International Society for Quality of Life Research

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"HRQOL Research: Making an Impact in the Real World"

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International Society for Quality of Life Research

Lisbon, Portugal, October 10 –14, 2006 ~ Schedule-at-a-Glance

The abstracts are grouped by symposia, followed by all of the oral presentations, and conclude with all of the poster presentations.

Thursday, October 12, 2006	
8:00 – 9:00 am	**Special Interest Group meetings**
8:00 am – 12:30 pm	**Poster Session 1** on display (p. A-70 – A-83)
9:00 –10:30 am	**Plenary 1**: Welcome and Keynote Address
10:30 –11:15 am	**Break and meet the authors poster session**
11:15 am – 12:45 pm	**Concurrent Sessions** Symposium: The Value of Patient Reported Outcomes in Clinical Practice (p. A-2 – A-3) Oral Sessions: Elderly 1, Caregivers 1, IRT 1, Endocrinology (p. A-17 – A-23)
12:50 – 2:00 pm	**Lunch panel session:** "What the Editors Say!"
2:00 – 3:30 pm	**Concurrent sessions** Symposium: Can we use patient reported outcomes to compare the quality of care achieved by different healthcare providers? (p. A-3 – A-4) Oral Sessions: Children 1, Minimally Important Differences, Oncology 1, Methodology 1 (p. A-23 – A-29)
2:00 – 6:15 pm	**Poster Session 2** on display (p. A-83 – A-97)
3:30 – 4:00 pm	**Break**
4:00 – 5:30 pm	**Concurrent sessions** Symposium: Quality of life in public health policy (p. A-4 – A-5) Oral Sessions: Mental Health, Respiratory, GI, Psychometrics (p. A-29 – A-36)
5:30 – 6:15 pm	**Meet the authors poster session**
6:00 – 7:00 pm	**Mentor/Mentee session**
Friday, October 13, 2006	
8:00 – 9:00 am	**Special Interest Group meetings**
8:00 am – 12:30 pm	**Poster Session 3** on display (p. A-97 – A-109)
9:00 – 10:30 am	**Plenary 2** "QOL and the policy makers"
10:30 –11:15 am	**Break and meet the authors poster session**
11:15 am – 12 :45 pm	**Concurrent sessions** Symposium: Bridging the Gaps in Understanding Symptom Burden and QoL Impairment in Cancer Patients (p. A5 – A-7) Oral Sessions: AIDS, Preferences 1, Children 2, Pain (p. A-36 – A-42)
12:45 – 2:00 pm	**ISOQOL Business Meeting** Lunch session
2:00 – 3:30 pm	**Concurrent sessions** Symposium: Integrating values and preferences in clinical practice guidelines: how can we make it happen? (p. A7) Oral Sessions: Oncology 2, Cardiovascular, Caregivers 2, Methodology 2 (p. A-42 – A-48)
2:00 – 6:15 pm	**Poster Session 4** on display (p. A-109 – A-123)
3:30 – 4:00 pm	**Break**
4:00 – 5:30 pm	**Concurrent sessions** Symposium: Enhancing the Quality of Cancer Care Through Research, Practice, and Policy (p. A-8 – A-9) Oral Sessions: Rheumatology, Qualitative, Urology 1, IRT 2 (p. A-48 – A-54)
5:30 – 6:15 pm	**Meet the authors poster session**
6:00 – 7:00 pm	**Special Interest Group meetings**
Saturday, October 14, 2006	
8:00 am – 12:30 pm	**Poster Session 5** on display (p. A-123 – A-136)
9:00 – 10:30 am	**Plenary 3**
10:30 – 11:15 am	**Break and meet the authors poster session**
11:15 am – 12 :45 pm	**Concurrent Sessions** Symposia: Patient-Reported Outcomes: Update on the Mayo/FDA Joint Meeting Publications; The Value of Health Related Quality of Life Parameters in Predicting Clinical Outcomes in Cardiology and Oncology (p. A-9 – A-11) Oral Sessions: Neurology, Preferences 2, Surgery (p. A-54 – A-59)
12:45 – 2:00 pm	**Lunch on your own**
2:00 – 3:30 pm	**Concurrent sessions** Symposium: The Patient Reported Outcomes Management Information System (PROMIS): A Cooperative Effort to Advance and Enable Clinical Research (p. A-11 – A-13) Oral Sessions: Urology/Kidney Diseases, Psychometrics 2, IRT 3, Cancer 3 (p. A-59 – A-65)
2:00 – 6:15 pm	**Poster Session 6** on display (p. A-136 – A-147)
3:30 – 4:00 pm	**Break**
4:00 – 5:30 pm	**Concurrent sessions** Symposia: Translation and Cultural Adaptation of PRO Questionnaires: Review of the activities of the ISOQOL TCA SIG; The NEURO-QoL Project: Using Multiple Methods to Develop A HRQOL Measurement Platform to be Used in Clinical Research Across Neurological Conditions (p. A-13 – A-16) Oral Sessions: Cancer 4, Methodology 3, Elderly 2 (p. A-65 – A-69)
5:30 – 6:15 pm	**Meet the authors poster session**
7:30 pm	**Gala Dinner**

stimulation and ejaculation. Responses were analyzed for significance and trends in response due to age, treatment modality, their combined effect and time using the Generalized Estimating Equation approach. RESULTS: Treatment modality was significantly associated with incomplete emptying, frequency, intermittency, weak stream and QOLGU ($p<0.01$ except QOLGU combined with time points which was $p=0.02$). Urgency, straining, nocturia and sexual function were independent of treatment modality. Age had no association with any GU questions except nocturia ($p<0.0001$) but was strongly associated with all sexual function questions ($p<0.0001$). Time points were significantly associated with urinary urgency, straining, weak stream, intermittency, erectile confidence (all $p<0.0001$) and QOLGU ($p=0.02$). A significant downward trend was observed for sexual function; the lowest score was at 24 months ($p<0.0001$). CONCLUSIONS: Pts treated with EBRT+PTH and HDR Alone reported superior GU function to those treated with Pd103 regardless of age or time to measurement. Sexual function was unaffected by treatment modality but was dominated by age and time to measurement, with the worst function at two years.

