

P13 - Posters/Visit to posters

Miscelánea

Miscellaneous posters

Viernes 3 de Octubre / Friday 3, October  
17:00:00 a/to 18:00:00

ACUPUNCTURE TREATMENT OF CHRONIC LOW BACK PAIN –A  
MULTICENTER RANDOMISED INTERVENTIONAL STUDY

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**Introduction:** To date, there is no clear evidence as to the efficacy of acupuncture in the treatment of back pain. This study aims to evaluate the effectiveness of treatment with vs. without acupuncture in patients with chronic low back pain in general medical practice. This study is part of a large acupuncture research initiative of health insurance companies (Modellvorhaben der Techniker Krankenkasse).

**Methods:** Patients ( $\geq 18$  years) with low back pain ( $> 6$  months) were randomised in a acupuncture group (ACU) or a control group (CON). Over a period of 3 months the ACU received up to 15 acupuncture treatments, whereas the CON received no acupuncture. After 3 months the control group also received up to 15 acupuncture treatments (waiting list design). Both groups were free to use additional conventional treatment. Patients received standardised questionnaires including, socio demographic data, back function and quality of life at baseline, 3 and 6 months. The main outcome parameter was the functional status of the back measured by the (FFbH-R). Variance analyses for repeated measurements were used.

**Results:** A total of 2,807 patients were randomised (57% female,  $52 \pm 14$  years, 43% male,  $54 \pm 13$  years) in 1279 study centers. After 3 months of treatment the ACU improved in low back function (FFbH-R) significantly more ( $p < 0.001$ ) compared to the CON (ACU:  $61.9 \pm 21.1$  to  $74.0 \pm 20.5$ ; CON  $63.0 \pm 20.6$  to  $65.3 \pm 21.6$ ,  $p < 0.001$ ). After receiving acupuncture the CON showed similar improvement in the FFbH-R ( $72.6 \pm 21.3$ ). The effect was maintained in the ACU after 6 months ( $73.7 \pm 21.1$ ). In both groups approximately 50% of patients used conventional treatment.

**Conclusion:** Treatment with additional acupuncture in patients with chronic low back pain showed a significant and persistent improvement of back function compared to treatment without acupuncture. Since this study included a large number of patients in general practice the results appear representative for acupuncture treatment under routine care.

THE COURSE OF CHRONIC PAIN IN THE COMMUNITY: RESULTS  
OF A FOUR-YEAR FOLLOW-UP STUDY

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**Introduction:** Little is known about the course of chronic pain in the community. Such information is needed to inform the prevention and management of chronic pain and for the design and interpretation of randomised controlled clinical trials of primary care interventions. The aim of this study was to describe patterns and predictors of change in chronic pain over time.

**Methods:** A four-year follow-up study of 2,184 individuals living in Grampian, UK. In October 2000, participants completed a postal questionnaire including case definition questions, the Chronic Pain Grade questionnaire (measuring severity), the SF-36 (measuring general well-being) and socio-demographic questions. Information from this questionnaire was compared to information collected from a similar questionnaire in 1996.

**Results:** The overall prevalence of chronic pain (pain or discomfort present either all the time or on and off for three months or longer) increased from 45.5% at baseline to 53.8% at follow-up. Seventy-nine percent of those with chronic pain at baseline still had it at follow-up. The average annual incidence was 8.3% and the average annual recovery rate was 5.4%. Of those with chronic pain at both time points 49.9% had the same level of severity, 29.2% had increased severity and 20.9% had decreased severity. Individuals in the lowest quartile of SF-36 domains Physical Functioning, Social Functioning and Bodily Pain at baseline were more likely to develop chronic pain at follow-up, and respondents who were retired were less likely to develop chronic pain. Individuals in the lowest quartile of SF-36 domains Bodily Pain and General Health at baseline were less likely to recover from their chronic pain, as were those aged 45-74 compared with those aged 25-34.

**Discussion and conclusion:** Chronic pain is a common, persistent problem in the community with relatively high incidence and low recovery rates. The lack of association between onset or recovery from chronic pain and most traditional socio-demographic factors, highlights the need to broaden the range of factors included in studies of chronic pain aetiology.

