Abstract 1644

STUDY OF THE FUNCTIONAL EQUIVALENCE OF THE QUALITY OF LIFE INDEX (QLI) IN THE AMERICAN VERSION OF THE QUALITY OF LIFE INDEX (QLI), with the original American version. The patients are 250 renal transplant recipients, 65.6% male, 35.3% married and 21.3% single, aged between 18 and 65 years of age. The transplant occurred between less than one year and more than 10 years. We used the QLI and the QLI-USA of the American version. The QLI assumes that quality of life is a personal sense of well-being that stems from satisfaction or dissatisfaction with the areas of life that are important to him. It is a 64-item measure composed of four parts: part I measures satisfaction with various domains of life, and part II measures the importance of the same domains for the subject. Subjects respond to the items on 6-point scales. Overall quality of life scores are calculated by weighing each satisfaction response with its particular importance response. QLI includes four domains and provides five scores, one for each domain and one total score. The steps were the following: a) authorization by the authors to use the questionnaire; b) translation and back-translation of the questionnaire; c) discussion with specialists (psychologist, medical doctor and nurse from transplant unit); d) debriefing with transplant patients. We found the following: internal consistency (Cronbach Alpha): subscale Health and functioning: 0.79, Social-economy: 0.81, Psychological well-being: 0.75, Family: 0.79. Overall QLI score 0.91. The pattern and the magnitude of the values are similar to the values found by other researchers in the original language values above 0.90 for the total scale, higher values for the subscales health functioning, and Psychological well-being (around 0.80) and lower values for family subscale (around 0.70).

Abstract 1645

COMPARISON OF QUALITY OF LIFE BETWEEN YOUNG ADULTS SUBMITTED TO RENAL TRANSPLANT DURING INFANCY AND YOUNG ADULTS SUBMITTED TO SAME PROCEDURE DURING ADULTHOOD

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The aim of the present study is to compare two young groups (age 32) that have undergone a renal transplant procedure. One group of 36 participants (91 % males) was submitted to renal transplant in childhood, either as infants (96% males) were submitted to renal transplant in childhood or adolescence (before turning 18). Age differences between the two groups are statistically significant (p < 0.05, chi-square test). The pediatric group represented 88.5% of the total population submitted to renal transplant before the age of 18 between 1983-1997 in the Hospital de S. António, OPutho. For 67% of the pediatric-transplanted group, the transplant had occurred three or more years before. In the adult transplant group, 84.2% of the members of the transplant had occurred less than three years before. We used Ferras and Powers' Quality of Life Index (QLI). The QLI assumes that quality of life is a personal sense of well-being that stems from satisfaction or dissatisfaction with the areas of life that are important to him. It is a 64-item measure composed of four parts: part I measures satisfaction with various domains of life, and part II measures the importance of the same domains for the subject. Subjects respond to the items on 6-point scales. Overall quality of life scores are calculated by weighing each satisfaction response with its particular importance response. QLI includes four domains and provides five scores, one for each domain and one total score. Results show statistically significant better scores that those that have undergone transplant surgery in infancy. Mann-Whitney U shows values of p < 0.001 for all the scales with the exception of family, which is not statistically significant. In conclusion, we can say that undergoing a transplant at an early age facilitates adaptation to everyday life.

Abstract 1646

LONGITUDINAL INVESTIGATIONS OF QUALITY OF LIFE (QOL) IN END-STAGE RENAL DISEASE (ESRD) PATIENTS BEFORE AND AFTER KIDNEY TRANSPLANTATION

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The aim of the present study was to enhance the quality of medical and psychological care in ESRD patients, especially due to changes after kidney transplantation (KTX). Starting in 1995 (1), highly transplanted out-patients and ESRD-patients on dialysis while being on the waiting list for transplantation were administered psychologico-technical inventories. Clinical groups included 411 n=80 ESRD-patients on the waiting list (group 1, 64 male, mean age 54.1 years; +19.5), and 422 patients of patients group 2, 118 male, mean age 46.1 years (+12.5). To detect psychological distress the Brief Symptom Inventory was applied. At (1,1907,1998) the generic and diseases specific QOL of the patients was investigated using the SF-36 Health Survey (SF-36) and the End-Stage Renal Disease Symptom Checklist (ESRD-SCL-29). Social support and symptomatic distresses (limited physical, cognitive and social capacity) were investigated with a German Social Support Questionnaire and a single item base respectively. At 2, 90% of patients in group 1 and 89% in group 2 did not differ as to clinical data. (e.g. creatinine, blood count), medication or comorbidity at 2. Group 1 demonstrated significantly more social support to KTX patients than non-transplanted ESRD-patients. The psychological distress at 1 (case definition of Derogatis, 2 scores >63 and/or GSI >63) predicts QOL at 2 in both groups (11%-15%): explanation of variance of the SF-36 and ESRD-SCL-29 scores). High psychological distress before KTX predicts low QOL after KTX, independent of clinical data. KTX enhances social support of ESRD patients, while gender specific differences have to be considered. High psychological distress on dialysis is a predictor for low QOL after KTX. Multiprofessional support in early phases of ESRD should be provided.