



# Clearinghouse on Health Indexes

National Center for Health Statistics

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## Bibliography on Health Indexes

### 2 ACKNOWLEDGMENTS

### 3 ANNOTATIONS

- 3 Baines, Sheila; Saxby, Peter; Ehlert, Karen: Reality Orientation and Reminiscence Therapy: A Controlled Crossover Study of Elderly Confused People: *British Journal of Psychiatry* 151(2):222-231, 1987
- 3 Baumgartner, Gregory R.; Rowen, Randall C.: Clonidine vs Chlordiazepoxide in the Management of Acute Alcohol Withdrawal Syndrome: *Archives of Internal Medicine* 147(7):1223-1226, 1987
- 4 Beitman, Bernard D.; Basha, Imad; Flaker, Greg; DeRosear, Lori; Mukerji, Vaskar; et al.: Atypical or Nonanginal Chest Pain: Panic Disorder or Coronary Artery Disease?: *Archives of Internal Medicine* 147(9):1548-1552, 1987
- 4 Bergman, Ira; Painter, Michael J.; Wald, Ellen R.; Chiponis, Darleen; Holland, Audrey L.; et al.: Outcome in Children with Enteroviral Meningitis during the First Year of Life: *Journal of Pediatrics* 110(5):705-709, 1987
- 4 Birch, Stephen; Donaldson, Cam: Applications of Cost-Benefit Analysis to Health Care: Departures from Welfare Economic Theory: *Journal of Health Economics* 6(3):211-225, 1987
- 5 Blades, C.A.; Culyer, A.J.; Walker, A.: Health Service Efficiency: Appraising the Appraisers—A Critical Review of Economic Appraisal in Practice: *Social Science and Medicine* 25(5):461-472, 1987
- 5 Boardman, A.P.: The General Health Questionnaire and the Detection of Emotional Disorder by General Practitioners: A Replicated Study: *British Journal of Psychiatry* 151(3):373-378, 1987
- 5 Brenner, M. Harvey: Relation of Economic Change to Swedish Health and Social Well-being, 1950-1980: *Social Science and Medicine* 25(2):183-195, 1987
- 6 Brugha, T.S.; Sturt E.; MacCarthy, B.; Potter, J.; Wykes, T.; et al.: The Interview Measure of Social Relationships: The Description and Evaluation of a Survey Instrument for Assessing Personal Social Resources: *Social Psychiatry* 22:123-129, 1987
- 6 Charlson, Mary E.; Sax, Frederic L.; MacKenzie, C. Ronald; Braham, Robert L.; Field, Suzanne D.; et al.: Morbidity During Hospitalization: Can We Predict It?: *Journal of Chronic Diseases* 40(7):705-712, 1987
- 6 Costa, Paul T.; McCrae, Robert R.; Zonderman, Alan B.: Environmental and Dispositional Influences on Well-being: Longitudinal Follow-up of an American National Sample: *British Journal of Psychology* 78:299-306, 1987

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## 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.

Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget through September 30, 1989.

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 July, August, or September 1987. Materials searched in the preparation of this issue are given in the section entitled Sources of Information which follows the annotation section. Bibliographic citations are given in the standard form: author, title, and source of the article, designated by Au., Ti., and So., respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviations are avoided whenever possible.

Following the abstract, the number of references used in the preparation of the document and source of the annotation are given. There are four sources: (1) the author abstract designated by AA; (2) the author summary, AS; (3) the author abstract or summary modified by Clearinghouse personnel, AAM or ASM; and (4) the Clearinghouse abstract CHP, 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: Baines, Sheila; Saxby, Peter; Ehlert, Karen

Ti: **Reality Orientation and Reminiscence Therapy: A Controlled Cross-over Study of Elderly Confused People**

So: *British Journal of Psychiatry* 151(2):222-231, 1987

The authors compared reality orientation with reminiscence therapy for elderly people in a large residential home, using a controlled cross-over design. Both kinds of therapy were enjoyed by both staff and residents, and enabled staff to get to know moderately and severely confused residents. The group that received reality orientation followed by reminiscence therapy showed improvement in cognitive and behavioral measures which was not found in the other two groups. It may be important to use reality orientation techniques with confused residents before involving them in a reminiscence group. (39 references) AA

Address for reprint requests: North Devon District Hospital, J Barnstaple, Devon, United Kingdom

#### REFERENCE NUMBER 2

Au: Baumgartner, Gregory R.; Rowen, Randall C.

Ti: **Clonidine vs Chlordiazepoxide in the Management of Acute Alcohol Withdrawal Syndrome**

So: *Archives of Internal Medicine* 147(7):1223-1226, 1987

To the authors' knowledge, this is the first reported comparison of clonidine with benzodiazepine in the management of acute alcohol withdrawal syndrome. In a double blind trial, 61 men experiencing acute alcohol withdrawal were randomly assigned to receive clonidine or chlordiazepoxide over a 60-hour treatment period. Clonidine was more effective than chlordiazepoxide at reducing alcohol withdrawal scale scores, systolic blood pressures, and heart rates over the entire study period. Clonidine was as good as chlordiazepoxide at improving Cognitive Capacity Screening Exam, Hamilton Anxiety Rating Scale, and Self-Rating Scale scores. Adverse drug reactions reported by each group were similar, though less nausea and vomiting were observed in the clonidine group. Clonidine may represent a new alternative agent for the management of acute alcohol withdrawal syndrome. (33 reference) AA

Address for reprint requests: Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine, Box 202, Columbia, South Carolina 29202

**REFERENCE NUMBER 3**

Au: Beitman, Bernard D.; Basha, Imad; Flaker, Greg; DeRosear, Lori; Mukerji, Vaskar; et al.  
 Ti: **Atypical or Nonanginal Chest Pain: Panic Disorder or Coronary Artery Disease?**  
 So: *Archives of Internal Medicine* 147(9):1548—1552, 1987

Of 195 patients with atypical or nonanginal chest pain presenting in a cardiology clinic, 104 consented to be evaluated for anxiety disorders using a structured psychiatric interview that included the administration of the Self-rating Anxiety Scale, the Beck Depression Inventory, and the Brief Symptom Inventory. Thirty patients had histories of coronary artery disease (CAD). Fifty-nine patients in the sample (16 of those with CAD and 43 of those without CAD) fit diagnostic criteria for panic disorder (PD). Those patients with both CAD and PD were primarily men (mean age, 43 years) with predominantly a typical angina. Since PD has been shown to be readily responsive to pharmacologic intervention, this diagnosis should be considered in patients with a typical or nonanginal chest pain. (37 references) AA

Address for reprint requests: Department of Psychiatry, Clinic 6, University of Missouri-Columbia, Health Sciences Center, 1 Hospital Dr, Columbia; Missouri 65212

**REFERENCE NUMBER 4**

Au: Bergman, Ira; Painter, Michael J.; Wald, Ellen R.; Chiponis, Darleen; Holland, Audrey L.; et al.  
 Ti: **Outcome in Children with Enteroviral Meningitis during the First Year of Life**  
 So: *Journal of Pediatrics* 110(5):705–709, 1987

The neurologic, psychologic, language, and academic skills were evaluated and compared in children who had had enteroviral meningitis in infancy and their siblings. The study population consisted of 45 children in whom enteroviral meningitis developed between the ages of 4 days and 12 months. Three died of heart failure caused by viral myocarditis. Thirty-three survivors and 31 siblings were comprehensively evaluated with physical and neurologic examinations; hearing, vision, and achievement tests; and tests of cognitive, perceptual-motor, language, memory, and emotional-behavioral functions. The remaining nine survivors of meningitis and eight of their siblings were assessed by telephone interviews and analysis of school and medical records. None of the survivors had major adverse neurologic sequelae. In addition, they performed as well as their siblings on all tests administered. Our study did not demonstrate either overt or covert impairments of neurologic function or development in survivors of infantile enteroviral meningitis. (13 references) AA

Address for reprint requests: Children's Hospital of Pittsburgh, One Children's Place, 3705 Fifth Avenue at DeSoto St., Pittsburgh, Pennsylvania 15213–3147

**REFERENCE NUMBER 5**

Au: Birch, Stephen; Donaldson, Cam  
 Ti: **Applications of Cost-Benefit Analysis to Health Care: Departures from Welfare Economic Theory**  
 So: *Journal of Health Economics* 6(3):211–225, 1987

In applying the principles of cost-benefit analysis to real world problems of resource allocation particular care must be taken to ensure that the welfare economic theory which underlies the cost-benefit technique is adhered to. Major problems arise where costs and benefits are used interchangeably to represent the good and bad attributes of a programme. Furthermore, in the presence of mutually exclusive projects, focussing attention upon the net benefits (or cost-benefit ratios) of individual projects as opposed to the net benefits of the use of budgeted resources can lead to biased estimates of the shadow price of projects and, consequently, errors in analysis' conclusions. As a result, economic appraisals of individual projects are not directly relevant for choosing between mutually exclusive projects of different sizes. Both types of problem are illustrated by reference to both simple examples and published economic appraisals of health care techniques. Integer programming is proposed and demonstrated as a method of selecting between mutually exclusive projects. (28 references) AA

Address for reprint requests: University of Sheffield, Sheffield S10 2RX, United Kingdom

**REFERENCE NUMBER 6**

Au: Blades, C.A.; Culyer, A.J.; Walker, A.

Ti: **Health Service Efficiency: Appraising the Appraisers—A Critical Review of Economic Appraisal in Practice**

So: *Social Science and Medicine* 25(5):461–472, 1987

This paper provides a critical appraisal of the application of economic evaluative techniques to problems of health service efficiency. Focusing largely on the British literature, it selects some recurring issues, comments on them from a theoretical point of view, and illustrates them with examples of good and bad practice. (59 references) AA

Address for reprint requests: Health Economics Research Group, Brunel University, Uxbridge, Middlesex UB8 3PH, United Kingdom

**REFERENCE NUMBER 7**

Au: Boardman, A.P.

Ti: **The General Health Questionnaire and the Detection of Emotional Disorder by General Practitioners: A Replicated Study**

So: *British Journal of Psychiatry* 151(3):373–378, 1987

This paper reports on a study of psychiatric morbidity in 920 patients attending 18 General Practitioners Lewisham, South East London. Two indices of morbidity were computed on the basis of the patients responses to the General Health Questionnaire (GHQ) and the GPs' own estimates. Indices of the GPs' detection ability were found by comparing questionnaire and GP rating. The results are compared to those obtained by other workers in a sample of Manchester GPs. The GHQ gave a prevalence estimate of 42.9% which is comparable to that of 39.6% obtained in the Manchester study.

