

# 1515/SOCIAL SUPPORT AND HRQL IN PEOPLE WITH APHASIA  
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**Aims:** Social support has been associated in the literature with better health and life satisfaction. This paper aims to explore which aspects of social support most predict health-related quality of life (HRQL) for people who have aphasia. It will examine two different conceptions of social support: firstly, social networks (the different links that embed a person in a social web, e.g., marital status, number of friends and relatives, group membership); secondly, perceived social support (a person's subjective experience of social support, e.g., the extent to which they feel loved and cared for). **Methods:** The study used a cross-sectional interview based design. Cluster sampling was used to recruit participants with chronic aphasia (>1 year) due to a stroke from three community services. Measures included the Stroke and Aphasia Quality of Life Scale-39 item version (SAQOL-39) (Hilari et al., 2003), the MOS Social Support Survey (SSS) (Sherbourne and Stewart, 1991), a social network questionnaire and measures of other variables that have been associated with HRQL in stroke survivors (e.g., emotional distress, language and daily activities). Data will be analysed using correlation and multiple regression analysis. **Results:** 95 people took part in this study and 83 of them (87%) were able to self-report on all the assessments. This paper will report the results of those able to self-report. We anticipate that different types of social support may have a different impact on HRQL. **Conclusions:** The mechanism through which the different types of social support associate with HRQL will be discussed with reference to the theoretical framework put forward by Cohen and Wills (1985). In considering the role and function of social support, the paper will also take into account the impact of factors specific to this population. For example, it will explore the various barriers to forming and maintaining social links commonly experienced by people with chronic aphasia (Parr et al., 1997).

# 1112/INFLUENCE OF THE QOL STATUS ON THE SATISFACTION FOR TREATMENTS AND HEALTH SERVICES IN THE PATIENTS WITH CHRONIC NEURAL DISEASES  
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**Aims:** Japanese health ministry entitles patients with chronic neural diseases to 15 types of health services at no charge as well as to a public financial aid in order to improve their QOL. The services are: daycare service, dental check-up, helper service, bathing assistance, home repair, etc. We investigated the status of use and satisfaction of the health services in relation to their QOL. **Methods:** We collected the information on generic QOL (SF-36 and the disease-specific measure), socio-demographic and pathological information, and the status of use of the health services. The distribution of diseases among 1707 subjects were, Parkinson's disease (53.8%) spinocellulobular disease (25.3%), myasthenia gravis (6.6%), ALS (5.9%), and other diseases (8.3%). **Results:** Little less than two-thirds of the patients (59.6%) were the current users of at least one of the services, and the public health nurse visit (30.1%) and the daycare service (17.6%) were most frequently used. The patients with low Activity of Daily Living tended to use them more often. Among 1017 current users, the patients showing low QOL in any sub-scales of SF-36 except SF sub-scale and in the disease specific QOL measure tended to be dissatisfied with the services and the treatments. None of the other factors, age, sex, disease kind, service type, time interval from the first diagnostic was significantly related to satisfaction. **Conclusions:** This effect of QOL status on the satisfaction of the service usage can be explained by two hypothesis: the actual health services are not appropriate for low QOL patients, or an emotional distress may cause them not to accept any detailed fault of the services. Further studies are needed in order to reflect growth on the health service policy.

#1111/GENERIC QOL PROFILE OF PATIENTS WITH SEVERE PARKINSON'S DISEASE IN A LARGE SCALE COHORT  
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**Aims:** Quality of Life (QOL) of patients with severe Parkinson's disease (PD) has been rarely studied in a large-scale cohort. The objectives were description of their generic QOL and investigation of the modifying factors of QOL by using SF-36. **Methods:** In cooperation with the 37 health centers all over Japan, we recruited 1197 PD patients showing the Hoehn and Yahr disease stages higher than II. Public health nurses interviewed the patients at the moment of application or renewal for the public financial aid in order to collect information. Of this number, 709 were followed-up 1 year later. **Results:** We investigated the data of 889 respondents (296 in follow-up) to the questionnaire battery (response rate 72.6%) using uni- and multivariate regression analysis. Mean age was  $69.2 \pm 8.8$  years, sex ratio was 41:59, and distribution of Hoehn and Yahr stage was stage III 59.1%, IV 31.2%, and V 9.7%. Some of the patients were showing other chronic illness, such as hypertension, diabetes, cardio-vascular disease. Daily movement and social activity ADL median scores were respectively 11 and 6 on 14. Anti-Parkinsonism drugs usage was: Anticholin 70.2%, Amantadine 66.8%, L-Dopa 95.2%, and Dopamine 74.2%. Age/sex-standardized scores (norms: mean  $50 \pm 10$ ) of SF-36 subscales were: PF 28.2, RP 37.4, BP 40.8, GH 37.4, VT 38.0, SF 34.6, MH 37.7. Old age, high disease stage, female sex and above all low ADL were independently related to low QOL score. No relation was found with treatment type, other illness, and time interval from the first diagnostic. Follow-up study analysis showed that improvement in ADL had contributed to higher QOL. **Conclusions:** Functional disorder that was typical for neural diseases seemed to lead to the low QOL score. However, follow-up study results imply that rehabilitative therapies have the potential to ameliorate overall QOL in Parkinson's disease patients.

# 1511/PSYCHOSOCIAL VARIABLES AND HEALTH OUTCOMES IN EPILEPTIC PATIENTS  
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**Aims:** Aims of the study is to identify the impact of demographic variables, disease variables, and psychosocial variables (current health perception, health expectancy, health worry, resistance to illness, sickness orientation, self-efficacy), on outcomes measures like QOL and mental and physical components of health status (SF-8). **Methods:** 200 epileptic outpatients participate age mean 39.62 years, school level mean of 8.12 years, 63% married or similar, 95% with seizures (equal or more than one per year, 70.5% with one type of seizure), 99% taking medication for seizures (49% monotherapy, 33.5 biterapy, and 16.5 polytherapy); 53.5% males, in a correlational study: They answer to a self-report questionnaire. **Results:** Correlation's between demographic, psychosocial and disease variables are statistically significant for the majority of variables. A linear regression analysis, stepwise method, using each of the outcomes variables as a dependent variable, shows that, for the mental component of health status ( $R^2$ , 0.37) the variables self efficacy, resistance to illness and health worry explain the results; for the physical component of health status ( $R^2$ , 0.71) the variables self-efficacy, perception of cognitive functioning, health worry, perception of seizure control, educational level, and resistance to illness explain the results. For quality of life ( $R^2$ , 0.30) variables self-efficacy, resistance to illness, and disease orientation explaining the results. **Conclusions:** The impact of disease on physical component of outcomes is bigger than for the other outcome variables. However the magnitude of the impact on mental health and QOL is higher enough to be considered. Different psychosocial and demographic variables explain the results on the considered outcomes, suggesting that a complex web of variables account for the outcome of disease.