the variance on mental health indexes. (49 references) AA

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

REFERENCE NUMBER 48

Au: Reed, Bruce R.; Jagust, William J.; Seab, J. Philip
 Ti: **Mental Status as a Predictor of Daily Function in Progressive Dementia**
 So: *Gerontologist* 29(6):804-807, 1989

To evaluate a standardized mental status exam's ability to predict activities of daily living (ADL's), Mini Mental Status Exam (MMSE) scores were obtained from 59 patients with progressive dementias of widely varying severity but with no other psychiatric disorders or major medical problems. The MMSE scores explained only about one-third of the variance in both instrumental ADL's and physical ADL's in the whole sample, and the MMSE and ADLs were independent of one another in the less demented half of the sample. This suggests that cognitive losses and functional impairments are two distinct aspects of dementia severity, which must be assessed separately. (18 references) AA

Address for reprint requests: Northern California Alzheimer's Disease Center, Herrick Hospital and Health Center, 2001 Dwight Way, Berkeley, California 94704

REFERENCE NUMBER 49

Au: Reich, John W.; Zautra, Alex J.
 Ti: **A Perceived Control Intervention for At-Risk Older Adults**
 So: *Psychology and Aging* 4(4):415-424, 1989

Models of event causation and affective processes were used to design an experimental intervention for older adults. Subjects were two at-risk populations, recently disabled and recently bereaved, each with matched nonrisk controls. Subjects were randomly assigned to a placebo-contact group, a no-contact control group, or a 4-session, 10-week intervention focused on enhancing perceived control. Dependent variables assessed were personal mastery, psychological well-being and distress, positive and negative affect, and measures of daily events and activities. The intervention was nested within a 16-month longitudinal assessment of stress and adaptation processes in a large sample of community residents. The intervention had mixed effects on reports of personal mastery, but it significantly increased engagement in desirable activities and significantly decreased psychological distress and negative affect. Effects tended to be short-lived, however. Effects of the intervention tended to be particularly significant for the disabled group. (36 references) AA

Address for reprint requests: Department of Psychology, Arizona State University, Tempe, Arizona 85287

REFERENCE NUMBER 50

Au: Revicki, Dennis A.
 Ti: **Health-Related Quality of Life in the Evaluation of Medical Therapy for Chronic Illness**
 So: *Journal of Family Practice* 29(4):377-388, 1989

Health care professionals are increasingly convinced that the major objective of medical care for chronic diseases is the enhancement of health-related quality of life (HQOL) rather than the cure of disease or increased survival. HQOL is a multidimensional concept that includes the physical, psychological, and social functioning associated with an illness or its treatment. The inclusion of both biomedical and HQOL outcome measures in randomized clinical trials of new treatments assists physicians in selecting treatments that alleviate disease and improve the functional capability and well-being of patients. (24 references) AA

Address for reprint requests: Battelle Human Affairs Research Centers, 370 L'Enfant Promenade S.W. Washington, D.C. 20024-2115

REFERENCE NUMBER 51

Au: Robine, Jean-Marie

Ti: **Estimating Disability-Free Life Expectancy (DFLE) in the Western Countries in the Last Decade: How Can This New Indicator of Health Status Be Used?**

So: *World Health Statistics Quarterly*, 42(3):141-150, 1989

Disability-free life expectancy (DFLE) is an indicator of the mean duration of life in good health, based on the measurement of mortality combined with the measurement of disability. To date, some experimental calculations have been carried out mainly in Canada, England, France, the Netherlands, and the United States of America. Taking these studies as a whole, disability-free life expectancy in the last decade can be estimated at about 59 years for men and about 63 years for women. The share of years of disability within life expectancy ranges from 11% to 27%. The calculations show that women suffer disability for a greater part of their life expectancy than men. The calculations also reveal social inequalities in health. Health authorities in Western countries are showing increasing interest in this indicator today. The main points in its favor are its simplicity in practice, its usefulness for determining objectives, allocating resources, measuring the success or failure of health policies, assessing current needs, and defining future scenarios. (43 references) AA

Address for reprint requests: INSERM, Montpellier, France

REFERENCE NUMBER 52

Au: Rodd, Nancy

Ti: **Quest for Health (A Fable)**

So: *Social Science and Medicine* 29(7):895-896, 1989

This paper, in fable form, addresses some of the conditions in the United States and in Canada which reduce the ability of members of the community to make improvements in their health and changes to the health care system. If health is to become a resource for everyday life, a social process is involved which implies the demedicalization of health. To facilitate this process, the power of definition of health cannot be controlled by the medical profession. For what is health is context specific to the individual and to the community. Community participation in all aspects of health care is an essential process to help redefine health. The efforts to reach the target 'Health For All by the Year 2000' will not be successful if research methods, funding, and practice are based on the biomedical model alone. By limiting choices open to members of the community on the development of their competence in health care, achievement of 'Health For All' is obstructed. (32 references) AA

Address for reprint requests: Faculty of Health Sciences, University of Ottawa, School of Nursing, Ottawa, Ontario, Canada K1H 8M5

REFERENCE NUMBER 53

Au: Rosenthal, Mark J.

Ti: **Geriatrics: An Updated Bibliography**

So: *Journal of the American Geriatrics Society* 37(9):894-910, 1989

This is the author's fifth revision of a geriatrics bibliography. Approximately one-third of the previous references have been replaced by more current or more delimited articles. Because the literature pertinent to geriatrics has continued to grow ever more rapidly, it has been necessary to omit many informative articles from the bibliography. Preference is given to recent publications; almost all of the references date from the past four years. Some articles were selected to highlight current controversies or changes in viewpoint. Most of the references deal specifically with an elderly patient population, though few use a multidisciplinary approach. Studies of the elderly are confounded by concomitants of aging frequent but not universal in our society: inactivity, obesity, malnutrition, and psychosocial trauma. The articles cited

are primarily concerned with medical ailments of the elderly; legal, ethical, and sociological topics receive more limited coverage. The references are divided into categories. The first set (I) deals with some possible causes of aging; the second (II) with physiologic decline accompanying aging; the third (III) with the atypical and nonspecific characteristics of illness among geriatric patients; the fourth (IV) with the elderly and society; and the fifth (V) with care options. The remainder of the references are cited by pertinent medical specialty. Within each category, references are divided by disease process. Articles are further subgrouped by aspects of those diseases such as evaluation or therapy. (8 references) AA

Address for reprint requests: Veteran Medical Center, 16111 Plummer, Sepulveda, California 91343

REFERENCE NUMBER 54

Au: Rowland, Diane

Ti: **Measuring the Elderly's Need for Home Care**

So: *Health Affairs* 8(4):39-51, 1989

Among the nation's 31 million people age 65 and over, nearly four million live at home, despite physical limitations that make it difficult to carry out activities of everyday life. As the Nation's elderly population continues to grow, an emerging Federal funding priority revolves around financing long-term home care for impaired elderly people. While Medicare pays for the medical care these people receive in institutions, a gap remains in funding for home care. Increasingly, policymakers and payers are using the activities of daily living (ADL) scale to measure elderly people's ability to function—and thus their eligibility for home assistance. Impairment in these activities—eating, dressing, bathing, transferring from bed to chair, and using the toilet—can be strongly predictive of an elderly person's need to receive assistance. This article profiles the population of elderly most likely to benefit from a home care proposal such as the one put forward by the late Rep. Claude Pepper (D-FL). (17 references) AA

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

REFERENCE NUMBER 55

Au: Seabright, Paul

Ti: **Social Choice and Social Theories**

So: *Philosophy & Public Affairs* 365-87, 1989

Social choice theory is essentially about the design of constitutions: it is about voting and lobbying and committees, the kinds of phenomena most philosophers spend their professional lives trying to avoid. Social choice theory is also a conceptual examination of normative theories of society. It examines how the judgments delivered by these theories may depend upon properties of the states of affairs in question, such as the preferences of individual members of society concerning them. An important task of social choice theory is to give a precise character to beliefs about the social good and to ask: are they consistent with one another? This essay attempts to show how closely the more conceptual interpretation of social choice theory engages with traditional concerns of moral and political philosophers. The first part of this paper examines problems arising out of Arrow's Theorem. The second addresses questions about the role of liberalism in social theory. The third discusses the particular problems of constitution design. (54 references) AA

Address for reprint requests: Address unknown.

