OVERALL QUALITY OF LIFE AMONG SPANISH PATIENTS WITH MILD COGNITIVE IMPAIRMENT AND DEMENTIA

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Objectives: Doing there is no consensus for a multidimensional definition of Quality of Life (QoL) in dementia, and that informant- and self-perceptions of QoL differed substantially, lately it has been proposed to analyze Overall QoL using a simple item. Our objective was to investigate Overall QoL and how this perception among people with Cognitive Impairment and Dementia is associated with other variables. Thus, obtained predictor variables of QoL will act as confirmatory indexes to corroborate the self-reported QoL in clinical setting.

Methods: We conducted a cross-sectional survey where 106 participants with Cognitive Impairment (CI) and Dementia completed a face to face interview including diagnosis of dementia (DSM-III-R / DSM-IV), sociodemographic information, health perception and a list of chronic medical conditions, depressive symptoms (GDS-15) and functional ability (Barthel Index). Quality of life was measured with the self-assessment of overall QoL item from WHOQOL-BREF.

Results: Mean age was 78.7 y.o. (SD: 7.1, range 55-91); 64.8\% were female and 50\% had primary school or more. Ordinal Logistic Regression analysis showed four factors correlated with a better QoL: (1) patients rating their health as good or more than good, (2) patients considering themselves healthy, (3) patients reporting not having depression, and (4) patients having less depressive symptoms (lower GDS scores).

Conclusions: A single-item global rating of patient QoL could prove useful in assessing QoL of most mild-to-moderate-stage CI and dementia patients. Affective states should be considered when assessing QoL in patients with CI and dementia; consistently, negative mood have a detrimental impact on QoL.

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