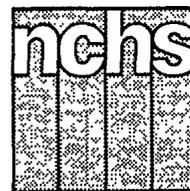


# Clearinghouse on Health Indexes



From the CENTERS FOR DISEASE CONTROL/National Center for Health Statistics

## Bibliography on Health Indexes

2 ACKNOWLEDGMENTS

3 ANNOTATIONS

3 Ames, David; Depression among Elderly Residents of Local-Authority Residential Homes: Its Nature and the Efficacy of Intervention; *British Journal of Psychiatry* 156:667-675, 1990

3 Barondess, Jeremiah A.; Walters, Cheryl Ashville; Review of the Geriatric Literature; *Journal of the American Geriatrics Society* 38(4):494-499, 1990

4 Beghe, Claudia; Balducci, Lodovico; Geriatric Oncology: Perspectives from Decision Analysis. A Review; *Archives of Gerontology and Geriatrics* 10:141-162, 1990

4 Belcher, John R.; DiBlasio, Frederick A.; The Needs of Depressed Homeless Persons: Designing Appropriate Services; *Community Mental Health Journal* 26(3):255-266, 1990

4 Bellack, Alan S.; Morrison, Randall L.; Wixted, John T.; Mueser, Kim T.; An Analysis of Social Competence in Schizophrenia; *British Journal of Psychiatry* 156:809-818, 1990

5 Bellamy, Nicholas; Buchanan, W. Watson; Goldsmith, Charles H.; Campbell, Jane; Duku, Eric; Signal Measurement Strategies: Are They Feasible and Do They Offer Any Advantage in Outcome Measurement in Osteoarthritis?; *Arthritis and Rheumatism* 33(5):739-745, 1990

5 Bianchetti, Angelo; Rozzini, Renzo; Carabellese, Corrado; Zanetti, Orazio; Trabucchi, Marco; Nutritional Intake, Socioeconomic Conditions, and Health Status in a Large Elderly Population; *Journal of the American Geriatrics Society* 38(5):521-526, 1990

5 Bopp, James Jr.; Reconciling Autonomy and the Value of Life; *Journal of the American Geriatrics Society* 38:600-602, 1990

6 Brody, Elaine M.; Dempsey, Norah P.; Pruchno, Rachel A.; Mental Health of Sons and Daughters of the Institutionalized Aged; *Gerontologist* 30(2):212-219, 1990

6 Brown, Lisa J.; Potter, Jane F.; Foster, Betty G.; Caregiver Burden Should be Evaluated during Geriatric Assessment; *Journal of the American Geriatrics Society* 38(4):455-460, 1990

(continued on page 63)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control

National Center for Health Statistics

Manning Feinleib, M.D., Dr. P.H., Director



**BIBLIOGRAPHY on HEALTH INDEXES****ACKNOWLEDGMENTS**

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

This issue contains annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, that became available in April, May, or June 1990. Materials searched in the preparation of this issue are given in the section entitled Sources of Information, which follows the annotation section. Bibliographic citations are given in the standard form: author, title, and source of the article, designated by Au., Ti., and So., respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviations are avoided whenever possible.

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

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

#### REFERENCE NUMBER 1

Au: Ames, David

Ti: **Depression among Elderly Residents of Local-Authority Residential Homes: Its Nature and the Efficacy of Intervention**

So: *British Journal of Psychiatry* 156:667-675, 1990

Of 390 residents in 12 local-authority homes for the elderly, 93 had evidence of depression on screening and underwent standard clinical assessment. Half had an affective disorder, and a further third had depressive symptoms in the setting of an organic mental disorder. The 93 residents had a high rate of physical illness and disability, undertook little social activity, and were visited infrequently. A range of interventions for depressed residents, the majority social in type, mostly proved difficult to implement. There was no evidence of efficacy of psychiatric intervention at three months; at 1-year followup a quarter of study participants had died, and 28% of those who were reassessed for depression showed evidence of recovery. (37 references) AA

Address for reprint requests: Royal Free Hospital, School of Medicine, Pond Street, London NW3 2QG England

#### REFERENCE NUMBER 2

Au: Barondess, Jeremiah A.; Walters, Cheryl Ashville

Ti: **Review of the Geriatric Literature**

So: *Journal of the American Geriatrics Society* 38(4):494-499, 1990

This section provides a review of recent geriatric literature. Of particular interest to health status and quality-of-life researchers is a review of a study of patients with advanced Parkinson's Disease (Goetz et al. 1989). The following four function status scales were used: the stages of Hoehn and Yahr, the motor and activities of daily living (ADL) subscales of the Unified Parkinson's Disease Scale, and the ADL subscales of Schwab and England. After analyzing ratings of baseline and postoperative function the authors conclude that function did not improve significantly. (0 references) CH-P

Address for reprint requests: address unavailable

**REFERENCE NUMBER 3**

Au: Beghe, Claudia; Balducci, Lodovico

Ti: **Geriatric Oncology: Perspectives from Decision Analysis. A Review**

So: *Archives of Gerontology and Geriatrics* 10:141-162, 1990

The management of advanced cancer in the older person is variable. In some patients with common malignancies chemotherapy may palliate symptoms and prolong survival, while in other patients chemotherapy is a cause of overwhelming toxicity and supportive care is the preferred form of treatment. We explored the principles of individualized management for the older person with cancer and we used decision analysis as a guide. From a decisional standpoint, geriatric malignancies may be subdivided into two categories: diseases whose management is not affected by age and diseases whose management may be age-conditioned. In the latter group one can distinguish three clinical situations: diseases with short survival when untreated, which are responsive only to highly toxic chemotherapy; diseases with short survival when untreated, which may be responsive to low-toxicity chemotherapy; and diseases with prolonged survival when untreated, whose clinical course may be affected by chemotherapy. From the analysis of these clinical situations, a critical paucity of information has emerged in five areas: prognostic evaluation of the older patients, interaction of comorbid conditions and cancer chemotherapy, availability of low-toxicity alternative treatment regimens, life expectancy, and estimate of outcome utilities. Further research in these areas, according to the lines we propose, may fill critical gaps of knowledge and allow optimal management of geriatric cancer. (32 references) AA

Address for reprint requests: Medical Service, Bay Pines Veterans Administration Medical Center, Bay Pines, Florida 33504

**REFERENCE NUMBER 4**

Au: Belcher, John R.; DiBlasio, Frederick A.

Ti: **The Needs of Depressed Homeless Persons: Designing Appropriate Services**

So: *Community Mental Health Journal* 26(3):255-266, 1990

This article explores the incidence of depression among homeless persons in an urban area in Maryland. Similar to other studies a high incidence of depression is found; however, dissimilar to other studies, its cause is correlated with low self-esteem, food deprivation, family relations, goal orientation, health, drug abuse, previous mental hospitalizations, disabilities, and race. It is suggested that services to the homeless need to include more broadly based social casework services that stress basic needs and goal attainment. (28 references) AA

Address for reprint requests: 525 West Redwood Street, Baltimore, Maryland 21201

**REFERENCE NUMBER 5**

Au: Bellack, Alan S.; Morrison, Randall L.; Wixted, John T.; Mueser, Kim T.

Ti: **An Analysis of Social Competence in Schizophrenia**

So: *British Journal of Psychiatry* 156:809-818, 1990

Twenty-one schizophrenics with prominent negative symptoms were compared with 37 schizophrenics without them, 33 patients with major affective disorder, and 20 nonpatient controls on a battery of measures including a role-play test of social skills, the Social Adjustment Scale, and the Quality of Life Scale. The negative schizophrenics were most impaired on every subscale of each measure, followed in order by the nonnegative schizophrenics, affective disorder patients, and nonpatient controls. The social skill measures were not correlated with positive symptom levels, but were highly correlated with measures of community functioning. The results are consistent with the hypothesis that social dysfunction results from focal deficits in social skills. (9 references) AA

Address for reprint requests: The Medical College of Pennsylvania, 3200 Henry Avenue, Philadelphia, Pennsylvania 19129

**REFERENCE NUMBER 6**

Au: Bellamy, Nicholas; Buchanan, W. Watson; Goldsmith, Charles H.; Campbell, Jane; Duku, Eric  
 Ti: **Signal Measurement Strategies: Are They Feasible and Do They Offer Any Advantage in Outcome Measurement in Osteoarthritis?**  
 So: *Arthritis and Rheumatism* 33(5):739-745, 1990

The applicability of a signal measurement strategy was compared with traditional method of measuring outcome in osteoarthritis. The signal method detected statistically significant alterations in health status with small sample sizes and with alternative efficiency close to or at unity. The prevalence of deterioration in nonsignal items was low. Signal methods of measurement may provide an alternative approach to outcome measurement in osteoarthritis clinical trials. (10 references) AA

Address for reprint requests: 800 Commissioners Road East, London, Ontario N6A 4G5, Canada

**REFERENCE NUMBER 7**

Au: Bianchetti, Angelo; Rozzini, Renzo; Carabellese, Corrado; Zanetti, Orazio; Trabucchi, Marco  
 Ti: **Nutritional Intake, Socioeconomic Conditions, and Health Status in a Large Elderly Population**  
 So: *Journal of the American Geriatrics Society* 38(5):521-526, 1990

The nutritional intake of a large population of noninstitutionalized older people living in an urban area was studied in relation to socioeconomic conditions (living environment, income, and education) and health status (affective, functional, and physical health) to identify the subgroups at risk for malnutrition. Twenty-four-hour dietary recall was used to determine the percentage of older subjects with dietary intake of specific nutrients below two-thirds of the 1980 Recommended Dietary Allowances. Ninety percent of the older people examined showed inadequate intake of thiamine and vitamin B6, and 30% to 40% demonstrated deficiencies of vitamin A, vitamin C, niacin, vitamin B12, calcium, and iron; only 10% of subjects had inadequate intake of protein. Poor nutritional intake was correlated more strongly with socioeconomic conditions, functional level, and affective status than with physical health status. (55 references) AA

Address for reprint requests: Geriatric Research Group—GRG, Via Romanino 1, 25122 Brescia, Italy

**REFERENCE NUMBER 8**

Au: Bopp, James Jr.  
 Ti: **Reconciling Autonomy and the Value of Life**  
 So: *Journal of the American Geriatrics Society* 38:600-602, 1990

This article deals with the position of the American Geriatrics Society concerning the ethical issues of providing basic nursing care to the incompetent patient. The Society recognizes that quality-of-life considerations are appropriate ones for patients in making medical treatment decisions. (23 references) CH-P

Address for reprint requests: P.O. Box 410, Terre Haute, Indiana 47808

**REFERENCE NUMBER 9**

Au: Brody, Elaine M.; Dempsey, Norah P.; Pruchno, Rachel A.  
 Ti: **Mental Health of Sons and Daughters of the Institutionalized Aged**  
 So: *Gerontologist* 30(2):212-219, 1990

Predictors of depression in a study of 331 adult children whose parents resided in nursing homes were respondent's poor health, time pressures, viewing the parent as demanding, and lack of involvement with IADL tasks. Emotional effects specific to parent's situation were predicted by poor health, negative perceptions of nursing home staff, upsetting visits, time pressures, and being female and young. Predictors of depression and emotional effects between sons and daughters are compared. (41 references) AA

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

**REFERENCE NUMBER 10**

Au: Brown, Lisa J.; Potter, Jane F.; Foster, Betty G.  
 Ti: **Caregiver Burden Should Be Evaluated during Geriatric Assessment**  
 So: *Journal of the American Geriatrics Society* 38(4):455-460, 1990

This study examines the relationship between caregiver burden and use of long-term care services following geriatric assessment. One hundred nine older subjects underwent comprehensive assessment, which included a questionnaire completed by the primary caregiver to assess the sense of burden in providing care. Logistic regression was used to identify independent predictors of service use at 12 months. Among measures of the older person's cognitive and physical abilities, only activities of daily living predicted increased use of services. When the measure of caregiver burden was added, it also entered as an independent predictor, which significantly improved the prediction of service use. In a separate analysis, caregiver burden predicted both the use of home services and nursing-home placement. During longitudinal followup, the measure of burden decreased over 12 months for the sample, with the greatest reduction in burden occurring for caregivers whose relative was placed in a nursing home. The fact that caregiver burden was the most important factor in determining who would use formal services suggests that burden should be evaluated as part of geriatric assessment. (28 references) AA

Address for reprint requests: University of Nebraska Medical Center, 600 S. 42nd Street, Omaha, Nebraska 68198-5620

**REFERENCE NUMBER 11**

Au: Bucquet, D.; Condon, S.; Ritchie, K.  
 Ti: **The French Version of the Nottingham Health Profile. A Comparison of Item Weights With Those of the Source Version**  
 So: *Social Science and Medicine* 30(7):829-835, 1990

The efficient and reliable assessment of general community health requires the development of comprehensive and parsimonious measures of proven validity. The Nottingham Health Profile (NHP) has been demonstrated to be a reliable indicator of common expressions of discomfort and stress in the general population. The present paper describes its linguistic adaptation into French, the derivation of *item* weights by Thurstone's method of paired comparisons, and the comparison of *item* weights across various sociodemographic groups. There is more similarity than variation on the valuation of the state of health explored by the NHP between the French and the British population as little inter-cultural or interlinguistic variation was found. The differences in judgment of severity elicited across sociodemographic groups in the French sample cast some doubts on the relevance of general weights for use in population surveys. (16 references) AA

Address for reprint requests: INSERM CJF 88-12, Chr La Colombiere Pavillon 52, 555, Route de Ganges, F-34059 Montpellier Cedex, France

**REFERENCE NUMBER 12**

Au: Clark, Patricia; Bowling, Ann

Ti: **Quality of Everyday Life in Long Stay Institutions for the Elderly. An Observational Study of Long Stay Hospital and Nursing Home Care**

So: *Social Science and Medicine* 30(11):1201-1210, 1990

The observational study reported here was part of a wider evaluation of long stay care for elderly people. The observational study showed that it was essential not to rely on interview material alone. Qualitative techniques provided insights into behaviors, moods, and interactions which would have been difficult to measure using traditional survey techniques. The data collected were analysed in relation to the theory of the total institution and disengagement theory. Although the survey data presented evidence of block treatment of individuals in both long stay hospital wards and smaller nursing homes for the elderly, the observational study showed that only the ward setting conformed closely to Goffman's concept of the total institution. In addition, the study indicated that involvement in activities and interaction with others promotes positive feelings among elderly people, and questions the validity of disengagement theory. (25 references) AA

Address for reprint requests: Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, England

**REFERENCE NUMBER 13**

Au: Clipp, Elizabeth C.; George, Linda K.

Ti: **Caregiver Needs and Patterns of Social Support**

So: *Journal of Gerontology* 45(3):S102-S111, 1990

Levels of caregiver need were used to predict four patterns of continuity and change in social support over a 1-year interval among 376 adults caring for a family member with Alzheimer's disease. Canonical correlation analysis was used to identify predictors of each support pattern from selected caregiver characteristics and needs (i.e., demographics, financial resources, physical and mental health, social and recreational activities, and aspects of the caregiving situation). Three significant canonical variates emerged for each type of support, instrumental and perceived adequacy of support, correctly classifying more than half of the caregiver sample. Results suggest that caregiver need does not necessarily elicit support. Needs do, however, predict several patterns of social support, the most common of which is characterized by stability (high or low support). Depending on type of support (instrumental or perceived adequacy), different configurations of predictors emerge. (34 references) AA

Address for reprint requests: VA Medical Center (182), 508 Fulton Street, Durham, North Carolina 27705

**REFERENCE NUMBER 14**

Au: Clydesdale, Timothy T.; Fahs, Ivan J.; Kilgore, Karl M.; Splaingard, Mark L.

Ti: **Social Dimensions to Functional Gain in Pediatric Patients**

So: *Archives of Physical Medicine and Rehabilitation* 71:469-472, 1990

Rehabilitation hospitals recognize the need for holistic patient care and employ professionals who are concerned with the social dimensions of functional independence. However, there have been few empirical studies of the relationship between social variables and functional gain. Functional assessment data for 66 pediatric patients admitted to an inpatient rehabilitation program were analyzed. Regressing residual gain scores on social variables from the Patient Evaluation and Conference System (a patient tracking data base) showed significance in pediatric functional gain. Patients whose families were less able to support their independent living before admission made the greatest functional gains. Family support for disabled

pediatric patients affected functional gain, affirming the importance of rehabilitation professionals' involvement with the patient's social needs throughout the rehabilitation process. (17 references) AA

Address for reprint requests: Dr. Kilgore, Marianjoy Rehabilitation Center, P.O. Box 795, Wheaton, Illinois 60189

#### REFERENCE NUMBER 15

Au: Conill, C.; Verger, E.; Salamero, M.

Ti: **Performance Status Assessment in Cancer Patients**

So: *Cancer* 65:1864-1866, 1990

Performance status assessment, Karnofsky performance status (KPS), and Eastern Cooperative Oncology Group (ECOG) scales were performed in 100 consecutive patients independently by two physicians and by the patients themselves to evaluate the scales' validity and reliability. Findings of Kendall's correlation were highly significant between physicians and between physicians and patients. The authors point out that patients' self-evaluation could provide a valuable and reliable assessment. (13 references) AA

Address for reprint requests: Hospital Clinic i Provincial, Department of Radiotherapy, Villarroel, 170, 08036 Barcelona, Spain

#### REFERENCE NUMBER 16

Au: Cousineau, Daniel

Ti: **A Study of a Global Health Index in Quebec Immigrants**

So: *Canadian Journal of Public Health* 81(3):187-190, 1990

Ridit, a global health index, was analyzed in 2,461 immigrants established in the province of Quebec, and this value was compared with that obtained in 25,171 natives of Quebec. Ridit values were not significantly different between immigrants and native Quebecers, suggesting comparable global health status in both groups. Among immigrants, women had a poorer global health index than men, a phenomenon identical to that previously observed in native Quebecers. Immigrants established since 1980 (25% of all immigrants) had a better global health index than native Quebecers, while immigrants established before 1980 were not significantly different. Immigrants represent several ethnic groups for which a global health index could not be defined. (6 references) AA

Address for reprint requests: Department de Sante Comminatory, Hotel-Dieu de Saint-Jerome, 1000, rue Labelle bureau 250, Saint Jerome, Quebec, Canada J7Z 5N6

#### REFERENCE NUMBER 17

Au: Davidoff, Gary N.; Roth, Elliot J.; Haughton, John S.; Ardner, Mary S.