REFERENCE NUMBER 56

Au: Snowdon, David A.; Ostwald, Sharon K.; Kane, Robert L.; Keenan, Nora L.
 Ti: **Years of Life with Good and Poor Mental and Physical Function in the Elderly**
 So: *Journal of Clinical Epidemiology* 42(11):1055-1066, 1989

A population of Roman Catholic sisters (nuns) were divided into a high education group (i.e., at least a Bachelor's degree) and a low education group (i.e., less than a Bachelor's degree). Prevalence data on 132, 75- 94-year-old sisters indicated that the high-educated had better mobility and hand coordination, stronger handgrip, better distant and near visual acuity, and fewer mental impairments than the low-educated group. Life table analyses on 154 sisters indicated that the high-educated lived an average of 3.28 years longer after age 75 than the low-educated. Years of life with relatively good and poor mental and physical function after age 75 were estimated by a mathematical model that used mortality and prevalence data. According to the model, high-educated sisters lived an average of 3.57 years longer with good function and 0.29 of a year less with poor function than low-educated sisters. (33 references) AA

Address for reprint requests: Stadium Gate 27, University of Minnesota, Minneapolis, Minnesota 55455

REFERENCE NUMBER 57

Au: Stefan, M.D.; McManus, I.C.
 Ti: **The Concept of Disease: Its Evolution in Medical Students**
 So: *Social Science and Medicine* 29(7):791-792, 1989

First-, third- and fifth, year, medical students were asked to say to what extent they considered each of 38 conditions to be a disease, to be treatable, to be serious, to be the fault of the patient, and to be external in cause. Fifth-year students were significantly more inclusive in their use of the term disease, applying it to far more conditions, with third-year students midway between the first- and fifth-year students. The use of the term disease did not relate to any great extent to its treatability, seriousness, blame, or externality. The concept of disease, despite the difficulty of a consistent, formal philosophical definition, is heuristically useful, and is applied readily by medical students, evolving as students progress through medical school, in a way that cannot be explained in relation to other perceptions of the conditions. (26 references) AA

Address for reprint requests: Department of Psychiatry, St. Mary's Hospital, Praed Street, London W2 1NY, England

REFERENCE NUMBER 58

Au: Tandon, P.K.; Stander, Herb; Schwarz, Richard P., Jr.
 Ti: **Analysis of Quality of Life Data from a Randomized Placebo-Controlled Heart-Failure Trial**
 So: *Journal of Clinical Epidemiology* 42(10):955-962, 1989

In a randomized, double-blind, placebo-controlled, 3-month trial involving 111 congestive heart failure patients, one non-validated and three validated Quality of Life (QL) instruments were administered. Two randomized treatment groups were evaluated, one with 62 patients who continued on standard therapy and the other with 49 patients whose standard therapy was replaced by placebo. The data from Patient's Self-rating Scale (a non-validated instrument) and Spitzer's QL index showed a significant difference between two treatment groups for an overall effect. There were no significant differences between the two treatment groups for Sickness Impact Profile (SIP) and Quality of Well-Being (QWB). For analyzing the multiple components in a QL instrument, the global statistics as suggested by O'Brien were applied to compare the two treatment groups. Univariate statistics complemented the global methods. The general use of global statistics in analyzing QL data is recommended. (14 references) AA

Address for reprint requests: Sterling Research Group, 81 Columbia Turnpike, Rensselaer, New York 12144

REFERENCE NUMBER 59

Au: Tennstedt, Sharon L.; McKinlay, John B.; Sullivan, Lisa M.
 Ti: **Informal Care for Frail Elders: The Role of Secondary Caregivers**
 So: *Gerontologist* 29(5):677-683, 1989

Although the majority of informal care is provided by one person, most elders receive help from other caregivers as well. This paper describes the identity and activities of these secondary caregivers, who are often the spouse and children of the primary caregiver. They provide a wide variety of help, but much less than the primary caregiver. Further, this help is provided in a pattern supplementary rather than complementary to that of the primary caregiver. (26 references) AA

Address for reprint requests: New England Research Institute, 9 Galen Street, Watertown, Massachusetts 02172

REFERENCE NUMBER 60

Au: Torrance, George W.; Feeny, David
 Ti: **Utilities and Quality-Adjusted Life Years**
 So: *International Journal of Technology Assessment in Health Care* 5(4):559-575, 1989

Utilities and quality-adjusted life years (QALYs) are reviewed, with particular focus on their use in technology assessment. This article provides a broad overview and perspective on these two techniques and their interrelationship, with reference to other sources for details for implementation. The historical development, assumptions, strengths/weaknesses, and applications of each are summarized. Utilities are specifically designed for individual decision-making under uncertainty, but, with additional assumptions, utilities can be aggregated across individuals to provide a group utility function. QALYs are designed to aggregate in a single summary measure the total health improvement for a group of individuals, capturing improvements from impacts on both quantity of life and quality of life with quality of life broadly defined. Utilities can be used as the quality-adjustment weights for QALYs; they are particularly appropriate for that purpose, and this combination provides a powerful and highly useful variation on cost-effectiveness analysis known as cost-utility analysis. (70 references) AA

Address for reprint requests: Health Sciences Center 3H1C, McMaster University, 1200 Main Street, Hamilton, Ontario L8S 3Z5, Canada

REFERENCE NUMBER 61

Au: Weissert, William G.; Elston, Jennifer M.; Bolda, Elise J.; Cready, Cynthia M.; Zelman, William N.; et al.
 Ti: **Models of Adult Day Care: Findings from a National Survey**
 So: *Gerontologist* 29(5):640-649, 1989

This study examined a nationally representative sample of 60 adult day care centers to describe the state of this evolving care modality after a decade's growth. Participant outcomes were assessed in terms of activities of daily living and instrumental activities of daily living. Results indicate that day care centers can be categorized into three models of care, each of which serves a distinctive subpopulation. Model appropriateness was tested with analysis of variance of differences in participant characteristics. Services, staffing, costs, and other program features are contrasted among the three models. (16 references) AA

Address for reprint requests: The University of Michigan, 1420 Washington Heights, Room M3174, Ann Arbor, Michigan 48109-2029

REFERENCE NUMBER 62

Au: Williams, Alan

Ti: **'Should QALYs Be Programme Specific?'** by Donaldson, Atkinson, Bond, and Wright

So: *Journal of Health Economics* 8:485-487, 1989

This comment responds to an article in *Journal of Health Economics* 1988 concerning the use of disease-specific quality-adjusted life years (QALYs). The major point is that QALYs developed for specific conditions or diseases are unable to address the purpose for which QALYs have been developed, namely, to compare across different programs. Donaldson's and colleagues' and Wright's reply follows this comment (pages 489-491). (1 reference) CH-P

Address for reprint requests: University of York, York YO15DD, United Kingdom

REFERENCE NUMBER 63

Au: Wolf, Fredric M.; Jacober, Scott J.; Wolf, Leora L.; Cornell, Richard G.; Floyd, John C., Jr.

Ti: **Quality of Life Activities Associated with Adherence to Insulin Infusion Pump Therapy in the Treatment of Insulin Dependent Diabetes Mellitus**

So: *Journal of Clinical Epidemiology* 42(12):1129-1136, 1989

The impact of continuous subcutaneous insulin infusion (CSII) pump therapy on patients' activities of daily living and the prevalence of acute complications were examined in order to characterize patients' experience while on CSII, and to ascertain whether any of these factors could be associated with continued use of CSII. Fifty-one of 55 patients (93%) identified as initiating CSII in our medical center patient population completed retrospective surveys; 37 individuals (73%) were still using pumps and 14 individuals (27%) had discontinued pump use. CSII appeared to affect the quality of daily activities only modestly, neither improving nor interfering with many activities to any great degree. Activities associated with greatest improvements were eating, working, traveling, sleeping, and exercising. In contrast, significant differences between the groups continuing and discontinuing CSII were found in 11 of 18 activities of daily living. The findings of this study suggest that it may be desirable to more realistically take into consideration the tradeoff between life style enhancements resulting from CSII and the inconveniences associated with CSII when recruiting and selecting potential CSII candidates. (34 references) AA

Address for reprint requests: Department of Postgraduate Medicine, University of Michigan, G1208 Towsley (Box 0201), Ann Arbor, Michigan 48109-0201

REFERENCE NUMBER 64

Au: Wolpert, Robert L.

Ti: **Eliciting and Combining Subjective Judgments about Uncertainty**

So: *International Journal of Technology Assessment in Health Care* 5:537-557, 1989

Frequently, health care decisions must be made before compelling and unequivocal evidence is available about the benefits, risks, and costs of a proposed new health technology. It is common for decision makers to seek the advice and opinions of experts to supplement the available evidence. This article reviews some of the methods used or recommended for eliciting the opinions of experts about uncertain events and for combining these opinions with those of others and with available empirical evidence. (45 references) AA

Address for reprint requests: Duke University, Durham, North Carolina 27706

REFERENCE NUMBER 65

Au: Wolfson, Michael C.

