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OBJECTIVES: To develop an EQ-5D-3L Value set for Trinidad and Tobago **METHODS:** A Bayesian efficient Discrete Choice Experiment (DCE) design was developed using priors that were obtained from a pilot study undertaken in Trinidad and Tobago previously. The design comprised 20 pairs of EQ-5D-3L states. A 5-state Time Trade Off (TTO) exercise was included in the elicitation protocol. The mean TTO values were used to rescale the coefficients obtained in the DCE on to a 0-100 scale. A representative sample of 300 respondents completed the warm up tasks, TTO and DCE elicitation exercises. **RESULTS:** Analysis of the data produce an internally valid model with characteristics similar to the model obtained in the pilot (in terms of the relative levels of importance among the 5 dimensions). **CONCLUSIONS:** The protocol developed for this study can be easily used in the other small developing health systems of the Caribbean which would allow resource allocation decision making to be based on the preferences of the populations of such countries.

PIH17

HEALTH RELATED QUALITY OF LIFE IN A COMMUNITY DWELLING ELDERLY SAMPLE IN BRAZIL

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OBJECTIVES: To explore and characterize Health Related Quality of Life (HRQoL) in a community dwelling elderly sample and to investigate the determinants of HRQoL assessed by EQ-5D-3L. **METHODS:** Data was collected from a sample of newly-admitted elder participants of a social program that takes place in Rio de Janeiro, Brazil. This dataset includes data from 149 individuals older than 60 years, interviewed from May 2014 to November 2014. The interview comprised information on sociodemographic characteristics, life-style and general health. The HRQoL was assessed using the EQ-5D-3L, cognitive impairment was assessed using the Mini Mental State Examination (MMSE) and social support was measured using the MOS Social Support Survey (MSSS). Participants with cognitive impairment (MMSE<18) were excluded from this analysis. Exploratory analysis and literature research were used to identify potential HRQoL predictors to be included in the model. The Mann-Whitney and Kruskal-Wallis tests were applied to examine the differences in means between categories. Ceiling and floor effects, represented by the proportion of participants with the best and worst theoretical scores respectively, were also examined. EQ-5D Index Values were estimated using the weights from the Brazilian valuation study. **RESULTS:** The sample (n=144) is composed by 84% women, with a mean age of 70.5 years (SD=6.8). The overall utility mean was 0.76(SD=.114) and the EQ-VAS was 79.7(SD= 17.83). While floor effects found for both EQ-5D descriptive system and EQ-VAS were negligible (less than 1% in both measures), the ceiling effects were considerable (12.5% on EQ-VAS and 21.5% on Descriptive System). Men (0.81,SD=0.09) presented higher HRQoL ($Z=-2.581, p=0.009$) than and women (0.75, SD=0.11). Several variables were tested, but only diabetes ($\beta=-0.05$), depression ($\beta=-0.06$), back problems ($\beta=-0.08$), and cancer ($\beta=-0.12$), integrated the final model [$F=16.35$ ($p<0.001$); $df_1=4, df_2=139$; $adj.R^2=0.3004$]. **CONCLUSIONS:** Chronical diseases were identified as predictors of HRQoL in our sample. These results are consistent with the literature.

PIH18

INTERREGIONAL VALUATION OF PATIENT SATISFACTION WITH PHARMACEUTICAL CARE AS A TOOL FOR INCREASING QUALITY MANAGEMENT IN COMMUNITY PHARMACY AND PATIENTS QUALITY OF LIFE

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OBJECTIVES: New role of pharmacist based on the concept of changing the pharmacist's focus from drug providing and distributing services to more patient-oriented approaches with positive impact on patient's quality of life differs regionally. **METHODS:** Interregional valuation of patient satisfaction with pharmaceutical care based on previous extended literature research, on studies with psychometrical analysis that focuses on items from Management of therapy (15), Interpersonal relationship (9) and General satisfaction dimension (4). A 5-point Likert scale (from strongly agree (1) - till strongly disagree (5)) was used to measure the patients' attitudes and expectations with the pharmaceutical care provided in community pharmacies between regions. Essential reasons for visiting the pharmacy and for choosing a particular pharmacy were evaluated either. Descriptive and inferential statistics were used to analyse the data. The study was conducted in numerous cities of Bratislava region and the rest regions of Slovak republic. **RESULTS:** Essential reasons for visiting the pharmacy were (Bratislava region/ Rest regions of Slovakia): patient had a recipe (71.5/70.2%), wanted to buy OTC products and food supplements (78.6/69.0%) and other goods (31.1/27.0%) Essential reasons for choosing a particular pharmacy were pharmacy availability (79.3/73.1%); good experience with pharmacy (48.2/49.4%) and pharmacy staff (32.5/32.0%). The best valued dimension was interpersonal relationship 62.8/63.1% (mean=16.72/33.5, median=16/16, Std=5.67/5.35, min= 9/9, max=45/44) followed by General satisfaction 58.6/60.0% (mean=8.29/8.05, median=8/8, Std=2.59/2.57, min=4/4, max=20/18). The worst valued dimension was Management of therapy 53.9/55.3% (mean=34.58/33.5, median=35/34, Std =10.51/10.50, min=15/15, max=75/72). **CONCLUSIONS:** Interregional valuation of patient satisfaction revealed that patient satisfaction varies from 53.1-63.1% depending on assessed dimension and region. Patient in rest regions of Slovakia are slightly more satisfied with pharmaceutical care in all dimensions. It may mean that patients are already achieving health care services with better quality management focused on „modern pharmaceutical care“, which may increase their quality of life.