Ti: **Cognitive Dysfunction in Spinal Cord Injury Patients: Sensitivity of the Functional Independence Measure Subscales vs Neuropsychologic Assessment**

So: *Archives of Physical Medicine and Rehabilitation* 71:326-329, 1990

The Functional Independence Measure (FIM) has been developed to provide an objective measure of functional gains during acute and chronic rehabilitation of disabled individuals, including those with spinal cord injury (SCI). A unique characteristic of the FIM, as compared with other functional scales, is that it reflects abilities in the areas of communication and social cognition. In order to examine the external validity of these subscales, 41 acute SCI patients were evaluated with the FIM just before discharge from acute rehabilitation. The subscale scores were compared to the results of a comprehensive, predominantly motor-free, neuropsychologic battery administered 74.8 + 5.3 days postinjury. Evaluation of scatter plots indicated that there were no relationships between any neuropsychologic test results and the discharge FIM social cognition or communication subscale scores. This was attributed to a ceiling effect in the FIM

ratings. The results of this study suggest that the FIM cannot be a substitute for comprehensive neuropsychologic assessment in SCI patients. (31 references) AA

Address for reprint requests: Rehabilitation Medicine Service (117), VAMC 2215 Fuller Road, Ann Arbor, Michigan 48105

#### REFERENCE NUMBER 18

Au: Ditto, Peter H.; Hilton, James L.

Ti: **Expectancy Processes in the Health Care Interaction Sequence**

So: *Journal of Social Issues* 46(2):97-124, 1990

This article presents a sequential analysis of health care interactions and examines the roles that the expectations of both care seekers and care providers play in affecting the outcomes of these interactions. Health care interactions follow a sequence of five steps: (a) the potential patient decides to seek medical attention, and (b) presents the problem to a physician; (c) the physician diagnoses the problem and selects a treatment, and (d) presents the treatment to the patient; (e) the patient adheres to the prescribed treatment. This series of decisions and interactions must be completed successfully if a person is to receive proper medical treatment. The rich expectancy literatures in the areas of health psychology and social perception are summarized to show the effects the expectations are likely to have at each step in the interaction and the ways the expectations often interfere with the successful treatment of illness. (135 references) AA

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

#### REFERENCE NUMBER 19

Au: Ebbesen, Lori S.; Guyatt, Gordon H.; McCartney, Neil; Oldridge, Neil B.

Ti: **Measuring Quality of Life in Cardiac Spouses**

So: *Journal of Clinical Epidemiology* 43(5):481-487, 1990

The purpose of this study was to develop an objective instrument to measure changes in quality of life of spouses of post-myocardial infarction (MI) patients, and to determine its responsiveness and validity. A 70-item list of potential areas of concern was compiled; the 25 most frequent and important concerns comprised the framework of the final questionnaire. The questions on the Quality of Life Questionnaire for Cardiac Spouses (QL-SP) were categorized into the Emotional Function Dimension (EFD), and the Physical and Social Function Dimension (PSFD). Subjects (N=39) completed the QL-SP and a battery of established questionnaires at home, 1-2 weeks post-hospital discharge for the patient, and 8 weeks later. Scores on the QL-SP between visits were improved for both the EFD and the PSFD. The agreement between predicted and observed relationships between the dimension changes and other index changes, as measured statistically by a kappa with Cicchetti weights, was significant. The QL-SP appears to be responsive and valid, and may be useful in evaluating clinical and research intervention strategies. (35 references) AA

Address for reprint requests: Neil McCartney, Department of Physical Education, McMaster University, 1280 Main Street West, Hamilton, Ontario, Canada L8S 4K1

**REFERENCE NUMBER 20**

Au: Ferraz, Marcos Bosi; Oliveira, Leda Magalhaes; Araujo, Polo M.P.; Atra, Edgard; Tugwell, Peter  
 Ti: **Crosscultural Reliability of the Physical Ability Dimension of the Health Assessment Questionnaire**  
 So: *Journal of Rheumatology* 17(6):813-817, 1990

Functional ability evaluation constitutes an important outcome measurement in any proposed trial involving patients with rheumatoid arthritis (RA). We performed a crosscultural study directed at the translation into Portuguese of the Physical Ability Dimension of the Health Assessment Questionnaire (HAQ) and the evaluation of its reliability. Five questions were modified in the Portuguese version of the HAQ to suit Brazilian conditions. The test-retest correlation coefficient was 0.905 and the interobserver correlation coefficient was 0.830. Our results provide evidence of instrument reliability. The instrument kept its face and content validity, and the evaluation of the longitudinal construct validity is now in progress. (11 references) AA

Address for reprint requests: Ecola Paulista de Medicina, Disciplina de Reumatologia, RUA Botucatu 740, Sao Paulo, Brazil CEP 04023

**REFERENCE NUMBER 21**

Au: Ferrell, Bruce A.; Ferrell, Betty R.; Osterweil, Dan  
 Ti: **Pain in the Nursing Home**  
 So: *Journal of the American Geriatrics Society* 38:409-414, 1990

Pain is an understudied problem in geriatric medicine and especially among nursing home residents. The focus of this study was to describe the scope of the problem of pain in a long-term care facility. Ninety-seven subjects from a 311-bed multilevel teaching nursing home were interviewed, and charts were reviewed for pain problems and management strategies. Functional status, depression, and cognitive impairment were also evaluated. Results indicate that 71% of residents had at least one pain complaint (range, 1-4). Of subjects with pain, 34% describe constant (continuous) pain and 66% described intermittent pain. Of 43 subjects with intermittent pain, 51% described pain on a daily basis. Major sources of pain included low back pain (40%), arthritis of appendicular joints (24%), previous fracture sites (14%), and neuropathies (11%). Moderately strong correlation was found between pain and infrequent attendance at recreational and social activities ( $r=.50$ ). However, little correlation was observed between pain and the Yesavage Depression Scale, the Folstein Mini-Mental State Scale, or basic ADLs measured by the Katz Scale. Pain-management strategies consisted of analgesic drugs, physical therapy, and heating pads. Only 15% of patients with pain had received medication within the previous 24 hours. The findings suggest that pain is a major problem in long-term care. Strategies for pain management appear to be limited in scope and application in this setting. Important barriers were identified that influence the reporting and management of pain in this setting. (100 references) AA

Address for reprint requests: Sepulveda VAMC, GRECC 11E, 16111 Plummer Street, Sepulveda, California 91343

**REFERENCE NUMBER 22**

Au: Gallo, Joseph J.  
 Ti: **The Effect of Social Support on Depression in Caregivers of the Elderly**  
 So: *Journal of Family Practice* 30(4):430-440, 1990

Caregivers play a critical role in providing the social support that allows impaired elders to remain at home. The demands of caregiving, however, may stretch the physical and psychological resources of the caregiver, thus jeopardizing the elder. The social support available to the caregiver may help buffer or mitigate the ill effects of caregiving. The purpose of this review is to examine the effect of social support

on the development of depression in the caregiver, with a consideration of the components and measurement of social support. The practical as well as the research implications are discussed. Although the anticipated difficulty of caregiving depends on assessment of the elder's mental and functional disability as well, the clinician must not neglect to consider the caregiver's appraisal of the social support available. This assessment need not be elaborate and might include inquiring (1) whether the caregiver has someone in whom to confide; (2) who visits the caregiver, how often, and whether the caregiver is happy with these relationships; (3) what aspects of caregiving are most disturbing; and (4) whether there are symptoms of depression. (33 references) AA

Address for reprint requests: Levindale Hebrew Geriatric Center and Hospital, Greenspring and Belvedere Avenues, Baltimore, Maryland 21215

#### REFERENCE NUMBER 23

Au: Gilden, Janice L.; Casia, Carla; Hendryx, Michael; Singh, Sant P.

Ti: **Effects of Self-Monitoring of Blood Glucose on Quality of Life in Elderly Diabetic Patients**

So: *Journal of the American Geriatrics Society* 38(5):511-515, 1990

Self-monitoring of blood glucose (SMBG) has been associated with improvement in diabetes knowledge and glycemic control in young and middle-aged diabetic patients. This study investigated the influences of SMBG on the quality of life in 20 older diabetic individuals, aged 60 to 79 years with duration of diabetes  $15.6 \pm 2.3$  (SD) years. Questionnaires (Cronbach's alpha reliability = .93) were administered regarding the impact of four aspects of diabetic self-care—general factors, diet, medications, and monitoring blood or urine—on quality of life. Each category was scored separately. Data were analyzed comparing individuals using SMBG with those monitoring glycosuria. Older patients showed acceptance of SMBG with respect to performance, lack of time consumption, ease of record keeping, and less embarrassment. Individuals performing SMBG reported better medication compliance than those monitoring glycosuria. No differences were observed between the two groups for general factors, diet, or the overall perception of quality of life. Both groups of patients reported that diabetes and performing self-care techniques did not significantly interfere with their life-style. In conclusion, this study demonstrates that self-care techniques, such as SMBG, do not negatively influence the perception of quality of life in older people. (40 references)

AA

Address for reprint requests: The Chicago Medical School, 3333 Greenbay Road, #111E, North Chicago, Illinois 60064

#### REFERENCE NUMBER 24

Au: Goodman, Catherine Chase; Pynoos, Jon

Ti: **A Model Telephone Information and Support Program for Caregivers of Alzheimer's Patients**

So: *Gerontologist* 30(3):399-404, 1990

A model telephone support program involved setting up peer networks of four or five caregivers for regular telephone conversations. A randomized comparison was made of participants in networks ( $n = 31$ ) and participants listening to an informational mini-lecture series assessed over the telephone ( $n = 35$ ). Results indicated information gain, increased perceived social supports, and increased satisfaction with social supports regardless of program component. Greater information gain and more frequent emotional support from family and friends were shown for those listening to lectures. Less frequent emotional support from family and friends was found for peer network participants, suggesting support substitution. (29 references) AA

Address for reprint requests: Department of Social Work, California State University, 1250 Bellflower Boulevard, Long Beach, California 90840

**REFERENCE NUMBER 25**

Au: Goodenow, Carol; Reisine, Susan T.; Grady, Kathleen E.

Ti: **Quality of Social Support and Associated Social and Psychological Functioning in Women With Rheumatoid Arthritis**

So: *Health Psychology* 9(3):266-284, 1990

Using a cross-sectional interview study of 194 women with rheumatoid arthritis, we investigated the relationship between health status, social integration, qualitative aspects of social support, and social psychological functioning in the presence of a chronic, disabling disease. Even after controlling for the influences of current physical limitations and social integration, qualitative dimensions of social support as measured by the Quality of Social Support Scale, a scale developed for this study, explained a significant proportion of the variance in home and family functioning and in depression. (40 references) AA

Address for reprint requests: Department of Education, Tufts University, Medford, Massachusetts 02155

**REFERENCE NUMBER 26**

Au: Groenland, Edward

Ti: **Structural Elements of Material Well-Being: An Empirical Test Among People on Social Security**

So: *Social Indicators Research* 22:367-384, 1990

This paper reports on a study of indicators of well-being, including objectives of well-being, global, affective indicators of well-being, and indicators of socioeconomic well-being. Socioeconomic well-being is (narrowly) defined as that part of the individual's universal well-being which is strongly related to money and material means. It was hypothesized that these three classes of indicators of well-being have different meanings for the various groups of people on social security. Therefore, data were collected from a Dutch, nationally representative sample of three categories of individuals drawing benefits, namely, people receiving social benefits, unemployed, disabled people, and a group of people in work. Hypotheses were tested regarding the following issues: (1) the structure of the concept of well-being; (2) predictors of happiness; and (3) well-being and social security. The results indicate that, for the groups mentioned above, material aspects of well-being may be distinguished from immaterial aspects of well-being, and that indicators of socioeconomic well-being contribute significantly to the prediction of happiness. Furthermore, these indicators discriminate best between people having employment and categories of individuals drawing benefits. It is concluded that a socioeconomic version of well-being may be highly relevant when studying the quality of life of people on social security. (24 references) AA

Address for reprint requests: Department of Psychology, University of Tilburg, P.O. Box 90153, 5000 LE Tilburg, The Netherlands

**REFERENCE NUMBER 27**

Au: Headley, Bruce; Wearing, Alexander

Ti: **Subjective Well-Being and Coping with Adversity**

So: *Social Indicators Research* 22:327-349, 1990

This paper is concerned with identifying coping strategies which are effective in minimizing the impact of adverse life events on subjective well-being and, in particular, on negative affect. Data are drawn from the 1983 and 1985 waves of the Victorian (Australian) Quality of Life Panel Study (n=734). Respondents completed a life events inventory (Henderson et al., 1981) and were then asked to identify the most adverse event they had dealt with in the last 2 years. They responded to a coping strategies inventory (Moos et al., 1984), indicating how they had dealt with this event. Instrumental, problem-solving strategies proved most effective in dealing with adversity related to work and finances, health, and personal

relationships. Contrary to expectation, affective regulation strategies were ineffective, while avoidance and denial strategies were harmful. (50 references) AA

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

#### REFERENCE NUMBER 28

Au: Herrnstein, R.J.

Ti: **Rational Choice Theory: Necessary but Not Sufficient**

So: *American Psychologist* 45(3):356-367, 1990

A case is presented for supplementing the standard theory of rational choice, according to which subjects maximize reinforcement, with a theory arising from experiments on animal and human behavior. Data from these experiments suggest that behavioral allocation comes into equilibrium when it equalizes the average reinforcement rates earned by all active response alternatives in the subjects' choice set. This principle, called the matching law, deviates from reinforcement maximization in some, but not all, environments. Many observed deviations from reinforcement maximization are reasonably well explained by conformity to the matching law. The theory of rational choice fails as a description of actual behavior, but it remains unequaled as a normative theory. It tells us how we should behave in order to maximize reinforcement, not how we do behave. (36 references) AA

Address for reprint requests: Harvard University, William James Hall, 33 Kirkland Street, Cambridge, Massachusetts 02138

#### REFERENCE NUMBER 29

Au: Hochberg, Marc C.; Engle, Eric W.; Pruitt, Amy; Petri, Michelle

Ti: **Correlation of Disease Activity with Physical Disability in Systemic Lupus Erythematosus**

So: *Arthritis and Rheumatism* 33(5 Suppl. 1990), 1990

Previous studies have (1) described the extent and distribution of physical disability (PD), and (2) demonstrated associations of low educational level, poor psychosocial adjustment, and high learned helplessness scores with PD in patients with systemic lupus erythematosus (SLE). The present study assessed the correlation between disease activity and PD in patients with SLE. Eighty-four patients with SLE completed the Health Assessment Questionnaire (HAQ) at the time of a routine outpatient visit. Disease activity was measured using the Lupus Activity Index (LAI) and the University of Toronto SLE Disease Activity Index (SLEDAI). Patients were predominantly female (74, 88%), black (52, 62%), and high-school graduates (65, 77%); mean age was 39 years, while mean duration of SLE was 8 years. Mean HAQ Disability Index (DI), HAQ Painscale, LAI, and SLEDAI were 0.96, 1.1, 0.53, and 4.8, respectively. There was no correlation between either LAI and DI ( $R = .05$ ) or SLEDAI and DI ( $R = .05$ ). However, fatigue, present in 49 patients, did correlate with DI ( $R = .28$ ,  $P = .004$ ), as did arthritis, present in 27 patients ( $R = .24$ ,  $P < .011$ ), correlated significantly with HAQ Painscale. These data demonstrate that only certain specific clinical features of SLE, potentially amenable to therapeutic interventions, correlate with physical disability. Awareness of these relationships should improve quality of life in SLE. ( references) AA

Address for reprint requests: Harvard University, William James Hall, 33 Kirkland Street, Cambridge, Massachusetts 02138

**REFERENCE NUMBER 30**

Au: Holmes, Douglas; Teresi, Jeanne; Weiner, Audrey; Monaco, Charlene; Ronch, Judah; et al.

Ti: **Impacts Associated with Special Care Units in Long-Term Care Facilities**

So: *Gerontologist* 30(2):178-183, 1990

This study is a comprehensive, longitudinal assessment of the characteristics of special care patients. Demented patients in special care units (SCUs) within four nursing homes were compared with their demented counterparts in the same facilities who were not placed in SCUs. Results of this preliminary study suggest that the two groups differ in level of cognitive impairment, in behavior, and in functional and physical status. No deleterious or beneficial effects were associated with SCU residence during a 6-month period. (17 references) AA

Address for reprint requests: The Hebrew Home for the Aged at Riverdale, 5901 Palisade Avenue, Riverdale, New York 10471

**REFERENCE NUMBER 31**

Au: Jones, Russell A.