THE COURSE OF CHRONIC DISEASE UNDER HOMEOPATHIC  
TREATMENT - RESULTS OF AN MULTICENTER OBSERVATIONAL  
STUDY

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**Introduction:** There is an increasing interest in homeopathic therapy but a lack of information concerning effectiveness of treatment. Thus, this study was designed to evaluate long-term changes in severity of medical complaints among patients receiving homeopathic treatment.

**Methods:** A prospective cohort study of consecutively recruited patients presenting for the first time at one of 103 primary homeopathic care centers in Germany and Switzerland. Severity of disease was rated by both the patients and their physicians on a numeric rating scale (0-10) at baseline 12, and 24 months. The patients assessed the severity of each main symptom they suffered from, whereas the physicians assessed the severity of each diagnoses. Statistical analysis of data used general linear repeated measurement models. Missing data was estimated using the method of multiple imputations.

**Results:** Among a total of 3981 patients (2851 adults: 29.3% male,  $42.5 \pm 10.0$  years; 70.7% female,  $39.9 \pm 12.4$  years; 1130 children: 48% girls,  $7.0 \pm 4.3$  years; 52% boys,  $6.5 \pm 3.9$  years) 99% suffered from a chronic illness with a median disease duration of  $10.3 \pm 9.8$  years for adults and  $4.3 \pm 3.7$  years for children. The patients received homeopathic therapy for  $13 \pm 10$  months. The patients' assessments of disease severity decreased significantly from baseline to 12 to 24 months (adults: from 6.2 to 3.4 to 3.1 score points; estimated effect: 3.1, 95%CI: 3.0 to 3.2; children: from 6.1 to 2.6 to 2.2; effect: 3.9, 95%CI: 3.7 to 4.0). Physicians assessment showed similar results (adults: from 6.0 to 2.9 to 2.3, effect: 3.7, 95%CI: 3.6 to 3.8; children from 5.9 to 2.0 to 1.5, effect: 4.4, 95%CI: 4.3 to 4.6).

**Conclusions:** Patients' and physicians' assessments of disease severity consistently demonstrate substantial improvements during the treatment period and maintained during follow-up. Our findings suggest, that homeopathic therapy may play a considerable role for long-term improvement in patients with chronic diseases.

425

### SYMPTOMS AND QUALITY OF LIFE IN A COHORT OF PATIENTS WITH GASTROESOPHAGEAL REFLUX - DETERMINANTS FOR CHANGE DURING THE FIRST YEAR OF FOLLOW-UP

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**Background and Objective:** Gastroesophageal reflux disease (GERD) is a common condition with considerable medical and socio-economic implications. We studied the quality of life (QoL) in GERD patients at start of the study and after 1 year of routine care (RC).

**Methods:** The ProGERD study cohort (N = 6215) is an international sample of patients with GERD. At baseline, patients were endoscoped and received standardized treatment with esomeprazole for 2 to 8 weeks. After that healing phase patients entered the observational period receiving RC. Symptoms and QoL were assessed at baseline and after 1 year of RC using the Reflux Disease Questionnaire (RDQ, min: 0, max: 36) and the Quality of Life in Reflux and Dyspepsia (QOLRAD, min: 1, max: 7) for disease specific QoL. Factors associated with change in symptoms and QoL were determined by multiple regression analysis, adjusted for gender, age, education and baseline score.