In addition, the variation in caseness across sociodemographic groups was consistent with the Manchester findings. The GPs' estimates of morbidity, while much lower than those obtained in Manchester, have similar sociodemographic profiles. The results support the use of the GHQ as a screening device in epidemiological studies, and suggest the need for further investigation of the individual GP's performance as a case detector. (21 references) AA

Address for reprint requests: National Unit for Psychiatric Research and Development, Lewisham Hospital, Lewisham High Street, Lewisham, London SE13 6LH, United Kingdom

**REFERENCE NUMBER 8**

Au: Brenner, M. Harvey

Ti: **Relation of Economic Change to Swedish Health and Social Well-being, 1950–1980**

So: *Social Science and Medicine* 25(2):183–195, 1987

To what extent, and through what mechanisms, does the deterioration of economic conditions affect the health of the population at the national level? In this paper, the author presents the results of a study of Swedish data, analyzing the post-World War II changes in mortality rates in relation to deleterious economic changes, especially unemployment, business failure rates, and declines in real per capita income. The analysis uses a version of the 'Economic Change Model of Pathology' which includes the influence of health risks related to patterns of consumption and production. It is found that economic growth plays a principal role in reducing mortality at nearly all ages, and specifically mortality due to total cardiovascular disease, cerebrovascular disease, total heart disease, ischemic heart disease, total malignancies, disorders of infancy, and motor vehicle accidents. Economic recession, by contrast, is related to increases in total mortality for virtually all age groups, in both sexes, for major causes of death and causes due to psychopathological conditions. Per capita alcohol consumption, by specific beverage, is an important risk to

mortality rates in cerebrovascular disease, malignancies, cirrhosis, motor vehicle accidents, suicide, homicide, and infant diseases. Cigarette consumption rates are positively related to mortality due to cardiovascular, malignant, and infant diseases; fat consumption rates are positively related to cardiovascular and cancer mortality. (59 references) AA

Address for reprint requests: Departments of Behavioral Sciences, Health Policy, and Sociology, The Johns Hopkins University, Baltimore, Maryland 21205

#### REFERENCE NUMBER 9

Au: Brugha, T.S.; Sturt E.; MacCarthy, B.; Potter, J.; Wykes, T.; et al.

Ti: **The Interview Measure of Social Relationships: The Description and Evaluation of a Survey Instrument for Assessing Personal Social Resources**

So: *Social Psychiatry* 22:123-129, 1987

Measures of personal social resources and support are criticized for failing to assess clearly defined behaviors and self-evaluations of relationships that relate to specific events and time periods. A new schedule, the Interview Measure of Social Relationships (IMSR), attempts to resolve some of these problems. It assesses the size and density of the primary social network, contacts with acquaintances and others, adequacy of interaction and supportiveness of relationships, and crisis support. A hierarchical data base allows flexible access to the data. Initial evaluation of the IMSR demonstrates good inter-rater reliability, a high degree of temporal stability of close relationships and good acceptability for use in large-scale surveys of individuals with differing social and educational backgrounds. (14 references) AA

Address for reprint requests: MRC Social Psychiatry Unit, Institute of Psychiatry, De Crespigny Park, London SE5 8RF United Kingdom

#### REFERENCE NUMBER 10

Au: Charlson, Mary E.; Sax, Frederic L.; MacKenzie, C. Ronald; Braham, Robert L.; Field, Suzanne D.; et al.

Ti: **Morbidity During Hospitalization: Can We Predict It?**

So: *Journal of Chronic Diseases* 40(7):705-712, 1987

Physicians use the concept of stability to estimate the likelihood that a patient will deteriorate during a hospitalization. To determine whether physicians can accurately predict a patient's risk of morbidity, 603 patients admitted to the medical service during a one month period were rated prospectively as to how stable they were. Overall, 15% of patients had deterioration of already compromised systems, while 17% had new complications, such as sepsis. Eight percent of patients had both. Twelve percent of stable patients experienced morbidity; 39% of the somewhat unstable and 61 of the most unstable. When all of the demographic and clinical variables were taken into account including the reason for admission and comorbid diseases, the residents' estimates of the patient's stability was the most significant predictor of morbidity ( $p < 0.001$ ). The judgment that a patient was stable had an 87% negative predictive accuracy, while the judgment unstable had a 46% positive predictive accuracy. (21 references) AA

Address for reprint requests: 525 East 68 Street, New York, New York 10021

#### REFERENCE NUMBER 11

Au: Costa, Paul T.; McCrae, Robert R.; Zonderman, Alan B.

Ti: **Environmental and Dispositional Influences on Well-being: Longitudinal Follow-up of an American National Sample**

So: *British Journal of Psychology* 78:299-306, 1987

Both lay-persons and social scientists typically assume that psychological well-being or happiness is a response to objective circumstances or events. The present study contributes to recent literature showing

that stable individual differences are more useful than life circumstances in predicting well-being. Responses to items from the General Well-being Schedule were examined for 4942 men and women surveyed in a follow-up of a national sample. Results showed substantial stability for well-being scales for total group and demographically defined subgroups, and stability coefficients were as high for those who had experienced changes in marital or employment status or state of residence as for those who had not. These findings point out the need for caution in interpreting well-being scores as indices of the quality of life, because well-being is strongly influenced by enduring characteristics of the individual. (27 references) AA

Address for reprint requests: Personality, Stress and Coping Section, Gerontology Research Center, NIA, Francis Scott Key Medical Center, 4940 Eastern Avenue, Baltimore, Maryland 21224

#### REFERENCE NUMBER 12

Au: Croog, Sydney H.; Levine, Sol; Sudilovsky, Abraham; Baume, Robert M.; Clive, Jonathan  
 Ti: **Sexual Symptoms in Hypertensive Patients: A Clinical Trial of Antihypertensive Medications**  
 So: *Archives of Internal Medicine* 148(4):788-794, 1987

The effects of captopril, methyldopa, and propranolol hydrochloride on reported distress over sexual symptoms over a 24-week treatment period were examined as part of a multicenter, randomized, double-blind clinical trial in which 626 men with mild to moderate hypertension participated. On entry into the clinical trial, 58% of patients taking antihypertensive medications and 44% of men not receiving antihypertensive drugs reported distress over one or more sexual symptoms. Among 304 patients treated with monotherapy who completed the trial, total symptoms distress scores of treatment groups did not differ from each other in change from baseline to week 24, but in particular, problems of maintaining an erection were significantly worsened with propranolol therapy. Among 177 patients treated with monotherapy plus a diuretic, total sexual symptoms distress scores worsened among the groups taking methyldopa or propranolol, with significant worsening in all individual symptoms among patients taking propranolol, and problems in maintaining an erection and in ejaculation among patients receiving methyldopa. Among patients treated with captopril plus a diuretic, no change from baseline appeared in scores for any of the sexual symptoms. The findings underline the importance of taking an adequate sexual history and document that selection of antihypertensive drugs may significantly affect the incidence of sexual symptoms. (27 references) AA

Address for reprint requests: Department of Behavioral Sciences and Community Health, University of Connecticut Health, Center, 265 Farmington Avenue, Farmington, Connecticut 06032

#### REFERENCE NUMBER 13

Au: Croyle, Robert T.; Uretsky, Michael B.  
 Ti: **Effects of Mood on Self-Appraisal of Health Status**  
 So: *Health Psychology* 6(3):239-253, 1987

Two experiments investigated the effects of temporary mood on the self perception of health status. In Experiment 1, participants viewed one of two videotapes designed to induce either positive or negative mood. Under the guise of a second experiment, they were asked to imagine an illness-related scenario and to provide judgments concerning their health status. As predicted, positive induction participants judged their health more favorably than negative induction participants. Experiment 2 examined the mediating role of illness-relevant thinking in this mood effect. After seeing one of the two mood induction tapes, some participants were asked to imagine either an illness-related or illness-unrelated scenario. A third group was given no instructions concerning imagination. As predicted, the relative effect of negative mood on health appraisal was attenuated only among those who imagined a scenario unrelated to health. Furthermore, the pattern of symptom recall data mirrored the self-appraisal findings. The data are consistent with the notion

that negative mood can affect subjective appraisals of health by increasing the accessibility of illness-related memories. Implications for diagnostic practice are explored. (44 references) AA

Address for reprint requests: Department of Psychology, Bronfman Science Center, Williams College, Williamstown, Massachusetts 01267

#### REFERENCE NUMBER 14

Au: Cutting, J.

Ti: **The Phenomenology of Acute Organic Psychosis: Comparison with Acute Schizophrenia**

So: *British Journal of Psychiatry* 151(3):324-332, 1987

The psychopathology of acute organic psychosis was investigated by interviewing 74 patients using the Present State Examination (PSE). The delusions, perceptual disturbance, thought disorder, and emotional disorder, were categorized and then compared with those seen in 74 acute schizophrenics. In acute organic psychosis there was a particular pattern to the delusions, perceptual disturbance, and thought disorder, which was quite unlike that seen in acute schizophrenia. These results have implications for theories claiming that schizophrenia is an organic psychosis. It is suggested that the psychopathology in acute organic psychosis has very different origins from that seen in schizophrenia. (23 references) AA

Address for reprint requests: Consultant Psychiatrist, Bethlem and Maudsley Hospitals, Monks Orchard Road, Beckenham, Kent BR3 3BX United Kingdom

#### REFERENCE NUMBER 15

Au: Dalton, John E.; Pederson, Sanford L.; Blom, Bernhard E.; Holmes, Nancy R.

Ti: **Diagnostic Errors Using the Short Portable Mental Status Questionnaire With a Mixed Clinical Population**

So: *Journal of Gerontology* 42(5):512-514, 1987

The validity of the Short Portable Mental Status Questionnaire (SPMSQ) was evaluated using two criteria: clinical diagnosis and neuropsychological diagnosis. The 40 study participants represented a mixed clinical sample of neurologic and psychiatric patients, all of whom were or had been inpatients. Laboratory data (CT, EEG, etc.) were available for 45% of the patients. Neuropsychological diagnosis of organic impairment was based on an extensive test battery. The SPMSQ did not significantly relate to either clinical or neuropsychological diagnosis. It is recommended that a "normal" score on the SPMSQ be regarded as nonspecific regarding organic cognitive impairment rather than suggestive of normal brain functioning. (11 references) AA

Address for reprint requests: Central Testing Laboratory (116B1), North Chicago Veterans Administration Medical Center, 3001 Green Bay Road, North Chicago, Illinois 60064

#### REFERENCE NUMBER 16

Au: Dent, Owen F.; Tennant, Christopher C.; Goulston, Kerry J.

