

404. MOTHERLAND OR HOME COUNTRY: HEALTH-RELATED QUALITY OF LIFE AMONG JEWS FROM THE FORMER SOVIET UNION WHO EMIGRATED TO ISRAEL AND JEWS IN RUSSIA AS COMPARED TO ISRAELI NON-IMMIGRANTS

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The aim of the present study was to compare quality of life (QoL) between Jews from the former Soviet Union who emigrated to Israel between 3 and 8 years ago (group 1) and Jews who currently live in Russia (group 2). Both were compared to a control group of veteran Israelis (group 3). The sample consisted of 51 subjects in group 1, 52 subjects in group 2 and 49 subjects in group 3, all between the ages of 25 and 45 years, matched for sex, age and education. The subjects were administered the SF-36 questionnaire – the first two groups in Russian and the latter in Hebrew. Both versions have been culturally adapted according to accepted norms for translation of self-report instruments. The results showed that with the exception of subscale of emotional functioning in which group 1 scored significantly higher than group 2 and the subscale of physical pain, in which group 2 showed a significant advantage over group 1, no differences were found between the two groups on all the other subscales. However, both scored significantly lower than group 3 on five of the eight subscales. It was concluded that emigration among Russian Jews did not improve QoL substantially as compared to the ones who did not emigrate and that at least 8 years are needed to reach the level of veteran Israelis who enjoy a better QoL than both Jews in Russia and former Russians who emigrated to Israel.

405. QUALITY OF LIFE MEASURES IN HEALTH CARE: WHAT MAKES A GOOD MEASURING INSTRUMENT

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Measures of quality of life (QoL) are now becoming increasingly more relevant in health care. Several instruments, generic and specific, are available to study cross-sectional differences and longitudinal changes in QoL. However, each instrument and study approach has its own strengths and weaknesses. An appropriate instrument for a specific situation is the utmost essential to ensure actual QoL measurement. This paper elicits the requirements of a good instrument.

The discriminative and evaluative instruments need to be constructed differently. Their face validity – whether an instrument covers the full range of relevant topics and the construct validity – the pattern of relationship of QoL instrument with established measures, need to be properly investigated. The instrument should be reliable, accurate, practical, reproducible, interpretable and should have a multidimensional construct. Sensitivity to change is an important feature of such instruments. Further, these should be briefer and simpler and their questions should avoid double negatives and be amenable to a rating scale.

406. THE TAIQOL: A GENERIC HEALTH-RELATED QUALITY OF LIFE MEASURE FOR 1 – 4 YEAR OLDS

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The purpose was to evaluate the psychometric performance and criterion validity of the TAIQOL. The questionnaire was needed in evaluating health-related quality of life (QoL) outcome in clinical research on children with a very low birth weight (VLBW). Health-related QoL was defined as health status plus affective responses to problems in health status. Health status was defined multidimensionally to encompass 13 dimensions. The TAIQOL is completed by a parent in approximately 10 min.

Parents of 106 VLBW children, aged 1 – 4 years, completed the TAIQOL as well as parents of 363 children in the open population. The psychometric performance was evaluated by Cronbach's α and by the percentage of items with a higher item-rest Pearson correlation coefficient (r) than item-other scale r s. The multidimensionality of health-related QoL was evaluated by factor analysis and by r s between the TAIQOL scales. The criterion validity was evaluated by analyses of variance.

The Cronbach's α s were 0.52 – 0.89. Ninety-six percent of item-rest r s were higher than item-other scale r s. Ninety-four percent of items loaded higher on their proper factor than other factors. The r s between TAIQOL scales were 0.04 – 0.50. The percentage status of problems per scale that led to negative affective responses ranged from 21 to 86%. As expected, VLBW children, children with a chronic disease and children under medical treatment had worse health-related QoL than other children.

The psychometric performance of the TAIQOL was good. The findings support the multidimensional definition of health-related QoL. The fact that on average only 39% of health-related problems led to negative emotional consequences indicates the essential importance of assessing subjective emotional appraisal of health status. The criterion validity of the TAIQOL was good. In conclusion, the TAIQOL is a suitable instrument in assessing health-related QoL in groups of very young children.

407. COLD DRAUGHT FEELING AND QUALITY OF LIFE

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The objective was to determine whether patients suffering from cold draught feeling (CDF) have reduced quality of life (QoL).

A cross-sectional study was used. All patients of the different internal medicine departments of Saratov Medical University, Russia, 20 years and older, who were not in intensive care wards participated.

A special questionnaire for detecting subjects suffering from CDF was used: subjects who suffer from CDF and who completely refuse to fill also Spielberger anxiety, Eisenk questionnaire, and physical capacity questionnaire.

Two hundred and eighty-six subjects responded to the CDF questionnaire while 36 refused to participate. A description of the CDF revealed that the subjective picture is fuzzy and variable. While age and the diagnoses of the subjects who suffer from CDF