Ti: **Expectations and Delay in Seeking Medical Care**

So: *Journal of Social Issues* 46(2):81-95, 1990

Expectations about bodily states, symptoms, and diseases frequently produce delay in seeking medical care, and that delay is a serious social problem, one that takes its toll in unnecessary human suffering, premature mortality, and increased costs for medical care. Appraisal of whether an unusual bodily condition is indeed a symptom typically accounts for the major portion of delay. Expectations lengthen this period of appraisal in a variety of ways including (a) attributing the cause of conditions to salient contextual stimuli, (b) an unrealistic optimism about the risk of contracting disease, (c) denial that a threat exists, and (d) biased monitoring of bodily changes. Expectations exert this influence, in part, because people are poor perceivers of internal states, and there is suggestive evidence that the symptom perceptions of those more finely attuned to their bodily states may be less influenced by expectations. Once a symptom has been clearly identified, the person must decide whether professional medical care is required. Here again, expectations stemming from several sources continue to guide the coping process. Several ways of reducing the detrimental effects of expectations on delay in seeking medical care are considered. (50 references) AA

Address for reprint requests: Department of Psychology, University of North Florida, Jacksonville, Florida 32216

**REFERENCE NUMBER 32**

Au: Jussim, Lee

Ti: **Expectancies and Social Issues: Introduction**

So: *Journal of Social Issues* 46(2):1-8, 1990

This article introduces several broad issues concerning relations between expectations and social problems, issues that serve as the main themes of this volume. A myriad of social problems involving expectancies create social problems whereas other expectancies reflect social problems. Expectancies may be either interpersonal (one person's expectations regarding another person) or intrapersonal (individuals' expectations for themselves). The paper concludes with an overview of the articles in this issue and the social problems they address. (32 references) AA

Address for reprint requests: Department of Psychology, Rutgers University, New Brunswick, New Jersey 08903

**REFERENCE NUMBER 33**

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

Ti: **Health Status as a Predictor of Mortality in Rheumatoid Arthritis: A Five-Year Study**

So: *Journal of Rheumatology* 17(5):609-613, 1990

We examined the utility of health status scores as predictors of mortality in a 5-year study of patients with rheumatoid arthritis (RA). Of 279 patients with a known outcome after an average of 5 years of followup, 37 had died. Scores derived from the Arthritis Impact Measurement Scales indicated that mobility and general health perception were significant predictors of mortality with odds ratios of 1.19 and 1.27, respectively. These measures were particularly predictive of dying at worse levels of health status with a significant linear trend for mobility and general health perception. Even after controlling for physical function, poorer levels of general health perception were significantly associated with mortality. Our results confirm that certain health status measures are related to subsequent mortality in patients with RA. (21 references) AA

Address for reprint requests: A203, Boston University School of Medicine, 80 East Concord Street, Boston, Massachusetts 02118

**REFERENCE NUMBER 34**

Au: Kennedy, Gary J.; Kelman, Howard R.; Thomas, Cynthia

Ti: **The Emergence of Depressive Symptoms in Late Life: The Importance of Declining Health and Increasing Disability**

So: *Journal of Community Health* 15(2):93-104, 1990

Despite considerable progress in the epidemiology of late life depressive disorders, the determinants and course of late life depressive symptoms remain unclear. The apparent reciprocal relationship between depression and disability, a consistent finding in cross-sectional studies further confounds efforts to estimate the importance of depressive symptoms in the elderly. In a longitudinal study of 1,457 aged community residents who completed the Center for Epidemiologic Studies Depression scale at baseline and 24 months later, a significant number were free of depressive symptoms. Unlike other studies, we found that the number of medical conditions, social support, life events, and demographic characteristics contributed little to distinguish those with emerging symptoms from those who remained symptom free. However, increasing disability and declining health preceded the emergence of depressive symptoms and accounted for 70% of the variance explained by discriminant analysis. These findings have etiologic implications for both the course and determinants of depression in late life. (29 references) AA

Address for reprint requests: Department of Psychiatry, Montefiore Medical Center, 111 East 210th Street, Bronx, New York

**REFERENCE NUMBER 35**

Au: Kosberg, Jordan I.; Cairl, Richard E.; Keller, Donald M.

Ti: **Components of Burden: Intervention Implications**

So: *Gerontologist* 30(2):236-242, 1990

A study of 127 informal caregivers of Alzheimer's disease patients in Florida's Tampa Bay area was undertaken to determine the correlates of the five components of burden, as measured by the Cost of Care Index, a multidimensional measure of caregiving burden. Significant relationships between predictor variables and burden components suggest that global scores and measure of burden do not identify specific problem areas relative to the various components of burden. (21 references) AA

Address for reprint requests: Department of Gerontology, College of Social and Behavioral Sciences, University of South Florida, Tampa, Florida 33620

**REFERENCE NUMBER 36**

Au: Lundqvist, Christer

Ti: **Quality of Life and Neurological Impairment**

So: *Gothenburg, Sweden: University of Gothenburg, Department of Neurology*

This study addressed the clinical characteristics and the function and well-being of patients with traumatic spinal cord injuries (SCI) and spinal arteriovenous malformations (AVM). The SCI patients were treated at a Spinal Unit and the AVM patients rehabilitated at local hospitals. Research questions concerned the patients' assessment of their health-related quality of life (QL), its components and predictors. The QL components in spinal AVM patients were compared with those of SCI patients with incomplete paraplegia. The two groups of patients represented consecutive series of 98 SCI patients and 20 AVM patients. From the general instruments, a new model of analysis in four steps was developed to provide a short SCI-specific measure of QL. The central factors of the new brief QL scale related to degree of depression, social activity, mobility, body care and movement, and adjustment to dependence due to injury. Almost two-thirds of the QL variation was explained. Physical function was poorer in AVM than in comparable SCI patients, while psychosocial function, mental well-being, and QL perception were mostly similar. The goal of treatment in SCI, to achieve optimal independence, was frequently achieved after 2 to 4 years. Physical adaptation to injury was faster than the psychosocial. Special social and technical handicap services may help SCI patients to achieve normal levels of well-being and a rewarding social life. (27 references) AA-M

Address for reprint requests: Departments of Neurology, Neurosurgery and Medicine I/Health Care Research Unit, University of Gothenburg, S-314 34 Gothenburg, Sweden

**REFERENCE NUMBER 37**

Au: Magaziner, Jay; Simonsick, Eleanor M.; Kashner, T. Michael; Hebel, J. Richard; Kenzora, John E.

Ti: **Predictors of Functional Recovery One Year Following Hospital Discharge for Hip Fracture: A Prospective Study**

So: *Journal of Gerontology* 45(3):M101-M107, 1990

This study evaluates predictors of recovery in walking ability, PADLs and IADLs 1 year following hospital discharge for hip fracture. The sample consisted of 536 hip fracture patients aged 65 and older admitted from the discharge. A large proportion of hip fracture patients do not regain pre-fracture PADL and IADL levels; most recovery in walking ability and ability to perform PADL and IADLs occurs by 6 months. Those who are older, have longer hospital stays, and are rehospitalized, exhibit poorer recovery, as do those displaying chronic or acute cognitive deficits and depressive symptomatology while hospitalized. Also, contact with one's social network following hospital discharge is associated with greater recovery. Findings point to the importance of psychosocial factors for recovery and suggest areas where hospital-based interventions and discharge planning efforts should focus. (24 references) AA

Address for reprint requests: University of Maryland School of Medicine, Howard Hall, Room 142, 660 W. Redwood Street, Baltimore, Maryland 21201

**REFERENCE NUMBER 38**

Au: Miller, Douglas K.; Morley, John E.; Rubenstein, Laurence Z.; Pietruszka, Fern M.; Strome, L. Sandra

Ti: **Formal Geriatric Assessment Instruments and the Care of Older General Medical Outpatients**

So: *Journal of the American Geriatrics Society* 38(6):645-651, 1990

To improve identification of cognitive, affective, gait, and nutritional problems in older medical outpatients, nonphysician clinic personnel administered formal geriatric assessment tools to 183 medical

outpatients age 70 years and older. Definite impairments were demonstrated in 7% to 23% of patients (depending on the function being assessed), and borderline abnormal results were common as well. Overall, 56% of patients had at least one meaningful impairment identified. Few of the problems had been recognized before the survey. Assessment required 10 to 15 minutes of interviewer time per patient (approximately 22 minutes for each problem newly uncovered). A simple education and information intervention led to physicians addressing the newly identified problem in 30% to 55% of cases. These results suggest that formal geriatric assessment instruments provide an efficient mechanism for case findings in older medical outpatients. Further studies are necessary to determine whether such interventions will lead to improved outcomes in older medical outpatients. (49 references) AA

Address for reprint requests: Division of Geriatric Medicine, M238, St. Louis University Medical Center, 1402 S. Grand Boulevard, St. Louis, Missouri 63104

#### REFERENCE NUMBER 39

Au: Mohide, E. Ann; Pringle, Dorothy M.; Streiner, David L.; Gilbert, J. Raymond; Muir, Gisele; et al.

Ti: **A Randomized Trial of Family Caregiver Support in the Home Management of Dementia**

So: *Journal of the American Geriatrics Society* 38:446-454, 1990

A randomized trial of family caregiver support for the home management of older people suffering from moderate to severe progressive irreversible dementia was conducted in an urban center in southern Ontario. Thirty caregivers were allocated to receive the experimental intervention consisting of caregiver-focused health care education about dementia and caregiving, assistance with problem solving, regularly scheduled in-home respite, and a self-help family caregiver support group. Thirty control subjects received conventional community nursing care. Before completion of the intervention, 18 (30%) were withdrawn, almost equally from each group. The most frequent reason was long-term institutionalization of the demented relative (n = 10). At baseline, caregivers in both groups were suffering from above-average levels of depression and anxiety. After the 6-month intervention period, we found neither experimental nor control group improved in these areas. However, the experimental group showed a clinically important improvement in quality of life, experienced a slightly longer mean time to long-term institutionalization, found the caregiver role less problematic, and had greater satisfaction with nursing care than the control group. (51 references) AA

Address for reprint requests: McMaster University, Faculty of Health Sciences, 1200 Main Street W., Room 2J40F, Hamilton, Ontario, Canada L8N 3Z5

#### REFERENCE NUMBER 40

Au: Moody, Linda; McCormick, Kathleen; Williams, Arthur

Ti: **Disease and Symptoms Severity, Functional Status, and Quality of Life in Chronic Bronchitis and Emphysema (CBE)**

So: *Journal of Behavioral Medicine* 13(3):297-306, 1990

A path analysis model examined interrelationships among variables significantly associated with chronic dyspnea in chronic bronchitis and emphysema (CBE) and the relative influence of these variables on each other and on functional status and quality of life. Results from the 45 adults (mean age, 61) with moderate CBE disease severity showed that dyspnea severity has a sizable effect on functional status and quality of life. Disease severity was more strongly related to functional status than to quality of life. Depression and mastery had the strongest total effects on quality of life. Dyspnea severity had strong but separate effects on functional status and quality of life. From these preliminary results, it is suggested that a direct focus on psychologic interventions to ameliorate depression and improve mastery is likely to improve quality of life with some resultant positive effect on functional status. (2 references) AA

Address for reprint requests: University of Florida, Box J-187, College of Nursing, Gainesville, Florida 32610

**REFERENCE NUMBER 41**

Au: Morris, John N.; Hawes, Catherine; Fries, Brant E.; Phillips, Charles D.; Mor, Vincent; et al.  
 Ti: **Designing the National Resident Assessment Instrument for Nursing Homes**  
 So: *Gerontologist* 30(3):293-300, 1990

In response to the Omnibus Reconciliation Act of 1987 mandate for the development of a national resident assessment system for nursing facilities, a consortium of professionals developed the first major component of this system, the Minimum Data Set (MDS) for Resident Assessment and Care Screening. A two-state field trial tested the reliability of individual assessment items, the overall performance of the instrument, and the time involved in its application. The trial demonstrated reasonable reliability for 55% of the items and pinpointed redundancy of items and initial design of scales. On the basis of these analyses and clinical input, 40% of the original items were kept, 20% dropped, and 40% altered. The MDS provides a structure and language in which to understand long-term care, design care plans, evaluate quality, and describe the nursing facility population for planning and policy efforts. (21 references) AA

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

**REFERENCE NUMBER 42**

Au: Morris, Woodrow W.; Buckwalter, Kathleen C.; Cleary, T. Anne; Gilmer, Jerry S.; Hatz, Deborah L.; et al.  
 Ti: **Refinement of the Iowa Self-Assessment Inventory**  
 So: *Gerontologist* 30(2):243-248, 1990

Two samples of older respondents (n=1,153 and n=420) were used in the refinement of the Iowa Self-Assessment Inventory (ISAI). Factor analyses based on data obtained from the samples resulted in modification of the original six-scale inventory to an inventory of seven scales: economic resources, anxiety/depression, physical health, alienation, mobility, cognitive status, and social support. The original ISAI was shortened from 120 to 56 items. (17 references) AA

Address for reprint requests: College of Medicine, The University of Iowa, Iowa City, Iowa 52242

**REFERENCE NUMBER 43**

Au: Morrison, Randall L.; Bellack, Alan S.; Wixted, John T.; Mueser, Kim T.  
 Ti: **Positive and Negative Symptoms in Schizophrenia: A Cluster-Analytic Approach**  
 So: *Journal of Nervous and Mental Disease* 178(6):377-384, 1990

The relationships between positive and negative symptoms of schizophrenia and between negative symptoms and social dysfunction were investigated using cluster analysis. Clustering across schizophrenic subjects produced three distinct groups, each characterized by some mix of positive and negative symptoms. Clustering across symptoms and behavioral variables produced a cluster comprising negative symptoms and measures of social adjustment and an additional cluster comprising only measure of social skill. A series of correlations revealed positive and negative symptom measures. Chi square analysis revealed a significant relationship between the cluster solution across subjects and classification of patients according to negative symptoms based on previously published criteria. Results are discussed in terms of the implications for the further development and refinement of subclassification schemes for schizophrenia. (39 references) AA

Address for reprint requests: American Medical Association, Department of Mental Health, 535 North Dearborn Street, Chicago, Illinois 60610

**REFERENCE NUMBER 44**

Au: O'Hara, Michael W.; Ghoneim, Mohamed M.; Hinrichs, James B.; Mehta, Mahesh P.; Wright, Ellen J.

Ti: **Psychological Consequences of Surgery**

So: *Psychosomatic Medicine* 51:356-370, 1989

The purpose of the present study was to assess changes in psychological distress and memory complaint following a wide variety of surgeries. In addition, variables reflecting type of surgery, demographic characteristics, history of mental illness, and health factors were evaluated as predictors of postoperative psychological distress and memory complaint. Using the Brief Symptoms Inventory (BSI), it was found that 10.9% of patients had high levels of psychological distress the day before surgery compared to 13.9% of patients 3 months after surgery. Complaints of memory disturbance also increased significantly. Only the anxiety subscale of the BSI showed a significant decrease at 3 months postsurgery. Hierarchical multiple regression revealed that younger age, lower social status, being male, having a history of mental illness, higher postsurgery BSI, and poorer postsurgery health were significant predictors of postsurgery psychological distress. The results of the study suggest that, although patients become less anxious after surgery, other forms of emotional distress increase, perhaps due to factors such as slower than anticipated recovery. Results also suggest that medical factors may play an indirect rather than a direct role in psychological consequences of surgery. (38 references) AA

Address for reprint requests: Department of Psychology, University of Iowa, Iowa City, Iowa 52242

**REFERENCE NUMBER 45**

Au: Okun, Morris A.; Melichar, Joseph F.; Hill, Martin D.

Ti: **Negative Daily Events, Positive and Negative Social Ties, and Psychological Distress Among Older Adults**

So: *Gerontologist* 30(2):193-199, 1990

This study examined whether positive and negative social ties moderate the effects of negative daily events on psychological distress of 110 community-dwelling elders age 60-89. In accord with the stress-buffering hypothesis, the effect of negative daily events on psychological distress significantly decreased as positive social ties increased. Contrary to the stress-amplifying hypothesis, negative social ties did not interact with negative daily events to influence psychological distress but instead had a significant additive effect on it. (35 references) AA

Address for reprint requests: Adult Development and Aging Program, Arizona State University, Tempe, Arizona 85287-2902

**REFERENCE NUMBER 46**

Au: Ouslander, Joseph G.; Abelson, Susan

Ti: **Perceptions of Urinary Incontinence Among Elderly Outpatients**

So: *Gerontologist* 30(3):369-372, 1990

We examined the perceptions about urinary incontinence (UI) among 164 females and 35 males (mean age = 78.5) referred to an outpatient continence clinic. Between 60% and 76% of the patients felt that the UI was inconvenient, embarrassing, or distressing, and 37% indicated that it significantly interfered with their daily lives. Over half said they would consider surgery if necessary to correct the UI. Amount rather than frequency or duration of urinary loss was significantly associated with negative perceptions of the UI. (24 references)

Address for reprint requests: Victory Village, Jewish Homes for the Aging of Greater Los Angeles, 18855 Victory Boulevard, Reseda, California 91335

**REFERENCE NUMBER 47**

Au: Parsons, Eva J.

Ti: **Coping and Well-Being Strategies in Individuals with COPD**

So: *Health Values* 14(3):17-23, 1990

This descriptive study examined the relationship over a 1-year period between coping and perceived well-being in  $n = 38$  nonhospitalized individuals with severe chronic obstructive pulmonary disease residing in a rural area. Examination of the coping strategies, as measured by the Jalowiec Coping Scale revealed the group used similar types of coping strategies at Time I and Time II of testing. A higher percentage of problem-focused coping was used by these subjects at both Time I and Time II. Well-being as measure by the Perceived Well-Being Scale revealed that these subjects rated their well-being above average. No statistically significant differences were reported at Time I or Time II for this group in the type of coping strategies used and their perceived well-being. Correlation analysis indicated that there was an inverse relationship between emotion-focused coping and well-being. Problem-focused coping contributed more to general well-being in these severe COPD individuals. (30 references) AA

Address for reprint requests: 508 Nicholson Hall, St. Francis Xavier University, Antigonish, Nova Scotia, B2G-1C0 Canada

**REFERENCE NUMBER 48**

Au: Poloma, Margaret M.; Pendleton, Brian F.

Ti: **Religious Domains and General Well-Being**

So: *Social Indicators Research* 22:255-276, 1990

With only a few notable exceptions, studies on quality of life or general well-being have failed to deal with religiosity in general, and the development of more refined measures of religious meaning and belonging in particular. Data measuring subjective perceptions of well-being for various domains of life, including neighborhood, employment, work at home, education, friends, household members, marital status, standard of living, health, and religion were used to form a number of domains scales. Relationships between the multidimensional concepts of well-being and religiosity are explored and the importance of religiosity in defining well-being is tested. Religious satisfaction was found to be important for general life satisfaction, existential well-being, and overall happiness. Under no circumstance did any measure of religiosity contribute to negative affect. (39 references) AA

Address for reprint requests: Sociology Department, University of Akron, Akron, Ohio 44325

**REFERENCE NUMBER 49**

Au: Pousada, Lidia; Leipzig, Rosanne M.