Ti: **Precursors of Depression in World War II Veterans 40 Years after the War**

So: *Journal of Nervous and Mental Disease* 175(8):486-490, 1987

The impact of wartime stress and other psychosocial and health variables on depressive illness in the 40 years since the Second World War is examined in this study of Australian male prisoners of the Japanese and other veterans. A random sample of 170 surviving members of the captured Eighth Division of the Australian Army residing in Sydney in 1983 (POWs) was compared with a similar sample of 172 veterans who fought in Southeast Asia during the war but were not imprisoned (non-POWs). Multiple regression analysis involving nine predictor variables revealed that self-reported nervous illness during the war and depressive illness since the war had pronounced independent effects on current depression as measured by



the Zung Scale. Being married and better educated had significant protective effects against depression for the non-POWs while being employed and having higher socioeconomic status were protective for POWs. A clear linkage was shown from wartime nervous illness to postwar depressive illness to present-day depression. (16 references) AA

Address for reprint requests: Department of Sociology, Faculty of Arts, The Australian National University, P.O. Box 4, Canberra, A.C.T. 2601, Australia

#### REFERENCE NUMBER 17

Au: Desai, Swati

Ti: **The Estimation of the Health Production Function for Low-Income Working Men**

So: *Medical Care* 25(7):604-615, 1987

Health is an important variable that determines an individual's economic as well as non-economic well-being. A healthy individual will be more productive, will contribute more toward a nation's economy, and, keeping other things constant, will have a better life overall than a sick individual. But for a low-income individual, health could be even more crucial since it could be a major factor in perpetuating his poverty. If, as a part of our social policy, we would want to improve the economic well-being of poor people, their health in general would need attention. This paper studies the production of health and the demand for medical care of low-income working men. Low-income working men are "medically indigent" because they are not eligible for Medicaid and are not adequately covered by insurance. This study provides insight into what role medical, preventive, and curative care—as well as other socioeconomic variables, such as income and education—plays in the production of the health of low-income men. It also shows the impact of price, income, and other control variables on the demand for medical care. (18 references) AA

Address for reprint requests: Division of Social Science, Fordham University, Lincoln Center Campus, New York, New York 10025

#### REFERENCE NUMBER 18

Au: Drummond, Michael F.

Ti: **Assessing the Costs and Benefits of Medicines: Some Current Measurement Issues**

So: *Costs and Benefits of Pharmaceutical Research*, Smith, George Teeling (editor), London, England:Office of Health Economics, 1987

This paper examines some of the key measurement issues on the costs and benefits of medicines that have emerged recently. When possible, these issues are illustrated by recent examples. Four issues in particular are explored; these are the estimation of savings in health care resources owing to drug therapy, the measurement of improvements in the quality of life, the estimation of health benefits in money terms and the incorporation of economic measurements in clinical trials. (23 references) AS-M

Address for reprint requests: Health Services Management Centre, University of Birmingham, United Kingdom

#### REFERENCE NUMBER 19

Au: Ebrahim, S.; Barer, D.; Nouri, F.

Ti: **Affective Illness After Stroke**

So: *British Journal of Psychiatry* 151(1):52-56, 1987

Mood assessments were made after six months of 149 survivors taken from a register of all patients admitted to hospital with acute stroke. Using a General Health Questionnaire score of 12 or more as a criterion of important affective illness, its prevalence was 23%. There was no difference in risk of affective

illness between left and right hemisphere strokes. Affective illness was strongly associated with functional ability, with limb weakness and with longer hospital stay in those with good functional recovery. Only 15% of those with high scores were receiving antidepressant drugs. The general practitioner is in the best position to detect psychiatric illness in stroke survivors; the use of mood rating scales such as the GHQ, in conjunction with clinical assessment, may improve detection. (21 references) AA

Address for reprint requests: Department of Clinical Epidemiology and Social Medicine, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE, United Kingdom

#### REFERENCE NUMBER 20

Au: Edeh, J.; Toone, B.

Ti: **Relationship between Interictal Psychopathology and the Type of Epilepsy: Results of a Survey in General Practice**

So: *British Journal of Psychiatry* 151(1):95-101, 1987

Psychiatric morbidity was assessed in a sample of 88 adult epileptic patients drawn from general practices in South London. Using the Clinical Interview Schedule (CIS), 48% emerged as psychiatric cases. When either total CIS score or caseness status was used for comparison, group differences were evident; patients with temporal lobe epilepsy (TLE) and focal non-TLE did not differ, but each was significantly more impaired than those with primary generalized epilepsy. The groups also differed in their psychiatric symptom profiles. The results suggest that the increased prevalence of interictal psychopathology commonly associated with TLE may also be a feature of other forms of focal epilepsy. (33 references) AA

Address for reprint requests: Department of Psychological Medicine, Denmark Hill, London SE5 9RS England

#### REFERENCE NUMBER 21

Au: Fernandez, Francisco; Adams, Frank; Holmes, Valerie F.; Levy, Joel K.; Neidhart, Mary

Ti: **Methylphenidate for Depressive Disorders in Cancer Patients: An Alternative to Standard Depressants**

So: *Psychosomatics* 28(9):455-461, 1987

The psychostimulant methylphenidate was used to treat 30 depressed cancer patients in whom rapid response and minimization of the usual side effects of tricyclic antidepressants were desirable. Patients were administered a battery of assessments including the Mini-Mental State, the Trail Making Test Parts A and B, and a neurobehavioral examination. Ten showed marked improvement and 13 moderate improvement, achieved within days and with few side effects. Eleven of these patients were treated for a year without evidence of tolerance or abuse. (21 references) AA

Address for reprint requests: St. Luke's Episcopal Hospital, 6720 Bertner Avenue, Houston, Texas 77030

#### REFERENCE NUMBER 22

Au: Friedland, Judith; McColl, MaryAnn

Ti: **Social Support and Psychosocial Dysfunction after Stroke: Buffering Effects in a Community Sample**

So: *Archives of Physical Medicine and Rehabilitation* 68(8):475-480, 1987

This study examined the effect to social support as a mediator between stressful life events experienced by stroke survivors and outcome measured by psychosocial dysfunction. Eighty-five stroke survivors were interviewed at home two to 24 months after discharge from active rehabilitation. The sample was selected for a high number of stressful life events in the recent past, placing subjects at risk for psychosocial

dysfunction. Eight components of social support were measured to determine the magnitude of their influence on adjustment. A new instrument, the Social Support Inventory for Stroke Survivors, was designed for this purpose. The General Health Questionnaire, used to measure psychosocial symptomatology, showed that 27% of the sample suffered psychosocial dysfunction. Multiple regression analysis explained 14.5% of total variance as due to social support and functional status. Risk analysis, using the odds ratio, indicated that an especially strong protective effect was produced by community social support. (33 references) AA

Address for reprint requests: Department of Rehabilitation Medicine, University of Toronto, Toronto, Ontario, Canada M5T 1W5

#### REFERENCE NUMBER 23

Au: Gibbons, J.S.; Butler, J.P.

Ti: **Quality of Life for "New" Long-stay Psychiatric In-Patients: The Effects of Moving to a Hostel**

So: *British Journal of Psychiatry* 151(3):347-354, 1987

The authors observed 15 new long-stay patients in wards in a District General Hospital Unit and a mental hospital, and again when they had lived for a year in a new hospital-hostel. There were significant changes in time spent in the community, social interaction, activity and abnormal behavior. Residents believed they had more freedom and none wanted to return to wards. Six patients remained on wards. They showed no comparable changes and all wanted to live elsewhere. (20 references) AA

Address for reprint requests: University Department of Psychiatry, Royal South Hants Hospital, Graham Road, Southampton SO9 4PE, United Kingdom

#### REFERENCE NUMBER 24

Au: Greenspun, Bertram; Stineman, Margaret; Agri, Robyn

Ti: **Multiple Sclerosis and Rehabilitation Outcome**

So: *Archives of Physical Medicine and Rehabilitation* 68(7):434-437, 1987

This paper reviewed the outcome for people with severe multiple sclerosis admitted to an inpatient rehabilitation center. Data was gathered on admission, at discharge, and at three months post discharge. Over a four-year period 28 patients received care comprising a total of 33 patient admissions. Seventy-three percent of the cases were women, ages 23 to 69. Sixty-one percent were admitted from acute care medical services. On admission, 18% ambulated independently, by discharge 76% could do so. Fifteen cases changed from dependent to independent status in stair climbing by discharge. Less dramatic improvements were noted by activities of daily living categories. In general, individuals who stayed at the center longer were initially more dependent and made greater relative gains. More patients with multiple admissions were married, and they tended either to be employed or to have at least partial homemaking responsibilities. (11 references) AA

Address for reprint requests: The Hospital of the University of Pennsylvania, 3400 Spruce Street Philadelphia, Pennsylvania, 19104

#### REFERENCE NUMBER 25

Au: Greenwald, Howard P.

Ti: **The Specificity of Quality-of-Life Measures Among the Seriously III**

So: *Medical Care* 25(7):642-651, 1987

The need to address the impacts of serious disease and the effectiveness of interventions has led to the development of numerous measures of the quality of life. The research reported here explores the possibility that widely used measures do not truly distinguish among separate dimensions of the quality of

life in a seriously ill population, but reflect a generalized tendency among such individuals to respond negatively to interviewers' questions about their well-being. This research examines three widely used measures—the Sickness Impact Profile (SIP), the Profile of Mood States (POMS), and the McGill Pain Questionnaire (MPQ)—as applied to 536 individuals with recent cancer diagnoses. In a multitrait-multimethod matrix, correlation coefficients among measures believed to reflect the same phenomena are consistently higher than correlation coefficients among measures supposed to reflect different phenomena. In a factor analysis performed on all 536 subjects, the unrotated factor matrix indicates that no single factor explains a preponderance of the variance in individual measures. Orthogonal rotation indicates that subscales from the SIP, POMS and MPQ generally load on factors defined by the scales of which they are part. These findings were replicated on subsamples of subjects with particularly severe disease. The study suggests that the SIP, POMS, and MPQ measure the specific dimensions their names imply, even among individuals with illnesses posing immediate threats to survival. (19 references) AA

Address for reprint requests: Health Administration Program, School of Public Administration, University of Southern California, University Park MC-0041, Los Angeles, California 90089-0041

#### REFERENCE NUMBER 26

Au: Haley, William E.; Brown, S. Lane; Levine, Ellen G.