Ti: **Population-Based Measures of Health Status**

So: Unpublished, Ottawa, Canada: Statistics Canada, Analytical Studies Branch, 1989

The Ontario Health Survey is a household interview with a sample of 25,000 households in Ontario, Canada. One innovation in the survey is the inclusion of a set of questions intended to provide the basis for a summary quantitative index of health status. The information collected for this index is an extension of the four-attribute health state classification system that was developed by Torrance and his colleagues for assessing the benefits of neonatal intensive care units. (no references given) CH-P

Address for reprint requests: Analytical Studies Branch, Statistics Canada, Ottawa, Canada K1A 0T6

REFERENCE NUMBER 66

Au: Yancik, Rosemary; Edwards, Brenda K.; Yates, Jerome W.

Ti: **Assessing the Quality of Life of Cancer Patients: Practical Issues in Study Implementation**

So: *Journal of Psychosocial Oncology* 7(4):59-74, 1989

Developing techniques for assessing the quality of life of cancer patients has become of increasing interest to both clinical oncologists and social scientists. However, the practical issues of implementing such studies in the context of cancer care have not been addressed sufficiently. This article describes a pilot study conducted by the National Cancer Institute in seven outpatient clinics. The specific focuses of the study were the logistical problems of studying quality of life and the burden on patients and staff imposed by such research. The authors discuss problems associated with obtaining patients and determining eligibility, and they examine the reasons some patients refuse to participate. They also offer recommendations for facilitating research on quality of life. (10 references) AA

Address for reprint requests: National Institutes of Health, Building 31, Room 5B31, 9000 Rockville Pike, Bethesda, Maryland 20892

REFERENCE NUMBER 67

Au: Young, Rosalie F.; Kahana, Eva

Ti: **Specifying Caregiver Outcomes: Gender and Relationship Aspects of Caregiving Strain**

So: *Gerontologist* 29(5):660-666, 1989

The gender-specific kinship relationship of patients and their care providers has not generally been investigated in studies of caregiver burden and well-being. In this study of 183 heart patient-caregiver dyads, gender and relationship were analyzed singly and jointly with respect to the process and outcome of caregiving. Strains caregivers experienced while caring for older heart patients 6 weeks and 1 year after hospital discharge were determined. Findings showed consistent patterns of strain. Women, nonspousal caregivers, and daughters, in particular, experienced the most severe aftereffects. These findings support a caregiving outcomes model proposing that the patient-caregiver relationship is an essential component of caregiver strain. (42 references) AA

Address for reprint requests: Wayne State University, School of Medicine, 540 E. Canfield Street, Detroit Michigan 48201

REFERENCE NUMBER 68

Au: Zautra, Alex J.; Maxwell, Barbara M.; Reich, John W.

Ti: **Relationship Among Physical Impairment, Distress, and Well-being in Older Adults**

So: *Journal of Behavioral Medicine* 12(6):543-557, 1989

The relationship between activity limitation and self-report on a variety of mental health measures was investigated through a longitudinal study of 124 noninstitutionalized older adults between 60 and 80 years of age, recruited either as recently disabled (N = 62) or as a matched control (N = 62). Fifty-five of these respondents (disabled, N = 28; controls, N = 27) selected persons who could be contacted to provide informant information. Results showed the relationship between disability and mental health measures to be highly significant and stable across time. Further, older adults classified as severely disabled experienced higher levels of anxiety, suicidal ideation, and overall distress than did the moderately disabled participants. Evidence was found for reciprocal causal relationships between health and mental health. Informants' reports supported findings based on self-report. (24 references) AA

Address for reprint requests: Department of Psychology, Arizona State University, Tempe, Arizona 85287

REFERENCES NUMBER 69

Au: Zweibel, Nancy R.; Cassel, Christine K.

Ti: **Treatment Choices at the End of Life: A Comparison of Decisions by Older Patients and Their Physician-Selected Proxies**

So: *Gerontologist* 29(5):615-621, 1989

Doctors are increasingly faced with the ethical dilemma of making end-of-life medical care decisions for older patients who are decisionally incapacitated. Most often, they rely on family to assist them in choosing what the patient would have wanted. In this vignette-based study, the ability of proxies to choose as the patients reported they would have chosen is called into question. Implications for the use of advance directives for end-of-life care and avenues for needed research are discussed. (14 references) AA

Address for reprint requests: University of Chicago, Department of Medicine, 5841 South Maryland Avenue, Box 72, Chicago, Illinois 60637

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	33(1-2)	International Journal of Aging and Development	29(3-4)
Acta Psychiatrica Scandinavica	80(4-6)	International Journal of Epidemiology	18(4)
American Journal of Economics and Sociology	48 (3-4)	International Journal of Health Services	19(4)
American Journal of Epidemiology	130(4-6)	International Journal of Mental Health	18(2-4)
American Journal of Medicine	8	International Journal Technology Assessment in Health Care	5(4)
	7(4-6)(4A,4N)(5A,5N)(6A-C)	Journal of Aging and Health	1(4)
American Journal of Orthopsychiatry	59(4)	Journal of Applied Behavioral Science	25(4)
American Journal of Psychiatry	146(10-12)	Journal of Applied Psychology	74(5-6)
American Journal of Psychology	102(4)	Journal of Behavioral Medicine	12(5-6)
American Journal of Public Health	79(7-12)	Journal of Clinical Epidemiology	42(10-12)
American Journal of Sociology	95(3)	Journal of Community Health	14(4)
American Psychologist	44(10-12)	Journal of Consulting and Clinical Psychology	57(5-6)
American Sociological Review	54(5-6)	Journal of Epidemiology and Community Health	43(4)
Archives of Environmental Health	44(5-6)	Journal of Experimental Child Psychology	48(2-3)
Archives of Gerontology and Geriatrics	9(2-3)	Journal of Experimental Social Psychology	25(5-6)
Australian Journal of Psychology	40(4) 41(1-3)	Journal of Family Practice	29(4-6)
Australian and New Zealand Journal of Psychiatry	23(4)	Journal of Gerontology	44(6)
Behavioral Medicine	15(4)	Journal of Health and Social Behavior	30(4)
Behavioral Science	34(4)	Journal of Health Economics	8(4)
British Journal of Psychology	80(4)	Journal of Health Politics, Policy and Law	14(4)
Canadian Journal of Behavioral Science	21(3-4)	Journal of Nervous and Mental Disease	177(10-12)
Canadian Journal of Public Health	80(5-6)	Journal of Pediatrics	115(4-6)
Canadian Medical Association Journal	141(7-12) (Suppl 5)	Journal of Policy Analysis and Management	8(3-4)
Child Welfare	68(4-6)	Journal of Policy Modelling	11(4)
Clinical Gerontologist	9(1-2)	Journal of Political Economy	97(5-6)
Clinical Psychology Review	9(5-6)	Journal of Psychopathology and Behavioral Assessment	11(3-4)
Cognitive Psychology	21(4)	Journal of Psychosocial Oncology	7(4)
Cognitive Therapy and Research	13(5-6)	Journal of Public Health Policy	10(4)
Community Mental Health Journal	25(4)	Journal of the American Geriatrics Society	37(9-12)
Geriatrics	44(10-12)	Journal of the Royal Society of Health	109(4)
Gerontologist	29(5-6)	Medical Care	27(10-12)
Health Affairs	8(3-4)	New England Journal of Medicine	321(1-17) (19-26)
Health Care Financing Review	11(2)		
Health Policy	13(1-3)		
Health Psychology	8(6)		
Health Services Research	24(4-5)		
Health Values	13(4-6)		
Home Health Care Services Quarterly	10(3/4)		
Inquiry	26(4)		

New York Academy of Medicine Bulletin	65(6-10)	Risk Analysis	9(4)
Operations Research	37(6)	Scandinavian Journal of Psychology	30(3-4)
Organization Studies	10(4)	Science, Technology and Human Values	14(3-4)
Philosophy and Public Affairs	18(4)	Social Forces	68(2)
Policy Sciences	22(3/4)	Social Indicators Research	21(5-6)
Policy Studies Journal	18(1)	Social Problems	36(4-5)
Policy Studies Review	9(1)	Social Psychology Quarterly	52(4)
Preventive Medicine	18(6)	Social Science and Medicine	29(7-12)
Psychological Medicine	19(3-4)	Social Science Research	18(4)
Psychological Record	39(4)	Social Service Review	63(4)
Psychology and Aging	4(4)	Socio-Economic Planning Sciences	23(5-6)
Psychosocial Rehabilitation Journal	13(1-2)	Sociological Methods and Research	18(2)
Psychosomatic Medicine	51(5-6)	Sociology and Social Research	73(4)
Psychosomatics	30(4)	Sociology of Health and Illness	11(4)
Quality Review Bulletin	15(7-12)	Statistics in Medicine	8(9-12)
Review of Economics and Statistics	71(4)	World Health Forum	9(4) 10(1-4)
		World Health Statistics Quarterly	41(2-4)
			42(1-4)

This section lists citations to journal articles that have been classified under the medical subject heading (MESH) "health status indicators" in the National Library of Medicine's MEDLARS system, specifically, in the SDILINE for October, November, or December 1989. Citations are printed with only slight modification of format, in the order and form in which they appear in NLM's 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 70

AU: Fink R

TI: **Issues and problems in measuring children's health status in community health research.**SO: *Soc Sci Med* 1989;29(6):715-9

The measurement of children's health status in community surveys is hampered by both methodologic and substantive problems. These include relatively low prevalence of medical conditions among children, appropriate selection of sample questionnaire items, and difficulties in measuring health status change. There is potential value in including measures of health risk instead of, or in addition to, health status measures. This may overcome problems of low prevalence, and provide a broader base for testing the effects of program and policy changes.