Ti: **Rapid Bedside Assessment of Postoperative Confusion in Older Patients**

So: *Geriatrics* 45(5):59-64, 1991

As the number of elderly patients undergoing surgery increases, postoperative confusion becomes an increasingly encountered problem. Postoperative confusion has long been recognized as a specific entity, but the etiology and risk factors have not been well defined. To make the diagnosis promptly, the physician must maintain a high index of suspicion. This review provides a series of brief mental status tests that can be administered quickly at the bedside and outlines a specific approach to treatment. (16 references) AA

Address for reprint requests: Geriatric Unit, Montefiore Medical Center, New York, New York

**REFERENCE NUMBER 50**

Au: Reed, Bruce R.; Stone, Arthur A.; Neale, John M.  
Ti: **Effects of Caring for a Demented Relative on Elders' Life Events and Appraisals**  
So: *Gerontologist* 30(2):200-205, 1990

Weekly ratings of events and appraisals were collected from 19 caregivers of dementia patients and 19 control subjects over 4 weeks. Caregivers reported more negative events overall and rated them as more undesirable than did control subjects, but significant differences were found in events of only 2 of the 11 life areas that were measured. Caregivers' negative appraisals were more frequent and more intense than those of control subjects in virtually every life area. The preliminary data fail to demonstrate a global disruption in determining the impact of caregiving. (33 references) AA

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

**REFERENCE NUMBER 51**

Au: Riessman, Catherine Kohler  
Ti: **Strategic Uses of Narrative in the Presentation of Self and Illness: A Research Note**  
So: *Social Science and Medicine* 30(11):1195-1200, 1990

Using Goffman's theory and the methods of narrative analysis, this paper examines the divorce account of a white working-class man with advanced multiple sclerosis to show how he constructs a definition of his divorcing situation, and a positive masculine identity, despite massive disability. He accomplishes this positive self through narrative retelling of key events in his biography, healing discontinuities by the way he structures his account interaction with the listener. The strategic choice of genre, or forms of narrative, guides the impression we form of him. From this case study, I show the usefulness of close textual analysis of biographical accounts of illness. (33 references) AA

Address for reprint requests: Smith College School for Social Work, Northampton, Massachusetts 01063

**REFERENCE NUMBER 52**

Au: Robinson, Ian  
Ti: **Personal Narratives, Social Careers and Medical Courses: Analysing Life Trajectories in Autobiographies of People with Multiple Sclerosis**  
So: *Social Science and Medicine* 30(11):1173-1186, 1990

Personal accounts of illness have always proved difficult to analyze. Using the distinction between personal narratives of illness, social careers of sickness, and physical courses of disease, this paper argues that such narratives provide an important and complementary means of understanding changes in health status. In developing a broad typology of such narratives it is argued that they can be considered as thematically organized life stories. Personal accounts of the lives of people with multiple sclerosis are subject to narrative analysis, and the value of such perspectives is stressed in giving access to the personal world of illness. (70 references) AA

Address for reprint requests: Department of Human Sciences, Brunel, The University of West London, Uxbridge, Middlesex UB8 3PH, England

**REFERENCE NUMBER 53**

Au: Robinson, James C.

Ti: **Philosophical Origins of the Social Rate of Discount in Cost-Benefit Analysis**

So: *Milbank Quarterly* 68(2):245-265, 1990

This article examines the economic and philosophical arguments that surround discounting to clarify issues at stake in cost-benefit analysis for programs with significant intergenerational implications. These include traditional public health investments in sewage and toxic waste treatment facilities, basic biomedical research, efforts to slow ozone depletion and global warming, for example. The role of consumer time preferences in social decision making is analyzed with particular emphasis on the shifting attitudes toward consumer preferences on the part of economists and utilitarian social thought. The final section suggests some implications of the analysis for the debate over intergenerational justice and the social rate of discount. (38 references) AA-M

Address for reprint requests: University of California, Berkeley, California 94720

**REFERENCE NUMBER 54**

Au: Robinson, Lawrence R.; Switala, JoAnn; Tarter, Ralph E.; Nicholas, John J.

Ti: **Functional Outcome after Liver Transplantation: A Preliminary Report**

So: *Archives of Physical Medicine and Rehabilitation* 71:426-427, 1990

Although the number of patients undergoing successful liver transplants each year has increased dramatically, little information is available on the functional outcomes of such patients. A survey was conducted to determine the functional and vocational outcome of patients 3 years after orthotopic liver transplantation. Questionnaires were sent to 45 patients who had liver transplants in 1985, of whom 31 responded. Fourteen patients (47%) reported abnormal function in at least one limb; 4 patients (13%) reported developing gout. All patients were independent in ADLs and mobility; assistive devices were used by four patients. Nineteen patients (61%) reported severe impairment in endurance before transplant; 15 (48%) were unable to ambulate outside the house. After transplant only two patients (6%) reported severely impaired endurance, and all but two were able to walk at least three blocks. Three years after transplant, 12 patients (39%) were working full time and 8 patients (26%) were homemakers. Work performance was most commonly limited by fractures (12 patients) and lack of concentration (7 patients). Thus, despite frequent limitations in limb function, patients after liver transplant are largely independent in ADLs and mobility, have improved endurance, and can often return to work despite physical limitations. (11 references) AA

Address for reprint requests: Department of Rehabilitation Medicine, RJ-30, University of Washington, Seattle, Washington 98195

**REFERENCE NUMBER 55**

Au: Rosswurm, Mary Ann

Ti: **Attention-Focusing Program for Persons with Dementia**

So: *Clinical Gerontologist* 10(2):3-17, 1990

The purpose of this study was to investigate the effectiveness of an attention-focusing group program as an intervention for stimulating various aspects of the lives of persons with dementia. Functional behavior of the study participants was assessed using the Dementia Behavior Scale. Results from this pilot study indicated that the attention-focusing intervention improved the perceptual processing of information and social interactions. (31 references) CH-P

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

**REFERENCE NUMBER 56**

Au: Scambler, Graham; Hopkins, Anthony

Ti: **Generating a Model of Epileptic Stigma: The Role of Qualitative Analysis**

So: *Social Science and Medicine* 30(11):1187-1194, 1990

This paper uses an account of the goals, methods, and results of a British community study of coping with epilepsy to consider the nature and range of the contributions qualitative analyses can make to theory formation. Different functions and contexts of qualitative analyses are described, and illustrations given of ways in which these helped generate and inform a particular model of the impact of the stigma of epilepsy on day-to-day life. (21 references) AA

Address for reprint requests: Academic Department of Psychiatry, University College and Middlesex School of Medicine, London W1P 8AA England

**REFERENCE NUMBER 57**

Au: Schipper, Harvey

Ti: **Quality of Life: Principles of the Clinical Paradigm**

So: *Journal of Psychosocial Oncology* 8(2/3):171-185, 1990

"Quality of life" has become a relatively precise, operationally defined, patient-outcome measure over the past 15 years. This article discusses the evolution of the concept and its potential application to the evaluation of outcome, both for individual patients and for clinical trials. The author examines these concepts and applications in four parts: conceptual foundations (components and operational characteristics), the design of measurement tools, the conduct of trial, and the interpretation of results. (20 references) AA

Address for reprint requests: Hematology-Oncology Service, St. Boniface General Hospital, 409 Tache Avenue, Winnipeg, Manitoba R2H 2A6 Canada

**REFERENCE NUMBER 58**

Au: Shedler, Jonathan; Block, Jack

Ti: **Adolescent Drug Use and Psychological Health: A Longitudinal Inquiry**

So: *American Psychologist* 45(5):612-630, 1990

The relation between psychological characteristics and drug use was investigated in subjects studied longitudinally, from preschool through age 18. Adolescents who had engaged in some drug experimentation (primarily with marijuana) were the best-adjusted in the sample. Adolescents who used drugs frequently were maladjusted, showing a distinct personality syndrome marked by interpersonal alienation, poor impulse control, and manifest emotional distress. Adolescents who, by age 18, had never experimented with any drug were relatively anxious, emotionally constricted, and lacking in social skills. Psychological differences between frequent drug users, experimenters, and abstainers could be traced to the earliest years of childhood and related to the quality of parenting received. The findings indicate that (a) problem drug use is a symptom, not a cause, of personal and social maladjustment, and (b) the meaning of drug use can be understood only in the context of an individual's personality structure and developmental history. It is suggested that current efforts at drug prevention are misguided to the extent that they focus on symptoms, rather than on the psychological syndrome underlying drug abuse. (62 references) AA

Address for reprint requests: Department of Psychology, University of California, Berkeley, California 94720

**REFERENCE NUMBER 59**

- Au: Shepherd, Steven L.; Hovell, Melbourne F.; Harwood, Ivan R.; Granger, Laura E.; Hofstetter, C. Richard; et al.  
 Ti: **A Comparative Study of the Psychosocial Assets of Adults with Cystic Fibrosis and Their Healthy Peers**  
 So: *Chest* 97(6):1310-1316, 1990

Psychosocial assets of 37 adults with cystic fibrosis (CF) and 46 of their healthy peers were assessed by mailed questionnaire. Major sociodemographic variables did not differ significantly between the two groups, nor did indices of emotional social support, social network density, self-esteem, or current life satisfaction. This study revealed adults with CF to function on a par with their healthy peers in nearly all respects, a finding at odds with those from uncontrolled studies and which suggests to us that many previous conclusions about the psychosocial health of adults with CF have been unwarranted. Future psychosocial studies involving patients with CF should include control groups, and inferences about the effect of these patients' physical illness on their psychosocial health should not be made in the absence of normative data. (19 references) AA

Address for reprint requests: Division of Health Promotion, Graduate School of Public Health, San Diego State University, San Diego, California 92110

**REFERENCE NUMBER 60**

- Au: Sibisi, Charles D.T.  
 Ti: **Sex Differences in the Age of Onset of Bipolar Affective Illness**  
 So: *British Journal of Psychiatry* 156:842-845, 1990

Data from a UK national sample showed differences between the sexes in age-specific inception rates for mania. Women had a higher inception rate than men during the middle years. The cumulative admission rates were nearly equal between the sexes. (20 references) AA

Address for reprint requests: Consultant Psychiatrist, Burton Road Hospital, Burton Road, Dudley, West Midlands DY1 3BX England

**REFERENCE NUMBER 61**

- Au: Silliman, Rebecca A.; McGarvey, Stephen T.; Raymond, Patricia M.; Fretwell, Marsha D.  
 Ti: **The Senior Care Study: Does Inpatient Interdisciplinary Geriatric Assessment Help the Family Caregivers of Acutely Ill Older Patients?**  
 So: *Journal of the American Geriatrics Society* 38(4):461-466, 1990

Comprehensive geriatric assessment has emerged as an effective strategy for improving outcomes for frail older patients in the hospital setting. Attention, however, has not been given to determining whether this process has any effect on their family caregivers. As part of a randomized controlled clinical trial designed to test the efficacy of early interdisciplinary geriatric assessment of acutely ill hospitalized patients 75 years of age or older, their family caregivers were studied to determine if the process had a positive effect on caregivers' self-reported health and emotional well-being. One hundred forty-two caregivers were approximately evenly distributed between experimentals (n = 69) and controls (n = 73). By 3 months after the patients' hospitalization, experimental caregivers were more likely to report good general health (81% vs 63%, P = .049) than were controls. The positive effect persisted after statistical adjustment for confounding variables. Experimental caregivers were not significantly more likely to have good emotional health at followup than were controls (6% vs 58%, P = .43), even after statistical adjustment. Although the findings are modest, they suggest that the acute hospital setting may be an ideal place to develop interventions designed to enhance family caregivers' well-being during the early months following

hospitalization. This may be particularly true when the interventions with caregivers are coupled with a geriatric assessment and care plan process. (27 references) AA

Address for reprint requests: Roger Williams General Hospital, 825 Chalkstone Avenue, Providence, Rhode Island 02908

#### REFERENCE NUMBER 62

Au: Stoller, Eleanor Palo

Ti: **Males as Helpers: The Role of Sons, Relatives, and Friends**

So: *Gerontologist* 30(2):228-235, 1990

The informal helping networks of most frail elderly people are dominated by women. Men are also involved in helping older people, although most male caregivers are husbands. This paper examines the contributions of men other than husbands who provide assistance to a sample of community-based elderly people. Data were gathered through personal interviews with elders and their primary helpers at two points in time. Male helpers provide intermittent assistance with occasional tasks but less frequently undertake routine household chores. Some evidence indicates a shift toward female caregivers as the elder's functional capacity decreases over time. (39 references) AA

Address for reprint requests: Department of Sociology, State University of New York, Plattsburgh, New York 12901

#### REFERENCE NUMBER 63

Au: Stuifbergen, Alexa K.; Becker, Heather; Sands, Dolores

Ti: **Barriers to Health Promotions for Individuals with Disabilities**

So: *Family and Community Health* 13(1):11-22, 1990

This article discusses the development of an instrument to assess perceived barriers to health promotion for adults with disabilities. The Barriers to Health-Promoting Activities for Disabled Persons Scale is a 16-item summated rating scale. Individual item scores are summed to give an overall score. The Barriers Scale was negatively related to measures of health status; persons who perceived more barriers to taking care of their health also perceived themselves as less healthy. (22 references) CH-P

Address for reprint requests: School of Nursing, University of Texas at Austin, Austin, Texas 75501

#### REFERENCE NUMBER 64

Au: Sullivan, Marianne; Ahlmen, Monica; Bjelle, Anders

Ti: **Health Status Assessment in Rheumatoid Arthritis. I. Further Work on the Validity of the Sickness Impact Profile**

So: *Journal of Rheumatology* 17(4):439-443, 1990

In a cross-sectional, longitudinal study, 99 women with rheumatoid arthritis (RA) completed a well established health status measure, the Sickness Impact Profile (SIP), for diagnosis specific evaluation. Using traditional and self-reporting data, we examined SIP relationships that described physical functioning. They related closely to clinical measures. Psychosocial functioning measured by SIP related specifically to mental health and arthritic pain. Importantly, the SIP was sensitive to 1-year pre- and post-treatment changes showing both improvement and deterioration. When applied to patients with RA, SIP categories could be more appropriately aggregated, e.g., Home Management included in the Physical dimension and Communication omitted from the Psychosocial. (41 references) AA

Address for reprint requests: Department of Medicine I/Health Care Research Unit, Sahlgrenska University Hospital, Gothenburg, Sweden

**REFERENCE NUMBER 65**

Au: Toshima, Michelle T.; Kaplan, Robert M.; Ries, Andrew L.

Ti: **Experimental Evaluation of Rehabilitation in Chronic Obstructive Pulmonary Disease: Short-Term Effects on Exercise Endurance and Health Status**

So: *Health Psychology* 9(3):237-252, 1990

We randomly assigned 119 adults with chronic obstructive pulmonary disease to an 8-week comprehensive rehabilitation program or to an 8-week education control program. Comprehensive pulmonary rehabilitation included education, physical and respiratory therapy instruction, psychosocial support, and supervised exercise training; education control included biweekly classroom instruction and discussion on respiratory therapy, medical aspects of lung disease, clinical pharmacology, and diet, but no exercise training. Both groups received extensive psychosocial evaluation before and after the intervention. Six months after enrollment, patients randomly assigned to the rehabilitation program showed significant increases in exercise endurance, whereas patients randomly assigned to the control program showed nonsignificant increases. Improvement in self-efficacy was correlated with improvements in exercise endurance. (26 references) AA

Address for reprint requests: Department of Community and Family Medicine, M-022, Division of Health Care Sciences, University of California at San Diego, La Jolla, California 92093

**REFERENCE NUMBER 66**

Au: Travis, Shirley S.; McAuley, William J.

Ti: **Simple Counts of the Number of Basic ADL Dependencies for Long-Term Care Research and Practice**

So: *Health Services Research* 25(2):349-360, 1990

General acceptance of a patterned progression of dependency in activities of daily living has led to the widespread practice of simply counting the individual's basic ADL dependencies to reflect his or her self-care needs and level of impairment. This method is convenient, and it is practical to the extent that individuals do fit a scaled pattern of dependency that allows some meaningful comparisons among individuals and between groups to be made. This research, based on 3,611 Medicaid cases in Virginia, reports that 36% of those individuals screened for nursing home admission do not match a commonly accepted pattern of dependency. The analyses include a logistic regression procedure to explain the characteristics of the "ADL divergent" cases and a Guttman scaling procedure on the ADL data for the sample. Results of the analyses indicate that a Guttman scaling procedure does as well as, but not better than, the original Katz ADL scale, with both scales describing approximately two-thirds of the cases in the sample. (12 references) AA

Address for reprint requests: Family and Child Development, Virginia Polytechnic Institute and State University, Blacksburg, Virginia 24061

**REFERENCE NUMBER 67**

Au: Trumbull, William N.

Ti: **Who Has Standing in Cost-Benefit Analysis?**

So: *Journal of Policy Analysis and Management* 9(2):201-218, 1990

The issues involved in deciding whose preferences are to be counted in cost-benefit analysis are often misunderstood or controversial. This paper attempts to resolve the issues in a number of particular cases by looking to the fundamental value assumptions underlying cost-benefit analysis. Cost-benefit analysis is useful only to the extent that there exists a general consensus that the value assumptions are legitimate.

Certain implications of the value assumptions prove useful in deciding what preferences have standing. (28 references) AA

Address for reprint requests: Department of Economics, West Virginia University, Morgantown, West Virginia 25304

#### REFERENCE NUMBER 68

Au: van Belle, Gerald; Uhlmann, Richard F.; Hughes, James P.; Larson, Eric B.