Ti: **Family Caregiver Appraisals of Patient Behavioral Disturbance in Senile Dementia**

So: *Clinical Gerontologist* 6(4):25-34, 1987

In the present study, 44 primary family caregivers of elderly patients with dementia were interviewed concerning the prevalence of 31 specific behavioral problems in the home setting, the subjective stressfulness of each problem, and caregivers' perceived self-efficacy in managing each problem. Patient disability was measured by the Index of Activities of Daily Living (Katz et al.) and Instrumental Activities of Daily Living (Lawton et al.) Results indicate that, although self-care deficits and disorientation are extremely common, they are of less concern to caregivers than a number of prevalent and highly stressful behavioral problems such as agitation, hallucinations, and dangerous or embarrassing behaviors. These specific behavioral problems deserve greater attention in the management of dementia patients who live in community settings. (24 references) AA

Address for reprint requests: Associate Scholar in the Center for Aging, University of Alabama at Birmingham, Birmingham, Alabama 35294

#### REFERENCE NUMBER 27

Au: Helmes, Edward; Csapo, Kalman G.; Short, Judith-Ann

Ti: **Standardization and Validation of the Multidimensional Observation Scale for Elderly Subjects (MOSES)**

So: *Journal of Gerontology* 42(4):395-405, 1987

Objective, reliable and valid means of assessing the cognitive and psychosocial functionings of elderly persons are in demand for several reasons. Clinical needs for initial assessment, placement, and treatment monitoring are supplemented by the need for research tools for program evaluation and clinical trials. The set of behavior rating scales called the Multidimensional Observation Scale for Elderly Subjects (MOSES) was developed with these needs in mind. This paper describes the development of the MOSES scale and its rationale and norming on 2,391 residents of hospitals and residential settings. Internal consistency reliabilities in the .8 range and interrater reliabilities from .58 to .97 are reported. Validity correlations with the Zung Depression, Robertson Short Mental Status, Kingston Dementia, and the Physical and

Mental Impairment-of-function Evaluation (PAMIE) scales were all satisfactory. The applications and advantages of the use of MOSES are discussed. (21 references) AA

Address for reprint requests: Psychology Department, London Psychiatric Hospital, Box 2532, Station A, London, Ontario, Canada N6A 4H1

#### REFERENCE NUMBER 28

Au: Hinkle, Lawrence E.

Ti: **Stress and Disease: The Concept After 50 Years**

So: *Social Science and Medicine* 25(6):561-566, 1987

Although there is no generally accepted definition of "a state of stress" in biological or social systems, biologists and social and behavioral scientists continue to use the term. They communicate meaningfully by describing and measuring sources of stress and their observed effects on living organisms, without attempting to define the intervening variables. Biologists and medical scientists tend to be concerned with sources of stress that are concrete and observable, and can otherwise be considered as 'causes' of illness and injury; social and behavioral sciences tend to be concerned with sources of stress that represent information that arises from outside the person and is mediated by higher centers of the central nervous system. It is clear that such "psychological stresses" can lead to alterations of internal functions down to the biochemical level, and that they are potential "causes" of disease; but they do not usually act independently of other mechanisms. The central thesis of the stress theory of disease, as elaborated by Cannon and Selye, appears to have been thoroughly established. Disease can be regarded as a phenomenon that occurs when an agent or condition threatens to destroy the dynamic steady state upon which the integrity of the organism depends; and the manifestations of disease appear to be, in large measure, manifestations of the organism's efforts to adapt to, and to contain, threats to its integrity. In this sense, all diseases are to some extent disorders of adaptation. Also, it appears that the course and manifestations of any disease can be influenced to some extent by activities of the nervous and endocrine systems that are initiated by the central nervous system in response to information from the social and interpersonal environment. On the other hand, the theoretical explanation of how "stress" causes disease as a model derived from engineering concepts is clearly incorrect. The relation of an organism to its environment is, in large measure, a communicative interaction. Its response to a threat to its integrity is based upon the evaluation of the information received. This response is not random and non-specific, but directed, and it is as highly specific as the effector mechanisms of the organism can make it. (11 references) AA-M

Address for reprint requests: Department of Medicine, Cornell University Medical College, New York City, NY 10021

#### REFERENCE NUMBER 29

Au: Hurst, Jeremy

Ti: **New Attitudes in Assessing Benefits**

So: *Costs and Benefits of Pharmaceutical Research*, Smith, George Teeling (editor), London, England:Office of Health Economics, 1987

This paper argues that there is room for improving the quality of the cost effectiveness information that is brought to bear on decisions, both public and private, in the health care sector. There is a case for better health technology assessment and economic evaluation in the pharmaceutical industry. More specifically, there is a case for better ways of measuring the benefits of newer as well as older medicines, in terms of the improvements that they bring in the health of the population. (21 references) AS-M

Address for reprint requests: Department of Health and Social Services, London, England

**REFERENCE NUMBER 30**

Au: Husebye, David G.; Westlie, Lars; Styrvoky, Thomas J.; Kjellstrand, Carl M.

Ti: **Psychological, Social, and Somatic Prognostic Indicators in Old Patients Undergoing Long-term Dialysis**

So: *Archives of Internal Medicine* 147(11):1921-1924, 1987

The authors prospectively studied the influence of 29 demographic, social, psychological, and somatic factors on survival of 78 patients over age 70 years receiving long-term dialysis. Three years after the prospective evaluation, 54% of the patients had died. Only four factors, all psychosocial, were prognostically important. The patients who survived rated higher on the Karnofsky scale (85 vs 78 points), gained less weight between dialyses (1.5 vs 1.9kg), more often underwent home dialysis (44% vs 21%), and less often wished for transplantation (28% vs 57%). In stepwise and multiple regression analysis, home dialysis and Karnofsky scale resulted in best fit. No somatic variable predicted outcome. Thirty-one patients were reinterviewed three years later. At that time, more patients were depressed and had a lower income, fewer wanted a transplant, and five had lost their living companion. There was a decrease in the number of patients who cooked their own meals, spent time outdoors, went to church, or had hobbies. Activity on the Karnofsky scale decreased from 87 to 84 points. The home dialysis patients' perceived health decreased from 3.9 to 3.4 points. This study shows that psychosocial, but not somatic variables, are prognostically important in survival of older patients undergoing dialysis, and there is a measurable decline in these variables during a three-year follow-up period. (20 references) AA

Address for reprint requests: Carl M. Kjellstrand, Nephrology Division, Department of Medicine, Karolinska Hospital, S-104 01, Stockholm, Sweden

**REFERENCE NUMBER 31**

Au: Jacobson, Alan M.; Hauser, Stuart T.; Wolfendorf, Joseph I.; Houlihan, John; Milley, Janet B.; et al.

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

So: *Journal of Pediatrics* 110(5):805-811, 1987

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

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

**REFERENCE NUMBER 32**

Au: Keeler, Emmett B.; Cretin, Shan

Ti: **Uses of Cost-Benefit Analysis**

So: *Journal of Health Economics* 6(3):275-278, 1987

This editorial addresses some of the issues raised by Birch and Donaldson in an article that appears in the same issue of this journal. The authors find that the assumptions required for an integer programming approach to budget allocation are impractical. Some other difficulties in applying cost-benefit analysis that are mentioned include: (1) alternative programs are rarely clearly defined units; (2) programs often interact; and (3) calculation of costs and benefits when there are numerous programs is a major undertaking. (4 references) CH-P

Address for reprint requests: The Rand Corporation, Santa Monica, California 90406-2138

**REFERENCE NUMBER 33**

Au: Keeler, Emmett B.; Sloss, Elizabeth M.; Brook, Robert H.; Operskalski, Belinda H.; Goldberg, George A.; et al.

Ti: **Effects of Cost Sharing on Physiological Health, Health Practices, and Worry**

So: *HSR: Health Services Research* 22(3):279-306, 1987

In a randomized trial of the effects of medical insurance on spending and the health status of the nonaged, the authors previously reported that patients with limited cost sharing had approximately one-third less use of medical services, similar general self-assessed health, and worse blood pressure, functional far vision, and dental health than those with free care. Of the 20 additional measures of physiological health studied here on 3,565 adults, people with cost sharing scored better on 12 measures and significantly worse only for functional near vision. People with cost sharing had less worry and pain from physiological conditions on 33 of 44 comparisons. There were non significant differences between plans in nine health practices, but those with cost sharing fared worse on three types of cancer screening and better on weight, exercise, and drinking. Overall, except for patients with hypertension or vision problems, the effects of cost sharing on health were minor. (21 references) AA

Address for reprint requests: The Rand Corporation, 1700 Main Street, Santa Monica, California 90406

**REFERENCE NUMBER 34**

Au: Kutner, Nancy G.

Ti: **Social Ties, Social Support, and Perceived Health Status Among Chronically Disabled People**

So: *Social Science and Medicine* 25(1):29-34, 1987

Social ties can be particularly useful to disabled people, but little is known about the nature of social support in this population. This study investigated social ties, perceived support, received support, and perceived health status in a sample of 332 disable persons living in a southeastern metropolitan area of the U.S. Major disability groups represented were musculoskeletal, neuromuscular, cardiac, and end-stage renal disease. Size of kin networks was inversely related to respondents' socioeconomic status. Disabled women were less likely than disabled men to be married, more likely to be single-parent heads of household, and more likely to be socioeconomically disadvantaged. Perceived support from family was high for all respondents. Perceived health status did not vary with amount of perceived support, but within disability groups, perceived health status tended to vary with amount of received help. (33 references) AA

Address for reprint requests: Department of Rehabilitation Medicine, Emory University, Atlanta, Georgia 30322

**REFERENCE NUMBER 35**

Au: Liang, Jersey; Lawrence, Renee H.; Bollen, Kenneth A.