REFERENCE NUMBER 71

AU: Smith BA

TI: **Measurement of selected cardiovascular risk factors in children.**SO: *Appl Nurs Res* 1989 Aug;2(3):143-6**REFERENCE NUMBER 72**

AU: Dracup K ; Raffin T

TI: **Withholding and withdrawing mechanical ventilation: assessing quality of life.**SO: *Am Rev Respir Dis* 1989 Aug;140(2 Pt 2):S44-6**REFERENCE NUMBER 73**

AU: Froberg DG ; Kane RL

TI: **Methodology for measuring health-state preferences - IV: Progress and a research agenda.**SO: *J Clin Epidemiol* 1989;42(7):675-85

Remaining questions relative to the measurement of health-state preferences are outlined and applications discussed. We recommend more widespread use of functional measurement to better understand preference structures. Further research should be conducted on the reliability and validity of preference values produced by different scaling methods, including careful examination of the content validity of health-state descriptions. Construct validation studies using the multitrait-multimethod matrix would be useful as well as comparisons of stated preferences with revealed preferences. Despite the many unanswered measurement questions, preference values are currently being used in decision making at both the individual and societal levels. Several global health status measures incorporate preference values, and preferences are increasingly being used in cost-effectiveness studies. If preferences are to be used effectively, research on their measurement must accelerate to keep pace with the urgency for application.

REFERENCE NUMBER 74

AU: Renouf JA ; Wood A ; Frazer IH ; Thong YH ; Chalmers AH

TI: **Depressed activities of purine enzymes in lymphocytes of patients infected with human immunodeficiency virus.**SO: *Clin Chem* 1989 Jul;35(7):1478-81

Enzyme activities were studied in peripheral blood lymphocytes from patients infected with, or at risk for, infection with human immunodeficiency virus (HIV). No significant differences were observed in the HIV-infected and HIV-seronegative high-risk patients with regard to enzyme activities of hypoxanthine-guanine phosphoribosyltransferase (EC 2.4.2.8) and purine nucleoside phosphorylase (EC 2.4.2.1) in peripheral blood. Adenosine deaminase (EC 3.5.4.4) was significantly (P less than 0.02) depressed in asymptomatic HIV-seropositive patients and HIV-seronegative patients at high risk of HIV infection as compared with a healthy HIV-seronegative population. Adenosine kinase (AK, EC 2.7.1.20) was significantly increased in the asymptomatic seropositive (P less than 0.02) and also in the HIV-seronegative high-risk groups (P = 0.01) compared with the normal controls. AK activity was significantly lower in subjects with AIDS than in the asymptomatic (P less than 0.002) and high-risk groups (P less than 0.01). Taken together, these results indicate that adenosine deaminase and AK activities are influenced by the health of the patient, and that measurement of AK activity may prove useful in monitoring the clinical progress of patients with HIV infection.

REFERENCE NUMBER 75

AU: Anderson JJ ; Firschein HE ; Meenan RF

TI: **Sensitivity of a health status measure to short-term clinical changes in arthritis.**SO: *Arthritis Rheum* 1989 Jul;32(7):844-50

To assess the sensitivity of the Arthritis Impact Measurement Scales (AIMS), we analyzed data from three clinical trials. One trial involving 255 patients with rheumatoid arthritis (RA) was a 12-week, randomized controlled trial of diclofenac, naproxen, and aspirin. Two trials were open-label studies of 24 weeks duration that included 165 RA and 355 osteoarthritis (OA) patients, all of whom were treated with diclofenac. In addition to the AIMS, tender joint count, morning stiffness, and erythrocyte sedimentation rate were used as outcome measures in the trials. The AIMS results showed substantial improvements in Physical Function, Psychological Status, and Pain, as well as in overall Arthritis Impact. These improvements were detected by the time of the initial outcome assessment at 4 weeks or 8 weeks, and were detected in patients with either OA or RA. These AIMS results closely parallel improvements shown by traditional clinical measures, and demonstrate that the AIMS health status measure is sensitive to improvements in OA as well as in RA. The AIMS also detects responses produced by therapy with nonsteroidal antiinflammatory drugs (NSAID's), and these improvements can be demonstrated in as short a treatment time as 4 weeks. These findings confirm the utility of the AIMS for assessing outcome in rheumatic disease studies, and they have implications for the design of future clinical trials of NSAID's.

REFERENCE NUMBER 76

AU: Gonzalez Svatetz CA ; Camacho EJ

TI: **[The health situation in Nicaragua: between a desire to change and aggression.]**SO: *Gac Sanit* 1989 Mar-Apr;3(11):380-6

Before 1979, the health situation in Nicaragua was characterized by a high infant mortality, a high morbidity, and mortality related to infectious causes in most cases preventable, as well as by a health care system with multiple non-coordinated institutions, a low coverage, and deep social and geographical inequalities in the provision of services. The revolution develops a new regionalized model with an extension of the coverage especially through primary care services, preventive, and curative programs

targeted at risk groups and health problems, with a large community involvement. The achievements of this new policy are assessed by an increase and a greater equality in the availability and utilization of health resources, by a reduction in morbidity due to transmissible diseases, and by a spectacular decrease in infant mortality. The externally promoted war is having a strong impact on health care and has been slowing down the improvements observed from 1979 to 1983; it violates the principles of the Geneva Convention, it has been condemned by the Tribunal of the Hague, and deserves condemnation from Public Health professionals.

REFERENCE NUMBER 77

AU: Schwethelm B ; Margolis LH ; Miller C ; Smith S

TI: **Risk status and pregnancy outcome among medicaid recipients.**

SO: *Am J Prev Med* 1989 May-Jun;5(3):157-63

Although Medicaid has increased access to medical care for low-income pregnant women, the Medicaid population remains at high risk for poor pregnancy outcomes. In 1983 the Michigan Department of Public Health conducted 1 week of in-hospital, postpartum interviews addressing risk factors for poor pregnancy outcome among 1,945 women. These births represented over 90% of the births during the study period and constituted a sample of approximately 1.5% of the yearly births in Michigan. Of these women, 24.6% reported receiving Medicaid during pregnancy. The demographic characteristics of the Medicaid women placed them at greater risk for poor pregnancy outcomes than either insured or uninsured women. In terms of medical services, Medicaid recipients began prenatal care later and had fewer visits. In terms of behavioral risks, more Medicaid recipients reported tobacco and alcohol use than did the other mothers. Finally, the infants of Medicaid recipients were 200 g lighter than the other infants. We suggest that the Medicaid program—the major source of prenatal health care for these women—is not adequate to address their risks for poor pregnancy outcomes.

REFERENCE NUMBER 78

AU: Wolcott D ; Norquist G ; Busuttill R

TI: **Cognitive function and quality of life in adult liver transplant recipients.**

SO: *Transplant Proc* 1989 Jun;21(3):3563

REFERENCE NUMBER 79

AU: Steensberg J

TI: **Environmental health decision making. The politics of disease prevention.**

SO: *Scand J Soc Med Suppl* 1989;42:1-328

REFERENCE NUMBER 80

AU: Feld R

TI: **Quality of life assessment in patients with carcinoma of the lung.**

SO: *Chest* 1989 Jul;96(1 Suppl):105S-107S

REFERENCE NUMBER 81

AU: Hurny C ; Bernhard J

TI: **Problems in assessing quality of life (QL) of lung cancer patients in clinical trials.**

SO: *Chest* 1989 Jul;96(1 Suppl):102S-105S

REFERENCE NUMBER 82

AU: Lapidus L ; Bengtsson C ; Hallstrom T ; Bjorntorp P

TI: **Obesity, adipose tissue distribution and health in women—results from a population study in Gothenburg, Sweden.**

SO: *Appetite* 1989 Aug;13(1):25-35

The associations between generalized obesity measured as body mass index (BMI), or adipose tissue distribution, measured as the waist/hip circumference ratio (WHR), on one hand, and a number of socioeconomic, somatic as well as psychologic and mental health variables on the other, were analyzed in a population study of women (1,462 participants, aged 38-60 years, participation rate 90.1%). The anthropometric measurements were adjusted for their influence on each other. BMI, but not WHR, was negatively associated with socioeconomic status and education. Increased WHR correlated to a number of somatic diseases from different organ systems, including diabetes mellitus, infectious respiratory, and abdominal diseases. Even more striking were strong correlations to a number of variables indicating accident proneness as well as mental disorder, and increased use of antidepressants and tranquilizers. BMI and WHR were also associated to different personality profiles. Furthermore, the use of alcohol and smoking were positively correlated to the WHR. In contrast, most of these associations were not seen with the BMI—sometimes even negative correlations were found. Exceptions were, however, varicose veins, joint problems, and surgery for gall bladder disease, which were positively correlated to BMI only. Blood pressure, plasma triglycerides, and uric acid were positively correlated to both BMI and the WHR, plasma cholesterol, however, only to the WHR. Obesity (high BMI) and abdominal adipose tissue distribution (high WHR) clearly show differences in their associations to various health variables. It is hypothesized that an arousal syndrome might be a contributing factor to cause symptoms of psychological maladjustment, including psychosomatic disease. Hypothetically, in parallel, an accumulation of depot fat in the abdominal depot might follow as a consequence of neuroendocrine dysregulation of endocrine secretions.

