

7.2.50 Harrison, R., Savla, N., and Kafetz, K. Dementia, depression and physical disability in a London borough: a survey of elderly people in and out of residential care and implications for future developments [see comments]. *Age and Ageing* 19:97-103, 1990. (239)

Studied are 1303 of the 1471 elderly people resident in Local Authority homes, NHS long-stay wards (medical and psychiatric), private and voluntary homes and Local Authority sheltered housing or in receipt of augmented domiciliary services in the London Borough of Waltham Forest. Depression and dementia were assessed using the Brief Assessment Schedule and physical functioning by a modified Barthel index. Residents with high levels of dependency were spread throughout the different forms of residential accommodation. There was little disability outside residential care. There was a high prevalence of depression in the study population. These findings are relevant to future plans for services for elderly people.

7.2.51 Heinemann, A.W., Linacre, J.M., Wright, B.D., Hamilton, B.B. and Granger, C. Relationships between impairment and physical disability as measured by the Functional Independence Measure. *Archives of Physical Medicine and Rehabilitation* 74:566-573, 1993. (863)

This study was conducted to scale the Functional Independence Measure (FIM) with Rasch Analysis and to determine the similarity of scaled measures across impairment groups. The results show that the FIM contains two fundamental subsets of items: one measures motor and the second measures cognitive function. Rasch analysis of the Uniform Data System for Medical Rehabilitation patient sample yielded interval measures of motor and cognitive functions. The validity of the FIM was supported by the patterns of item difficulties across impairment groups. Adequate clinical precision of the FIM was demonstrated, though suggestions for improvement emerged. The frequency of misfit between patients and the performance scales varied across impairment groups, but was acceptable. The results of this project will enable clinicians and researchers to plan cost-effective treatment by providing a valid measure of disability.

7.2.52 Hill, L.R., Klauber, M.R., Salmon, D.P., et al. Functional status, education, and the diagnosis of dementia in the Shanghai survey. *Neurology* 43:138-145, 1993. (896)

The authors examined the relationship of culturally adapted Chinese versions of the Mini-Mental State Examination (CMMS) and several functional measures to the effect of education on the clinical diagnosis of dementia in 554 subjects (55 to 95 years; median, 74) who had undergone intensive evaluation during the Shanghai survey of dementia. Low education was associated with increased prevalence of clinically diagnosed dementia. The standardized history and one functional scale (Pfeffer Outpatient Disability Scale [POD]) clustered closely with clinical diagnosis on factor analysis, whereas the CMMS, Instrumental Activities of Daily Living scale (IADL), and Activities of Daily Living scale (ADL) loaded additionally onto an education-weighted component. A logistic equation based on the CMMS, history, POD, and IADL was the best predictor of the clinical diagnosis of dementia, but history, POD, and IADL without a mental status score also predicted the diagnosis with a sensitivity of 88.6%, a specificity of 89.3%, a positive predictive value of 66.0%, and a negative predictive value of 97.1%. When dementia was diagnosed using an algorithm based on the three functional scales alone, low education continued to be associated with increased age-specific risk of dementia.

7.2.53 Hlatky, M.A., Haney, T., Barefoot, J.C. et al., Medical, psychological and social correlates of work disability among men with coronary artery disease. *American Journal of Cardiology* 58:911-915, 1986. (190)

This study identifies the medical, psychologic and social factors that independently affect employment in patients with coronary artery disease (CAD). At coronary angiography, extensive clinical, psychological and social profiles were collected on 814 men younger than 60 years with documented CAD. Clinical factors studied included measures of symptom severity, prior myocardial infarction, coronary anatomy and left ventricular function. Psychosocial factors studied included the Minnesota