Ti: **Reliability of Estimates of Changes in Mental Status Test Performance in Senile Dementia of the Alzheimer Type**

So: *Journal of Clinical Epidemiology* 43(6):589-595, 1990

The concept of the reliability of a measure can also be applied to its change over time. In this study we consider the growth curve approach to estimating the reliability of change, in the context of cognitive status as measured by the Mini-Mental State Examination (MMSE) and the Blessed and Tomlinson Dementia Rating Scale (DRS) in patients with senile dementia of the Alzheimer type (SDAT). The reliability of the estimates of change is shown to depend primarily upon the length of time of observation, not the number of observations made. The estimated reliability coefficient for the change in MMSE (or DRS) at 6 months is 0.16 (or 0.08); at 2 years is 0.75 (or 0.57). The concept of signal-to-noise ratio is introduced to compare reliabilities in change scores. (27 references) AA

Address for reprint requests: Department of Biostatistics SC-32, University of Washington, Seattle, Washington 98195

#### REFERENCE NUMBER 69

Au: Wands, Kim; Merskey, Harold; Hachinski, Vladimir C.; Fisman, Michael; Fox, Hannah; et al.

Ti: **A Questionnaire Investigation of Anxiety and Depression in Early Dementia**

So: *Journal of the American Geriatrics Society* 38:535-538, 1990

We report findings on a study of anxiety and depression by questionnaire in 50 patients with mild dementia and 134 control subjects using the Hospital Anxiety and Depression Scale. Thirty-eight percent of patients and 9% of controls had a possible or probable diagnosis of an anxiety disorder. Possible or probable depression was found in 28% of the patients and 3% of the controls. These rates for the patients were above those in normal populations. All patients and control subjects were tested with the Extended Scale for Dementia (ESD). Neither group showed a significant relationship between depression and ESD scores. In the control subjects there was a negative correlation between anxiety and cognitive scores, one that was not found in the patients. (27 references) AA

Address for reprint requests: 850 Highbury Avenue, P.O. Box 2532, London, Ontario, N6A 4H1 Canada

#### REFERENCE NUMBER 70

Au: West, Patrick

Ti: **The Status and Validity of Accounts Obtained at Interview: A Contrast Between Two Studies of Families with a Disabled Child**

So: *Social Science and Medicine* 30(11):1229-1239, 1990

Within the qualitative perspective, data generated in the interview context present particularly difficult problems of interpretation. The status and validity of respondents' accounts is unclear. One dimension underlying their production is that between public and "private" (ought-type) accounts and those reflecting a "private," and potentially much less acceptable, reality. This paper contrasts two apparently similar studies of families with a disabled child which resulted in entirely different sociological accounts of

their situation. The data on which each was based almost exactly mirror the distinction between public and private accounts. Because the accounts on which the sociological account is based are not separable from the different research stances adopted by the investigators, it is not possible to know what status and validity to ascribe to them. In the epilepsy study, on the principle of triangulation, an attempt was made to validate parents' negative evaluation of doctors by reference to an observational study of medical encounters. In major respects, this confirmed their version of the situation. It is suggested that attention to the type of accounts produced in interview, together with the use of triangulated data sets, goes some way toward resolving the problem of their status and validity for sociological account. (31 references) AA

Address for reprint requests: MRC Medical Sociology Unit, 6 Lilybank Gardens, Glasgow G12 8QQ, Scotland

#### REFERENCE NUMBER 71

Au: Westermeyer, Joseph; Callies, Allan; Neider, John

Ti: **Welfare Status and Psychosocial Adjustment among 100 Hmong Refugees**

So: *Journal of Nervous and Mental Disease* 178(5):300-306, 1990

Although the mental health of recently employed persons has been well studied, the mental health of welfare recipients is not well understood. Among our increasing refugee population, many receive welfare benefits at some point. The Hmong are among those who are highly represented among welfare recipients in several areas of the United States. Do psychiatrists have anything to contribute toward the resolution of high welfare rates? This question is especially relevant in refugee populations who are at increased risk for several psychiatric disorders, including depression, paranoia, and adjustment disorders. This study was undertaken among 100 Hmong refugees who had been in the United States for 8 years. Indices of mental health included five rating scales (the Zung Depression Scale, Global Assessment Scale, Brief Psychiatric Rating Scale, Inpatient Multidimensional Scale, and Mini-Mental State Exam). These indices were compared with current welfare status and the duration of time on welfare. Other comparisons with welfare included demographic characteristics, material possessions, acculturation characteristics, health and social problems, and nonoccupation avocations. Results indicate that welfare recipients show lower acculturation and elevated psychiatric symptom levels. Suggestions for ameliorating this situation are extrapolated from studies in the literature on chronically unemployed persons. (28 references) AA

Address for reprint requests: University of Oklahoma Medical Center, Oklahoma City, Oklahoma 73190

#### REFERENCE NUMBER 72

Au: Worobey, Jacqueline Lowe; Angel, Ronald J.

Ti: **Functional Capacity and Living Arrangements of Unmarried Elderly Persons**

So: *Journal of Gerontology: Social Sciences* 45(3):S95-101 1990

This analysis employed the 1986 Longitudinal Study of Aging (LSOA) to examine the impact of functional capacity, gender, race and ethnicity, and various socioeconomic characteristics on changes in living arrangements among unmarried elderly persons over a 2-year period. The results reveal that a decline in functional capacity greatly increases significant declines in health; most single elderly persons who were living alone at the initial interview continued to live alone 2 years later. Multivariate analyses show that women who suffer declines in functional capacity are somewhat less likely than men who experience declines to live alone at Time 2. In contrast, blacks who suffer declines are more likely than whites who experience declines to continue living alone at followup. (27 references) AA

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

**REFERENCE NUMBER 73**

Au: Wu, Albert W.; Rubin, Haya R.; Rosen, Mark J.  
 Ti: **Are Elderly People Less Responsive to Intensive Care?**  
 So: *Journal of the American Geriatrics Society* 38:621-627, 1990

Older patients may be excluded from intensive care units because of the perception that they will benefit less than younger patients. To determine if advanced age is associated with increased mortality independent of severity of illness, we compared older and middle-aged patients admitted to a medical intensive care unit. We reviewed the charts of 130 patients age 75 years or older and 135 patients age 55 to 65 admitted over a 30-month period. We controlled for severity illness using the Acute Physiology Assessment and Chronic Health Evaluation (APACHE II) system without including points for age (APACHE IIM). The relation of age group to mortality differed for patients with different diagnoses. When we used logistic regression to adjust for APACHE IIM, whether the patient had a private attending physician, primary admitting diagnosis, or presence of cancer, older patients did not have a significantly greater risk of dying. When pulmonary artery catheterization was added to the model, it independently predicted mortality. APACHE IIM (calculated without the inclusion of age) was an excellent predictor of mortality. Older age did not predict mortality once severity of illness, admitting diagnosis, and the presence of underlying malignancy were taken into consideration. Further studies should explore the effects of age separately for patients with different diagnoses as well as control for severity of illness. (21 references) AA

Address for reprint requests: Robert Wood Johnson Clinical Scholars Program, 350 Parnassus Avenue, Room 407, San Francisco, California 94117

**REFERENCE NUMBER 74**

Au: Yelin, Edward H.; Felts, William R.  
 Ti: **A Summary of the Impact of Musculoskeletal Conditions in the United States**  
 So: *Arthritis and Rheumatism* 33(5):750-755, 1990

This article summarizes the economic and social impact of musculoskeletal conditions in the U.S. Social impact is measured using data on activity limitation and activities of daily living from the National Health Interview Survey. Social impacts of musculoskeletal conditions are likely to increase because the prevalence of these conditions will increase with the aging of the population. (9 references) CH-P

Address for reprint requests: 350 Parnassus Avenue, Suite 600, San Francisco, California 94117

**REFERENCE NUMBER 75**

Au: Yu, Lucy C.; Rohner, Thomas J.; Kaltreider, D. Lynne; Hu, Teh-wei; Igou, Jessie F.; et al.  
 Ti: **Profile of Urinary Incontinent Elderly in Long-term Care Institutions**  
 So: *Journal of the American Geriatrics Society* 38:433-439, 1990

This article presents a profile of incontinent elderly in long-term care institutions. One hundred thirty-three frail elderly women were recruited from seven nursing homes in central Pennsylvania for a 3-year clinical trial to test the effectiveness of a behavioral therapy on urinary incontinence. All of the patients had more than one medical diagnosis. Half of the patients showed severe cognitive impairment; only 12% showed no cognitive impairment. Sixty-three percent were totally dependent; 68% used wheelchairs; 61% were chairbound; 50% had impairment in vision, one-third in hearing, and 14% in speech. Normal bladder capacity, absence of detrusor instability, and satisfactory bladder emptying, as evidenced by low residual urine, were found in 41% of patients, suggesting that incontinence in this elderly group may not be a primary bladder problem, but rather that mental and physical disabilities may be a

more important underlying cause of incontinence in these patients. An important finding in this study is that 34% of the patients had detrusor instability. (33 references) AA

Address for reprint requests: 115B Henderson Building, The Pennsylvania State University, University Park, Pennsylvania 16802

#### REFERENCE NUMBER 76

Au: Zilenovski, A.M.; Filho, J.L.P. Mattos; Santos, R.O.

Ti: **A Modified SCAG Scale in Portuguese**

So: *Clinical Gerontologist* 10(2):47-66, 1990

To evaluate the incidence of mental decline of the Alzheimer type we have tested a new tool, a modified version, Portuguese language, SCAG scale, adapted for easy use by a previously untrained group of general practitioners (GP) in their offices, and tested this instrument by treating a large group (4,388) of patients with a standard drug for a total treatment period of 12 weeks. We concluded that abnormal results pointing to mental decline of the Alzheimer type were present in patients younger than 60 years of age (24.5% of the total), and that this modified SCAG scale could be easily used by GPs during normal office visits, and is useful to access the evolution of a given therapy. (3 references) AA

Address for reprint requests: Hospital Samaritano, Rua Conselheiro Brotero, 1486 01232—Sao Paulo, Brazil

## 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.

Acta Psychiatrica Scandinavica	81(4-6)	Health Affairs	9(1)
American Behavioral Scientist	33(5)(4)	Health Care Financing Review	11(3)
American Journal of Economics and Sociology	49(2)	Health Policy	14(2)(3)
American Journal of Epidemiology	131(4-6)	Health Psychology	9(3)
American Journal of Medicine	88(4-6)	Health Services Research	25(1)(2)26(4)
American Journal of Orthopsychiatry	60(2)	Health Values	14(1-3)
American Journal of Psychiatry	147(4-6)	Hispanic Journal of Behavioral Science	12(2)
American Journal of Psychology	103(1)(2)	Home Health Care Services Quarterly	11(1/2)
American Journal of Public Health	80(4-6)	International Journal of Aging and Human Development	30(3)(4)
American Journal of Sociology	95(6)	International Journal of Epidemiology	19(2)
American Political Science Review	83(4) 84(1)(2)	International Journal of Mental Health	19(1)(2)
American Psychologist	45(3-6)	International Journal of Technology Assessment in Health Care	6(1)
American Sociological Review	55(2)(3)	Journal of Aging and Health	2(2)
Archives of Gerontology and Geriatrics	10(2)(3)	Journal of Allied Health	19(2)
Archives of Physical Medicine and Rehabilitation	71(1)(5-7)	Journal of Applied Gerontology	9(2)
Arthritis and Rheumatism	33(4-6)(5 Suppl)	Journal of Applied Psychology	75(2)(3)
Australian and New Zealand Journal of Psychiatry	24(2)	Journal of Behavioral Medicine	13(2)(3)
Behavioral Medicine	16(2)	Journal of Clinical Epidemiology	43(5)(6)
Behavioral Science	35(2)	Journal of Community Health	15(2)(3)
British Journal of Cancer	61(4-6)	Journal of Consulting and Clinical Psychology	58(2)(3)
British Journal of Psychiatry	156(4-6)	Journal of Epidemiology and Community Health	44(2)
British Journal of Psychology	81(2)	Journal of Family Practice	30(4-6)
Canadian Journal of Behavioral Science	22(2)	Journal of Gerontology	45(3)
Canadian Journal of Public Health	81(3)	Journal of Health and Social Behavior	31(2)
Canadian Medical Association Journal	142(7-12)	Journal of Health Economics	9(2)
Cancer	65(7-12)(Suppl 9-10)	Journal of Health, Politics, Policy and Law	15(2)
Chest	97(4-6) (4 Suppl) (5 Suppl)	Journal of Medical Systems	14(3)
Child Welfare	69(1-3)	Journal of Nervous and Mental Disease	178(4-6)
Circulation	81(4-6)	Journal of Pediatrics	116(4-6)
Clinical Gerontologist	10(2)	Journal of Policy Analysis and Management	9(2)
Clinical Psychology Review	10(1-3)	Journal of Policy Modeling	12(2)
Cognitive Psychology	22(1)(2)	Journal of Political Economy	98(2)(3)
Cognitive Therapy and Research	14(2)(3)	Journal of Psychopathology and Behavioral Assessment	12(1)(2)
Community Mental Health Journal	26(2)(3)	Journal of Psychosocial Oncology	8(2/3)
Family and Community Health	13(1)	Journal of Public Health Policy	11(2)
Geriatrics	45(4-6)		
Gerontologist	30(2)(3)		

## SOURCES of INFORMATION (April-June 1990)

Journal of Rheumatology	17(4-6)(21-23)	Psychology and Aging	5(2)
Journal of School Health	60(4)(5)	Psychosocial Rehabilitation Journal	13(4)
Journal of School Psychology	28(2)	Psychosomatic Medicine	52(3)
Journal of Social Issues	46(2)	Psychosomatics	31(2)
Journal of Social Policy	19(2)	Public Health Reports	105(3)
Journal of Social Psychology	130(1-3)	Quality and Quantity	24(2)
Journal of the American Geriatrics Society	38(4-6)	Quality Review Bulletin	16(4)(6)
Journal of the American Medical Association	262(12) 263(1-5) (7-10)(12-24)	Review of Economics of Statistics	72(2)
Journal of the Royal Society of Health	110(2)(3)	Risk Analysis	10(2)
Medical Care	28(4-6)	Scandinavian Journal of Psychology	31(2)
Milbank Quarterly	68(2)	Science, Technology, and Human Values	15(1)(2)
New York Academy of Medicine Bulletin	66(1-3)	Social Indicators Research	22(3)(4)
Operations Research	38(3)	Social Problems	37(2)
Organization Studies	11(2)	Social Psychology Quarterly	53(2)
Perspectives in Biology and Medicine	33(2)	Social Science and Medicine	30(7-12)
Philosophy and Public Affairs	19(1)	Social Science Research	19(2)
Policy Sciences	23(1)(2)	Social Security Bulletin	53(4-6)
Policy Studies Journal	18(3)(4)	Social Service Review	64(1)(2)
Preventive Medicine	19(3)	Socio-Economic Planning Science	24(2)
Psychological Record	40(2)	Sociological Methods and Research	18(4)
		Sociology of Health and Illness	12(2)
		Statistics in Medicine	9(4-6)
		World Health Statistics Quarterly	43(1)(2)

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 April, May, or June 1990. 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 77**

Au: Ward WF; Molteni A; Ts'ao C; Ischiropoulos H

Ti: **Serum copper concentration as an index of experimental lung injury.**

So: *Adv Exp Med Biol* 1989;258:287-302

Serum copper (Cu) concentration was evaluated as an index of lung injury in two rat models of pneumotoxicity: hemithoracic irradiation and monocrotaline ingestion. In both models there was a dose- and time-dependent increase in serum Cu concentration. This hypercupremia paralleled the development of pulmonary endothelial dysfunction (decreased lung plasminogen activator activity and increased prostacyclin production) and pulmonary fibrosis (hydroxyproline accumulation). In the radiation model, lung injury and hypercupremia persisted for at least 6 months, and were spared similarly when the total dose was delivered in multiple daily fractions as compared to single doses. In irradiated rats, the elevated serum Cu concentration was accompanied by increases in plasma ceruloplasmin, lung Cu concentration, and lung Cu/Zn superoxide dismutase (SOD) activity. In monocrotaline-treated rats, lung damage and hypercupremia also were accompanied by a reduction in liver Cu concentration, and by a direct correlation between the concentrations of Cu and SGOT in the serum. In both models, some but not all modifiers of lung damage (penicillamine, angiotensin-converting enzyme inhibitors, pentoxifylline) also partially prevented the insult-induced hypercupremia. In contrast, serum iron concentration was largely independent of treatment in all experiments. These data suggest that elevated serum copper concentration is an accurate and minimally invasive index of lung injury in irradiated and monocrotaline-treated rats.

Address for reprint requests: Department of Radiology, Northwestern University Medical School, Chicago, Illinois 60611

**REFERENCE NUMBER 78**

Au: Holt S

Ti: **Identification and intervention for alcohol abuse.**

So: *J S C Med Assoc* 1989 Dec;85(12):554-9

Early diagnosis of alcohol abuse with brief intervention, in appropriate clinical settings, offers great promise for the reduction of the prevalence of alcohol-related morbidity and mortality. Secondary prevention of alcohol abuse offers promise for a reduction in alcohol-related mortality and morbidity that cannot be readily achieved in an acceptable manner with primary preventive or conventional rehabilitative measures. A concerted medical effort, using simple diagnostic methodology to find cases and offer advice about drinking, will undoubtedly result in a positive impact on alcohol problems.