REFERENCE NUMBER 83

AU: Evans AE ; Kerr MM ; McCrum EE ; McMaster D ; McCartney LK ; Mallaghan M; Patterson CC

TI: **Coronary risk factor prevalence in a high incidence area: results from the Belfast MONICA Project.**

SO: *Ulster Med J* 1989 Apr;58(1):60-8

Northern Ireland remains at the top of the world mortality league for ischemic heart disease. The Province is providing a center for the World Health Organisation's MONICA Project. Registration of coronary heart disease events began in 1983 and the first of three population surveys took place in 1983-4. A total of 2,361 men and women aged 25-64 years was screened. Subjects were shorter and heavier than their fellow citizens in Great Britain. The estimated mean cholesterol levels in the 25-64-year-old population (5.80 mmol/l in males and 5.85 mmol/l in females) were similar to those reported from Great Britain. Although mean systolic blood pressures were lower, mild diastolic hypertension was considerably more common; cigarette smoking levels were similar. The results were consistent with those expected for an area with a high coronary heart disease mortality, with more than 80% of subjects being at increased risk in terms of the three major factors (cigarette smoking, hypertension, and raised cholesterol). Public concern about coronary heart disease has grown and recently the Department of Health and Social Services (NI) has launched a 10-year prevention program which will primarily employ a population approach.

REFERENCE NUMBER 84

AU: Eriksson H ; Svardsudd K ; Larsson B ; Ohlson LO ; Tibblin G ; Welin L ; Wilhelmsen L

TI: **Risk factors for heart failure in the general population: the study of men born in 1913.**

SO: *Eur Heart J* 1989 Jul;10(7):647-56

In 1963 a sample of 973 men, all 50 years old, was drawn from the population register of Gothenburg, Sweden. These men have been followed up for 17 years with repeated examinations regarding a number of variables possibly related to cardiovascular disease. The latest examination, at the age of 67 years, focused on congestive heart failure (CHF). The incidence rate of manifest CHF varied from 1.5 to 10.2 cases (1,000 population)⁻¹ yr⁻¹, depending on which age group was being studied. For the age group 50-67 years the incidence of manifest CHF was 5.5 (1,000)⁻¹ yr⁻¹. A large number of factors associated with the risk of acquiring CHF were identified. In multivariate regression analyses, hypertension and smoking were the major independent risk factors. Body weight, heart volume, T-wave abnormalities, heart rate variability, peak expiratory flow rate, psychological stress, and Fy-antigen (a genetic marker?) were also independent risk factors. Possible strategies for prevention are discussed.

REFERENCE NUMBER 85

AU: Rutenfranz J

TI: **Exercise physiology: health indicators and cardiovascular risk factors during childhood and adolescence.**

SO: *Ann Med* 1989 Jun;21(3):199-202

Low risk strategies use favorable levels of different behavioural and physiological parameters, which may be accepted as health indicators. High risk strategies are oriented to protect people from the potential risk levels of the same behavioral and physiological parameters. Both strategies are first applied to adults; but the established levels of risk in adults cannot be explained only by their living conditions, these factors must have some genetic and educational roots in childhood and adolescence. Based on several cross-sectional and longitudinal studies of 1,652 subjects it was shown that trained and untrained adolescents did not differ in family history of CHD but clearly had different behavioral risk factors. The early identification of children and adolescents with a high risk of developing CHD should be intensified using integrated risk indicators. Thus collaboration between exercise physiology and preventive cardiology should be centered more on studies of children and adolescents.

REFERENCE NUMBER 86

AU: Archenholtz B ; Ahlmen M ; Bengtsson C ; Bjelle A ; Hansson G ; Lurie M ; Sullivan M ; Svensson G

TI: **Reliability of articular indices and function tests in a population study of rheumatic disorders.**

SO: *Clin Rheumatol* 1989 Jun;8(2):215-24

Reliability and method error were assessed for 25 clinical tests by test-retest on 31 subjects with rheumatic disorder (RD) and on 28 consecutive non-RD of a reference group (REF) from a female population sample. Low systemic differences were found for joint mobility tests in the RD group and correlation coefficients were generally above 0.7. A significant difference in the RD group was found only for climbing stairs, and in the REF group for shoulder external rotation and flexion, wrist extension, and grip strength. The relative method error of grip strength was large (17%). A new assessment of activities of daily living could not be fully evaluated because the population studies had limited disability, but the error was acceptable. Articular indices (Lansbury, Ritchie, and American Rheumatism Association) showed large method errors (9-25%), acceptable test-retest correlations (greater than 0.75), and a systematic difference

only in the Ritchie index. The analyses showed that a number of clinical tests are adequate for population studies of RD, but the metrical properties of these tests must be considered in the planning of clinical and population studies.

REFERENCE NUMBER 87

AU: Larsson B ; Seidell J ; Svardsudd K ; Welin L ; Tibblin G ; Wilhelmsen L; Bjorntorp P
TI: **Obesity, adipose tissue distribution and health in men – the study of men born in 1913.**
SO: *Appetite* 1989 Aug;13(1):37–44

Recent studies suggest that cardiovascular disease is associated with abdominal distribution of adipose tissue rather than obesity in terms of total body fat. A number of other variables, known to be associated with obesity, were therefore examined in a cohort of randomly selected middle-aged men in relation to abdominal distribution of adipose tissue, measured as the ratio of the circumferences of the waist and hips (WHR), as well as to degree of obesity, measured as body mass index (BMI). These variables included anthropometric variables, cardiovascular risk factors as well as socioeconomic factors and physical health. Increased WHR, independent of BMI, was negatively associated with height and hip circumference. Positive associations were found with blood pressure, cholesterol, triglycerides, fibrinogen, and smoking. In addition positive associations were found with low social class and social group, illness in terms of sick leave, frequent use of health facilities such as X-rays, as well as diseases such as peptic ulcer. In sharp contrast to this, BMI, independent of WHR, was not associated with physical health variables or social class. Generalized obesity seemed to be associated with good health in the variables measured. There were positive associations to various anthropometric variables, including lean body mass. High BMI was also associated with elevated blood pressure and triglycerides. Several of the indicators of poor health traditionally associated with obesity thus do not seem to be characteristic for obesity in middle-aged men selected at random from the population but rather for an abdominal fat distribution, independent of obesity.

REFERENCE NUMBER 88

AU: Hlatky MA ; Boineau RE ; Higginbotham MB ; Lee KL ; Mark DB ; Califf RM ; Cobb FR ; Pryor DB
TI: **A brief self-administered questionnaire to determine functional capacity (the Duke Activity Status Index).**
SO: *Am J Cardiol* 1989 Sep 15;64(10):651–4

To develop a brief, self-administered questionnaire that accurately measures functional capacity and assesses aspects of quality of life, 50 subjects undergoing exercise testing with measurement of peak oxygen uptake were studied. All subjects were questioned about their ability to perform a variety of common activities by an interviewer blinded to exercise test findings. A 12-item scale (the Duke Activity Status Index) was then developed that correlated well with peak oxygen uptake (Spearman correlation coefficient 0.80). To test this new index, an independent group of 50 subjects completed a self-administered questionnaire to determine functional capacity and underwent exercise testing with measurement of peak oxygen uptake. The Duke Activity Status Index correlated significantly (p less than 0.0001) with peak oxygen uptake (Spearman correlation coefficient 0.58) in this independent sample. The Duke Activity Status Index is a valid measure of functional capacity that can be obtained by self-administered questionnaire.