Ti: **Race Differences in Factorial Structures of Two Measures of Subjective Well-Being**

So: *Journal of Gerontology* 42(4):426-428, 1987

This research examines race differences in the factorial structure of two popular measures of psychological well-being: the Philadelphia Geriatric Center (PGC) Morale Scale and the Life Satisfaction Index A (LSIA). In particular, the authors view the covariance structure of the items of each scale as a function of several parameter matrices. The factorial invariance was analyzed by testing hypotheses involving the equivalence constraints of one or more parameter matrices in the White and the Black samples. Data for the research came from the 1968 National Senior Citizens Survey and the 1974 Harris National Council on Aging Survey, *Myths and Reality of Aging in America*. Analysis of covariance structures, or LISREL, was used to assess the factorial invariance of both the PGC Morale Scale and the LSIA. Race differences were

found in the factorial structure of the PGC Morale Scale, but not in the structure of LSIA. In particular, consistent race differences in measurement error variances were found for two items of the PGC Morale Scale. (4 references) AA

Address for reprint requests: Institute of Gerontology, The University of Michigan, 300 North Ingalls, Ann Arbor, Michigan 48109-2007

#### REFERENCE NUMBER 36

Au: Lomas, Jonathan; Pickard, Laura; Mohide, Ann

Ti: **Patient Versus Clinician Item Generation for Quality-of-Life Measures: The Case of Language-Disabled Adults**

So: *Medical Care* 25(8):764-769, 1987

Using nominal group process to develop a measure of quality of life, two groups of aphasic patients and a group of rehabilitation clinicians generated separate lists of important functional communication situations. Comparison of the lists by raters who were blind to their source revealed that the two patient lists were more similar to each other than were either of the patient lists to the clinician list; clinicians underestimate the patients' focus on social needs; patients, rather than clinicians, generated the more specific and concrete situations, which are of use in a quality-of-life measure. The study demonstrates that language-disabled adults can generate items for a quality-of-life measure (hence, this should be possible in almost any other disease group), and that clinician-generated items are not fully representative of patient values. (9 references) AA

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

#### REFERENCE NUMBER 37

Au: Maes, S.; Vingerhoets, A.; Heck, G. Van

Ti: **The Study of Stress and Disease: Some Developments and Requirements**

So: *Social Science and Medicine* 25(6):567-578, 1987

This article considers the study of stress in relation to the onset, course, and outcomes of disease, and is divided into three parts. The first part describes the relationships between personality, environmental stressors, and disease. The second focuses specifically on the requirements that must be fulfilled to allow for the conclusion that there is a relationship between stress and the onset of disease. Finally, in the third part models describing the relationship between stress and the course of disease of medical outcome are presented and discussed. (109 references) AA

Address for reprint requests: Department of Psychology, Tilburg University, Postbox 90153, 5000 LE Tilburg, The Netherlands

#### REFERENCE NUMBER 38

Au: McCloy, Lynda; Jongbloed, Lyn

Ti: **Robinson Bashall Functional Assessment for Arthritis Patients: Reliability and Validity**

So: *Archives of Physical Medicine and Rehabilitation* 68(8):486-489, 1987

The Robinson Bashall Functional Assessment (RBFA) for arthritis patients has four scales: self-care, ambulation, transportation, and activity tolerance. Criticism has been directed at the RBFA because it is relatively time consuming and requires a trained professional to conduct it. Tests of reliability revealed that the internal consistency of the total assessment was moderate, interrater reliability was high, and test-retest reliability ranged from moderate to high. Analysis of scale validity (content, clinical, concurrent, and discriminant validity) showed content validity to be low to moderate. Therapists found the scales more



useful in identifying patient problems than in assessing improvement in function over time. There were low positive correlations between dressing, undressing, and ambulation scores and ROM scores on admission. Correlations between the American Rheumatism Association Functional Classification and scales of the RBFA were significant, while the RBFA as a whole and all four scales discriminated significantly between the functional abilities of patients on admission and discharge. (11 references) AA

Address for reprint requests: The Arthritis Society, 895 West 10th Avenue Vancouver, British Columbia V5Z 1L7 Canada

#### REFERENCE NUMBER 39

Au: Morris, John N.; Sherwood, Sylvia; May, Maurice I.; Bernstein, Ellen

Ti: **FRED: An Innovative Approach to Nursing Home Level-of-Care Assignments**

So: *HSR: Health Services Research* 22(1):117-138, 1987

A clear need currently exists to consider new approaches for classifying nursing home residents. The traditional intermediate care facility/skilled nursing facility (ICF/SNF) dichotomy cannot provide adequate information on the type of care required by any one individual, and it provide only the most limited information required to address the care and quality-of-life needs of the total patient population within a facility, as well as the level of reimbursement appropriate for their care. This article describes an alternative procedure for allocating nursing home residents according to a more comprehensive array of internally homogeneous categories. This system is based on an operational perspective focused on the total nursing and staffing requirements for types of nursing home residents. The tool is titled "Functionally Ranked Explanatory Designations," or FRED. (14 references) AA

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

#### REFERENCE NUMBER 40

Au: O'Connor, Annette M.; Boyd, Norman F.; Warde, Padraig; Stolbach, L.; Till, James E.

Ti: **Eliciting Preferences for Alternative Drug Therapies in Oncology: Influence of Treatment Outcome Description, Elicitation Technique and Treatment Experience on Preferences**

So: *Journal of Chronic Diseases* 40(8):811-818, 1987

Several methodologic issues arise in eliciting preferences for therapy. Examples are the selection of appropriate descriptions of treatment outcomes and of elicitation techniques. Of particular importance is the correspondence of patients' anticipated preferences for treatment to actual preferences once they have experienced treatment. Treatment outcome descriptions and elicitation techniques were compared for a hypothetical drug decision problem involving trade-offs between quality and quantity of life. Preferences of 54 cancer patients were elicited before, and 6 weeks following initiation of chemotherapy treatment. Patients' preferences were not influenced by the way information about side effects was presented, nor the stated probability of survival at high and moderate levels. A riskless rating technique produced different preferences from those of a risky treatment choice method. Although patients experienced significant toxicity following initiation of treatment, their preferences remained stable on retest. The results raise questions about the extent to which patients are willing, at the time of decision making, to trade off survival rate for improved quality of life. (20 references) AA

Address for reprint requests: Institute of Medical Science, School of Graduate Studies University of Toronto, and The Ontario Cancer Institute, Toronto, Ontario, Canada M4X 1K9

**REFERENCE NUMBER 41**

Au: Overholser, James C.; Miller, Ivan W.; Norman, William H.

Ti: **The Course of Depressive Symptoms in Suicidal vs. Nonsuicidal Depressed Inpatients**

So: *Journal of Nervous and Mental Disease* 175(8):450-456, 1987

The present study attempts to delineate the course of depressive illness in suicidal, depressed inpatients as compared with a matched group of non-suicidal, depressed inpatients. Thirty adult nonpsychotic psychiatric inpatients presenting with symptoms of a major depressive episode participated. Two subject groups were identified, one suicidal and the other non-suicidal according to their responses on the Modified Scale for Suicidal Ideation. Subjects were assessed on a variety of self-report measures and several clinical interviews, including the Beck Depression Inventory, the Hopelessness Scale and a modified Hamilton Rating Scale for Depression; measures were taken during hospitalization and follow-ups at 4, 10, and 16 months after discharge. Results supported the hypothesis that, although displaying similar levels of depression during hospitalization as well as at long-term follow-up, the two groups differed in the speed of their recovery. Approximately 4 months after discharge virtually all of the non-suicidal patients had recovered, whereas a majority of the suicidal group remained quite depressed. These results suggest that more time is needed for the recovery process to occur in suicidal patients. (45 references) AA-M

Address for reprint requests: Department of Psychiatry and Human Behavior, Brown University, Butler Hospital, 345 Blackstone Boulevard, Providence, Rhode Island 02906

**REFERENCE NUMBER 42**

Au: Place, M.; Kolvin, I.; Morton, S.M.

Ti: **The Newcastle Adolescent Behavior Screening Questionnaire**

So: *British Journal of Psychiatry* 151(1):45-51, 1987

As part of a larger study, a brief rating-scale was developed which focusses on the mid-adolescent phase of development. Completed by teachers, the questionnaire has an interrater reliability of 0.78, with a test-retest correlation of 0.82. When the performances of various screening instruments were compared it became clear that no single questionnaire was obviously more efficient than the other at detecting potential disturbance in an urban adolescent population. Indeed, different questionnaires seemed to highlight particular facets of functioning. The Newcastle Adolescent Questionnaire proved to be a reliable and valid screening measure. (29 references) AA

Address for reprint requests: Child, Adolescent and Family Psychiatry Unit, Sunderland District General Hospital, Kayll Road, Sunderland, Tyne & Wear SR4 7TP

**REFERENCE NUMBER 43**

Au: Plante, Dennis A.; Piccirillo, Jay F.; Sofferman, Robert A.

Ti: **Decision Analysis of Treatment Options in Pyriform Sinus Carcinoma**

So: *Medical Decision Making* 7(2):74-83, 1987

Decision analysis was used to evaluate the current treatment options for stage III squamous cell carcinoma of the pyriform sinus (surgery, radiation therapy, and combined surgery/radiation therapy). Using published data, a decision tree was constructed based on quality-adjusted weeks of survival. With this model the combination of surgery and postoperative radiation therapy is preferred over either primary surgery or the combination of preoperative irradiation and surgery; primary radiation therapy is least favored. The decision is quite sensitive to the augmentation in survival that postoperative radiation therapy seems to provide over primary surgery. The decision is somewhat sensitive to the operative mortality rate and to the probability of disease-free survival following surgery. Quality of life issues emerge as important

variables which need to be considered when planning treatment for patients with state III pyriform sinus carcinoma. (38 references) AA

Address for reprint requests: C-203 Given Building, University of Vermont, Burlington, Vermont 05405

#### REFERENCE NUMBER 44

Au: Platt, S.D.; Dyer, J.A.T.

