

26% when patients were rated as “improved,” and 45%, 50%, respectively when rated as “much better.” Mean 7-point item scores improved by 0.46 points PANSS, 0.23 points QLS for “improved” patients, and by 0.88, 0.92, respectively for “much better” patients. Minimal changes were seen for all items when patients were rated as “unchanged.” The relationship between clinician ratings and score changes was stable over multiple assessments in this large sample. **CONCLUSION:** These data describe the amount of change that represents clinically important improvement related to treatment based on commonly used symptom and QOL scales. Planning sample sizes for clinical trials can be based on percentage change in scores or mean item scores to aid clinicians and researchers in understanding meaningful treatment effects.

**PMH24**

**TRANSLATIONS OF THE MIGRAINE SPECIFIC QUALITY OF LIFE QUESTIONNAIRE (MSQ): A PSYCHOMETRIC COMPARISON BETWEEN THE ENGLISH, FINNISH, DUTCH, HUNGARIAN, AND SPANISH TRANSLATIONS**

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**OBJECTIVES:** The MSQ (Migraine Specific Quality of Life Questionnaire) measures migraine-related quality of life in three dimensions [Role Restrictive (RR), Role Preventive (RP), and Emotional Function (EF)]. The objective of this analysis was to compare the psychometric properties of the Finnish (FN), Dutch (HD), Hungarian (HG), Spanish (SP), and UK English translations with the original US English version of the MSQ. **METHODS:** One hundred and ninety-eight Finns, 127 Dutch, 169 Hungarians, 116 New Zealanders, and 169 Spaniards, participated in a multinational migraine clinical trial in which the MSQ was completed at baseline and after a 3-month treatment period with customary therapy or naratriptan 2.5 mg. The distribution of item responses, item-discriminant validity and scale-level reliability for the MSQ translations were examined and compared to the previously published US English version results. **RESULTS:** The distribution of responses for each item was negatively skewed for all translations. The full range of the response categories was used by migraineurs from all countries except for the FN version in the clinical trial. Every translation of the MSQ possessed item-scale correlations that were higher for the hypothesized scale compared to competing scales. Similar to the US English version results, baseline Cronbach’s Alpha coefficients for the three MSQ dimensions were greater than 0.82 for all translations. The MSQ translations were sensitive to detect intervention differences after 3 months of naratriptan treatment for migraines. **CONCLUSIONS:** The MSQ translations have demonstrated item-level discriminant validity, reliability, and sensitivity to detect treatment changes in quality of life and has cross-cultural empirical

validity. The MSQ is an effective tool in assessing migraine-related quality of life across different cultures.

**PMH25**

**THE IMPACT OF SCHIZOPHRENIA ON HEALTH-RELATED QUALITY OF LIFE (HRQL) FOR PATIENTS ADMITTED TO PSYCHIATRIC UNITS OF GENERAL ACUTE CARE HOSPITALS**

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**OBJECTIVE:** To evaluate the impact of schizophrenia versus other chronic conditions on health-related quality of life (HRQL). **METHODS:** Patients who were admitted to a psychiatric inpatient unit at one of the 100+ acute care hospitals using the CQI+<sup>sm</sup> Outcomes Measurement System were administered the SF-36 health status survey. All patients with a discharge diagnosis of schizophrenia who completed the SF-36 and were admitted to adult (n = 233) or geropsychiatric (n = 380) inpatient units were selected. Randomly generated observations were drawn from general US population SF-36 data to construct two general population cohorts matching the adult and geriatric schizophrenia samples, respectively, in distribution of age and gender. Adult and geriatric schizophrenic cohorts were compared to their corresponding matched general population cohort on each of the eight SF-36 domains. Comparisons were also made to three disease cohorts: Hypertension, Congestive Heart Failure (CHF), and Diabetes. Independent sample t-tests were used to evaluate differences between the groups. **RESULTS:** Schizophrenic patients from both adult and geriatric groups had significantly lower scores ( $P < .001$ ) on virtually all mental and physical HRQL domains when compared to the general US population and to patients with hypertension or diabetes. Both groups of schizophrenics scored lower ( $P < .001$ ) on mental health domains when compared to CHF patients. Adult schizophrenics scored higher in the physical health domains than CHF patients ( $P < .05$ ), while geriatric schizophrenics were similar to CHF patients in those domains. **CONCLUSIONS:** Schizophrenia’s association with lower HRQL extends beyond mental health to physical health status. The physical health status of schizophrenics is more impaired than those observed in patients with diabetes and hypertension, and is comparable to patients with CHF.