**REFERENCE NUMBER 79**

- Au: Tugwell P; Bombardier C; Buchanan WW; Goldsmith C; Grace E; Bennett KJ; Williams HJ; Egger M; Alarçon GS; Guttadauria M; et al  
Ti: **Methotrexate in rheumatoid arthritis. Impact on quality of life assessed by traditional standard-item and individualization patient preference health status questionnaires.**  
So: *Arch Intern Med* 1990 Jan;150(1):59-62

In a double-blind, randomized trial of methotrexate vs placebo in rheumatoid arthritis, the effect of treatment on physical, social, and emotional functions was measured in two different ways: the same, standard measurements in all patients, and individualized measurements selected by the patients at the start of the trial as representing the functions they most wanted to have improved by treatment. On the standard measurements, methotrexate-treated patients fared better than placebo-treated patients in their physical, social, and emotional functions by 11%, 5%, and 6%, respectively, results that, although statistically significant, were small. However, methotrexate-treated patients were 29% better in the individualized measures, a result that was both highly statistically significant and greater than the differences in the standard measurements or in joint counts, grip strength, proximal interphalangeal joint circumference, morning stiffness, or walking time. Because the individualized measurements were as efficient as the best direct joint examination measures, yet reflected functional outcomes of greatest importance to individual patients, they constitute useful measures for such trials.

Address for reprint requests: Department of Medicine, McMaster University, Hamilton, Canada L8S 3Z5

**REFERENCE NUMBER 80**

- Au: Jaeschke R; Singer J; Guyatt GH  
Ti: **Measurement of health status. Ascertaining the minimal clinically important difference.**  
So: *Controlled Clin Trials* 1989 Dec;10(4):407-15

In recent years quality of life instruments have been featured as primary outcomes in many randomized trials. One of the challenges facing the investigator using such measures is determining the significance of any differences observed, and communicating that significance to clinicians who will be applying the trial results. We have developed an approach to elucidating the significance of changes in score in quality of life instruments by comparing them to global ratings of change. Using this approach we have established a plausible range within which the minimal clinically important difference (MCID) falls. In three studies in which instruments measuring dyspnea, fatigue, and emotional function in patients with chronic heart and lung disease were applied, the MCID was represented by mean change in score of approximately 0.5 per item, when responses were presented on a seven-point Likert scale. Furthermore, we have established ranges for changes in questionnaire scores that correspond to moderate and large changes in the domains of interest. This information will be useful in interpreting questionnaire scores, both in individuals and in groups of patients participating in controlled trials, and in the planning of new trials.

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada L8S 3Z5

**REFERENCE NUMBER 81**

Au: Paustenbach DJ

Ti: **Important recent advances in the practice of health risk assessment: Implications for the 1990s.**So: *Regul Toxicol Pharmacol* 1989 Dec;10(3):204-43

Health risk assessments have been so widely adopted in the United States that their conclusions are a major factor in many environmental decisions. The procedure by which these assessments are conducted is one which has evolved over the past 10-15 years and a number of shortcomings have been widely recognized. Unfortunately, improvements in the process have often occurred more slowly than advancements in technology or scientific knowledge. Recent significant advances for more accurately estimating the risks posed by environmental chemicals are likely to have a dramatic effect on the regulation of many substances. Each of the four portions of risk assessment (hazard identification, dose-response assessment, exposure assessment, and risk characterization) has undergone significant refinement since 1985. This paper reviews some of the specific changes and explains the likely benefits as well as the implications. Emphasis is placed on the improved techniques for (a) identifying those chemicals which may pose a human cancer or developmental hazard, (b) using statistical approaches which account for the distribution of interindividual biological differences, (c) using lognormal statistics when interpreting environmental data, (d) using physiologically based pharmacokinetic models for estimating delivered dose and for scaling up rodent data, (e) using biologically based cancer models to account for the seven or more apparently different mechanisms of chemical carcinogenesis, (f) describing the severity of the public health risks by considering those portions of the population exposed to various concentrations of a contaminant, and (g) reviewing how criteria for acceptable risk have been influenced by the number of exposed persons. The net benefit of these improvements should be a reduction in the uncertainty inherent in current estimates of the health risks posed by low level exposure to carcinogens and developmental toxicants.

Address for reprint requests: ChemRisk, A McLaren Company, Alameda, California 94501

**REFERENCE NUMBER 82**

Au: Marek KD

Ti: **Outcome measurement in nursing.**So: *J Nurs Qual Assur* 1989 Nov;4(1):1-9**REFERENCE NUMBER 83**

Au: Bucquet D; Condon S; Ritchie K

Ti: **The French version of the Nottingham Health Profile. A comparison of items weights with those of the source version.**So: *Soc Sci Med* 1990;30(7):829-35

The efficient and reliable assessment of general community health requires the development of comprehensive and parsimonious measures of proven validity. The Nottingham Health Profile (NHP) has been demonstrated to be a reliable indicator of common expressions of discomfort and stress in the general population. The present paper describes its linguistic adaptation into French, the derivation of item weights by Thurstone's method of paired comparisons and the comparison of item weights across various sociodemographic groups. There is more similarity than variation on the valuation of the state of health explored by the NHP between the French and the British population as little intercultural or interlinguistic variation was found. The differences in judgment of severity elicited across sociodemographic groups in the French sample cast some doubts on the relevance of general weights for use in population surveys.

Address for reprint requests: Epidemiologie du Vieillissement et de L'Incapacite, INSERM CJP 88-12, Montpellier, France

**REFERENCE NUMBER 84**

Au: Tatarowicz L; Wisby M  
Ti: **Nursing clinics and senior centers.**  
So: *Nurs Adm Q* 1990 Winter;14(2):57-60

**REFERENCE NUMBER 85**

Au: Nagelkerk JM; Kirk L  
Ti: **Assessing patient placement at Freedom Square Retirement Community.**  
So: *Nurs Adm Q* 1990 Winter;14(2):31-5

**REFERENCE NUMBER 86**

Au: Mori M; Goto R; Masuoka H; Yoshida K; Miyake H  
Ti: **[A follow-up study of the elderly in agricultural and piscatorial areas of Hokkaido]**  
So: *Gan No Rinsho* 1990 Feb;Spec No:417-24

A baseline survey was performed for 3,185 persons over 40 years of age in 1984 and 1985 in agricultural and piscatorial areas of Hokkaido with regards to their dietary habits and lifestyle. Of them, 147 persons died prior to the recent followup survey of 1988. As a result of a case-control study of the dead with those of the followed-up group, a more frequent intake of instant noodles was indicated as significantly increasing the risk of death, even after adjusting for the health status at the baseline survey and other confounding variables (the adjusted relative risk=1.44 per frequency class,  $p=0.049$ ).

Address for reprint requests: Department of Public Health, Sapporo Medical College

**REFERENCE NUMBER 87**

Au: Ohno Y; Watanabe S; Tsukane S; Matsushima S; Miyazawa S; Natsukawa S  
Ti: **[The relation among the life style and the clinical laboratory data]**  
So: *Gan No Rinsho* 1990 Feb;Spec No:383-90

The concept of risk pattern is introduced as the new point of view for the cancer prevention. The risk pattern should be derived from analysis of dietary habits, life style, family history, and laboratory data. Using the large scale health screening data in Nagano (total population=93; 403; 1,140 byte/person), the risk pattern is analyzed and the relations among the variables are discussed.

Address for reprint requests: Juntendo Junior College

**REFERENCE NUMBER 88**

Au: Nakamura M; Oshima A; Miura M  
Ti: **[Estimation of the long-term risks of death from smoking—application to public health education]**  
So: *Gan No Rinsho* 1990 Feb;Spec No:319-28

We calculated the long-term risks of death from smoking-related diseases for individuals of various smoking status using the health risk appraisal system based on Japanese epidemiologic and statistic data. For a 35-year-old man who had started to smoke at age 20 and smoked 20 cigarettes per day, the estimated probability of dying of lung cancer before reaching age 85 was 7.1%, and 6.7%, 7.3%, 14.2% for stomach cancer, coronary heart disease, and cerebrovascular disease respectively. If same person had smoked 40 cigarettes per day, the corresponding probabilities were 9.4%, 7.0%, 14.3%, 16.5% respectively. If this same 35-year-old man had never smoked, the probability of dying of lung cancer before age 85 was

only 0.8% and 5.0%, 3.8%, 12.5% for the other smoking-related diseases. If the same person had started to smoke at age 20 and stopped smoking at the age of 35 or 55, the corresponding probabilities were nearly the same as those for a nonsmoker.

Address for reprint requests: Department of Cancer Prevention, Osaka Cancer Prevention and Detection Center.

#### REFERENCE NUMBER 89

Au: Oshima A; Nakamura M

Ti: **[Life-style and cancer prevention. Activities of the Department of Cancer Prevention, Osaka Cancer Prevention and Detection Center]**

So: *Gan No Rinsho* 1990 Feb;Spec No:268-74

The role of the Department of Cancer Prevention, Osaka Cancer Prevention and Detection Center, which was established in 1987, is to conduct practical research work in the area of primary prevention of cancer through lifestyle modification. We have so far examined the applicability and efficacy of such tools as population-based smoking cessation contests, nicotine gum, health risk appraisals, and "Know Your Body" programs. The outline of our activities and future plans are introduced.

Address for reprint requests: Department of Cancer Prevention, Osaka Cancer Prevention and Detection Center

#### REFERENCE NUMBER 90

Au: al-Swailem AR; Ali ME

Ti: **Functional health development model: a tool for planning.**

So: *J R Soc Health* 1990 Feb;110(1):29-31

This paper describes a functional model (gross style) taking available information about the health sector e.g., indicators of health status, types of service utilization, and source allocations, and placing these quantities into a systematic framework as a tool for planning for health services in a developing area. The major advantages of functional models over trial-and-error for planning have been presented. The functional model described could contribute to the sorting out of desirable from less desirable policy alternatives for a specific population. The output from the model is useful for matching resources to program development, taking into consideration costs and effectiveness.

Address for reprint requests: Dept. of Family and Community Medicine, College of Medicine, King Saud University, Riyadh, Kingdom of Saudi Arabia

#### REFERENCE NUMBER 91

Au: Berzin' VI; Slepshkina II; Glushchenko AG

Ti: **[Experience with the teaching of the course on "The status and dynamics of children's health"]**

So: *Gig Sanit* 1989 Dec;(12):29-31

#### REFERENCE NUMBER 92

Au: Molteni A; Ward WF; Kim YT; Shetty R; Brizio-Molteni L; Giura R; Ribner H; Lomont M

Ti: **Serum copper concentration as an index of clinical lung injury.**

So: *Adv Exp Med Biol* 1989;258:273-85

The purpose of this ongoing study is to determine whether thoracic radiotherapy for lung cancer produces an early increase in serum copper (Cu) concentration, an increase which might predict clinical outcome. Copper and iron concentrations were measured in serum obtained from non-small cell lung cancer

patients at 0, 1, 2, 4, and 6 weeks after the start of radiotherapy. Control groups included patients irradiated for breast cancer (low dose of radiation to the lung), for endometrial, cervical, or prostatic cancer (no dose to lung), and patients with congestive heart failure, pulmonary hypertension, chronic obstructive pulmonary disease (COPD), and cutaneous burns with or without smoke inhalation (no irradiation). Serum Cu concentration increased at least 10 micrograms/dl from the pretreatment level in approximately 75% of the adenocarcinoma and squamous cell lung cancer patients, but in only one of four undifferentiated lung cancer cases. In virtually all of these responders, serum Cu increased to a maximum at 2 weeks after the start of therapy, then plateaued or decreased slightly despite continuing irradiation. Within the subset of squamous cell lung cancers, there was a direct correlation between the degree of histologic differentiation and both baseline serum Cu concentration and the probability of an early increase therein. In contrast, only 33% of breast cancer patients and 15% of endometrial, cervical, and prostate cancer patients exhibited an increase in serum Cu concentration at 2 weeks after the start of radiotherapy. Serum Cu concentration was within normal limits in virtually all patients with congestive heart failure, pulmonary hypertension, and COPD. Burn patients exhibited a significant reduction in serum Cu, although concomitant smoke inhalation increased serum Cu back to low-normal levels. Serum iron concentration did not change significantly in any category of patients. These data suggest that thoracic radiotherapy for well differentiated non-small cell lung cancer is accompanied by an early increase in serum Cu concentration. This increase is partly but not wholly related to lung dose in particular rather than tissue dose in general, and specifically reflects radiation-induced lung injury rather than pneumopathy in general. In lung cancer patients, the change in serum Cu concentration during the first 2 weeks of radiotherapy exhibits a sufficiently broad range (+60 to -13 micrograms/dl) to permit testing this parameter as a predictor of tumor response and pulmonary complications.

Address for reprint requests: Department of Pathology, Northwestern University Medical School, Chicago, Illinois 60611

#### REFERENCE NUMBER 93

Au: Levine RH

Ti: **Conjoint report to the North Carolina Medical Society and the North Carolina Commission for Health Services [see comments]**

So: *N C Med J* 1990 Feb;51(2):102-105

Address for reprint requests: North Carolina Department of Environment, Health, and Natural Resources, Raleigh N.C. 27611

#### REFERENCE NUMBER 94

Au: Starrin B; Larsson G; Brenner SO; Levi L; Petterson IL

Ti: **Structural changes, ill health, and mortality in Sweden, 1963-1983: a macroaggregated study.**

So: *Int J Health Serv* 1990;20(1):27-42

An exploratory time series analysis was performed on selected indicators of structural change, health behavior, and ill health in Sweden in the years 1963-1983. Both synchronic (nonlagged) and asynchronous (lagged) analyses were made. The synchronic analysis of variations in the suicide rate reveals two main contributory factors: level of employment and overtime work. For cardiovascular mortality in men, the synchronic and the 2-year time lagged analyses reveal that the sale of alcohol and, to a certain extent, the length of the period of unemployment play major roles. In an analysis with a 3-year time lag, only one significant factor for both men and women is revealed, namely the level of employment. In the synchronic analysis of cirrhosis mortality in men, the sale of alcohol plays a dominant role. The results of the synchronic analysis of the variations in sick leave show a similar pattern for both men and women. In both cases, the sale of alcohol is positively associated and the proportion of unemployed industrial workers negatively associated with sick leave. The results give rise to a number of questions. For example, how should these findings be interpreted and how should they be related to existing knowledge about the links

between business cycles and changes in the health of the population? The answers to such questions are of importance both from a scientific viewpoint and with regard to health policy. We argue that the answers require further studies of the characteristics of the periods in the business cycle and of how these periods affect people's lives, living conditions, and behavioral patterns in general.

Address for reprint requests: Center for Public Health Research, County Council of Varmland, Karlstad, Sweden

#### REFERENCE NUMBER 95

Au: Korneev IuE

Ti: [Interpretation of the significance of total index of atmospheric air pollution]

So: *Gig Sanit* 1989 Nov;(11):57-8

#### REFERENCE NUMBER 96

Au: Mathias CG; Sinks TH; Seligman PJ; Halperin WE

Ti: Surveillance of occupational skin diseases: a method utilizing workers' compensation claims.

So: *Am J Ind Med* 1990;17(3):363-70

In order to determine the feasibility of using workers' compensation claims (WCC) for surveillance of occupational skin diseases, we reviewed all WCC received in the state of Ohio from 1980 through 1984. A total of 4,214 WCC for occupational skin diseases were filed by 2,610 Ohio companies, of which 1,656 (63%) companies were classified in Standard Industrial Classification (SIC) categories with average annual WCC rates above the overall state average for skin diseases. During the 5-year study period, 102 companies filed six or more WCC, of which 85 (83.3%) companies were classified in SICs with above-average WCC rates. WCC from 65 (63.7%) of these 102 companies implicated either the same occupation or causal agent in 50% or more of WCC received from each respective company. Using SIC classifications with WCC rates above the state average and six or more filed WCC as measures of risk, there was good correlation between company risk ranking by SIC categorization and number of WCC filed. This study suggests that active intervention strategies to prevent occupational skin diseases can be based on primary identification of companies filing WCC, followed by secondary identification of high-risk occupations or causal agent exposures within these companies.

#### REFERENCE NUMBER 97

Au: Thouez JP; Foggin P; Rannou A

Ti: Correlates of health-care use: Inuit and Cree of northern Quebec.

So: *Soc Sci Med* 1990;30(1):25-34

This case study of the use of health care services in northern Quebec is the first of a series of reports dealing with the health status, risk factors, and access to care of the two major aboriginal populations in this region, the Cree and the Inuit. The focus of the broader study is on the health status and risk factors in these native populations. This research, based on a survey conducted in 1983-84, describes the present health status and health care system of the Cree and Inuit, then presents a path analysis model of their use of health services. The purpose of this approach is to provide health planners and care providers with useful information and to encourage the development of well-organized and reasonable health care service delivery to these populations.

Address for reprint requests: Department of Geography, University of Montreal, Quebec, Canada

**REFERENCE NUMBER 98**

Au: Coreil J; Augustin A; Holt E; Halsey NA

Ti: **Use of ethnographic research for instrument development in a case-control study of immunization use in Haiti.**

So: *Int J Epidemiol* 1989;18(4 Suppl 2):S33-7

A rapid ethnographic assessment of barriers to health service utilization was conducted to identify maternal factors predicting use of child immunizations in Haiti. Methods included four focus group interviews, four natural group interviews, individual interviews with 14 health care providers, and participant observation at vaccination posts. Analysis of qualitative data identified six categories of maternal factors associated with immunization use: competing priorities, low motivation, socioeconomic constraints, perceived accessibility of services, fears about health or social consequences, and knowledge and folk beliefs related to vaccines. Selected variables among these factors were incorporated into a survey instrument designed to compare mothers of completely vaccinated children (cases) with mothers of incompletely vaccinated children (controls). The questionnaire was administered to 299 randomly selected mothers (217 cases, 82 controls). Bivariate and multivariate analyses found that, of the factors identified through ethnographic research, only vaccine-related knowledge was significantly associated with immunization status. The utility and constraints of using ethnographic research for instrument development in epidemiological studies are discussed.