PIH19

VALUATION OF PATIENT SATISFACTION WITH PHARMACEUTICAL CARE AS A TOOL FOR INCREASING QUALITY MANAGEMENT IN COMMUNITY PHARMACY AND PATIENT'S QUALITY OF LIFE

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OBJECTIVES: The pharmacists' role in the health care systems has grown and changed in the last years to encompass areas beyond the dispensing function. These new role is based on the concept of changing the pharmacist's focus from drug providing and distributing services to more patient-oriented approaches with positive impact on patient's quality of life. **METHODS:** Valuation of patient satisfaction with pharmaceutical care, conducted in numerous cities of Bratislava region Slovak republic, was based on previous extended literature research, on studies with psychometrical analysis that focuses on items management of therapy (15), interpersonal relationship (9) and general satisfaction dimension (4). A 5-point Likert scale (from strongly agree (1) - till strongly disagree (5)) was used to measure the extent patients' attitudes and expectations with the pharmaceutical care provided in community pharmacies. Descriptive and inferential statistics were used to analyse the data. **RESULTS:** Essential reasons for visiting the pharmacy were: patient had a recipe (71.5%), wanted to buy OTC products and food supplements (78.6%) and other goods. Essential reasons for choosing a particular pharmacy were pharmacy availability (79.3%); good experience with pharmacy (48.2%) and pharmacy staff (32.5%). The best valued dimension was Interpersonal relationship 62.8% (mean=16.72, median=16, Std=5.67, min= 9, max=45) followed by General satisfaction 58.6% (mean=8.29, median=8, Std=2.59, min=4, max=20). The worst valued dimension was Management of therapy 53.9% (mean=34.58, median=35, Std=10.51, min=15, max=75). **CONCLUSIONS:** Valuation of patient satisfaction revealed that patient satisfaction varies from 62.8-53.9% depending on assessed dimension. This implies that there is still potential for improvement. It can be achieved by better quality management of health care services at health care provider focused more on „modern pharmaceutical care“ that moves from focus on drugs to the patient. Hopefully from this transfer process may benefit patient by improving his quality of life.

PIH20

KNOWLEDGE AND CONTRACEPTIVE USE AMONG CURRENTLY MARRIED WOMEN AGED 15-49 IN WESTERN KENYA

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OBJECTIVES: Knowledge of family planning methods is prerequisite for making an informed choice to initiate contraceptive use. This could also help the couple to delay or avoid unplanned pregnancy. The objective of the study was to establish the knowledge and use of various modern family planning methods among married women in western Kenya. **METHODS:** A household baseline survey was carried out in two provinces in western Kenya e.g. Nyanza and Western in which 1201 currently married women were interviewed on the type of family planning methods known and currently being used. Data analysis was done using SPSS version 16.0 in which cross-tabulations were generated, charts created; interpretation and implication of the results were made. **RESULTS:** The study showed that slightly more than half i.e. 58% (702/1201) of the respondents knew and were currently using about 11 family planning methods. The injectables 89% (628/702), pills 79% 9551/702) and implants 58% (432/702) were the most widely known and used methods. The least known and used family planning methods included; spermicides 1% (9/702), Diaphragm 2% (16/701) and vasectomy 4% (34/668) respectively. **CONCLUSIONS:** Knowledge of family planning methods is a prerequisite for making a decision to start contraceptive use. Most emphasis is placed on women because they have the greatest level of exposure to the risk of pregnancy and most methods of contraception are designed for them. Even though the study did not ask the respondents to state their preferred family planning methods in future, similar surveys indicate that the above three widely used methods are still the most preferred family planning methods in future among women of reproductive age.

PIH21

CAMBIO EN LA PERCEPCIÓN DE LA CALIDAD DE VIDA RELACIONADA CON LA SALUD POR DIFERENCIAS EN EL ACCESO Y EL RÉGIMEN DE AFILIACIÓN EN BOGOTÁ

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OBJECTIVOS: Establecer las diferencias en la percepción de calidad de vida relacionada con la salud por acceso y régimen de afiliación en población usuaria de los servicios de salud en la ciudad de Bogotá. **METODOLOGÍAS:** Se desarrolló un estudio trasversal utilizando una encuesta que incluía los datos generales del paciente, el instrumento EQ5D5L, la escala visual análoga y preguntas relacionadas con el acceso a los servicios, basadas en el modelo de Aday y Andersen. La muestra fue obtenida mediante el análisis de diferencia de medias, teniendo en cuenta estudios previos colombianos que usaron EQ5D3L. La población objetivo fue captada en centros de atención de salud de cada régimen. Fueron analizadas las diferencias entre las medidas cualitativas de calidad de vida y las características de acceso. **RESULTADOS:** Se recolectó un total de 154 encuestas, 77 en cada régimen. La medida promedio de calidad de vida para los afiliados al sistema contributivo fue de 85,5 mediante la escala visual análoga y 11121 con el EQ5D5L frente a 79,5 y 11122 en los afiliados al sistema subsidiado, respectivamente. Al relacionar con el nivel de acceso la medida de la EVA cambia de acuerdo al nivel de acceso, para contributivo a 70,83 DE (8,3), mientras que en el subsidiado no presenta cambios. El análisis univariado mostró que las variables: estar enfermo, ser hombre, y estar discapacitado son las de mayor impacto en las variaciones. Dentro de las dimensiones que afectan al calidad de vida las más afectadas son dolor/malestar y ansiedad/depresión que se encuentran con afectación en 10% y 5%. **CONCLUSIONES:** El análisis muestra que las variaciones en el acceso no afectan la medida del régimen subsidiado de manera significativa pero sí se afecta por tipo de afiliación al sistema probablemente por las mismas condiciones socio-económicas que llevan a pertenecer a cada régimen.