**Results:** Compared to baseline, symptom score and QoL significantly improved for all three GERD subgroups during an acute treatment with esomeprazole followed by 1-year routine care: **Symptoms:** 1) Non-erosive GERD (n=2853): 16.3 +7.7 (95% C.I. 7.3-8.0). 2) Erosive GERD (n=2660): 16.7 +8.3 (7.9-8.7). 3) Barrett's esophagus (n=702): 16.6 +9.3 (8.5-10.1). **QoL:** 1) Non-erosive GERD: 4.6 +1.2 (95% C.I. 1.2-1.3). 2) Erosive GERD: 4.6 +1.3 (1.2-1.3). 3) Barrett's esophagus: 4.6 +1.3 (1.2-1.4). Factors associated with change in symptoms during 1-year are Erosive GERD (vs. non-erosive GERD) & beta=1.41 (95% C.I. 0.74, 2.08), NSAID intake (yes vs. no) -0.90 (-1.31, -0.48), Reflux medication intake (yes vs. no) -3.52 (-0.40, -3.05), Reflux medication intake before study -0.61 (-1.06, -0.16), Body mass index (change per unit kg/m<sup>2</sup>) -0.06 (-0.11, -0.01), and Employed (yes vs. no) 0.81 (0.18, 1.44). Factors associated with change in QoL are Symptom improvement during 1-year & beta=0.05 (95% C.I. 0.05, 0.06), Erosive GERD (vs. non-erosive GERD) 0.14 (0.04, 0.24), NSAID intake (yes vs. no) -0.06 (-0.11, -0.02), Reflux medication intake (yes vs. no) -0.33 (-0.38, -0.27), and Employed (yes vs. no) 0.08 (0.01, 0.15).

**Conclusion:** Symptoms and QoL in GERD patients improved significantly during 1-year of routine care in all three GERD subgroups. Patient and disease factors associated with improvement of symptoms and QoL included erosive GERD, no NSAID intake, absence of concomitant diseases, or lower body mass index.

427

### POISONINGS CAUSED BY DRUGS AND PHARMACOLOGICAL PRODUCTS IN ELDERLY PATIENTS

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**Introduction and objective:** The frequency of medical treatment with the use of multiple drugs increases with age. This phenomenon causes rise of direct cost of treatment and might generate the costs of avoidable hospitalizations related to drug poisonings. The objective of this paper is to describe the size of the above mentioned problem in elderly hospitalized persons.

**Material and methods:** The data from 10% systematic random sample of all cases hospitalized in 1999 in 14 provinces in Poland were analyzed. The problem of poisonings caused by drugs and pharmacological products in persons aged 65 and more is presented analyzed and discussed.

**Results:** There were 10560 patients hospitalized in Poland in 1999 because of poisonings caused by drugs. Persons aged 65 and more constituted 5% of this group. Elderly women were hospitalized 2x more frequently than elderly men. 39% of females and 26% of males were hospitalized because of poisonings caused by medicines used in epilepsy, Parkinson's disease as well as tranquilizers and drugs for sleep disorders. 26% of males and 17% of females were hospitalized because of poisonings caused by CVD medicines. In females 11% of hospitalizations were caused by poisonings with psychotropic drugs. Both in males and females 11% of poisonings were caused by diuretics and "poorly defined" medicines. Poisonings with medicines potentially toxic for haematopoietic system and blood cells were the cause of 16% of hospitalizations of males and 11% of hospitalization of females.

**Conclusions:** The most frequent hospitalizations because of drug poisonings among elderly in Poland were caused by medicines used in disorders of central nervous system, medicines potentially toxic for haematopoietic system and blood cells and CVD medicines. There is no clear rise of hospitalization from drug poisonings among elderly as compared to younger people, except for poisoning caused by CVD medicines.

426

### PREVALENCE OF ERECTILE DYSFUNCTION IN A METROPOLITAN POPULATION OF MEN AGED 40-79.

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**Purpose:** To determine the age stratified prevalence of erectile dysfunction (ED) and its association with known cardiovascular disease (CVD).

**Methods:** In an epidemiological cross-sectional study a representative sample of 6000 men (40 to 79 years of age) in Berlin received standardized questionnaires on sociodemographic parameters, medical history, quality of life and sexual functioning. ED was assessed using the erectile function-domain by Rosen.

**Results:** A total of 2070 men (response rate 35%) provided complete information suitable for analysis. For the four age categories (group 1: 40-49 years of age, group 2: 50-59 years of age, group 3: 60-69 years of age, group 4: 70-79 years of age) the overall age adjusted prevalence of ED was 50.2%. ED rates were significantly associated with respect to age (age group 1-4: 29.4%, 47.0%, 63.3% and 81.9%; p<0.001) and known CVD (age group 1-4: 42.7%, 70.6%, 77.9% and 89.0%; p<0.05). In absence of CVD the prevalences for the four age categories were 29.1%, 45.2%, 60.1% and 79.3% respectively.

