125. LONG-TERM EVOLUTION OF THE SF-36 (8 MONTHS) IN A SAMPLE OF 353 SCHIZOPHRENIC PATIENTS UNDERGOING RISPERIDONE TREATMENT

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The aim of this study was to evaluate the evolution of quality of life (QoL) in patients undergoing treatment with risperidone over a period of 8 months.

A long-term prospective Spanish multicentre study was conducted involving 353 schizophrenic out-patients. The instruments employed were the BPRS for clinical assessment and the SF-36 as the generic QoL measure.

Statistical analysis was made using the Wilcoxon test, and p values of ≤ 0.05 were considered significant.

A significant improvement ($p < 0.0001$) was observed on all scales of the SF-36 after 8 months of treatment with risperidone. Females improved significantly more than males on the role physical (p.02), general health (p.02) and role emotional (p.03) scales. Patients with a paranoid subtype showed a significantly better evolution than non-paranoid ones on the following scales: general health (p.003), vitality (p.04), social functioning (p.03), role emotional (p.01) and mental health (p.03). Patients without use – abuse of drugs improved significantly more than those with use – abuse on the physical functioning (p.05), general health (p.01) and social functioning (p.02) scales.

Patients undergoing long-term antipsychotic treatment with standard doses of risperidone (5 – 6 mg per day) steadily improved their QoL level. A global improvement can be seen as both the physical and psychological scale scores increase to the same degree.

Female patients, paranoid patients and those without use – abuse of drugs demonstrate greater improvement in their QoL.

126. THE SF-36 VERSUS THE WHOQOL-100 AND -26 IN SCHIZOPHRENIC PRIVATE OUT-PATIENTS

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The aim of this study was to make a comparative analysis of the performance between two new generic quality of life (QoL) instruments (the WHOQOL-100 and -26) and the SF-36 in schizophrenic out-patients. A total of 60 schizophrenic out-patients (ICD-10 criteria) undergoing maintenance treatment with different neuroleptics were interviewed when out of the acute phase as measured by the PANSS. QoL was assessed using the SF-36 and both versions of the WHOQOL, that is versions 100 and 26.

In order to determine convergent validity the Pearson correlation coefficient was employed. Differences between group means were tested using the Student's t-test. In all cases a p value of <0.05 was considered to be statistically significant.

Significant correlation coefficients were found between all the domains of the WHOQOL-100 and the majority of the SF-36 scales, with values ranging from 0.2583 (between the psychological domain and vitality scale) to 0.5774 (between overall QoL and social functioning). None of the WHOQOL-100 domains correlated with the role physical scale and, in general, these domains were more highly correlated with the mental component summary scales of the SF-36 than with the physical component scales.

All the domains of the WHOQOL-26 showed significant correlations with four of the eight SF-36 scales, namely general health, social functioning, role emotional and mental health, with values ranging from 0.2599 (between environment and mental health) to 0.6008 (between overall QoL and social functioning). No WHOQOL-26 domain correlated with the physical functioning, role physical, bodily pain and vitality scales of the SF-36.

We did not find significant differences in the QoL profiles obtained by the WHOQOL-100 and the WHOQOL-26.

Our results lend moderate support to the WHOQOL convergent validity with the SF-36.

The WHOQOL-26 appears to perform equally as well as the WHOQOL-100 in measuring QoL in schizophrenic out-patients.

127. UTILITY MEASUREMENT IN CHRONIC LOW BACK PAIN PATIENTS: A COMPARISON BETWEEN DOMAIN-SPECIFIC AND PREFERENCE-BASED INSTRUMENTS

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Quality of life (QoL) provides an important outcome measure for chronic low back pain (clbp) treatments. For a comparison with different interventions and different patient populations in cost-effectiveness studies it is preferable to use different categories of QoL measures. The objective of this study is to compare domain-specific QoL measures with preference-based measures with respect to their validity, responsiveness to change and use in cost-effectiveness studies.

In a randomized controlled trial 148 clbp patients were assigned to a combined operant programme plus cognitive/relaxation programme, an operant programme plus attention control or a waiting-list control group with a programme given as usual at a rehabilitation centre. QoL was measured at baseline, after treatment and after 6 and 12 months follow-up using several domain-specific measures (the Beck Depression Inventory, McGill Pain Questionnaire, Pain Cognition List, Behavioural Avoidance Test, Fear Survey Schedule, Maudsley Marital Questionnaire, Medical Examination and Diagnostics Information Coding System, a global assessment of change and a Maastricht Utility Measurement Questionnaire, using a description on six dimensions of health and two preference-based instruments (rating scale (RS) and standard gamble (SG) method).

Immediately after treatment there was a significant difference found on the global assessment of change between the waiting-list control group and the two treatment groups. No differences were found between the operant/cognitive programme and the operant discussion programme for six dimensions of health and the RS values, neither immediately after treatment nor after 6 and 12 months. No differences were found in the SG method. There was a correlation between the RS values and the results on the domain-specific measures.

It can be concluded that the addition of a cognitive component to an operant/discussion programme does not result in an additional improvement in QoL as compared to an operant/discussion programme. Ceiling effects and risk-averse