

The daily record of general well-being resulted in worse ratings of well-being for the interferon group at weeks 5-8. Furthermore, the patients treated with interferon experienced specific fluctuations of QoL with positive peaks registered on those days without preceding interferon application. QoL assessment at 3 month intervals resulted in significantly worse QoL for interferon patients at 3 months, whereas differences at 6, 9 and 12 months could not be detected. Analysis of variance for repeated measures revealed a significant interaction effect for the subscale fatigue. Patients of the control group experienced a deterioration of fatigue within the observation period, while the level of fatigue remained stable for the patients treated with interferon.

The results suggest that the negative effect of interferon on QoL is limited to the first 3 months of treatment and interferon affects mainly the level of fatigue and energy.

194. QUALITY OF LIFE BEFORE AND AFTER TOTAL HIP ARTHROPLASTY

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A prospective Total Hip Arthroplasty Outcome Evaluation was performed including patients admitted to our department during 1993.

The physician-derived method for evaluation was the Harris Hip Score (HHS) and the patient-derived measure of outcome was achieved using the Nottingham Health Profile (NHP) and the function questionnaire Hannover (F Fb H-R).

One hundred and one patients who underwent primary THA agreed to clinical and psychological evaluation pre-operatively and 1 year post-operatively.

The pre-operative HHS with 44.7 points (range 20-81) was significantly improved after 1 year to 87.6 points (range 52-100).

The comparison of the pre- and 1 year post-operative NHP data demonstrates a significant improvement in quality of life (QoL) in five dimensions (pain, energy, mobility, emotions and sleep). Only the social isolation scale remained unchanged.

Likewise, the total score of functional capacity (F Fb H-R) also improved significantly from 57.92 points pre-operatively to 39.79 points at follow-up 1 year after surgery.

195. A LONG-TERM COMMUNITY FOLLOW-UP STUDY OF PEOPLE WITH SEVERE MENTAL DISORDER IN THE UK

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The purpose of the study is to investigate the changes in the quality of life (QoL) of people with a severe mental illness when they are discharged into the community and their health and social care status in the community after 4 years.

Two groups of patients, old long-stay patients who had been in mental hospital for more than 1 year continuously ($n = 98$; eight refusals) and new long-stay patients who had been in contact with community psychiatric services for more than 3

years ($n = 168$; 22 refusals), were assessed at the beginning of the study in 1992 (total $n = 266$; 30 refusals). The assessments were made using the Lancashire Quality of Life Profile (LQOLP). Four years later 218 patients (31 deaths, 8 refusals and 9 not traced; 82% of the time 1 assessment total) were reassessed using the LQOLP. In addition, the services used by the patients, and whether they received organized after-care and their use of physical health care resources were all assessed.

This paper presents the results concerning the use of services and physical health status of the patients. In general, very few were receiving comprehensive care and many were unaware that they had been the subject of care planning. In line with other studies approximately half of the subjects had physical health problems. A small group of patients consumed a disproportionate amount of health care resources with high costs to general hospital services. For example, in one extreme instance a patient made more than two dozen visits by emergency ambulance (costing several hundred pounds sterling each time) to the hospital A & E department. In conclusion, the results are discussed in respect of both the new and old long-stay patients, the costs to general health care services, the implications for the integration of health and social care services and attempts to maintain or improve QoL for these patients in future.

196. HEALTH-RELATED QUALITY OF LIFE OF CHILDREN WITH JUVENILE CHRONIC ARTHRITIS

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The concept of health-related quality of life (QoL) is defined as childrens' affective evaluation of different aspects of their daily functioning. Few attempts have been made to develop reliable health-related QoL assessment instruments for children with a chronic disease. In order to meet this need, the DUCATQOL, a generic 32-item self-report questionnaire, was constructed. The items cover four domains: physical, emotional, social and school functioning. Data were collected from different groups of children with a chronic disease. In this study 50 children with juvenile chronic arthritis (JCA) (mean age 10.5 years, SD 4.5 years, 68% pauciarticular) receiving clinical care in the Leiden University Medical Centre completed the questionnaire.

The DUCATQOL proved to be understandable, internally consistent ($\alpha = 0.91$) and reproducible ($r = 0.90$). The four eight-item subscales showed homogeneity (α ranging from 0.68 to 0.77). In comparison with the reference group of 1,092 healthy peers, children with JCA reported significantly lower scores on the physical ($F = 13.19$ and $p < 0.001$) and emotional scale ($F = 5.62$ and $p = 0.02$). Girls evaluated their physical condition lower than boys ($F = 5.79$ and $p = 0.01$). Early onset of JCA (before age 5 years) resulted in a lower score on the social scale ($F = 5.78$ and $p = 0.02$). Disease type (pauciarticular or polyarticular) did not influence the subjective evaluation of health-related QoL.

It can be stated that children with JCA reported a lower health-related QoL on different domains of their daily functioning.