**Conclusions:** The results demonstrate an age dependent considerable burden of ED and markedly increased prevalence of experiencing ED in men with known CVD compared to those without CVD. These finding may aid in improving therapeutic and preventive strategies in patients with ED.

428

### PREDICTING MULTIPLE SCLEROSIS AT OPTIC NEURITIS ONSET

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**Background:** There is evidence of various kinds to show that anti-inflammatory treatment in multiple sclerosis (MS) should be instituted during the early phase of the disease. Identification of early stage Multiple Sclerosis (MS) is thus important for treatment decisions. Monosymptomatic Optic Neuritis (MON) is frequently a harbinger of MS.

**Methods:** Using multivariate analyses, we quantified individual risk of clinically definite multiple sclerosis (CDMS) after MON in a prospective study with clinical MON onset during 1990-1995 in Stockholm, Sweden.

**Results:** During a mean follow-up time of 3.8 years, the presence of MS-like brain magnetic resonance imaging (MRI) lesions and oligoclonal IgG bands in CSF were strong prognostic markers of CDMS, relative hazard ratios of 4.68 (95% CI 2.21-9.91) and 5.39 (95% CI 1.56-18.61) respectively. Age and season of clinical onset were also significant predictors, relative hazard ratios of 1.76 (95% CI 1.02-3.04) and 2.21 (95% CI 1.13-3.98). Based on the above two strong predictors, we calculated individual probability of CDMS development after MON in a 3/4 sample drawn from a cohort with completion of follow-up at 3 years. The highest probability, 0.66 (95% CI 0.48-0.80), was obtained for individuals presenting with 3 or more brain MRI lesions and oligoclonal bands in CSF, and the lowest, 0.09 (95% CI 0.02-0.32), for those not presenting with these traits. Medium figures, 0.29 (95% CI 0.13-0.53) and 0.32 (95% CI 0.07-0.73), were obtained for individuals discordant for presence of brain MRI lesions and oligoclonal bands in CSF. These predictions were validated in an external 1/4 sample.

**Conclusions:** MS development after MON is clearly associated with specific MRI and CSF findings

429

### CAREGIVERS BURDEN IN PARKINSON'S DISEASE

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**Introduction:** Chronic and disabling diseases impact not only on patients. Closest persons to patients support psychological stress and activity limitation due to of activities related to caring patients as well as socio-economic changes.

**Objectives:** 1) To evaluate burden in caregivers of patients with Parkinson's disease (PD). 2) To identify main individual- and disease-related factors weighting on the caregivers strain.

**Subjects and Methods:** Observational, cross-sectional, multicenter, one point time evaluation study. Sixty two consecutive pairs PD patient-caregiver entered the study. Patients were assessed by means of the Hoehn and Yahr Staging (HY), Schwab and England Scale (SES), UPDRS-3.0, and Intermediate Scale for Assessment of PD (ISAPD). Pfeiffer's SPMSQ was applied in order to exclude patients with cognitive impairment. Patients self-assessed their emotional state by means of the Hospital Anxiety and Depression Scale (HADS). Caregivers strain was measured by means of the Scale of Quality of Life of Caregivers (SQLC, Glozman et al. 1998).

