

## Abstract 1544

**STUDY OF THE FUNCTIONAL EQUIVALENCE OF THE QUALITY OF LIFE INDEX (TRANSPLANT VERSION)**

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The aim of the present study is to compare the functional equivalence of the Portuguese Version of the Quality of Life Index (QLI), with the original American version. The participants are 215 renal transplanted individuals, 58.6% male, 38.3% married and 21.8% single, aged between 15 and 65 years of age. The transplant occurred between less than one year and more than 10 years. We used the Ferrans and Powers Quality of Life Index (QLI). The QLI assumes that quality of life is a person's sense of well being that stems from satisfaction or dissatisfaction with the areas of life that are important to him/her. It is a 64-item measure composed of two 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 paired importance response. QLI includes four domains and provides five scores, one for each domain and one total score. The steps were the following; authorisation by the authors to use the questionnaire; translation and rehearsal translation from the original language by professional translators; discussion with specialists (psychologist, medical doctor and nurse from transplant unit), cognitive debriefing with transplanted people. We found the following internal consistency (Cronbach Alpha): subscale Health and functioning .92; Socio-economic, .87; Psychological/Spiritual, .95; Family, .73, Overall QLI score .95. The pattern and the magnitude of the values are similar to the values found by other researchers in the original language: values above .90 for the total scale, higher values for the sub scales Health and functioning, and Psychological/Spiritual (around .90), lower values for Socio-economic subscale (around .80) and lower values for family subscale (around .70).

## Abstract 1548

**COMPARISON OF QUALITY OF LIFE BETWEEN YOUNG ADULTS SUBMITTED TO RENAL TRANSPLANT DURING INFANCY TO 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 under 32) that have undergone a renal transplant procedure. One group of 36 participants (61% males) was submitted to renal transplant in adulthood; other of 31 participants (58% males) was submitted to renal transplant in paediatric grounds (before turning 18). Age differences between the two groups are statistically different (paediatric group  $M=19.12$ ; adulthood group,  $M=25.91$ ). The paediatric group represents 86% of the total population submitted to renal transplant before the age of 18 between 1983-1997 in the Hospital de S. António, OPorto. For 67% of the paediatric-transplanted group, the transplant had occurred three or more years before. In the adult transplanted group, for 84.2% of its members the transplant had occurred less than three years before. We used Ferrans and Powers' Quality of Life Index (QLI). The QLI assumes that quality of life is a person's sense of well being that stems from satisfaction or dissatisfaction with the areas of life that are important to him/her. It is a 64-item measure composed of two 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 paired importance response. QLI includes four domains and provides five scores, one for each domain and one total score. Results show statistically significant better scores those that have undergone transplant surgery in infancy. Mann Whitney U shows values of  $p<.0001$  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 1569

**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 (t1), kidney transplanted out-patients and ESRD-patients on dialysis while being on the waiting list for transplantation were administered psychodiagnostic inventories. Clinical groups included at t1  $n=80$  ESRD-patients on the waiting list (group 1, 64 male, mean age 43.4 years ( $\pm 13.5$ )) and  $n=222$  transplanted patients (group 2, 119 male, mean age 46.1 years ( $\pm 12.5$ )). To detect psychological distress the Brief Symptom Inventory was applied. At t2 (1997-1998) the generic and disease specific QoL of the patients was investigated using the SF-36 Health Survey (SF-36) and the End-Stage Renal Disease Symptom Checklist (ESRD-SCLTM); social support and symptomatic distress (limited physical, cognitive and sexual capacity) were investigated with a German Social Support Questionnaire and on a single item base respectively. At t2, all patients of group 1 had undergone KTX; groups 1 and 2 did not differ as to clinical data (e.g. creatinine, blood count), medication or comorbidity at t2. Group 1 demonstrates statistically significant better social support after KTX; men reported better social integration whereas women were more satisfied with their social support. The psychological distress at t1 (case definition of Derogatis, 2 scores  $\geq 63$  and/or GSI  $\geq 63$ ) predicts QoL at t2 in both groups (2-15% explanation of variance of the SF-36 and ESRD-SCLTM-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.

## Abstract 1608

**QUALITY OF LIFE IN TRANSPLANT PATIENTS, GRUPO ALBOR-COHS, BILBAO AND MADRID, SPAIN**

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The quality of life in transplant patients is one of the indicators of their rehabilitation. This research has been carried out in order to know the impact a transplantation has upon the quality of life of kidney, liver, heart and lung transplanted people. We designed a two years longitudinal study with four non-equivalent groups: kidney (191), liver (85), heart (57) and lung (14) patients which were on a waiting list for transplantation. We assessed the quality of life of 58 kidney patients, 28 liver patients, 23 heart patients and, 11 lung patients, before and four months after the transplantation. The instruments used for this assessment were the Nottingham Health Profile, PICAVIRES, Validated Psychological Measures and specific questionnaires. We found statistically significant differences in all quality of life indicators before and after the transplantation, except in sleep. The psychological measures indicate an improvement after the transplantation. In kidney, liver, heart and lung transplanted people there is a significant increase in their quality of life and emotional state, comparing the results before and four months after the transplantation procedure. Although four months after the transplant the patients are in the risk period for rejection, their quality of life perception increases and they feel better than at the time they were on the waiting list.