Address for reprint requests: Department of Community and Family Health, College of Public Health, University of South Florida, Tampa 33612

**REFERENCE NUMBER 99**

Au: Drucker E; Webber MP; McMaster P; Vermund SH

Ti: **Increasing rate of pneumonia hospitalizations in the Bronx: sentinel indicator for human immunodeficiency virus.**

So: *Int J Epidemiol* 1989 Dec;18(4):926-33

To describe secular trends in pneumonia hospitalizations in the Bronx, New York City, from 1982-1986, we analyzed all cases with a discharge diagnosis of pneumonia, excluding *Pneumocystis carinii* pneumonia (PCP), for Bronx residents by age, sex, neighborhood, and length of stay (N = 21,822). Hospital deaths from PCP and immune disorders were analyzed separately as a nonrecurrent indicator of human immunodeficiency virus (HIV) related disease prevalence by age, sex, and geographical areas. From 1982 to 1986, pneumonia hospitalizations increased 132% among males and 100% among females aged 25-54, an age group accounting for 90% of adult AIDS cases in the Bronx, as compared to a 21% rise among males and 38% among females in all other age groups (p less than 0.001). Pneumonia rates increased most in those population groups with the highest rates of PCP and immune disorders. An ecological correlation of pneumonia hospitalization with this measure of AIDS prevalence for residents of a small geographical area is evident ( $r^2 = 0.92$ ). The observed increase in pneumonia hospitalizations, believed to be related to underlying prevalence patterns of HIV in this population, accounts for a significant and previously unrecognized burden on the local health care system. From 1983-1986, these "excess" pneumonias in the Bronx accounted for 14,707 days of hospitalization—equal to 42% of the total days attributed to all hospital admissions for AIDS per se.

Address for reprint requests: Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York 10467

**REFERENCE NUMBER 100**

Au: Neri S; Iaia TE; Battista G; Roselli MG

Ti: **[Sentinel events in occupational medicine: the example of Local Health Unit No. 1 of the Tuscany region]**

So: *Epidemiol Prev* 1989 Jun;11(39):29-34

In order to apply the "sentinel health event" methodology we reviewed the certificates of 4,541 deaths that occurred in the period 1/01/83-12/31/88 in the USL 1 (Lunigiana) in the Tuscany Region. The histories of six work accidents, six cases of pleural mesothelioma, and two cases of sinusal cancers have been collected by means of personal interviews and investigation at various workplaces. It should be noted that a case of sinusal cancer was discovered in a farmer who used lead arsenate as an insecticidal. Furthermore, the wife of a shipyard worker died of pleural mesothelioma. The death of a shipyard worker caused by pleural mesothelioma provoked the critical review of the other workers of the same company who were also exposed to asbestos. Moreover, 73 deaths were recorded as due to silicosis; among them, 29 occurred in quartzite quarrymen. In addition, among 153 total cases of lung cancer, 9 were found to be associated with silicosis.

**REFERENCE NUMBER 101**

Au: Lauriola P; Goldoni CA

Ti: **[Observations, comments, and proposals on a survey carried out in the Emilia-Romagna region in 1987, on various sentinel events]**

So: *Epidemiol Prev* 1989 Jun;11(39):22-8

The investigation intends to estimate the frequency of some sentinel health events (SHE) in order to evaluate, preliminarily in methodological terms, the applicability of the survey on some probable SHE, which derive from the death certificates sent to the public health board. The work load has been estimated in relation to the different demographic, economic, and social realities existing in Emilia-Romagna region. Moreover, the suitability (applicability), in operative terms, of the list suggested by the national group for the SHE (CISM), has been examined. In the end, some questions have been raised and some organizational suggestions have been proposed, in order to guarantee the constancy and validity of the survey and above all the knowable acceptance of the insiders.

**REFERENCE NUMBER 102**

Au: Makris PE

Ti: **Utilization of a new index to distinguish heterozygous thalassemic syndromes: comparison of its specificity to five other discriminants.**

So: *Blood Cells* 1989;15(3):497-506; discussion 507

In 1984, a new index (the Makris index) combining erythrocytic and platelet parameters was described for the discrimination of the heterozygous thalassemic syndromes (beta and alpha). The algorithm is  $[(MCV/RDW)/(MPV/PDW)]$  divided by the RBC count in millions and requires for input the MCV, RDW, MPV, PDW, and RBC. The critical value used for separating the heterozygous thalassemic subjects is 1.84, which is the mean value plus 2 SD of our heterozygous subjects (confidence limit 95%). Because this index utilizes a confidence limit that includes 95% of affected persons, all individuals with values smaller than this need further investigation. It should be noted that the specificity of the index can be increased using the mean value of our heterozygous group plus 3 SD ( $X + 3 SD = 1.30 + 3 * 0.27 = 2.11$ , confidence limit 99%). In a series of 1,510 "normal" subjects examined, 154 were designated as abnormal. None of the rest had abnormalities of cellular morphology or red cells osmotic resistance. The algorithm is readily incorporated into the software of an automated, whole blood analyzer. Using an expert system,

we compared the sensitivity and specificity of the Makris index to five other discriminants (Mentzer, Shine et al., England et al., Green, and Bessman et al.). The Makris index distinguished between heterozygotes and normals without misdiagnosis.

Address for reprint requests: 1st Medical Propedeutic Clinic, AHEPA University Hospital, Thessaloniki, Greece.

#### REFERENCE NUMBER 103

Au: Shine I

Ti: **Nonrandom distribution of genotypes among red cell indices.**

So: *Blood Cells* 1989;15(3):475-8; discussion 479-80

Venous blood samples were obtained from 25,302 healthy adults in Kentucky, USA. The red cell indices measured on these samples were evaluated by multiple stepwise regression analysis to derive an algorithm capable of discriminating the 138 individuals within this population who had genotypes AA, AC, AS, or AA beta-thalassemia. The simple discriminant  $MCV2 \times MCH$  with a cutoff set at 1,530 detected 137 out of 138 of the heterozygotes with a false positive rate in this population of 4.4%. Other discriminants tested produced fewer false positives but also missed a sufficient number of heterozygotes to be unacceptable for genetic counseling purposes.

Address for reprint requests: Haematology Unit, Institute of Zoology, London, U.K.

#### REFERENCE NUMBER 104

Au: Spickett JT; Dolin PJ; Phillips MR; Priestley CJ

Ti: **Patterns of pesticide usage by cereal crop farmers in Western Australia.**

So: *Asia Pac J Public Health* 1989;3(3):242-8

In Western Australia there has been an increase in the use of herbicides in recent years due to a change in farming practices. This change, together with more general public concern over exposure to chemicals, has resulted in farmers expressing concern over the possible long-term health effects from exposure to herbicides. As part of a long-term study of the possible health effects from such exposure, a survey was carried out to establish the extent of pesticide use within the cereal farming community of Western Australia. Of the 9,408 properties surveyed, 2,921 responses were received, which represents a 32.2% response rate. The results indicate that a wide range of chemicals are used as insecticides, fumigants, seed dressings, seed pickles, herbicides, and rodent poisons. At the time of the survey in 1985, products containing prespruf and 1,1,1-trichloro-2,2-bis(p-chlorophenyl)ethane (DDT) were the most popular insecticides, and products containing diquat, diclofop-methyl, chlorsulfuron, and glyphosate as active ingredients represented the four most popular herbicides.

#### REFERENCE NUMBER 105

Au: Wessely SC; Lewis GH

Ti: **The classification of psychiatric morbidity in attenders at a dermatology clinic.**

So: *Br J Psychiatry* 1989 Nov;155:686-91

Of a random sample of new attenders at a dermatology outpatient clinic, 40% were classified as suffering from a psychiatric disorder. There was no correlation between psychiatric morbidity and the severity or site of skin disease. Self-report measures of the behavioral impact of skin disease and attitudes to appearance were related to psychological morbidity. Except in subjects without visible skin pathology (5%) there was no evidence that psychiatric illness was an etiological factor in the development of skin disease. Self-report measures were used to distinguish between those patients in whom psychiatric morbidity was closely related to skin disease (75%), and those in whom it may be coincidental (20%). Psychological care

for the former group is most appropriately provided by physicians, who should be encouraged to improve their detection and management of psychiatric morbidity.

Address for reprint requests: Department of Forensic Psychiatry, Institute of Psychiatry, London, England

#### REFERENCE NUMBER 106

Au: Vazquez-Barquero JL; Diez Manrique JF; Pena C; Arenal Gonzalez A; Cuesta MJ; Artal JA

Ti: **Patterns of psychotropic drug use in a Spanish rural community.**

So: *Br J Psychiatry* 1989 Nov;155:633-41

Psychotropic drug use was investigated using a two-stage survey of a random sample of persons aged 17 and over from a rural Spanish community. It was found that 6.9%, 11.8%, and 25.1% of the population were consuming psychotropic, analgesic, and somatic medicines respectively. Women presented a higher rate of psychotropic use than men (prevalence for women 10.7%, for men 2.6%). This female predominance was found to be significantly related to sociodemographic and medical factors. Psychotropic use was also associated with the physical health of the respondent. The coexistence of physical and mental illness generated an increase of consumption, whereas the absence of both types of illness was associated with a very low rate. The rates for physical and for mental illness alone were intermediate and were almost equal.

Address for reprint requests: Department of Psychiatry and Medical Psychology, Nacional Hospital Valdecilla, Cantabria Medical School, University of Cantabria, Spain

#### REFERENCE NUMBER 107

Au: Sherman Z

Ti: **Health risk appraisal at the worksite.**

So: *AAOHN J* 1990 Jan;38(1):18-24

Employers in the 1990s will need all the help they can get to cut health care costs, while still providing health benefits for their employees. The HRA assessment combined with the nursing intervention at the time of the HRA interpretation can trigger changes in health behavior. Employers want these positive results: healthier employee behaviors and lower health care costs.

#### REFERENCE NUMBER 108

Au: Hoöft P; Van de Voorde H

Ti: **[Relative risk areas in the Louvain region. An ordinal geographical analysis of the health status and the distribution of health care]**

So: *Arch Belg* 1989;47(1-4):157-60

The analysis of the absolute figures of 21 socioeconomic, hygienic, and demographic indicators for the 30 communes of the district of Louvain did not show significant differences. A fourfold ordinal analysis, however, revealed a systematic pattern of differences for wealth, hygienic amenities, migration, birth rate, and SMR. Six types of communes with two relative risk areas were described: cities and city-like communes, residential areas, rural villages with high emigration rates, poor economic areas, and transition areas between rural villages and cities and between wealthy and poor economic areas. The same pattern was found, though to a lesser degree, in the distribution of the facilities for health care and social welfare. The more wealthy communes were very well provided by these services, while the relative risk areas were overlooked.

**REFERENCE NUMBER 109**

Au: Schultz DS; Rafferty MP

Ti: **Soviet health care and perestroika.**So: *Am J Public Health* 1990 Feb;80(2):193-7

Health and health care in the Soviet Union are drawing special attention during these first years of perestroika, Mikhail Gorbachev's reform of Soviet political and economic life. This report briefly describes the current state of Soviet health and medical care, Gorbachev's plans for reform, and the prospects for success. In recent years the Soviet Union has experienced a rising infant mortality rate and declining life expectancy. The health care system has been increasingly criticized for its uncaring providers, low quality of care, and unequal access. The proposed measures will increase by 50 percent the state's contribution to health care financing, encourage private medicine on a small scale, and begin experimentation with capitation financing. It seems unlikely that the government will be able to finance its share of planned health improvements, or that private medicine, constrained by the government's tight control, will contribute much in the near term. Recovery of the Soviet economy in general as well as the ability of health care institutions to gain access to Western materials will largely determine the success of reform of the Soviet health care system.

Address for reprint requests: Department of Pathology, MD Anderson Cancer Center, Houston, Texas 77030

**REFERENCE NUMBER 110**

Au: Esrey SA; Casella G; Habicht JP

Ti: **The use of residuals for longitudinal data analysis: the example of child growth.**So: *Am J Epidemiol* 1990 Feb;131(2):365-72

Health impact evaluations often measure changes in health status over part of a total life experience. The effects on health up to and including the start of the evaluation, which are embodied in the measure of initial health status, need to be removed while examining the effects that other variables exert during the evaluation period on final health status. Statistical models, which include initial health status as a covariate while examining the effects of other variables during the evaluation, confound the effects of a determinant during evaluation with preevaluation effects, because they do not differentiate between effects produced at different times by the same determinant. A residual model removes the preevaluation effects by regressing final health status on initial health status. The residuals from this regression are then regressed on the other predictor variables. In this paper, standard covariate adjustment, which includes all effects simultaneously, is compared with a two-part residual model using child growth as an example. The simultaneous model over- and underpredicts growth relative to the residual model depending on the age and initial body size of a child. In general, whenever initial (preintervention) and final (postintervention) measures of health outcome exist, the residual model should be considered on the basis of biologic and epidemiologic consideration, not solely on statistical optimality.

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

**REFERENCE NUMBER 111**

Au: Stuckelberger A; Tecklenburg U; Hovaguimian T; Grab B

Ti: **[Health survey in the elderly using home interviews: study of various indicators]**So: *Soz Praventivmed* 1989;34(6):260-4

Questions asked on the occasion of health survey at home usually refer to frequency of medical consultations and prescribed drugs, but often also to reported somatic symptoms and self-evaluated general health status. Interview data collected in a population of aged widows and widowers revealed a

high degree of concordance between these various health indicators, justifying in particular the value assigned to the subjective appreciation of the level of general health.

Address for reprint requests: Institutions Universitaires de Geriatrie, Geneva, Switzerland

#### REFERENCE NUMBER 112

Au: Kunugita N; Norimura T; Futamura K; Tsuchiya T

Ti: [Annual changes of THI (Todai Health Index) scores of workers in a large-sized enterprise]

So: *Sangyo Ika Daigaku Zasshi* 1989 Dec 1;11(4):403-10

To develop a well-controlled working environment including a mental health support system, it is important to survey the health status of workers. The authors analyzed results of the Todai Health Index (THI), which was administered to employees of a large-sized enterprise in Osaka in 1984, 1986, and 1987. The results were as follows: (1) Female workers had more complaints of "eye and skin," "many subjective symptoms," "mental instability," and "psychosomatic disorder" than males. Male workers complained more of "aggressiveness," "lie scale," and "arousal" than females. (2) The authors could not detect any annual changes of each scale during the 3 years. These results are similar to previous reports. (3) Some people had continuous complaints of "psychosomatic disorder" and "neurosis." These results indicate that THI is useful in obtaining information regarding mentally high-risk workers.

Address for reprint requests: Department of Radiation Biology and Health, School of Medicine, University of Occupational and Environmental Health, Kitakyushu, Japan

#### REFERENCE NUMBER 113

Ti: [Series of articles on clinimetrics]

So: *Ned Tijdschr Geneeskde* 1990 Jan 6;134(1):28-9

#### REFERENCE NUMBER 114

Au: Chelala CA

Ti: Central America: the cost of war.

So: *Lancet* 1990 Jan 20;335(8682):153-4

#### REFERENCE NUMBER 115

Au: Aaronson NK

Ti: Quality of life assessment in clinical trials: methodologic issues.

So: *Controlled Clin Trials* 1989 Dec;10(4 Suppl):195S-208S

Historically, health-related quality of life research has been carried out at a descriptive level, providing rich data regarding the impact of disease and treatment on the physical, functional, psychological, and social health of varying patient populations. More recently, there has been growing interest in incorporating psychosocial or "quality of life" outcome measures into clinical trials of medical interventions, particularly in the chronic diseases. This article reviews a number of the central methodologic issues surrounding the development or selection of quality of life measures appropriate for use in clinical trials. Topics discussed include the following: (1) Who should assess quality of life? (2) What should be assessed? (3) What means of data collection should be used, e.g., interviews, questionnaires, or diaries? (4) Should the focus of the quality of life measures be generic or disease specific? (5) What are some of the considerations for response scales and for the time frame of questions addressing the quality of life? (6) What psychometric

properties should be considered in evaluation of a questionnaire assessing quality of life? Additional attention is directed toward research design and implementation issues in clinical trial-based quality of life studies.

Address for reprint requests: The Netherlands Cancer Institute, Amsterdam, The Netherlands

#### REFERENCE NUMBER 116

Ti: **Diet and nutrition-related concerns of blacks and other ethnic minorities.**

So: *Bull Mich Dent Hyg Assoc* 1989 Mar-Apr;19(1):4-9

#### REFERENCE NUMBER 117

Au: Siegel LS

Ti: **Detection of learning disabilities in infancy using a risk index.**

So: *Birth Defects* 1989;25(6):119-26

Address for reprint requests: Ontario Institute for Studies in Education, Toronto, Canada

#### REFERENCE NUMBER 118

Au: Jones PW; Baveystock CM; Littlejohns P

Ti: **Relationships between general health measured with the sickness impact profile and respiratory symptom physiological measures, and mood in patients with chronic airflow limitation.**

So: *Am Rev Respir Dis* 1989 Dec;140(6):1538-43

The relationship between general health measured using the Sickness Impact Profile (SIP), lung spirometry, arterial oxygen saturation during exercise, and 6-minute walking distance was studied in 141 patients with chronic airflow limitation. In addition the patients completed the Hospital Anxiety and Depression Questionnaire and the Medical Research Council (MRC) Bronchitis Questionnaire. Their mean age was 63 years (range 31 to 75) and their mean FEV1 was 47 +/- 23 (SD) of predicted normal. The SIP scores were lower (i.e., the patients had better general health) than in previously reported patients who had greater physiological disturbance, but the profile of the different category scores within the SIP was similar to previous findings. Walking distance correlated with the SIP better than any spirometric measure or arterial saturation and accounted for 41% of the variance in SIP ( $p$  less than 0.001). The SIP score was considerably higher in patients who wheezed every day compared with those who did not ( $p$  less than 0.005). In patients who reported that their breathing was not normal between acute attacks of breathlessness and wheeze, the SIP score was twice as high as in those who felt normal between attacks ( $p$  less than 0.0006). Walking distance, depression score, and MRC dyspnea score correlated with SIP score independently of each other. A multiple regression incorporating these three variables accounted for 62% of the total variance in SIP score. Age, sex, and response to bronchodilator were not correlated with SIP score. We conclude that the SIP provides a valid measure of general health in a population of patients with chronic airflow limitation.