**Results:** Patients (67.1±7.88 y; 58.5% females) were in HY stage 2.6±0.7 (range, 1-5; 95%CI: 2.3). Duration of disease was 10.47±6.16 y. Dependence, as measured by the SES, was 69.68±21.22 (limits, 0-100; 95%CI: 64.38, 75.00). Mean scores of rating scales were: UPDRS-ADL, 16.29±8.50; Motor examination, 18.10±10.51; ISAPD, 15.20±8.25; SPMSQ, 9.51±1.16; HADS-A, 7.54±3.90; HADS-D, 7.86±4.17. Age of caregivers was 58.84±14.90 years (2/3 females); 73% were spouses and 22%, sons/daughters. SQLC mean score was 113.82±21.08 (limits, 53-141; 95%CI: 108.46, 119.17). Spearman rank correlation coefficients showed significant association between SQLC and: duration of disease (-0.39, p=0.0016), HY (-0.67, p<0.0001), SES (0.71, p<0.0001), UPDRS-ADL (-0.65, p<0.0001), UPDRS-Motor exam (-0.50, p=0.0004), ISAPD (-0.74, p<0.0001), and HADS-D (-0.42, p=0.0006). Burden of caregivers significantly increased with increase of patients' disease severity measured by HY, SES, ADL and Motor Examination scales (Kruskal-Wallis test, p<0.0001). Patients depression also impact on caregivers strain (Kruskal-Wallis test, p=0.0002). In lineal regression, ISAPD-ADL Section explained 53% of SQLC scoring variance. Severity of disease as measured by HY was the most important SQLC predictor from logistic regression (OR=51.36, 95%CI: 3.60, 733.60). Disregarding severity of disease in the model, depression (OR=18.13; 95%: 1.90, 172.86) and disability, as measured by the ISAPD-ADL Section level (OR=6.30; 95%CI: 1.70, 23.35) were also associated with SQLC.

**Conclusion:** 1) PD impact on caregivers is high in moderate and advanced stages of disease. 2) Burden of caregivers is associated with severity of disease, patients' depression, and disability

431

### FACTORES INDIVIDUALES Y GRUPALES ASOCIADOS A LA PREVALENCIA DE TRASTORNOS MENTALES EN CATALUNYA

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**Antecedentes:** Los estudios que analizan la asociación de factores sociales con los trastornos mentales se basan en datos a nivel individual, o bien en estudios ecológicos para medir su asociación con variables grupales. El objetivo del estudio es analizar conjuntamente los factores individuales y grupales que podrían explicar las diferencias geográficas en la prevalencia poblacional de trastornos mentales.

**Métodos:** Los datos proceden de 12.144 entrevistas a mayores de 15 años de población general no institucionalizada de Catalunya, de la encuesta de salud (ESCA) de 1994. La probabilidad de padecer algún trastorno mental se midió a través del General Health Questionnaire, versión de 12 ítems (GHQ-12), con punto de corte 2/3. Las variables explicativas a nivel individual fueron: variables de morbilidad declarada y sociodemográficas y a nivel grupal fueron: variables socioeconómicas, sociodemográficas y de oferta de servicios sanitarios. Se analizó la relación entre la variable dependiente (probabilidad de padecer trastorno psiquiátrico) y las variables explicativas mediante un análisis de niveles múltiples para cada sexo, siendo el primer nivel el individuo, y el segundo el sector sanitario (45 en total).

**Resultados:** La prevalencia de Catalunya se estimó en el 9,3% en hombres y 15,6% en mujeres, la distribución territorial por sectores presentó un amplio rango. De los resultados obtenidos del modelo de niveles múltiples, similares para ambos sexos, destacan factores sociodemográficos y de morbilidad crónica del primer nivel, no obstante la variabilidad intergrupal no queda explicada. Las variables del segundo nivel socioeconómicas y sociodemográficas explican parte de dicha variabilidad, especialmente en los hombres. El factor individual más consistentemente asociado a la morbilidad psiquiátrica es el número de trastornos crónicos. El factor grupal más relevante es la tasa de paro; los dos factores con asociaciones positivas.

**Conclusiones:** La prevalencia de trastornos mentales presenta una variabilidad geográfica no explicada por las variables individuales examinadas, si bien al introducir variables grupales logramos reducir significativamente parte de esta variabilidad. Puesto que se trata de un estudio transversal, hay que ser cauteloso en la interpretación de los resultados, sin embargo cabe destacar la asociación con la carga mórbida a nivel individual y con la tasa de paro a nivel grupal.