Ti: **Psychological Correlates of Unemployment Among Male Parasuicides in Edinburgh**

So: *British Journal of Psychiatry* 151(1):27-32, 1987

Variations in clinical features associated with unemployment among a sample of male parasuicides were examined. Employed and unemployed persons did not differ in mean scores on the Suicidal Intent Scale, but the unemployed were rated significantly worse on measures of depression (Beck Depression Inventory) and hopelessness (Hopelessness Scale). A covariance analysis showed that hopelessness, rather than depression, is the important discriminator. Different patterns of relationships between the three clinical measures were observed in the two groups. Hopelessness may be a key social-psychological variable for inclusion in any model of the pathways which link unemployment with parasuicide. (37 references) AA

Address for reprint requests: MRC Unit for Epidemiological Studies in Psychiatry, University Department of Psychiatry, Morningside Park, Edinburgh EH10 5HF

#### REFERENCE NUMBER 45

Au: Powers, James S.; Burger, M. Candice

Ti: **Terminal Care Preferences: Hospice Placement and Severity of Disease**

So: *Public Health Reports* 102(4):444-449, 1987

National Hospice Study data for 1981-82 were used to predict the location of care for terminal cancer patients. Sites of care were conventional care in hospitals, hospital-based hospice care, and hospice care in the home. Subjects were terminal cancer patients with a prognosis of less than 6 months of life who were attended by a primary concerned person. There were 1,732 patients 18-99 years old—293 conventional care, 612 hospital based hospice care, and 827 hospice home care patients. (37 references) AA

Address for reprint requests: Department of Medicine, Room B2106, Vanderbilt University Medical Center, Nashville, Tennessee 37232

#### REFERENCE NUMBER 46

Au: Radebaugh, T.S.; Hooper, F.J.; Gruenberg, E.M.

Ti: **The Social Breakdown Syndrome in the Elderly Population Living in the Community: The Helping Study**

So: *British Journal of Psychiatry* 151(3):341-346, 1987

A representative sample of elderly people residing in the community was examined to establish their psychiatric status. An interview with a close friend or relative, focusing on a one-week period in 1981, was used to investigate each subject's functional limitations and troublesome behaviour, these being the two components of the Social Breakdown Syndrome (SBS). The data from the sample were weighted to allow estimates of the characteristics of the general population. No cases of SBS at its most extreme were identified, and almost the entire population was found to be functioning at an adequate or near-adequate level: all cases of severe SBS were attributable to troublesome behaviour. Severe SBS was shown to increase with age and to be most common in non-white males. Persons with dementing disorders were

more likely than their non-demented counterparts to show severe/moderate SBS, but in the majority of cases of SBS there was no mental disorder. (11 references) AA

Address for reprint requests: Geriatrics Branch, National Institute on Aging, Building 31, Room SC-21, 9000 Rockville Pike, Bethesda, Maryland 20205

#### REFERENCE NUMBER 47

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

Ti: **The Impact of Rheumatoid Arthritis on the Homemaker**

So: *Social Science and Medicine* 25(1):89-95, 1987

Few current studies of the effects of chronic conditions on social functioning examine the effects of disease on the role of homemaker. A major problem confronting researchers in this area is the difficulty in operationalizing dysfunction in social roles other than work roles. In this study the authors have developed a measure of homemaker functioning based on conceptualizing the homemaker role on two dimensions: the instrumental functions associated with meeting the physical needs of the household and the nurturant dimension concerned with meeting the expressive needs of the household. The authors used this measure of homemaker functioning to study the effects of rheumatoid arthritis on 142 women, whether employed outside the home or not, between the ages of 21 and 65, all living with husband and/or children at the time of disease onset. Current level of disability was assessed by a shortened version of the Health Assessment Questionnaire (HAQ). The disease significantly limited both instrumental and nurturing functions associated with managing a household. The more strenuous instrumental functions were more likely to be limited, although women in our study experienced serious limitations in nurturant role functions, as well. Limitations in functioning along the nurturant dimension were surprisingly high and previously undocumented. Comparisons between women employed outside the home and those not employed found few differences between the groups in social functioning on either dimension of the homemaker role. Employed women were somewhat less physically disabled than the unemployed, but both groups of homemakers continued to assume major responsibility for homemaking. Assessing functioning in social roles other than work, and functioning in nurturant as well as instrumental areas, is especially important in evaluating the effects on women of a chronic disease such as rheumatoid arthritis. (19 references) AA-M

Address for reprint requests: Department of Behavioral Sciences and Community Health, University of Connecticut Health Center, Farmington, CT 06032

#### REFERENCE NUMBER 48

Au: Riskind, John H.; Beck, Aaron T.; Brown, Gary; Steer, Robert A.

Ti: **Taking the Measure of Anxiety and Depression: Validity of the Reconstructed Hamilton Scales**

So: *Journal of Nervous and Mental Disease* 175(8):474-479, 1987

The ability of the Hamilton Psychiatric Rating Scale for Depression (HRSD) and the Hamilton Anxiety Rating Scale (HARS) to discriminate major depressive disorder (MDD) from generalized anxiety disorder (GAD) was studied in 120 psychiatric outpatients and cross-validated with another 71 outpatients. Factor and discriminant analyses were used to develop revised anxiety and depression scales that were less positively correlated with each other, showed greater internal consistency, and differentiated MDD and GAD better than the original scales. The recombined scales also displayed higher rates of correctly assigning the samples to these disorders than did the original scales. (29 references) AA

Address for reprint requests: Aaron T. Beck, Center for Cognitive Therapy, 133 South 36th Street, Room 602, Philadelphia, Pennsylvania 19104

**REFERENCE NUMBER 49**

Au: Robine, J.M.; Brouard, N.; Colvez, A.

Ti: **The Disability Free Life Expectancy (DFLE) Indexes: Comprehensive Indexes of Population Health Status**

So: *Revue d'Epidemiologie et de Sante Publique* 35:206-224, 1987

Disability free life expectancy (DFLE) is an index of mean length of healthy life. It aims at measuring the evolution in the population's state of health. The first calculations were achieved at the end of the 60s and about ten experimental calculations have been made until now, mostly in the United States, Canada, Japan and France. Nowadays this index is very well accepted. Its major qualities are its usefulness for setting health targets and determining the present and future needs. In order to be routinely used the DFLE index must overcome three limitations of the current method for calculating the DFLE: namely, the feasibility of disability measurement for comparisons in time; a registration of period data which is based on the incidence of entrance in disability; and, a calculation which is adapted to the disability whether reversible or not. (127 references) AA

Address for reprint requests: Institut National de la Sante et de la Recherche Medicale, U.164, Unite de Recherches sur l'Evaluation de l'Etat de Sante et de Soins et de Prevention, 44 Chemin de Ronde, F78110 Le Vesinet, France

**REFERENCE NUMBER 50**

Au: Rosenthal, Michael P.; Goldfarb, Neil I.; Carlson, Barbara Lepidus; Sagi, Philip C.; Balaban, Donald J.

Ti: **Assessment of Depression in a Family Practice Center**

So: *Journal of Family Practice* 25(2):143-149, 1987

This study examined the presence of depressive symptoms in an adult outpatient population. Through review of 100 randomly selected patient charts, it was found that a diagnosis of depression was recorded in 31 percent, with an additional 31 percent having symptoms and diagnoses suggestive of depression noted. Data collection on a sample of 123 patients in a second study phase designed to assess agreement among alternative methods for identifying depression included patient interviews (using the Beck Depression Inventory, the Zung Self-Rating Depression Scale, and a visual analog), physician interview, and chart abstracts. The proportion of patients considered depressed using each of the measures ranged from 21 percent to 38 percent. The patient-reported measures were more closely correlated with each other than with the physician-reported measures. The finding that depressive symptoms are highly prevalent in this population supports the need for training physicians in recognition, treatment, and documentation of depression. Future research imperatives should include differentiating between depressive symptoms and diagnoses, investigating the use of interviewer-administered measures of depression as screening tools, and investigating the relationships between depression, physiologic disease, and use of health services. (23 references) AA

Address for reprint requests: Donald J. Balaban, Greenfield Research Center, Department of Family Medicine, Jefferson Medical College, 1015 Walnut Street, Philadelphia, Pennsylvania 19107

**REFERENCE NUMBER 51**

Au: Schumacher, Dale N.; Parker, Barbara; Kofie, Vincent; Munns, Joyce M.

Ti: **Severity of Illness Index and the Adverse Patient Occurrence Index: A Reliability Study and Policy Implications**

So: *Medical Care* 25(8):695-704, 1987

Seven hundred fifty-two randomly selected charts from seven teaching hospitals were rated by pairs of medical record analysts. The Severity of Illness Index was unreliable with an interrater-agreement rate of . . .

73% (kappa statistic 0.41), and demonstrated a significant association with the Adverse Patient Occurrence (APO) Index. This suggests that the Severity of Illness Index is not differentiating severity of illness from quality of care. The fair to poor field reliability stems from underlying instrument subjectivity, lack of clear referent groups, and time pressure. The APO Index was also found to be unreliable ( $r = 0.33$  and range = -0.05 to 0.58). Greater attention should be directed to improving objective discharge abstract, billing, and laboratory data for measuring patient severity and adverse patient occurrences. (29 references) AA

Address for reprint requests: Rockburn Institute, 6581 Belmont Woods Road, Elkridge, MD 21227

#### REFERENCE NUMBER 52

Au: Sen, B.; Wilkinson, G.; Mari, J.J.

Ti: **Psychiatric Morbidity in Primary Health Care A Two-stage Screening Procedure in Developing Countries: Choice of Instrument and Cost-effectiveness**

So: *British Journal of Psychiatry* 151(1):33-38, 1987

The use in two developing countries of a two-stage psychiatric screening procedure with an emphasis on minor morbidity is described. This was the first use of the Self-Reporting Questionnaire and Clinical Interview Schedule in conjunction. Health auxiliaries with limited training administered the first-stage screening instrument. In comparison with other psychiatric screening techniques used in developing countries, the procedure described may prove to be more cost-effective in primary care and community surveys, and more appropriate for assessing the wide range of minor psychiatric morbidity commonly encountered in such settings. (34 references) AA

Address for reprint requests: General Practice Research Unit, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF England

#### REFERENCE NUMBER 53

Au: Shortliffe, Edward H.