REFERENCE NUMBER 89

AU: Indulski J ; Starzynski Z ; Kubasiewicz M

TI: **Complex evaluation of health status, occupational and non-occupational working conditions of women employed in the textile industry.**SO: *Sante Publique* (Bucur) 1989 Apr-Jun;32(2):121-7**REFERENCE NUMBER 90**

AU: Cowell JM ; Montgomery AC ; Talashek ML

TI: **Cardiovascular risk assessment in school-age children: a school and community partnership in health promotion.**SO: *Public Health Nurs* 1989 Jun;6(2):67-73

There is little doubt that the primary prevention of cardiovascular disease is a pediatric problem that nursing must address. Cardiovascular health-promotion activities for children have generally used an ecologic model, providing community-based education programs in the schools. The purpose of this study was to identify changes in cardiovascular risk among sixth-grade cohorts over 8 years. Four variables known to be associated with such risk—weight (obesity), pulse rate recovery index, blood pressure, and total cholesterol level—were measured on 4,900 students, and changes in their prevalence were analyzed. The data presented in this paper were compiled from a screening program conducted by a local health department in partnership with a school district's health education program. Although the school-based health education program has been in existence for 8 years, the prevalence of cardiovascular risk in sixth-grade students has not declined, suggesting the need for nurses to target the children at risk, and address more directly the motivational and affective domains in addition to cognitively focused programs.

REFERENCE NUMBER 91

AU: Mor V ; Murphy J ; Masterson-Allen S ; Willey C ; Razmpour A ; Jackson ME; Greer D ; Katz S

TI: **Risk of functional decline among well-elders.**SO: *J Clin Epidemiol* 1989;42(9):895-904

Active lifestyles may delay the onset of the functional consequences of chronic disease, potentially increasing active life expectancy. We analyzed the Longitudinal Study of Aging (LSOA) to test the hypothesis that elders' participation in an active lifestyle prevents loss of function. Focusing on the cohort aged 70-74 who reported being able to carry 25 lb, walk 1/4 mile, climb 10 steps, and do heavy housework without help and without difficulty at baseline, decline was defined as no longer being able to perform these tasks independently and without difficulty 2 years later. Using multivariate logistic regression, results reveal that those who did not report regularly exercising or walking a mile were 1.5 times more likely to decline than those who did, controlling for reported medical conditions and demographic factors. Similar findings (with different models) were observed for both men and women. Findings suggest the potential value of programs oriented toward the primary prevention of functional decline.

REFERENCE NUMBER 92

AU: Galan P ; Etard JF ; Borel E ; Debenaze C ; Hercberg S

TI: **Relationship between serum ferritin, erythrocyte protoporphyrin and transferrin saturation in Mauritanian free living children.**

SO: *Int J Vitam Nutr Res* 1989;59(2):214-8

Serum ferritin, serum iron, total iron-binding capacity (TIBC) and erythrocyte protoporphyrin were measured in a group of 69 children (6.4 +/- 3.6 years) living in a rural area of Mauritania. The predictive value of low serum ferritin was calculated for each iron parameter. A serum ferritin value above 12 micrograms/l was present in 50.2% of children with abnormal serum iron, in 59.0% of those with abnormal TIBC, in 60.3% of those with abnormal transferrin saturation, and in 60.0% of those with abnormal erythrocyte protoporphyrin. The percentages varied from 88.0 to 94.8% for a predictive value of serum ferritin of less than 50 micrograms/l. Nearly 35% of children had biochemical evidence of iron deficiency, i.e., 2 abnormal independent iron parameters or more, including serum ferritin of less than 12 micrograms/l. Nearly 32% had probable iron deficiency, i.e., 2 abnormal independent iron parameters, with a serum ferritin value between 13 and 50 micrograms/l.

REFERENCE NUMBER 93

AU: Chenoweth D

TI: **Nurses' intervention in specific risk factors in high risk employees. An economic appraisal.**

SO: *AAOHN J* 1989 Sep;37(9):367-73

1. Occupational health nurses can lower employees' health risks through appropriate screening, education, and monitoring efforts at the worksite. 2. In addition to health promotion as well as benefits education, influencing the demand for health care, creating cost efficient services, and informing employees on how, when, and why to use cost efficient health care services, are the foundations for successful health care cost management. 3. To respond to growing accountability issues, nurses need to quantitatively evaluate the overall impact of their efforts on employees' health status and corporate health care costs. 4. The occupational health nurse can be an effective health care cost manager by using appropriate strategies and resources consistently.

REFERENCE NUMBER 94

AU: Hendricson WD ; Russell IJ ; Prihoda TJ ; Jacobson JM ; Rogan A ; Bishop GD ; Castillo R

TI: **Development and initial validation of a dual-language English-Spanish format for the Arthritis Impact Measurement Scales.**

SO: *Arthritis Rheum* 1989 Sep;32(9):1153-9

Language, cultural, and educational barriers complicate efforts to validate health status questionnaires that have been translated into Spanish. To overcome these problems, a prototype dual-language format was developed for the Arthritis Impact Measurement Scales. Validity testing with 72 patients diagnosed as having rheumatoid arthritis indicated high levels of test-retest reliability, item-to-scale internal consistency, and construct validity for both Anglo and Hispanic subjects. A technique for developing and pilot-testing a questionnaire written in a regional Spanish dialect is described. Linguistic considerations, questionnaire design, and other applications are discussed in light of the results obtained.

REFERENCE NUMBER 95

AU: Carr W ; Szapiro N ; Heisler T ; Krasner MI

TI: **Sentinel health events as indicators of unmet needs.**SO: *Soc Sci Med* 1989;29(6):705-14

It is vitally important to be able to assess the impact of the health care system on the populations it serves. This paper explores whether sentinel health events—negative health states, such as death, disability, and disease, that might have been avoided given current medical and public health knowledge and technology—can be used as sociomedical indicators to assess levels of unmet needs and to evaluate health system performance. Using hospital discharge data, the occurrence of sentinel health events in New York State and differences among population subgroups are examined. Among hospitalized residents of New York State in 1983, more than 17,000 deaths occurred that were possibly avoidable. More than 336,000 instances of disease were found that were potentially preventable. Significantly higher rates and ratios for many sentinel events were found among blacks, Medicaid recipients, and users of public hospitals than were found for comparison groups. The sentinel events approach proved to be useful and practical. However, refinements and adaptations of the sentinel events method are needed, including the development of one or more smaller sets of indicators—tracer sentinel events—that can be used to profile aspects of health status and the health system.

REFERENCE NUMBER 96

AU: Zarle NC

TI: **Continuity of care. Balancing care of elders between health care settings.**SO: *Nurs Clin North Am* 1989 Sep;24(3):697-705

Continuing care planning and balancing care of elders are crucial components of health care today. The most sweeping change that has come with the advent of prospective pricing for the acute care setting is in the financing of health care for the aged and disabled. Prospective pricing, which uses the diagnosis-related group system, is the method chosen by federal agencies to restrain Medicare costs. For almost two decades, the hospital has been the reservoir for the impaired elderly who could not be returned home or to the community without support services. The system now encourages shortened hospital stays. Continuing care planning is the key to balancing the care of the elder through the process of discharge planning. We must assure patients and families that their needs will be met in the community when the patient is discharged. Balancing care of elders between health care settings through discharge planning is identified in three simple words: A Complex Process. As health care professionals, we must be ready to accept this challenge.

REFERENCE NUMBER 97

AU: Oberst MT

TI: **Perspectives on research in patient teaching.**SO: *Nurs Clin North Am* 1989 Sep;24(3):621-8

Selection of outcome measures needs to go beyond assessment of knowledge gains to include indicators of adherence to the self-care regimen and health outcomes. Because standard didactic approaches are relatively ineffective in fostering participation in self-care, program content should be individualized and may need considerable reinforcement. In studies of program effectiveness, both the experimental and the comparison conditions should be monitored. Although a wide variety of patient, educator, and situational characteristics may mediate program efficacy, a lack of theoretically based studies and insufficient replication precludes generalizable conclusions about these or other aspects of patient teaching.

REFERENCE NUMBER 98

AU: Blum CJ ; Lafont C ; Ducasse M ; Hoff M ; Labarre I ; Bayard F ; Albarede JL

TI: **Thyroid function tests in ageing and their relation to associated nonthyroidal disease.**

SO: *J Endocrinol Invest* 1989 May;12(5):307-12

Thyroid function tests of 179 euthyroid geriatric inpatients (83 +/- 6 yr) unaffected by acute diseases or malnutrition were investigated and compared with those of 76 ambulatory healthy younger subjects (42 +/- 13 yr). Elderly population was divided in three groups, respectively: group G I (n = 37, 65-78 yr), group G II (n = 64, 79-85 yr), and group G III (n = 78, over 85 yr). Severity-of-illness index of the patients was evaluated at entry in the study protocol. While total thyroxine (TT4), free triiodothyronine (FT3), and TSH levels remained unchanged, circulating total triiodothyronine (TT3) was significantly lower (113 +/- 32 vs 150 +/- 31 ng/dl, p less than 0.05) and free thyroxine (FT4) was significantly higher (12.4 +/- 2.7 vs 10.3 +/- 2.3 pg/ml, p less than 0.05) in aged people. Furthermore, TT3 decreased significantly from 130 +/- 36 in G I to 110 +/- 33 in G II and to 108 +/- 25 in G III (p less than 0.01), and FT4 increased progressively although not significantly in the same groups. A close correlation was found between TT3 and severity index in male observations only (r = -0.43, p less than 0.01), as well as between FT4 and severity index in both sexes (r = 0.51, p less than 0.001 for men, r = 0.21, p less than 0.01 for women). These data suggest that thyroid function tests have to be cautiously interpreted in a geriatric population, particularly in relation to the severity of the clinical state, and reference values should be determined for TT3 and FT4 in the ageing process.