430

### ANÁLISIS COSTE EFECTIVIDAD DE LA VACUNA DE LA VARICELA

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**Antecedentes:** La varicela es una enfermedad producida por el virus varicela-zóster; es muy contagiosa, casi el 100% de la población se infecta en algún momento de su vida. Según la encuesta nacional de seroprevalencia de 1996 (ENS96), el 93% de la población a los 13 años ya son inmunes a la infección. La mayor frecuencia de complicaciones se presentan en adultos. Tras la primoinfección, el virus puede reactivarse produciendo un herpes-zóster, entre un 15 a un 28% de la población. Recientemente se ha autorizado una vacuna frente a la varicela indicada a partir de los 13 años en seronegativos.

**Objetivo:** Conocer el coste-efectividad de vacunar o no vacunar a la cohorte de 426.836 niños con 13 años (Censo 2001), analizándose los costes directos tangibles desde el punto de vista del proveedor de servicios.

**Método:** Se utilizó el programa Decisión Analisys by TreeAge para estimar el coste de las dos estrategias. La población susceptible se obtuvo de la ENS96. Las incidencias acumuladas de enfermedad se calcularon a través del teorema de Bayes a partir de las tasas de incidencia en población susceptible por edad en Canadá. Los datos de hospitalización se obtuvieron de la Encuesta de Morbilidad Hospitalaria. Como estimador de la efectividad de la vacuna se ha utilizado el 71% que corresponde a la vacuna autorizada en Estados Unidos, al no existe datos de la vacuna autorizada en España. El 24% de los vacunados tendrán una varicela leve (menos de 50 vesículas y buen pronóstico) y el 5% restante la vacuna será ineficaz. Se han considerado los siguientes costes: Vacunación: 104 € (dos dosis); determinación de IgG: 11 €; tratamiento del herpes-zóster 133 €; costes de la enfermedad, obtenidos de la base de datos de Soikos: coste medio de una consulta de Atención Primaria 18 € y de un día de hospitalización 258 €.

**Resultados:** El número de complicaciones evitadas con la vacunación son 146 y el número de casos evitados 21.922. El coste de la estrategia de vacunar a una cohorte con todas las consecuencias a lo largo de su vida asciende a: 16.191.735 euros y el de no vacunar 10.762.240 euros.

**Conclusiones:** El coste por cada caso evitado de varicela asciende a 248 euros, y se reduce significativamente si la determinación de Ig G sólo se le hace a los casos dudosos o a los que afirmaran ser negativos.

432

### INFORMANT VARIATIONS IN THE REPORT OF DEPRESSION SYMPTOMS IN CHILDREN

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**Background:** Major depression is a mental disorder reported more commonly in adolescence than in childhood. The objective of this analysis was to determine differences in the prevalence of symptoms by informant (parent or child) based on DSM-III-R major depressive criteria. Variations in informant reports by age and gender in youth of 9 to 17 years old will be considered.

**Methods:** This cross sectional analysis was based in a subsample of 312 Puerto Rican children interviewed as part of the Methods for the Epidemiology of Child and Adolescent Mental disorders (MECA). Youth and parents dyads were interviewed using the Diagnostic Interview Schedule for Children Version (DISC-2.3).

**Results:** In general, depressive mood and diminished interest or pleasure were the two most frequently symptoms reported by both informant. The prevalence of symptoms reported varied by age and gender and by informant.

**Conclusions:** These results suggest that age, gender and informant are important factors in the reporting of depressive symptoms. These variations may contribute important keys for the prevention and treatment of major depression in children.

433

### THE IMPACT FACTOR OF GACETA SANITARIA, PEER-REVIEWED PUBLIC HEALTH JOURNAL

Antoni Plasencia<sup>1</sup>, Esteve Fernández<sup>2</sup>, Angel Vicente<sup>3</sup>, Ana M. García<sup>4</sup>, M Badía<sup>5</sup>, J Alonso<sup>5</sup>. En nombre del Grupo: for the Editorial team of GACETA SANITARIA

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**Background and Purpose:** The impact factor (IF) of a scientific journal is becoming the "star" of all bibliometric indicators developed by the Institute for Scientific Information (ISI), and published in the Journal Citation Reports (JCR). It is the ratio of all citations received during a given year over all published original or review papers published by that same journal in the two previous years. As part of the strategic developments of GACETA SANITARIA ([www.doyma.es/ga](http://www.doyma.es/ga)), the peer-reviewed journal of the Spanish Public Health Association, to which the Spanish Epidemiological Society (SEE) is affiliated, the IF of the journal for the year 2002 was computed, with the contribution of DOYMA, the publishing company.