Ti: **Computer Programs to Support Clinical Decision Making**

So: *Journal of American Medical Association* 258(1):61-66, 1987

Computer programs to assist with medical decision making have long been anticipated by physicians with both curiosity and concern. This article summarizes the current status of computer-based medical decision support, the goals of system developers, the reasons for slow progress since the field began almost 30 years ago, and the logistical and scientific challenges that lie ahead. It emphasizes in particular that decision-support programs are intended to serve as tools for trained practitioners who retain ultimate responsibility for determining diagnostic and therapeutic strategies. (51 references) AA

Address for reprint requests: Stanford University Medical Center, Room MSOB X-215, Departments of Medicine and Computer Science, Stanford, California 94305-5479

#### REFERENCE NUMBER 54

Au: Shulman, Ralph; Pacey, Ingrid; Price, John D.E.; Spinelli, John

Ti: **Self-assessed Social Functioning on Long-term Hemodialysis: Medical and Psychiatric Aspects**

So: *Psychosomatics* 28(8):429-433, 1987

Among 64 dialysis patients, social functioning as compared with before dialysis was reported as better or the same by 11%, as the same to slightly worse by 53%, and as slightly to much worse by 36%. Psychiatric morbidity, medical complications of end-stage renal disease, and strained social support systems all contributed to this varied outcome. Thirty percent of the patients had nonpsychotic depression on the Catego Classification. These affective symptoms were associated significantly ( $P < .001$ ) with failure of the

patient to regain the predialysis level of social functioning. Since depression is associated with reduced survival, the clinician is alerted to the need for early recognition and treatment of it. (27 references) AA  
Address for reprint requests: Department of Psychiatry, Vancouver General Hospital, 2775 Heather St., Vancouver, British Columbia, Canada V5Z 1M9

**REFERENCE NUMBER 55**

Au: Staats, Sara R.; Stassen, Marjorie A.  
Ti: **Age and Present and Future Perceived Quality of Life**  
So: *International Journal of Aging and Human Development* 25(3): 167-176, 1987

Future expectations of quality of life and present evaluations of quality of life were measured in three age groups using four measures. Expectations were found to exceed present evaluation on all four measures. There was a significant correlation between age and the Faces Scale for future expectations. Age also related to differences between future expectations and present quality of life estimates. Expectations, the cognitive dimension of hope, merit more intensive study. (23 references) AA  
Address for reprint requests: Ohio State University, Newark, University Drive, Newark, Ohio 43055-9990

**REFERENCE NUMBER 56**

Au: Tait, Raymond C.; Pollard C. Alec; Margolis, Ronald B.; Duckro, Paul N.; Krause, Steven J.  
Ti: **The Pain Disability Index: Psychometric and Validity Data**  
So: *Archives of Physical Medicine and Rehabilitation* 68(7):438-441, 1987

The Pain Disability Index (PDI) is a brief instrument that was developed to assess pain-related disability providing information that complements assessment of physical impairment. This paper presents the results of two studies concerning the psychometric properties and the validity of the PDI. In study I, PDI scores of 108 patients appeared internally consistent ( $\alpha = 0.86$ ), although a factor analysis revealed two factors. The first factor (59.3% of variance) seemed to include more discretionary, less obligatory activities. The second factor (14.3% of variance) included activities more basic to daily living and survival. Study II found that the PDI scores of 37 former inpatients were significantly higher than 36 former outpatients who responded to a follow-up questionnaire. These findings support the validity of the PDI. Several methodologic issues are discussed, and suggestions are made for future uses of the instrument. (19 references) AA  
Address for reprint requests: Division of Behavioral Medicine, St. Louis University School of Medicine, St. Louis, Missouri 63104

**REFERENCE NUMBER 57**

Au: Thompson, P.; Blessed, G.  
Ti: **Correlation between the 37-Item Mental Test Score and Abbreviated 10-Item Mental Test Score by Psychogeriatric Day Patients**  
So: *British Journal of Psychiatry* 151(2):206-209, 1987

Groups of organically and functionally mentally ill psychogeriatric day patients were assessed by the 37-item Roth-Hopkins test and the abbreviated ten-item Roth Hopkins test. The scores correlated highly, correlation being equally good for both diagnostic groups. Among the functionally ill and the mild organically ill, scores improved between first and second test. The quicker, better tolerated ten-item test is a useful test of mental impairment for psychogeriatric patients in the community, as well as in institutional care. (11 references) AA  
Address for reprint requests: Brighton Clinic, Newcastle General Hospital, Newcastle upon Tyne, England

**REFERENCE NUMBER 58**

Au: Treiber, Frank A.; Shaw, Darlene; Malcolm, Robert

Ti: **Brief Communication Acquired Immune Deficiency Syndrome: Psychological Impact on Health Personnel**

So: *Journal of Nervous and Mental Disease* 175(8):496-499, 1987

Eight nurses and four physicians involved in the care of an acquired immune deficiency syndrome (AIDS) patient and a matched, non-AIDS patient responded to three self report measures that assessed the psychological distress associated with working with each patient. While working with the AIDS patient the physicians and nurses experienced increased anxiety, greater interference in nonwork activities, more frequent negative ruminations, and more negative perceptions regarding the AIDS patient's behavior than they did with the non-AIDS patient. Because of the fears and concerns engendered in medical personnel when providing care to AIDS patients, psychological and educational interventions are needed to reduce staff's discomfort and thereby facilitate optimal care of AIDS patients. (23 references) AA

Address for reprint requests: Department of Pediatrics, Georgia Institute for Health Promotion and Disease Prevention, Medical College of Georgia 1427 Harper Street, Building HG 100, Augusta, Georgia 30912

**REFERENCE NUMBER 59**

Au: Tyrer, P.; Remington, M.; Alexander, J.

Ti: **The Outcome of Neurotic Disorders After Out-patient and Day Hospital Care**

So: *British Journal of Psychiatry* 151(1):57-62, 1987

New psychiatric out-patients with depressive, phobic and anxiety neurosis were randomly allocated to out-patient care or to one of two types of day hospital treatment, one specializing in psychotherapy and the other offering all form of day care. Of 106 patients who entered the study, 78 had assessments of psychiatric symptomatology and social adjustment both before treatment and after 4, 8, and 24 months. There was no significant difference in outcome between depressive, phobic, and anxiety neurosis, and no overall difference in response to treatment between the three types of care. Suicidal symptoms were significantly less common in out-patients. In many respects, neurotic disorder can be regarded as a single syndrome. (23 references) AA

Address for reprint requests: Mapperley Hospital, Nottingham NG3 6AA England

**REFERENCE NUMBER 60**

Au: Wade, D.T.; Legh-Smith, J.; Hewer, R.A.

Ti: **Depressed Mood After Stroke: A Community Study of Its Frequency**

So: *British Journal of Psychiatry* 151(2):200-205, 1987

A community study on stroke registered 976 patients. Over 60% of survivors at three weeks, six months and 12 months after the stroke were assessed for depressed mood, using the Wakefield self-assessment depression inventory, and on other function and social activities. At each point, 25-30% of those assessed were depressed; over 50% of patients depressed at three weeks remained so at one year. Factors associated with depression included loss of functional independence, a low level of other activities, a low reasoning ability, and being female and living with someone; path analysis showed that most depression was not explained by these factors. Few depressed patients at six months were on antidepressant medication. (20 references) AA

Address for reprint requests: The Bristol Stroke Unit, Frenchay Hospital, Bristol BS16 1LE England



**REFERENCE NUMBER 61**

Au: Wiklund, Ingela; Lindvall, Kaj; Swedberg, Karl; Zupkis, Robert V.

Ti: **Self-Assessment of Quality of Life in Severe Heart Failure: An Instrument for Clinical Use**

So: *Scandinavian Journal of Psychology* 28(3):220-225, 1987

Improvement in quality of life (QL) is a primary objective of medical care, and the natural consequences of efforts made in hospital or during convalescence. Pharmacological intervention usually gives relief of symptoms, but may introduce expected and unexpected adverse reactions. This paper presents a self-administered questionnaire specially aimed to assess QL in severe heart failure. Compared with available instruments, the present questionnaire was designed to be simple and short, containing only 26 items. It was found to be relevant and comprehensive with satisfactory reliability and validity. The questionnaire includes somatic, emotional/cognitive aspects, life satisfaction and physical limitations. The questionnaire makes it possible to evaluate each subscale separately as well as altogether. (22 references)

AA

Address for reprint requests: Department of Medicine, Ostra Hospital, S-416 85 Goteborg, Sweden

**REFERENCE NUMBER 62**

Au: Witztum, Eliezer; Brown, Jonathan P.; De-Nour, Atara Kaplan

Ti: **Psychological Distress in Medical Patients Referred for Psychiatric Consultation**

So: *Psychosomatics* 28(8):425-428, 1987

Psychological distress in 29 hospitalized medical patients referred for psychiatric consultation and in 30 such patients not referred for consultation was measured with the Brief Symptom Inventory (BSI). The male and female comparison patients scored within the upper range of normal, while the referred male and female patients had significantly higher scores on half of the individual items and on a majority of the global items. These results show that in this situation the referring internists had been sensitive to psychological distress. Individual scores indicated that no referred patients should not have been referred, whereas some comparison patients would have qualified for referral. (16 references) AA

Address for reprint requests: Hadassah University Hospital, Ein Kerem, Jerusalem, Israel