REFERENCE NUMBER 99

AU: Weber MD ; Johnson CA ; Carter S ; Dietsch B ; Caldwell-Stacy L ; Palmer R ; Flay BR ; Hansen WB

TI: **Project SMART Parent Program: preliminary results of a chronic disease risk reduction trial.**

SO: *Ann Med* 1989 Jun;21(3):231-3

Project SMART Parent Program is a school-based healthy lifestyle promotion program designed to reduce chronic disease risk in adults and to provide a health-conscious home environment for children through the adoption of a healthy lifestyle by their parents. Parents in the high-involvement condition received comprehensive health status appraisals, and a program designed to reduce dietary fat intake, and increase aerobic activity levels. Parents in the low-involvement condition received only the comprehensive health status appraisals. ANCOVA, using treatment condition as the independent variable and change scores as the dependent variables, were used to assess program outcomes. At the first posttest measure, the intervention group compared to the control group had a significantly greater decrease in blood cholesterol, a greater gain in aerobic fitness, a greater weight loss, and a greater decrease in body fat. At the second posttest measure, the intervention group had significantly greater gain in aerobic fitness, a greater decrease in body fat, a greater decrease in systolic blood pressure, and a marginally significant decrease in weight. Preliminary results provide strong support for the effectiveness of the Parent Program in reducing chronic disease risks.

REFERENCE NUMBER 100

AU: Popkin CL ; Waller PF

TI: **Epilepsy and driving in North Carolina: an exploratory study.**

SO: *Accid Anal Prev* 1989 Aug;21(4):389-93

Epileptic drivers offer a risk to the general driving population, both because of affected brain function and because of possible effects of medication. A 1982 pilot study examined the driving records of 112 persons using North Carolina Division of Health Services clinics for the treatment of epilepsy who also held a North Carolina driver's license. Of those undergoing treatment in the clinics, 26 were known by the

Division of Motor Vehicles (DMV) to be epileptics. This group had a reported crash rate 1.4 times that of the general driving population, whereas the rate for epileptics not known to the DMV was 1.1 times the general rate. Epileptics with grand mal and temporal or psychomotor seizures accounted for all recorded crashes. Implications for highway safety administrators and for future research are discussed.

REFERENCE NUMBER 101

AU: Sivak M ; Soler J ; Trankle U ; Spagnhol JM

TI: **Cross-cultural differences in driver risk-perception.**

SO: *Accid Anal Prev* 1989 Aug;21(4):355-62

This study investigated differences in risk-perception among U.S., Spanish, West German, and Brazilian drivers. Subjects estimated the risk involved in slide-projected traffic scenes. The scenes, photographed in the United States and Spain, were rated for the amount of risk by using a seven-point scale. The subject groups in each country included younger, middle-aged, and older nonprofessional drivers, as well as middle-aged professional (bus, taxi, or truck) drivers. In the data analyses, the independent variables were subjects' country, age, professional driving experience, sex, and 23 dichotomously coded characteristics of the traffic scenes. The following are the main findings: (1) Spanish drivers reported the highest risk, while U.S. drivers reported the lowest risk; (2) younger drivers tended to report lower risk than middle-aged and older drivers; (3) 19 of the 23 analyzed characteristics of traffic scenes contributed significantly to risk ratings, even after simultaneously controlling for the effects of all other scene characteristics; (4) 10 scene characteristics had a differential effect on the risk ratings in the four tested countries; (5) 2 scene characteristics had a differential effect on the risk ratings in the four tested subject groups; (6) none of the variables affected differentially the risk ratings of professional vs. nonprofessional drivers and males vs. females. These findings provide information concerning the desirable country- and age-specific emphasis in driver education, driver licensing, and public information campaigns.

REFERENCE NUMBER 102

AU: DeJoy DM

TI: **The optimism bias and traffic accident risk perception.**

SO: *Accid Anal Prev* 1989 Aug;21(4):333-40

Research suggests that people are excessively and unrealistically optimistic when judging their driving competency and accident risk. In this study, college-age drivers compared their risk of being involved in a variety of described traffic accidents relative to their peers. They also rated each of the accidents along a number of dimensions hypothesized as being related to optimism. In addition, subjects provided global estimates of their driving safety, skill, and accident likelihood. Significant optimism was evident for both the accidents and the global ratings. Optimism increased with driving experience and marginally with age. Those with more driving experience considered human factors to be more important in accident causation; those assigning more importance to human factors also rated themselves as more skillful drivers. For the specific accidents, perceived controllability was a strong predictor of optimism. The findings for controllability are interpreted in terms of other recent data and hypothesized explanations of the optimism bias. In general, it appears that optimism arises because people persistently overestimate the degree of control that they have over events.

REFERENCE NUMBER 103

AU: Cooper SP ; Buffler PA ; Cooper CJ

TI: **Health characteristics by occupation and industry of longest employment.**SO: *Vital Health Stat* [10] 1989 Jun;(168):1-105

Includes estimates on length of longest job held, limitation of activity, disability days, incidence of acute conditions, persons injured, hospitalizations, and utilization of medical and dental services of persons aged 17 years and over in the civilian noninstitutionalized population. These estimates are presented by occupation and industry of longest employment for those who had ever worked. Estimates are based on data collected in the National Health Interview Survey of 1980.

REFERENCE NUMBER 104

AU: Cronan TA ; Conway TL ; Hervig LK

TI: **Evaluation of smoking interventions in recruit training.**SO: *Milit Med* 1989 Jul;154(7):371-5

Smoking prevention and cessation programs were implemented and evaluated in recruit training. Four groups of incoming recruits were compared: an education group, a no-smoking group, a health risk appraisal feedback group, and a no-treatment control group. Smoking behavior, perceptions related to smoking, and knowledge about smoking were assessed. Recruits in the education and no-smoking groups were less likely to start smoking for the first time during recruit training than recruits in the control group. The education group had fewer smokers stop smoking than the control group. The 2-year follow-up evaluation needs to be conducted before the long-term effects of these programs on prevention and cessation of smoking can be determined.

REFERENCE NUMBER 105

AU: Tape TG ; Wigton RS

TI: **Medical students' and residents' estimates of cardiac risk.**SO: *Med Decis Making* 1989 Jul-Sep;9(3):170-5

Resident physicians' and medical students' perceptions of atherosclerotic heart disease (ASHD) risks and their understanding of risk appraisal concepts were studied. Subjects estimated the average risks of death from ASHD, from motor vehicle accidents, and from all causes for men in three age groups. Given a patient with severe hypertension, they then estimated relative risk and used their estimates to calculate individual patient risks. Risk estimates varied widely. Only 36% of the subjects were consistently accurate estimators of ASHD and all-causes risks. Subjects who had family histories of heart disease performed significantly better than others. Only about half the subjects were able to compute the hypertensive patient's risk correctly. Thus, residents and students were not adept at estimating the average risks of death from various causes or using the estimates to assess a patient's risk. Better physician understanding of these concepts might lead to improved patient counseling in risk factor reduction.

REFERENCE NUMBER 106

AU: Lindstedt G ; Lundberg PA ; Johansson PM ; Eggertsen R ; Ellertz G ; Nystrom E

TI: **High prevalence of atrophic gastritis in the elderly: implications for health-associated reference limits for cobalamin in serum [letter].**

SO: *Clin Chem* 1989 Jul;35(7):1557-8

REFERENCE NUMBER 107

AU: Stein RE ; Jessop DJ

TI: **Measuring health variables among Hispanic and non-Hispanic children with chronic conditions.**

SO: *Public Health Rep* 1989 Jul-Aug;104(4):377-84

This paper addresses two concerns related to differences in the health status of Hispanic and non-Hispanic children: methodological issues in the measurement of health status across population subgroups and the substantive differences in the health of these subgroups. Interview data from a study of chronically ill children in a northeastern inner city were collected using carefully translated measures of health and health-related behaviors. The psychometric properties of the scales were assessed across the subgroups to determine if common interpretation of the scales was possible. After determining that this was the case, group means in health and health-related variables were compared. Despite sociodemographic group differences in variables, there were remarkably few differences among the groups on traditional morbidity measures. However, significant differences were found on four of five scaled health-related measures (the impact of the child's illness on the family, the child's functional status, and the mental health of both mother and child). These findings did not all favor the same group, suggesting that certain areas of function may present more problems for some subgroups. These differences virtually all disappear when multivariate techniques are used to control for variation in important socioeconomic characteristics among the three subgroups. Statements that the health status of one subgroup is better than that of another are too simplistic if they do not indicate the particular aspect of health status being discussed and control for differences among the groups in maternal education, family structure, maternal welfare status, and similar background characteristics.

