# 1515/SOCIAL SUPPORT AND HRQL IN PEOPLE WITH APHASIA
Katerina Harit & Sarah Northcott, Language and Communication Science, City University, London, UK

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 with aphasia due to brain injury. 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, and religious involvement) and secondly, social support (a person's subjective experience of social support, e.g., the extent to which they feel loved and cared for). Method: The study used a cross-sectional survey 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-SF (SAQOL-39) (Harit et al., 2013), 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 (Perrin et al., 1997).

# 1112/INFLUENCE OF THE QOL STATUS ON THE SATISFACTION WITH THE CARE FOR PATIENTS WITH CHRONIC NEURAL DISEASES
Tomohiro Matsuda & Taiyou Sugie, Epidemiology, National Institute of Public Health, Wuji, Saitama, Japan; Kiyomi Saita, Public Health, Wako, Saitama, Japan

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: dispensing of drugs, mental check-up, home visit, 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 from 110000 patients using the generic QOL-SF (SF-36) and 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%), spino-cerebellar disease (25.3%), myasthenia gravis (6.6%), ALS (5.9%), and other diseases (8.5%). 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 lower Activity of Daily Living tended to use them more often. Among 107 of current users, the patients showing low QOL in any sub-scales of SF-36 except SF-22 sub-scale and in the disease specific QOL measure tended to be dissatisfied with the service. On the other factors, age, sex, disease kind, service type, time interval from the first diagnosis was significantly related to satisfaction. Conclusions: This effect of QOL status on the service use may 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 disability or to demand 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, DEBRENNED, EPIDEMIOLOGICAL STUDY
Tomohiro Matsuda & Taiyou Sugie, Epidemiology, National Institute of Public Health, Wuji, Saitama, Japan; Masanori Konno, Public Health and Epidemiology, Oita Prefecture Health Center, Oita, Japan; Kazuo Mitose, Medical Welfare, Kawasaki University of Medical Welfare, Kawasaki, Japan; Koishiki, Okayama, Japan; Masashi Nagai, Public Health, Saitama Medical School, Saitama, Japan

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 stage III or above. Patients were interviewed at the patients' home or hospital. The assessment included the following: the medical and functional status of the patients using various instruments, QOL using SF-36. Results: 1159 patients were followed-up for 16 months. The QOL of the PD patients were compared with the QOL of the general Japanese population. The PD patients had significantly lower QOL than the general population in all the 8 dimensions of SF-36. In the PD patients, the correlation between QOL and the disease severity (Hoehn and Yahr stage) was significant. Regression analysis showed that the disease severity explained 48.3% of the variance of the QOL. Conclusions: The PD patients had significantly lower QOL than the general Japanese population. The disease severity was the significant factor related to the QOL. The QOL might be affected by the disease severity.