**Methods:** Through the Science Citation Index-Expanded database (SCI-E), all cited work in the source journals from GACETA SANITARIA in 2002 of original or review papers published in 2000 and 2001 was identified. The information was retrieved from the 'Cited Work' field ga' san' in the SCI-E. The resulting IF value was compared to the value of the journals currently listed under the "Public, environmental & occupational health" category of the JCR.

**Results:** In 2002, a total number of 48 quotes were identified in source journals, out of 86 original or review papers published in GACETA SANITARIA in 2000 and 2001. The journal's resulting IF is 0.56. Fifty-seven percent of citations came from international non-Spanish journals. According to this IF, if GACETA SANITARIA were to be included in the current JCR listing for epidemiologic and public health journals, it would rank 71 out of 88 journals, above British, French and Latin American journals currently indexed.

**Conclusions:** Despite a number of increasingly debated limitations, journal IF allow peer-review journals to position themselves within the current scope of specialty journals and are a reference information for many authors and research institutions. In fact, the results presented, although preliminary and partial, would place GACETA SANITARIA as the first non-English Public Health journal in the current JCR listing. Besides being a motivation for the current team of Editors to gain the acknowledgement to be included in the ISI indicators, we invite all interested researchers in the field of Public Health, including epidemiology and other related disciplines, to consider submitting original and review papers (either in Spanish or in English) to our journal, which is also included in Medline.

435

### EFFECTIVENESS AND SAFETY OF FUNCTIONAL ENDOSCOPIC SINUS SURGERY OF CHRONIC SINUSITIS AND NASAL POLYPS

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This is a health care technology evaluation report about the safety and effectiveness of functional endoscopic sinus surgery (FESS) for the treatment of chronic sinusitis and nasosinus polyposis. Purpose of assessment: To assess the effectiveness and safety of functional endoscopic sinus surgery for public coverage considerations.

**Data sources:** MEDLINE Database (1985-2002), EMBASE (85-02), CURRENT CONTENTS, HEALTHSTAR (1985-2002), CINAHL (1985-2002) COCHRANE LIBRARY, INHATA REPORTS.

A survey was conducted in 111 hospitals in Spain by post.

**Review process:** External expert comments. Content of report/Main findings: Regarding safety, the accessibility in FESS makes major complications (cerebral, orbit, and serious haemorrhage) almost exclusive from the traditional approach. Its rate has been established between 0.05% and 0.54% of all interventions. There is no associated mortality. Adhesions (about 11,7%) and haemorrhage (about 6,3%) are the most common minor complications. There are few comparative studies, who show lower incidence in the FESS than the traditional approach. Relapses are frequent (more than 15% in the majority of series) and the scanty comparative studies show no clear differences between both surgical techniques. Regarding efficacy and effectiveness, a randomised clinical trial meta-analysis show a reduction of the risk of bad results in two thirds of patients with FESS compared with the traditional approach. In the ORL departments' national survey there were 111 hospitals, and reflected that 87% of services and 60% of the consultants were performing FESS in April-May 2002. The results showed a reduction in the surgical times and of the mean hospital stay with this approach. Recommendations: In view of the low grade of the clinical evidence available (max grade II), we can make a type B recommendation (there is some scientific evidence) to recommend the choice of technology in poliposis and chronic sinusitis. Despite general recommendation is that, before using new technologies it is necessary to design comparative studies, this does not look feasible with the current state of implantation of FESS. The possibilities of improving the existing information would follow the way of prospective studies, with adjustments by clinical indication and other possible factors, like the one being currently carried out in England and Wales.