REFERENCE NUMBER 108

AU: Giugliani ER

TI: **Brazil's progress towards meeting WHO goal of health for all by the year 2000 [news].**

SO: *J Trop Pediatr* 1989 Jun;35(3):133-6

REFERENCE NUMBER 109

AU: Horwath CC ; Worsley A

TI: **Dietary supplement use in a randomly selected group of elderly Australians. Results from a large nutrition and health survey.**

SO: *J Am Geriatr Soc* 1989 Aug;37(8):689-96

The prevalence of dietary supplementation and its relationship to health and dietary habits was investigated in a random mail survey of 2,195 people aged 65 years and over in Adelaide, South Australia. Subjects were selected from the electoral rolls in an urban area, and 77% returned completed survey instruments. Thirty-five percent of men and 46% of women reported taking some form of supplement at least once a week regularly throughout the year (these are defined as "regular" supplementers). The most popular supplements (in descending order of popularity for the total group) were: unprocessed bran, wheatgerm, vitamin C, and multivitamins or minerals. Thirteen percent of men and 15% of women reported the use of supplements on an occasional basis (once every few months or "now and then" — these are defined as "irregular" or "occasional" supplementers).

Supplement users did not differ from non-supplementers in their use of medical facilities or in the number of bouts of minor illness they had experienced in the preceding year. Regular supplement users had more favorable dietary habits and higher intakes of several vitamins, minerals, trace elements and fiber than either non-supplementers or occasional supplementers.

REFERENCE NUMBER 110

AU: Rowland MG

TI: **Assessment of health programme effects with longitudinal studies.**SO: *J Biosoc Sci Suppl* 1989;10:87-94**REFERENCE NUMBER 111**

AU: Ewert R

TI: **[Possibilities for deriving health indicators in maternal health counseling.]**SO: *Z Arztl Fortbild (Jena)* 1989;83(10):541-3**REFERENCE NUMBER 112**

AU: Dupont WD

TI: **Converting relative risks to absolute risks: a graphical approach.**SO: *Stat Med* 1989 Jun;8(6):641-51

This paper presents a graphical method for converting relative risks to absolute risks. These absolute risk estimates are a function of the patient's current age, the patient's risk of developing cancer relative to some baseline population, the age specific cancer hazard in the baseline population, and the patient's competing mortal risk from all other causes. Graphs for breast cancer morbidity in women, cardiovascular mortality in men, and lung cancer morbidity in men illustrate the method. These graphs provide the probability of developing cancer in the next 20 years given the patient's current age and relative risk. They are derived under the proportional hazards model. A graph for lung cancer in men that uses a plausible exponential hazards model is also provided. The paper illustrates the importance of competing mortal hazard from other causes on absolute cancer risk. The strengths and weaknesses of this method are discussed. The graphs presented in this paper may be used as an aid in clinical decision making and in patient counselling.

REFERENCE NUMBER 113

AU: Reverente BR Jr

TI: **Current state of occupational health in the Philippines.**SO: *Sangyo Ika Daigaku Zasshi* 1989 Mar 20;11 (Suppl):258-78**REFERENCE NUMBER 114**

AU: Neasham J

TI: **Suffering little children.**SO: *Nurs Times* 1989 Jun 14-20;85(24):64

REFERENCE NUMBER 115

AU: Cheraskin E

TI: **A different methodologic approach to "ideal weight": a study of the ponderal index (PI).**SO: *Med Hypotheses* 1989 May;29(1):55-8

It is clear from the literature that practically all of the evidence for "desirable" weight has been derived from mortality and morbidity studies. As far as we can determine, this is the only attempt to establish "ideal" weight in terms of health rather than some measure of disease. There are two notable findings. First, "ideal" weight as judged by the ponderal index probably exists in a narrow range. Second, "ideal" weight as judged by this height:weight ratio is different in the sexes.

REFERENCE NUMBER 116

AU: Mehrez A ; Gafni A

TI: **Quality-adjusted life years, utility theory, and healthy-years equivalents.**SO: *Med Decis Making* 1989 Apr-Jun;9(2):142-9

Decisions about medical treatments and the settings of health programs are not purely technical, but also involve issues of value such as the evaluation of trade-offs between quality of life (morbidity) and quantity of life (mortality). The most commonly used measure of outcome in such cases is the quality-adjusted life year (QALY). The authors show that QALYs, being a health status index, do not stem directly from the individual's utility function and thus only partly reflect the individual's true preferences. This might lead to the choice of the nonpreferred alternative due to the misrepresentation of the individual's preferences. Two examples illustrate this claim. An alternative measure of outcome, the healthy-years equivalent (HYE), is described. This measure stems directly from the individual's utility function and thus fully reflects his/her preferences. It combines outcomes of both morbidity and mortality and thus can serve as common unit of measure for all programs, allowing comparisons across programs. Different ways of measuring the HYE are discussed.

REFERENCE NUMBER 117

AU: Dlugolecka MJ ; King SA

TI: **A simple tool for heart disease risk appraisal in general practice [see comments.]**SO: *J R Soc Health* 1989 Jun;109(3):98-9

Health promotion is becoming an increasingly prominent part of the workload of the primary health care team. Widening a consultation out to encompass general health matters can be difficult and time consuming. In this paper a simple tool to assist general practitioners and primary health care workers to discuss coronary heart disease risk factors is outlined and the experience gained in West Dorset is described.

REFERENCE NUMBER 118

AU: White F

TI: **Weight control in the workplace [letter.]**SO: *Can J Public Health* 1989 May-Jun;80(3):230

REFERENCE NUMBER 119

AU: Levinson RM ; Fuchs JA ; Stoddard RR ; Jones DH ; Mullet M

TI: **Behavioral risk factors in an Amish community.**

SO: *Am J Prev Med* 1989 May-Jun;5(3):150-6

A representative sample of 400 Amish adults residing in Holmes County, Ohio, was interviewed about certain health risk characteristics and behaviors, using the Behavioral Risk Factor Survey (BRFS). For purposes of comparison, a representative sample of 773 non-Amish adults responded to the same survey by telephone interviews. In general, the Amish report lower rates of alcohol and tobacco consumption than their non-Amish counterparts. The Amish are less likely to salt their food and are more likely to take vitamin supplements, but do not differ from non-Amish in the consumption of "health foods." Amish men and women are less likely to be trying to lose weight than their non-Amish counterparts. Further, the Amish are less likely to engage in leisure-time physical activity or in exercise associated with attempts to lose weight or deal with hypertension. Amish women are less likely to use seat belts than non-Amish women, whereas men in both groups appear rather similar. Although some differences could be influenced by response biases, many are supported by less systematic observations of Old Order Amish societies. The patterns of health behavior reflect characteristics of Amish culture and may be responsible for certain favorable mortality rates among the Amish population.

REFERENCE NUMBER 120

AU: Rutala WA ; Hamory BH

TI: **Expanding role of hospital epidemiology: employee health—chemical exposure in the health care setting.**

SO: *Infect Control Hosp Epidemiol* 1989 Jun;10(6):261-6

REFERENCE NUMBER 121

AU: Bamberg R ; Acton RT ; Goodson L ; Go RC ; Struempfer B ; Roseman JM

TI: **The effect of risk assessment in conjunction with health promotion education on compliance with preventive behaviors.**

SO: *J Allied Health* 1989 Spring;18(3):271-80

In this study, 55 subjects were given prevention-oriented recommendations from general, detailed nutritional, and Type A personality risk assessments in conjunction with health promotion education. Changes in compliance with health behaviors were measured 13 months after the first assessment, using the same three risk assessment instruments. Based on self-report, a statistically significant number of persons changed from noncompliance to compliance on three nutritional behaviors, three behaviors related to health-promoting exercise and recreation, and one medical screening behavior. A statistically significant reduction in mean from the first to second year was observed for daily sodium intake and percent of calories from fat, and a significant increase in mean percent of time using seatbelts. Though limited by study design, the results provide encouraging evidence in support of the proposition that risk assessment in conjunction with health promotion education can effect positive change in preventive behaviors.

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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 that 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.

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

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

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 - 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
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