### 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.

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| ABS-American Behavioral Scientist 30(6) 31(1)                   | International Journal of Epidemiology 16(3)                    |
| Acta Psychiatrica Scandinavica 76(1-3)                          | International Journal of Health Services 17(3)                 |
| American Economic Review 77(3) 77(4)                            | International Journal of Mental Health 16(1-2)                 |
| American Journal of Economics and Sociology 46(3)               | Journal of Allied Health 16(3)                                 |
| American Journal of Epidemiology 126(1-3)                       | Journal of Applied Behavioral Science 23(2)                    |
| American Journal of Orthopsychiatry 57(3)                       | Journal of Applied Psychology 72(3)                            |
| American Journal of Psychiatry 144(5) 144(7-9)                  | Journal of Behavioral Medicine 10(4)                           |
| American Journal of Public Health 77(7-9)                       | Journal of Chronic Diseases 40(7-9) 40(Suppl)                  |
| American Journal of Sociology 93(1) 93(2)                       | Journal of Epidemiology and Community Health 41(3)             |
| American Political Science Review 81(3)                         | Journal of Experimental Child Psychology 44(1)                 |
| American Psychologist 42(7-9)                                   | Journal of Gerontology 41(6) 42(1-2)                           |
| American Sociological Review 52(4)                              | Journal of Family Practice 24(1-2) 24(5-6)                     |
| Archives of Physical Medicine and Rehabilitation 68(7-9)        | Journal of Experimental Social Psychology 23(4) 23(5)          |
| Behavioral Science 32(3)  | Journal of Family Practice 25(2) 25(3)                         |
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| British Journal of Psychology 78(3)                             | Journal of Health and Social Behavior 28(3)                    |
| British Journal of Sociology 38(3)                              | Journal of Health Economics 6(3)                               |
| British Medical Journal 294(6590-6596) 294(6598) 294(6600-6601) | Journal of Health, Politics, Policy and Law 12(2)              |
| Canadian Journal of Behavioral Science 19(32)                   | Journal of Medical Systems 11(4)                               |
| Canadian Journal of Public Health 78(4-52-3)                    | Journal of Nervous and Mental Disease 175(7-9)                 |
| Canadian Medical Association Journal 137(1-6)                   | Journal of Pediatrics 111(1-3) 111(5) 111(6)                   |
| Clinical Gerontologist 6(4)                                     | Journal of Political Economy 95(3) 95(4)                       |
| Clinical Pediatrics 26(9)                                       | Journal of Public Health Policy 8(2)                           |
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| Geriatrics 42(7-9)  | Journal of Social Policy 16(3)                                 |
| Gerontologist 27(4)   | Journal of the American Geriatrics Society 35(9)               |
| Hastings Center Report 17(4)                                    | Journal of the American Medical Association 258(1-6) 258(8-12) |
| Health Affairs 6(3)   | Lancet II(8549-8554) II(8556-8561)                             |
| Health Care Financing Review 9(1)                               | Medical Care 25(7-9) 25(9 Suppl)                               |
| Health Education Quarterly 14(3)                                | Milbank Memorial Fund Quarterly 65(3)                          |
| Health Policy 7(3) 8(1)   | Multivariate Behavioral Research 22(3)                         |
| Health Psychology 6(2)  | New England Journal of Medicine 317(1-7) 317(10-13)            |
| Health Services Research 22(3)                                  | New York Academy of Medicine Bulletin 63(3-7)                  |
| Health Values 11(4)   | Perspectives in Biology and Medicine 30(4)                     |
| Human Organization 46(3)  | Policy Sciences 20(3)  |
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| International Journal of Aging and Human Development 25(3)      | Policy Studies Review 7(1)                                     |

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Psychosocial Rehabilitation Journal 11(1)	Social Science Research 16(3)
Psychosomatic Medicine 49(4)	Social Security Bulletin 50(7-9)
Psychosomatics 28(7-9)	SocioEconomic Planning Sciences 21(5)
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Monographs, Government Documents and Unpublished Reports The unpublished reports cover work in progress and articles submitted for publication. Monographs, government publications and unpublished reports cited in the ANNOTATIONS Section have been received by the Clearinghouse during the July through September 1987 period. Thus, it is possible for unpublished materials that have been written prior to these months to appear in this issue.

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

**REFERENCE NUMBER 63**

AU: Bearinger L ; Gephart J

TI: **Priorities for adolescent health: recommendations of a national**

SO: *MCN* 1987 May-Jun;12(3):161-4

**REFERENCE NUMBER 64**

AU: Andersen R ; Chen MS ; Aday LA ; Cornelius L

TI: **Health status and medical care utilization**

SO: *Health Aff* (Millwood) 1987 Spring;6(1):136-56

**REFERENCE NUMBER 65**

AU: Gazzard BG

TI: **The quality of life in Crohn's disease [editorial]**

SO: *Gut* 1987 Apr;28(4):378-81

**REFERENCE NUMBER 66**

AU: Bergner M ; Rothman ML

TI: **Health status measures: an overview and guide for selection**

SO: *Annu Rev Public Health* 1987;8:191-210

**REFERENCE NUMBER 67**

AU: Bulpitt CJ ; Fletcher AE

TI: **Measurement of the quality of life in angina**

SO: *J Hypertens* [Suppl] 1987 Feb;5(1):S41-5

**REFERENCE NUMBER 68**

AU: Haley WE ; Levine EG ; Brown SL ; Berry JW ; Hughes GH

TI: **Psychological, social, and health consequences of caring for a relative with senile dementia**

SO: *J Am Geriatr Soc* 1987 May;35(5):405-11

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

prescription medication use, and higher utilization of health care than controls. Results clearly indicate the serious and wide-ranging effects of the stress of caregiving, and reinforce the importance of providing comprehensive services for caregiving families.

**REFERENCE NUMBER 69**

AU: Aitbaev TKh

TI: **[Features of the development of the body's response to increasing exposure to toxic agents]**

SO: *Gig Sanit* 1987 Mar;(3):26-8

**REFERENCE NUMBER 70**

AU: Holcik J

TI: **[Development of methodologic possibilities and perspectives for the overall assessment of the health status of the population]**

SO: *Cesk Zdrav* 1987 Feb;35(2):64-71

**REFERENCE NUMBER 71**

AU: Rona RJ ; Chinn S

TI: **Parents' perceptions of food intolerance in primary school children**

SO: *Br Med J [Clin Res]* 1987 Apr 4;294(6576):863-6

In a study of about 7000 children, parents' perceptions were used to examine the prevalence of food intolerance, the types of food implicated, the association of intolerance with diseases, and the social background of those identified as being food intolerant. One hundred and ninety two children (3%) were perceived as being food intolerant, with a further 105 (2%) being classed as intolerant under a less stringent definition of intolerance. For 128 (67%) of these children a doctor was consulted. The pattern of food avoided was very similar in children for whom the decision to exclude certain foods was made by health staff and in those for whom the parents themselves made decisions about their child's diet. A strong association was seen between the mother's level of education and the child being perceived as being food intolerant. Between 20% and 30% of children with a disease associated with food intolerance—for example, eczema—had currently or previously avoided some types of food. The results of this study emphasise the need to develop criteria to tackle the growing demand for National Health Service treatment by parents who believe their child to be food intolerant.

**REFERENCE NUMBER 72**

AU: Saltzman BE

TI: **Lognormal model for health risk assessment of fluctuating concentrations**

SO: *Am Ind Hyg Assoc J* 1987 Feb;48(2):140-9

Health risk assessments of exposures to harmful materials increasingly are required because of legal and economic pressures. An important part of the procedure is the mathematical model for the dose-effects relationship. If a linear no-threshold relationship is assumed, then the mean of fluctuating concentrations may be used for the calculation of health risk. But the widely used PEL and TLV values assume a threshold relationship. For this and for nonlinear relationships the calculation with the use of the mean concentration is inaccurate, because higher concentrations produce disproportionately higher effects. An appropriate *mathematical model based upon lognormal concentrations and probit effects* is proposed. Rather than monitoring concentrations for unlikely high values, the method requires estimation of their geometric mean and geometric standard deviation. A health risk assessment than may be calculated simply and

conveniently from the charts and tables provided. The method clarifies some issues and the specifics of utilizing and improving the required data. The model should be useful for assessing health risks from fluctuating concentrations of most toxic compounds.

#### REFERENCE NUMBER 73

AU: Glubokov DA ; Belov VV ; Kornov VI ; Men'shikov AA ; Sorokin AV

TI: **[Dynamics of the health indicators of an unorganized population during the 3-year implementation of a program to control arterial hypertension]**

SO: Ter Arkh 1987;59(1):47-50

#### REFERENCE NUMBER 74

AU: Duflo B ; Balique H ; Ranque P ; Diallo AN ; Brucker G ; Alavi H ; Prescott N

TI: **[Estimation of the impact of the principal diseases in rural Mali]**

SO: *Rev Epidemiol Sante Publique* 1986;34(6):405-18

The authors assess the health impact of major diseases in the circles of Kita, Bafoulab:e and Kenieba (Western Mali) by measuring, for each of them, the number of healthy days of life lost through illness, disability and death. Malaria, birth diseases, infant gastro-enteritis and pneumopathies, measles, malnutrition and hemoglobinopathies account for 58.1% of healthy life lost due to all studied diseases. Parasitic diseases (except malaria), tuberculosis, leprosy are less important than usually said; on the contrary, the impact of hepatic, cardiovascular, and eyes diseases is great. In developing countries assessing the number of healthy days lost by the community due to different diseases is usefull to choose the health priorities and to compare the cost/effectiveness ratio of different health programs.

#### REFERENCE NUMBER 75

AU: Robin ED

TI: **Saltem plus boni quam mali efficere conare: at least try to do more good**

SO: *Pharos* 1987 Winter;50(1):40-4

#### REFERENCE NUMBER 76

AU: Hagan PP ; Levy SM ; Machen JB

TI: **Validation of the children's Oral Health Status Index (COHSI)**

SO: *ASDC J Dent Child* 1987 Mar-Apr;54(2):110-3

The findings presented here provide support for the validity of the Children's Oral Health Status Index. The COHSI is a good predictor of dentists' ranking of the oral health of pairs of children when there are at least ten points difference between the scores.

#### REFERENCE NUMBER 77

AU: Wolffers I

TI: **Limitations of the primary health care model. A case study from Bangladesh**

SO: *Trop Geogr Med* 1988 Jan;40(1):45-53

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**Public Health Conference on Records and Statistics**  
**Washington, D.C. 17-19 July 1989**

The National Center for Health Statistics is sponsoring the 22nd biennial Public Health Conference on Records and Statistics. The conference serves as a national forum for the latest advances in public health statistics.

The theme of the 1989 meeting is "Challenges for Public Health Statistics in the 1990s." The conference offers the opportunity to assess the demands for health statistics in the 1990s and how these demands will be met. Three major areas to be addressed are Promotion and Prevention, Surveillance and Epidemiology, and Targeting Services. Presentations will be organized in sessions focusing on policies, programs and services; methodology and analyses; and trends, projections and goals. Of specific interest are two sessions, one on quality of life and the other on chronic disease.

For further information contact:

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Hyattsville, Maryland 20782  
telephone (301) 436-7122

**American Statistical Association Annual Meeting**  
**Washington, D.C. 6-10 August 1989**

The 1989 annual meeting is jointly sponsored by the American Statistical Association, the Biometric Society, and the Institute of Mathematical Statistics.

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**Society for Medical Decision Making**  
**Minneapolis, Minnesota 15-18 October 1989**

Abstracts are now being accepted for presentation at the Eleventh Annual Meeting of the Society. The deadline for submission is April 30, 1989.

For further information contact:

John C. Tomeny  
Society for Medical Decision Making  
One Main Street  
P.O. Box 447  
West Lebanon, NH 03784  
(603) 298-9929

**Clearinghouse Update**

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

### Why "Indexes"?

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

### Why a "Clearinghouse"?

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

### 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**  
**3700 East West Highway**  
**Room 1-57 Center Building**  
**Hyattsville, Maryland 20782**

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