

Summary of the important work I
do and how it can help you in life.

Ron D. Hays

September 15, 2006

~ 12-1pm

Subject: Areas of Interest
Date: Thu, 7 Sep 2006 11:02:19 -0700
From: "O'Halloran, Mary" <maryo@rand.org>
To: "Hays, Ronald" <hays@rand.org>

Hello, Ron,

My name is Mary O' Halloran, and I am responsible for the data integrity of the RSMD researcher database. I manage information services for this group.

I recently reviewed the records in the database and noticed that you had listed "Lakers basketball" as an area of interest. As the form says, we are really looking for "Substantive/Policy Areas of Interest," so I have deleted your entry, which seems more personal.

Please let me know if the form isn't clear or if you have any questions.

Thank you,
Mary



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Vulnerable Elders Survey (VES-13)

Diversity and Health

Homelessness survey

End-of-Life Care

End-of-life care improvement resources

Health Economics

About Our Surveys & Tools

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Some materials listed are not available from RAND Health. Those links will take you to other websites, where you will find instructions for use.

Translations

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Ron D. Hays, Ph.D.

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Links

[Ron Hays' web page at UCLA School of Public Health](#)

[CAHPS II](#)

[CHIME: Center for Health Improvement for Minority Elders](#)

[The General Health Measures Scoring Algorithm Repository \(added 7/18/06\)](#)

[The Harry Guess Research Community - a virtual research community for pharmacoepidemiology, patient-reported outcomes, and pediatric therapy \(added 3/27/06\)](#)

[KDQOL: Kidney Disease Quality of Life](#)

[Oregon Health and Science University Web-based resources - QOL Tools. \(added 7/31/06\)](#)

[RAND Health - Research - Surveys](#)

A typical day of work



Changes in symptoms and health-related quality of life in a nationally representative sample of adults in treatment for HIV

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Abstract

Patient-centered measures of functioning and well-being are needed to monitor and improve health for HIV-infected persons. We estimated the associations between HRQOL and symptoms over time in HIV-infected persons, adjusting for demographic and clinical characteristics using a longitudinal study of a nationally representative cohort of 2267 patients in care for HIV infection surveyed in 1996 and again in 1998. We used two global measures of HRQOL (overall health and overall quality of life) scored to have a mean of 50 and standard deviation of 10 in the sample. The total number of symptoms decreased (-1.29 , $p < 0.001$ for the difference), and overall health (1.09 , $p < 0.001$ for the difference) and overall quality of life (1.31 , $p < 0.001$ for the difference) improved over the period. Controlling for baseline symptoms and HRQOL, each additional symptom at follow-up ($B = -1.14$, $p < 0.001$) was associated with worsened overall health and worsened overall quality of life ($B = -0.95$, $p < 0.001$). The association of two additional symptoms with lower global HRQOL was similar in magnitude to the effect of having significant depressive symptoms or the diagnosis of AIDS. In conclusion, among HIV-infected patients, symptoms are significantly related to HRQOL over time. The functioning and well-being of patients with HIV is inextricably linked to the symptoms they experience.

Key words: Health, Longitudinal studies, Quality of life, Symptoms

The End