434

### THE USAGE OF HERB IS A RISK FACTOR OF ESRD IN TAIWAN

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**Introduction:** In Taiwan, kidney disease is one of the ten leading causes of death. The data from Taiwan Society of Nephrology showed that the mortality and incidence of ESRD were both higher than other countries. Many countries are confronted with the same challenge. It becomes a serious public health problem. The purpose of this study was to investigate the risk factors of ESRD.

**Method:** This is a case-control study. Cases (n=1027) were enrolled in Bureau of National Health Insurance (BNIH) in Taiwan and two kinds of controls were randomly selected from hospital (n=1027) and community (n=1000). We collected subjects demographic data, disease history, drinking habit, life exposure, and medicine history.

**Result:** Seven hundreds and twenty-two (70.3%) subjects with ESRD, 487 (47.4%) hospital controls and 740 (74.0%) community controls were investigated completely. Sex and age for cases were not significantly different from those for controls. Suffering from chronic diseases, using Chinese herb, and using NSAID are significant risk factors of ESRD while anti-hypertensive and cardio-vascular disease medicine are found to be the protective factors in multiple logistic regression analysis. The usage of herb medicine among ESRD patients had 25 (95%CI: 15.4-42.4) times higher risk than the community controls after controlling for other covariates.

**Conclusions:** The usage of herb was an amazing risk factor of ESRD. Health education on the proper usage of Chinese herb and medicine should be emphasized. Administration of the usage of Chinese herb medicine is needed.

436

### CROSS-CULTURAL COMPARISON OF DENTAL HEALTH AMONG MONGOLIAN AND FINNISH POPULATIONS

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**Introduction:** It is well known that the dental health status of individuals and populations is determined by social, economic, cultural, and environmental factors (Daly et al., 2002). In the present study, we made a cross-cultural comparison of the dental health of populations in two countries with widely differing socio-economic and health care structures and cultural backgrounds. Mongolia is ranked as a low-income and Finland as a high-income country (World Bank, 2002). Mongolia has undergone socio-economic changes towards a free-market economy for ten years, negative effects on social sectors including health care (O'Rourke et al., 2001). In Finland, children have enjoyed free preventively orientated comprehensive dental care since 1972. The oral health of its children and adolescents has steadily improved during the last 30 years (Widström et al., 1998).

**Methods:** Target age-group for comparison was the 2- to 54-year-old population. Dental health was described by number of teeth with caries experience (DMFT) and with untreated caries (DT+dt). Data for the Mongolian population came from the National Oral Health Survey, for which clinical examinations had been undertaken by four calibrated dentists in 1996 (Mongolian National Oral Health Policy document, 1997). Of all 1242 surveyed, 448 urban and 733 rural subjects were selected for comparison. Data for the Finnish population came from an electronic data-base of patients in comprehensive care in the public dental service in Helsinki in 1999. A total of 77 058 subjects were of target age; their dental health was diagnosed during their check-up visits.

**Results:** Caries experience among children and adolescents was at the same level in the two countries, mean DMFT, for example, for 12-year-olds being: 1.8 (SD=1.8) for urban Mongolians, 1.2 (1.5) for rural Mongolians, and 1.3 (1.8) for urban Finns. Untreated caries was more prevalent among Mongolian urban and rural children than among their Finnish urban counterparts, mean DT+dt being for 12-year-olds 1.7 (SD=1.6) and 1.4 (1.4) vs. 0.5 (1.1). Among adults, caries experience differed. Finnish urban adults had more caries experience than did their Mongolian urban and rural counterparts, mean DMFT, for example, for 25- to 29-year-olds being: 10.4 (SD=6.0) vs. 6.9 (4.5) and 5.9 (3.9). The opposite was true for untreated caries, its prevalence being higher among Mongolian urban and rural adults than among their urban Finnish counterparts, mean DT+dt for 25- to 29-year-olds being: 2.3 (SD=1.6) and 2.6 (2.5) vs. 1.8 (2.5).

**Conclusion:** There seems to be a need for organising preventively orientated dental care among the Mongolian population with the priority on primary dentition of children. Acknowledgement: Grants by CIMO, by Univ. of Helsinki, and by The Finnish Dental Society Apollonia are warmly acknowledged.