**PMH26**

**CHANGE IN HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA TAKING ANTIPSYCHOTIC AGENTS**

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The perceived health status of individuals with severe psychiatric illness, such as schizophrenia, is an important element of disease burden and quality of life. The effect of antipsychotic therapies on psychiatric symptoms is well-understood. However, more information about the effects of antipsychotics on health status is needed. **OBJECTIVE:** To examine changes in health-related quality of life (HRQL) from inpatient admission to follow-up of adult and geriatric patients with schizophrenia treated with conventional or atypical antipsychotic agents. **METHODS:** Data were obtained from the CQI+<sup>SM</sup> Outcomes Measurement System, an ORYX (JCAHO) accepted performance improvement system, which tracks patients admitted to adult or geropsychiatric inpatient programs in over 100 general hospitals across 35 states. Health status was measured by the SF-36 at time of admission and at three (geriatric) or six months (adult) post-discharge. Patients with a primary discharge diagnosis of schizophrenia (ICD-9-CM codes 295.10–295.90) who completed the SF-36 and were treated with antipsychotic agents were included. One sample t-tests were used to test the null hypothesis that the mean change is equal to zero. **RESULTS:** Mean scores were higher (i.e., healthier) at follow-up, as compared to admission, on all eight domains of the SF-36 for the adult schizophrenic group (n = 37) and seven of eight domains for the geriatric schizophrenic group (n = 38). Statistically significant improvements were noted on five of the eight scales. Largest improvements were found on Role Physical ( $P < 0.001$ ), Role Emotional ( $P < 0.001$ ), and Social Functioning ( $P < 0.001$ ). **CONCLUSIONS:** Marked improvement in diverse aspects of HRQL among schizophrenic patients treated with conventional or atypical antipsychotic agents supports the humanistic value of antipsychotic medications beyond simple symptom amelioration.

**PMH27****THE IMPACT OF DEPRESSION ON HEALTH-RELATED QUALITY OF LIFE (HRQL)**Mody SH<sup>1</sup>, Edell WS<sup>2</sup>, Durkin MB<sup>1</sup>, Adams BE<sup>2</sup>, Repp EA<sup>2</sup><sup>1</sup>Janssen Pharmaceutica, Titusville, NJ, USA; <sup>2</sup>Mental Health Outcomes, Lewisville, TX, USA

**OBJECTIVE:** To describe the effect of depression on health-related quality of life (HRQL) utilizing the SF-36 health status survey. The scores of patients with depression were compared to age and gender matched US population norms and contrasted to results of similar research on patients with other psychiatric disorders. **METHODS:** SF-36 scores were collected from patients admitted to adult (n = 600) or geriatric (n = 4439) psychiatric programs within acute care hospitals who had an ICD-9-CM discharge diagnosis of depressive disorder. Adult and geriatric US population norms were simulated using data from the Medical Outcomes Study Manual and Interpretation Guide to match the age and gender distributions of the adult and geriatric depression groups. Admission SF-36

scores for the adult and geriatric depression groups were compared to these age and gender matched US population norms using independent sample t-tests. The findings were then placed in context of SF-36 scores for other psychiatric conditions including schizophrenia, bipolar disorder, and cognitive disorder. **RESULTS:** HRQL for both the adult and geriatric groups of depressed patients was significantly lower than the simulated US population norms for all eight domains of the SF-36, for physical health as well as mental health ( $P < 0.001$ ). The greatest differences were observed in the Role Physical, Social Functioning, and Role Emotional domains. Adult inpatients with depression had similar scores on all domains to adult patients with the other psychiatric diagnoses studied. However, geriatric patients with depression had lower scores on HRQL across all domains versus geriatric patients with other psychiatric illnesses. **CONCLUSIONS:** Depression has a strong negative association with both adult and geriatric patients' perceived HRQL. Depressed patients not only had the expected decreases on mental health domains, but also scored significantly lower on physical health domains. Finally, depression in geriatric patients is associated with greater decrements in HRQL than other psychiatric illnesses examined.

**PMH28****QUALITY OF LIFE DIFFERENCES BETWEEN PATIENTS WITH EPISODIC AND TRANSFORMED MIGRAINE**Meletiche DM<sup>1</sup>, Lofland JH<sup>1</sup>, Young WB<sup>2</sup>, Hopkins MM<sup>2</sup><sup>1</sup>Office of Health Policy and Clinical Outcomes, Thomas Jefferson University, Philadelphia, PA, USA; <sup>2</sup>Jefferson Headache Clinic, Thomas Jefferson University Hospital, Philadelphia, PA, USA

Currently there are no published studies comparing the health-related quality of life (HRQoL) of transformed and episodic migraineurs. **OBJECTIVES:** The study objective was to detect differences in HRQoL between patients with transformed migraine (TM) and episodic migraine (EM). **METHODS:** This retrospective study examined the HRQoL of transformed and episodic migraineurs of the Jefferson Headache Center during their first visit to the center. Data collected included the Short Form 36 (SF-36) and the Migraine Disability Assessment (MIDAS) questionnaires as well as demographic information. A t-test with Bonferroni correction was used to test for significant differences in the SF-36 domains between the groups. **RESULTS:** To date, data has been collected on 62 patients, 31 from each group. There were no significant differences with respect to gender, race, age or the number of comorbid conditions between groups. Over the last 90 days prior to their first visit, patients with TM reported having a headache on an average of 77 days compared to EM patients who averaged 18 days with headache ( $P < 0.05$ ). Compared to EM patients, patients with TM had statistically and clinically significant (>5 point difference) lower mean scores on the mental com-