# 1509/QUALITY OF LIFE OF ALLERGIC RHINITIS PATIENTS WITH IMMUNOTHERAPY

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*Aims*: Allergic rhinitis is one of the common disorders in Taiwan. The treatments of allergic rhinitis include aggressive environmental control, medicine, surgery and immunotherapy. The effect of immunotherapy on quality of life (QOL) for patients with allergic rhinitis has never been explored, so the objective of the current study is to examine how QOL in allergic rhinitis patients with immunotherapy is different from allergic rhinitis patients without treatment and normal individuals. *Methods*: A cross-sectional study design with three groups was conducted. Twenty-nine patients with allergic rhinitis without treatment (group AR), 26 patients with immunotherapy (group ARIT), and 30 persons without allergic rhinitis (group normal) were recruited in a teaching hospital. The generic outcome measure is Short Form 36 (SF-36) and disease-specific outcome measure is Allergic Rhinitis Quality of Life Instrument (ARQOL). ARQOL consists of three domains: symptoms, activity restriction, and medical resource utilization. *Results*: The findings indicate that group AR has worse QOL than Taiwan norms on all SF-36 scales except for physical functioning and bodily pain (all $p < 0.05$) while group ARIT has worse QOL only on general health comparing to Taiwan norms ($p < 0.05$). For ARQOL, group normal has higher scores for all subscales and total scale than groups AR and ARIT ($p < 0.05$). In addition, the scores of group ARIT are significantly higher than those of group AR for all subscales and total scale of ARQOL except for medical resource utilization. *Conclusions*: In general, allergic rhinitis has great impact on generic QOL but generic QOL approaches the same level after immunotherapy. Although immunotherapy improves disease-specific QOL of allergic rhinitis patients, there still exist differences between patients with immunotherapy and normal persons.

# 1518/RELATIONSHIPS BETWEEN URINARY INCONTINENCE, HEALTH STATUS AND SOCIAL SUPPORT PERCEPTION

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*Aims*: The aim of the present study is to identify the relationships between perception of social support, health status and distress due to urinary incontinence and other UI disease variables. *Methods*: Participants include 93 women suffering from UI, with a mean age of 60,15 years, (varying between 35 and 81 years of age) 74.2% married. A co relational study compare social support Instruments used include the Portuguese version of the health status Questionnaire SF-8 with two components, Mental Health (Cronbach $\alpha = 0.81$) and physical health (Cronbach $\alpha = 0.84$); social support perception (SSP) with four dimensions (satisfaction with friends, satisfaction with intimacy, satisfaction with family, satisfaction with social activities); Urogenital Distress Inventory Questionnaire with six items (UDI-6) evaluating the level of distress due to UI (Cronbach $\alpha = 0.73$); Other disease variables include duration of disease (DD) and perception of level of UI severity (UIS )(four levels- no, slight, severe, and very severe). *Results*: Results show statistically significant correlations between UDI-6 and health status ($r = -0.25$, $p < 0.05$ with mental component and $r = -0.20$, $p < 0.05$ with physical component). No statistically significant correlations were found between Health Status and UIS or DD. Statistically significant correlations were found between dimensions of SSP and DD ($r = 0.21$ $p < 0.05$ for satisfaction with friends, and $r = 0.23$ $p < 0.05$ satisfaction with intimacy). No statistically significant correlations were found between SSP and UDI-6, or UIS; No statistically significant correlations were found between health status and UIS or DD. *Conclusions*: An overall assessment of results suggests that various aspects of UI have different impacts on domains of life such as health status and social support with the women showing adjustment to their disease status when the DD grows, and a decreasing Health Status with increasing UDI-6 severity.

# 1231/QUALITY OF LIFE (QOL) RESPONSE ON THE MODEL OF TREATMENT OF RHEUMATOID ARTHRITIS (RA) PATIENTS

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*Aims*: The goal of treatment of chronic diseases that do not shorten life expectancy is to improve patients QoL. Evaluation of QoL along with clinical response might be recommended for patient management. The aim of the study was to develop QoL response paradigm in clinical practice and demonstrate its application on the model of RA. *Methods*: 200 patients with RA in active phase were enrolled. Patients filled in SF-36 at baseline and in 8 weeks of treatment. According to the paradigm there are 3 types of QoL response: complete response (CR), partial response (PR) and no response (NR). CR is correspondence of QoL after treatment to population norm; PR – improvement of QoL after treatment but not attaining CR; NR – absence of PR. To assess QoL response the integral QoL index (IQLI) was calculated by integral profiles method. To evaluate CR the lower bound of population norm mean was determined by bootstrap method (Confidence level – 0.99). Significance of differences between groups was tested by Mann–Whitney or Wilcoxon tests. *Results*: In 8 weeks 14 patients (7%) had CR, 126 (63%)-PR and 60 (30%)-NR. In patients with CR significant increase of SF-36 scales and IQLI as compared with base-line ($p < 0.01$) was shown. The values of IQLI in this subgroup achieved the lower bound of population norm mean and did not differ from the ones of population sample ($p = 0.63$). The values of IQLI in patients with PR improved after treatment ($p < 0.01$) but were lower than of population norm. Inpatients with NR worsening of IQLI after treatment was observed as compared with base-line. *Conclusions*: QoL response paradigm in clinical practice is developed. Its application to RA allowed to demonstrate the following stratification of QoL response: 7%of patients had CR; 63%-PR and 30%-NR. The further studies on the other models of chronic disorders and comparison of QoL and clinical response are worthwhile.