(5135) QUALITY OF LIFE DATA FROM NARCOMS: DIFFERENCES BY SOCIODEMOGRAPHIC FACTORS
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Background: In the fall of 2003, the North American Research Committee on Multiple Sclerosis (NARCOMS) began to collect longitudinal health-related quality of life (HRQOL) information from its registry participants. Objectives: This study aimed to describe the baseline HRQOL of the registry participants and to determine whether differences exist by sociodemographic factors. Methods: HRQOL was measured using the 12-item Short Form Health Status Survey (SF-12), which provides two summary scores: a physical composite score (PCS) and a mental composite score (MCS), each ranging from 0 (worst) to 100 (best). The US general population mean for both the PCS and MCS is 50.0, with a standard deviation (SD) of 10.0. Results: The average age of the registry participants was 51.2, and the majority were female (74.9%). A total of 3639 participants completed the SF-12, with an overall mean (SD) PCS of 39.8 (10.4) and an overall mean MCS of 51.7 (9.2). Participants ≤50 years of age had a higher PCS than those >50 (42.6 vs. 37.2, P = .001). However, participants ≤50 had a lower MCS than participants >50 (51.0 vs. 52.4, P = .001). Females had a higher PCS than males (40.6 vs. 37.6, P = .001) but a similar MCS (51.6 vs. 52.3, P = .09). Participants who were married had a higher MCS than those who were not (52.1 vs. 50.9, P = .001) but a similar PCS (39.8 vs. 39.5, P = .47). Participants with postsecondary education had a higher PCS than those without (41.1 vs. 37.4, P = .001) and also a higher MCS (52.1 vs. 51.0, P = .001). Those who were employed had a higher PCS than those who were not (45.7 vs. 36.0, P = .001) and a higher MCS (52.6 vs. 51.1, P = .001). Finally, participants with a steady income had a higher PCS than those who did not (41.3 vs. 39.7, P = .001) and a higher MCS (52.4 vs. 50.9, P = .001). Conclusions: The overall mean PCS of the participant was lower than their overall mean MCS, suggesting that MS may have more impact on physical than on mental HRQOL. There were differences in PCS and MCS by all sociodemographic factors examined, but the most consistent pattern was both lower physical and mental HRQOL scores among participants who had less education, were unemployed, and had no steady income. The results suggest that women and younger people may have better physical HRQOL than men and older people, and that being married may have a positive impact on mental HRQOL.

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