1520 /Quality of Life Following Renal Failure

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AIMS: This paper aims to describe and compare the quality of life of individuals suffering from chronic kidney failure, in dialysis, according to the different types of admission. METHODS: A non-experimental, transversal, descriptive/comparative study was developed using a sample of 231 individuals (76.3% of the population) with chronic kidney failure who were receiving dialysis treatment in the northeast of Portugal. We used an evaluating instrument (KDQOL-SFTM1.3) made up of a generic measurement of health (SF-36) and a specific one used for this clinical condition (ESRD). RESULTS: The majority of the participants studied were male (56.3%), married (68.4%), retired (84.9%), of rural origin (67.4%) and with, at most, a basic education or less (89.1%). The age of the respondents varied between 18 and 88 years old (average = 61.6; median = 65). The time of dialysis of these patients varied between 15 days and 24 years. The type of treatment used more frequently was hemodialysis (94.8%). The majority of the patients had other associated illnesses (56.3%) and complications (91%). The most prevalent associated illness was diabetes (26.4%) and the most prevalent complications were tiredness (69.7%), sleeping sensation in hands and feet (58.9%), cramps (54.5%), muscular pain (52.4%) and itching (51.5%). Those patients who had a programmed admission to dialysis showed a more satisfactory quality of life than those admitted from the emergency unit, with statistically significant differences ($p<0,05$) in their professional activity, physical performance, emotional performance, social function, and vitality. The results showed the negative impact of some socio-demographic and clinical variables. CONCLUSIONS: In this study we recognized the importance of the evaluation of the health-related quality of life as an indicator of excellence in health care provided for patients with renal failure.

1605 /Measuring Quality of Life in End-Stage Renal Disease. Transcultural Adaptation and Validation of the Specific Kidney Disease Quality of Life Questionnaire

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AIMS: End-stage renal disease has an important impact on the patients' daily life, which can be measured by quality of life questionnaires. The objective of this work was to adapt the Kidney Disease Quality of Life questionnaire (KDQoL) into French and to determine its basic psychometric properties, i.e. validity and reliability. METHODS: The KDQoL consisted of 8 generic dimensions and 11 specific dimensions. The questionnaire was translated several times independently, and then submitted to a committee of professionals. The study of the measurement properties was carried out near 68 dialysis patients. RESULTS: KDQoL is valid and reproducible, and has properties comparable to the original instrument: missing items proportion of 5.5%, limited floor and ceiling effects (except for 4 dimensions), Cronbach alpha coefficient varying from 0.64 to 0.92 (except for 2 dimensions), test-retest coefficient greater than 0.67 (except for 3 dimensions), and the items of KDQoL were better correlated with their dimension than with other dimensions (except for 2 dimensions). Correlations between the generic and the specific scores showed the absence of redundancies between specific and generic dimensions. CONCLUSIONS: Thus the French version has comparable properties to the original KDQoL. This questionnaire can be used to measure the quality of life of the dialysis patients. It constitutes a good tool in clinical research, allowing international comparisons.

Psychometrics: New Results and Insights 2

1572 /Ferrans & Powers Quality of Life Index: Development and Validation of the Wound Version

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AIMS: to develop and validate a wound version of the Ferrans & Powers QOL Index (QLI-WV). METHODS: after accomplishment of all ethical issues, the study was conducted in three poles. The theoretical pole included the selection and analysis of the specific items. The empirical pole was developed through the application of the resulted instrument to test (n=362), test-retest (n=63) and convergent validity (n=179) samples, composed of outpatients from 16 health facilities. The analytical pole included the statistical strategies required to analyze the instrument´s psychometric properties: internal consistency (IC) and stability (ICC); the content validity, through the concordance level among judges; the concurrent validity, through the correlation between the item your satisfaction and the domains and overall QOL mean scores (Pearson or Spearman); the convergent validity, through the correlation between the domains and overall QOL of QLI-WV and WHOQOL-bref scores; and the discriminant validity through the comparison among the domains and overall QOL mean scores with age, wound number and durability, and level of pain (Mann Whitney, Kruskal-Wallis, t-Student and ANOVA tests). The confirmatory factor analysis (CFA) was tested by the correlation between the QLI-WV items and original domains (health/functioning□HF; socioeconomic-SE, psychological/spiritual□PS and family-Fa) and the adjustment measures model (LISREL). RESULTS: Cronbach´s alpha were 0.90; 0.88; 0.65; 0.81; 0.55 respectively for overall QOL and domains (HF, SE, PS and Fa) for IC; r> or = 0.83 ($p<0.000$) for stability; r=0.28 to 0.69 for concurrent validity; r=0.17 to 0.60 for convergent validity. Significant correlation between: overall QOL and number of wounds