

RATING SCALES FOR PSYCHOPATHOLOGY, HEALTH STATUS AND QUALITY OF LIFE pdf

1: Quality of Life Inventory

Rating Scales for Psychopathology, Health Status and Quality of Life: A Compendium on Documentation in Accordance with the DSM-III-R and WHO Systems Softcover reprint of the original 1st ed. Edition.

This is an Open Access article which permits unrestricted noncommercial use, provided the original work is properly cited. This article has been cited by other articles in PMC. Abstract Background Health-related quality of life HRQoL remains poor among heroin users, even after being treated with methadone. Evidence regarding self-reported psychopathology and HRQoL in heroin users is also limited. The present study aimed to investigate the association between self-reported psychopathology and HRQoL in Asian heroin users treated with methadone. Methods Thirty-nine heroin users treated with methadone and 39 healthy controls were recruited. We compared clinical characteristics, psychopathology, and HRQoL between the two study groups. Correlation and regression analyses were conducted to explore the association between psychopathology and HRQoL in the heroin user group. HRQoL could be predicted by depression, anxiety, paranoia, and additional symptoms ie, poor appetite and sleep difficulties independently. Conclusion Self-reported psychopathology, depression, anxiety, paranoia, poor appetite, and sleep difficulties had a negative impact on each domain of HRQoL among heroin users treated with methadone. The importance of the environmental domain of HRQoL is discussed. Clinicians should recognize comorbid psychiatric symptoms early on to improve HRQoL in heroin users. Lethal cardiac complications, severe constipation, and sexual dysfunction have been reported. It is noteworthy that heroin users treated with methadone have high rates of comorbid psychiatric disease, such as major depression, bipolar disorder, anxiety disorders, schizophrenia, and personality disorders. Firstly, daily methadone clinic visits are not convenient for many heroin users and this is a common reason for discontinuing a methadone maintenance treatment program. They feel frustrated concerning major life issues, including poor family interaction, disrupted social relationships, and unemployment. Health-related quality of life HRQoL provides a valuable outcome measure in heroin users treated with methadone. Among heroin abusers treated on a methadone maintenance treatment, comorbid psychopathology, such as mood, anxiety, and personality disorders, have a further negative influence on HRQoL. With regard to the ascertainment of psychopathology, there are several studies using objective ratings of psychopathology, such as the Brief Psychiatric Rating Scale BPRS and Mini International Neuropsychiatric Interview, for psychiatric assessment of heroin users. They found that HRQoL in heroin users treated with methadone maintenance was poor, and that comorbid psychopathology was an associated factor of significance. In a study reported by Lasalvia et al, both clinician-rated and self-rated psychopathology were simultaneously used to predict subjective HRQoL related to a wide range of psychiatric conditions in a community-based mental health service. In addition, correlation between measures of psychopathology obtained using these two methods was quite poor. Notably, there are limited data showing a relationship between self-reported psychiatric symptoms and HRQoL in heroin users. We proposed two hypotheses: Materials and methods Participants Thirty-nine heroin users and 39 healthy controls were recruited from advertisements at the methadone treatment clinic in the Department of Psychiatry, National Taiwan University Hospital, Yun-Lin Branch, Taiwan. The study was approved by the research ethics committee of National Taiwan University Hospital, Taiwan. Both groups completed the informed consent forms and questionnaires after we gave comprehensive explanations of this study. Using self-administered questionnaires, we collected demographic data including age, gender, education, marital status, body mass index, tobacco use, alcohol consumption, and physical illness, drug use patterns onset, duration, last use, and expense of heroin, and methadone use for the two study groups. The BSRS provides a comprehensive evaluation of 10 symptom dimensions somatization, obsession, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoid, psychoticism, and addition symptoms, ie, poor appetite and sleep difficulties, and three global indices general symptom severity index, positive symptom total number, and positive symptom distress index. General symptom severity index is a mean score of all BSRS items,

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positive symptom total number means the number of symptoms rated 1â€™4 points, and the positive symptom distress index represents the total scores divided by positive symptom total number. The BSRS has satisfactory reliability, validity, and internal structure in assessing psychopathology in patient populations. It involves multiple aspects of daily life of the individual, and can be categorized into four domains, including physical, psychological, social, and environmental. All items are rated on a five-point Likert scale, ranging from 1 to 5, and the higher the score, the better the quality of life. Each dimension includes three levels of health problems, scoring from 1â€™3 points ie, 1 no health problems; 2, moderate health problems; 3, extreme health problems. These raw scores are then transformed into an EuroQoL-5D time-trade-off index according to a general population survey in the United Kingdom. The time-trade-off value ranges from 0 to 1, with 1 indicating the highest subjective HRQoL. Meanwhile, participants were also asked to determine their perceived health status using a visual analog scale VAS ranging from 1 to , where means the best health. Independent t-tests were then used to determine whether self-reported psychopathology and HRQoL differed between these two groups. In addition, variables with a variance inflating factor larger than 2. Statistical tests were carried out using the Statistical Package for Social Sciences version Results Demographic data and drug use pattern Demographic data and drug use patterns for the participants are summarized in Table 1. The overall mean age was There was no difference in age, gender, educational level, marital status, or body mass index between the groups. However, heroin users had significantly higher rates of tobacco use, alcohol consumption, total number of comorbid diseases, human immunodeficiency virus positivity, and hepatitis B or C infection.

2: Rating Scales for Psychopathology, Health Status and Quality of Life : Per Bech :

Rating Scales for Psychopathology, Health Status and Quality of Life A Compendium on Documentation in Accordance with the DSM-III-R and WHO Systems.

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