Address for reprint requests: Division of Physiological Medicine, St. George's Hospital Medical School, London, U.K.

#### REFERENCE NUMBER 119

Au: Harrington G

Ti: **Heart disease risk appraisal [letter; comment]**

So: *J R Soc Health* 1989 Dec;109(6):220

**REFERENCE NUMBER 120**

Au: Kirk J; Douglass R; Nelson E; Jaffe J; Lopez A; Ohler J; Blanchard C; Chapman R; McHugo G; Stone K

Ti: **Chief complaint of fatigue: a prospective study [see comments]**

So: *J Fam Pract* 1990 Jan;30(1):33-9; discussion 39-41

The Dartmouth COOP Project, a primary care research network, conducted a prospective study of patients presenting to 28 primary care practices with a chief complaint of fatigue. Data were gathered on fatigue status, associated systems, health status, and origin of fatigue. Fatigue patients were demographically similar to nonfatigue patients but had significantly worse physical and mental health at study intake. Sixty-three percent of physicians and 52% of patients rated fatigue origin as primarily physical ( $\gamma = 0.48$ ,  $P$  less than .05), but in 41% of cases, physicians indicated there was substantial interaction between physical and psychological factors. Only two factors—depression and anxiety—separated fatigue of physical origin from fatigue of psychological origin. Clinicians must thoughtfully evaluate fatigue's often multiple causes and communicate their understanding of those causes to the patient to gain support for a reasonable treatment regimen.

Address for reprint requests: Department of Community and Family Medicine, Dartmouth Medical School, Hanover, New Hampshire 03756

**REFERENCE NUMBER 121**

Au: Dunnette DA

Ti: **Assessing risks and preventing disease from environmental chemicals.**

So: *J Community Health* 1989 Fall;14(3):169-86

In the last 25 years there has been considerable concern expressed about the extent to which chemical agents in the ambient and work environments are contributing to the causation of disease. This concern is a logical extension of our increased knowledge of the real and potential effects of environmental chemicals and the methodological difficulties in applying new knowledge that could help prevent environmentally induced disease. Chemical risk assessment offers an approach to estimating risks and involves consideration of relevant information including identification of chemical hazards, evaluation of the dose-response relationship, estimation of exposure, and, finally, risk characterization. Particularly significant uncertainties which are inherent in use of this and other risk models include animal-human and low dose-high dose extrapolation and estimation of exposure. Community public health risks from exposure to environmental chemicals appear to be small relative to other public health risks based on information related to cancer trends, dietary intake of synthetic chemicals, assessment data on substances such as DDT and "dioxin," public health effects of hazardous waste sites, and contextual considerations. Because of inherent uncertainty in the chemical risk assessment process, however, we need to apply what methods are available in our efforts to prevent disease induced by environmental chemicals. There are a number of societal strategies which can contribute to overall reduction of risk from environmental chemicals. These include acquisition of information on environmental risk including toxicity, intensity and extensity of exposure, biological monitoring, disease surveillance, improvement in epidemiological methods, control of environmental chemical exposures, and dissemination of hazardous chemical information. Responsible environmental risk communication and information transfer appear to be among the most important of the available strategies for preventing disease induced by chemicals in the environment.

Address for reprint requests: Center for Public Health Studies, Portland State University, Oregon 97207

**REFERENCE NUMBER 122**

Au: Sutterer JR; Carey MP; Silver DK; Nash DT

Ti: **Risk factor knowledge, status, and change in a community screening project.**

So: *J Community Health* 1989 Fall;14(3):137-47UI-90094740

This report describes a community-based cardiovascular risk-reduction program which targeted high-risk individuals. A total of 1,471 individuals participated and were screened for blood pressure, fasting serum cholesterol, blood glucose level, and appearance of the serum. These individuals also completed a questionnaire regarding their knowledge of heart disease. Overall, 522 (35.5%) individuals had a cholesterol level of 240+ mg/dl; 261 (17.7%) had hypertension; 118 (8%) had a glucose level of 120+ mg/100 ml blood; 266 (18.1%) smoked; and the serum was evaluated as "turbid" or "lipemic" in 105 (7.1%). Therefore, of the 1,471 individuals examined, 733 (49.8%) could be considered "at risk" due to the presence of one or more risk factors. Interestingly, 73% of respondents knew their blood pressure, whereas only 15% and 12%, respectively, knew their cholesterol and glucose levels. Eighty percent of the sample knew that smoking, hypertension, and cholesterol were risk factors, but only 50% of the sample identified diabetes as an independent risk factor. Contrary to expectation, knowledge of heart disease and diabetes was not related to either initial level or change in cholesterol at 18-month retest. Overall, these results indicate that a community screening program can identify high-risk individuals at a relatively low cost, and that knowledge of risk factors and disease is not related to initial risk status or self-initiated change in risk status.

Address for reprint requests: Behavioral Physiology Laboratory, Syracuse University, Syracuse, New York 13244

**REFERENCE NUMBER 123**

Au: Prendergast JM; Coe RM; Chavez MN; Romeis JC; Miller DK; Wolinsky FD

Ti: **Clinical validation of a nutritional risk index.**

So: *J Community Health* 1989 Fall;14(3):125-35

This research assessed the clinical validity of a nutritional risk index (NRI). Subjects were 377 male veterans, aged 55+, attending general medicine and geriatric outpatient clinics. Data were collected by personal interviews, anthropometric measurements, laboratory assay of nutritional parameters, 3-day food records, and medical record reviews. Although the results showed that the NRI correlated significantly with only two nutritional measures (body mass index, total energy intake), critical values or threshold levels of NRI were identified that significantly discriminated low-risk from high-risk patients on four nutritional parameters (body mass index, total energy intake, laboratory risk, and medications risk). It was concluded that the NRI is a valid measure of health status and contains a nutritional dimension.

Address for reprint requests: Program on Aging, Mercy Hospital, Pittsburgh, Pennsylvania 15219

**REFERENCE NUMBER 124**

Au: Heath GW; Kendrick JS

Ti: **Outrunning the risks: a behavioral risk profile of runners.**

So: *Am J Prev Med* 1989 Nov-Dec;5(6):347-52

There is a need to assess better the relationship between physical activity and other health behaviors through population-based studies. Using the state-based Behavioral Risk Factor Surveillance System, we examined the behavioral risk factors of smoking, alcohol use, hypertension detection, obesity, seatbelt use, and physical activity in 2,412 runners and 26,538 nonrunners. Our analyses demonstrated marked differences in behavioral risk profiles between runners and nonrunners. Runners, regardless of the amount of running, were more likely to be nonsmokers, be of normal weight, be normotensive, and regularly use seatbelts than were nonrunners of similar age and sex. Patterns of alcohol use were not different when

comparing male runners with male nonrunners. However, female runners were more likely to drink and drive and to use alcohol on a chronic basis compared to their nonrunning counterparts. The "runner's lifestyle" may convey a certain level of protection from chronic disorders that are associated with these risk factors. However, further prospective studies are needed to examine in more detail the relationship of running to the risks and/or benefits for improved health.

Address for reprint requests: Division of Chronic Disease Control and Community Intervention, Centers for Disease Control, Atlanta, Georgia 30333

#### REFERENCE NUMBER 125

Au: Moran MT; Mazzocco VE; Fiscus WG; Koza EP

Ti: **Coronary heart disease risk assessment.**

So: *Am J Prev Med* 1989 Nov-Dec;5(6):330-6

A coronary heart disease (CHD) risk assessment was conducted on 883 patients enrolled in two primary-care rural practices in western Maryland to evaluate the relationship among presence of cardiovascular disease, major risk factors, and self-perception for CHD among the clients. Patients with preexisting cardiovascular disease other than peripheral vascular disease were more likely to perceive themselves at increased risk. However, 16% (39/246) regarded themselves to be at below average risk. These patients tended to have lower income, education, and anxiety levels. Nineteen percent of patients without preexisting cardiovascular diseases regarded themselves to be at above average risk. These patients tended to be disabled, unemployed, and have increased anxiety levels. Regardless of the presence or absence of preexisting cardiovascular disease, a patient's self-perceived risk was not altered significantly by the presence of one or more risk factors other than a positive family history of CHD. Based on Framingham risk profiles, 7.3% (29/395) of the white patients 35-74 years of age without preexisting cardiovascular disease had scores of 0.301 and above. Women had 1.4 times lower estimates of risk compared to men. The discrepancy that can occur between perceived and actual risk for CHD among a significant percentage of patients attending a primary-care rural practice underscores the importance of ascertaining both prior to prescribing risk reduction interventions.

Address for reprint requests: Department of Medicine, University of Maryland School of Medicine, Baltimore, Maryland 21201

#### REFERENCE NUMBER 126

Au: Loreti P; Muzzi A; Bruni G

Ti: **[Model for the regional allocation of the National Health Care Fund]**

So: *Ann Ig* 1989 Jan-Apr;1(1-2):195-218

In 1978 a National Health Service (Servizio Sanitario Nazionale = SSN) was constituted in Italy which exercises jurisdiction in the sector of health care and is duty bound to assist all citizens. Basically speaking, the NHS is organized on three levels (national, regional, and local) with the management of direct operations assigned to the (about 700) Local Health Boards (Unita Sanitaria Locale = USL) each of which covers a well-determined territorial area. The authors indicate that rarely discussed or evaluated are the procedures for the regional allocation of health care funding which is determined by Parliament within the ambit of the National Budget (The National Health Care Fund). The current allocation model distributes the available capital resources for each expense item (e.g., hospitalization, pharmaceutical assistance, etc.) on a per capita basis with respect to the regional populations modified in order to allow for differing degrees of health care requirements. The regional populations are subdivided into broad age groups (e.g., children, intermediary, the elderly) with specific weighting factors expressing the different level of health care requirements. The application of these weighting factors alters the regional populations (with no change in the total population of the country) in order to express them in equivalent units with respect to the health care need. Moreover, standardized death rates are introduced into the model as indicators of

the different health risk, and their application leads to a further modification in the level of the regional populations so as to express them in equivalent units with respect to the health risk as well. Once the available financial resources have been subdivided in this "theoretical" way, the following corrective factors are applied: (a) hospital mobility correction factor: the regions with a credit admissions balance are assigned an additional cost which is borne by the regions with a debit admissions balance; (b) historical expenditures correction factor: a comparison is made between the theoretical allocation and the allocation according to expenditures ascertained in 1985, and the final allocation falls into an intermediary position; and (c) Local Health Board income correction factor: the assignment of funds is reduced in direct proportion to the estimated income specific to the Local Health Boards of each region. The authors point out that even though this model represents a positive evolution when compared to the superficial criteria of past expenditure levels, it does manifest application potential limits.

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This section of the *Bibliography on Health Indexes* will be used to inform our readers of the development of health-related quality of life measures that use data from National Surveys, primarily those of the National Center for Health Statistics (NCHS). At the outset, much of this space will be used for highlighting recent research activities that are based on the development of a utility-based measure using data from the National Health and Nutrition Examination Survey Epidemiologic Followup Study (NHEFS) 1982–1984. This first installment gives the rationale for and outlines the scope of this research project.

Recent research in developing generic measures of health-related quality of life has aimed at addressing some of the limitations of measures traditionally used in national surveys. One problem is that existing measures provide little information about the 85 percent of the population who report themselves with no limitation in major activity or about the 70 percent who report themselves in either excellent or very good health. Another problem is that many of the available measures, such as self-assessed health status, are global measures. Global measures cannot be disaggregated to identify the nature or extent of dysfunction. Thus, traditional indicators are of little use for guiding health policy.

As a result, multidimensional assessments that include several concepts of health-related quality of life have been developed. Of the newly developed measures that can be used across most if not all age groups and population groups, i.e., generic measures, three are suitable for use in surveys such as those conducted by NCHS. These are the Health Utility Index (HUI), Medical Outcomes Study Short Form (MOS-SF), and the Quality of Well-being Scale (QWB).

One purpose of the health-related quality of life research project undertaken with the NHEFS 1982–1984 data was to evaluate the potential for assessing health-related quality of life in general population surveys. The other major purpose was to study the analytic features of measures of health-related quality of life compared to traditional indicators in four topic areas: depression, diabetes, hypertension, and nutritional intake.

The original intent of this project was to construct NHEFS versions of the HUI, MOS-SF, and the QWB. After a thorough match of these three assessments with the questionnaire used in NHEFS, sufficient data were identified to construct a version of the HUI; there was insufficient correspondence between the content of the NHEFS and both the MOS-SF and the QWB to allow the construction of valid versions of either of these assessments.

Research Roundtable Sections in subsequent issues of the *Bibliography on Health Indexes* will describe the basic process for developing the NHEFS version of the HUI. After describing the method for developing the measure, some basic descriptive data indicating the quality of life scores for various population groups will be presented. These summaries of the methods used to construct and validate the measure will be followed by brief reports from findings from different analyses that are undertaken using these data. The first of these will summarize findings from the analysis of quality of life among persons with and without depression, diabetes, and hypertension. These disease-specific analyses will be followed by a summary of the impact of nutritional intake on quality of life.

Additional information about this project as well as the availability of reports as they become published can be obtained from the Clearinghouse on Health Indexes.

**Association for Health Services Research**  
**Chicago, Illinois**                      **7-9 June 1992**

The theme for this year's annual meeting of the Association for Health Services Research/Foundation for Health Services Research is "Health Services Research: Contributions to Policy, Management and Clinical Practice." For more information contact

Suzan Meredith  
Conference Coordinator  
AHSR, Suite 1100  
1350 Connecticut Avenue, N.W.  
Washington, D.C. 20036  
Telephone: 202-223-2477

**International Society of Technology Assessment in Health Care**  
**Vancouver, British Columbia, Canada**                      **14-17 June 1992**

This meeting is designed to provide a forum for the exchange of information and ideas in the growing field of health technology assessment. Those attending will include health care administrators, practitioners, policymakers, and researchers. This meeting will emphasize the linkage of technology assessment with public policies relating to the appropriate use of assessment of health technologies. For more information contact:

Marlin Conference Management  
Suite 740  
1140 West Pender Street  
Vancouver, British Columbia, Canada V6E 4G1

**Conference on Pharmacoepidemiology**  
**Minneapolis, Minnesota**                      **30 August-3 September 1992**

The purpose of this conference is to provide a forum for the exchange of information between academic researchers, medical care practitioners, health care administrators, the pharmaceutical industry, and regulatory agencies, on pharmacoepidemiological approaches to studying the efficacy and safety of pharmaceuticals. The conference will include invited lecturers and submitted papers, posters, and workshops. For more information contact:

Stanley Edlavitch  
International Society for Pharmacoepidemiology  
University of Minnesota College of Pharmacy  
308 Harvard Street, S.E. HSUF 7-158  
Minneapolis, Minnesota 55455  
Telephone: 612-624-4426 or 612-624-5931  
FAX: 612-625-9931 or 612-624-2974

**Society for Medical Decision Making Annual Meeting**  
**Portland, Oregon**                      **17-20 October 1992**

The theme of this year's annual meeting is "Health Policy: Values, Outcomes and Choices." The meeting will include a symposium on how cost effectiveness analyses inform health policy, using the proposed Oregon allocation plan as a case study. For more information contact:

David Hickam  
Veterans Affairs Medical Center (152)  
P.O. Box 1034  
Portland, Oregon 97207  
Telephone: 503-273-5305

**Conference on Health Economics and Health Services**  
**Paris, France                      16-18 December 1992**

This conference combines three major events: (1) Second European Conference on Health Economics, (2) Third Congress on Geographic and Socioeconomics on Health, and (3) Fourth European Health Services Research Meeting. Four meetings will be held simultaneously and will cover long-term modelling and strategic choices; efficiency, regulation, and incentives; social discrimination and specific policies; and regionalization and local health policies. For more information contact:

Colloque European de socioeconomie de la sante: CREDES  
1 rue Paul Cezanne  
75008 Paris, France

### **Quality of Life Assessments in Clinical Trials** **A New Book for Clinical Researchers**

The impetus for this edited volume arose because no comprehensive books exist for clinical investigators who conduct quality-of-life assessments. This book emphasizes the various perspectives both globally and in greater detail. It discusses the tests that are available to assess quality of life and the pros and cons of each test; it also comments on the appropriateness of these tests. Authors were chosen who are acknowledged experts in their fields to make this book as authoritative as possible.

This book addresses the following basic questions:

1. What are the available tests and methods to use in measuring quality of life?
2. Which tests and methods are validated for use and how may other scales be validated?
3. How does an investigator choose which specific tests to use in specific situations for specific purposes?
4. What is the state of the art in various therapeutic areas of quality of life?

The complete citation is

Spilker, Bert (editor). *Quality of Life Assessments in Clinical Trials*. New York: Raven Press, 1990

### **Poverty and Race Research Action Council (PRRAC)**

PRRAC is a new organization that has been convened by major civil rights, civil liberties, and antipoverty groups, with substantial initial support from the Rockefeller and Ford Foundations. Its purpose is to link social science research to advocacy work of all types (including litigation, legislation, public education, and community organizing).

PRRAC will

- Fund research tied to local, state, and national advocacy strategies.
- Enhance communication between advocates and social science researchers to coordinate strategy in the race and poverty area.
- Hold conferences, publish reports, and disseminate ideas and materials focusing on issues of race and poverty.

For more information contact:

PRRAC  
Suite 714  
1875 Connecticut Avenue, N.W.  
Washington, D.C. 20009  
Telephone: 202-387-9887

### 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.

### Why a “Clearinghouse”?

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

### What's Included?

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

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

### What Services?

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

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

**National Center for Health Statistics**  
**ATTENTION: Scientific and Technical Information Branch**  
**6525 Belcrest Road**  
**Room 1041**  
**Hyattsville, Maryland 20782**

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