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GENDER DIFFERENCE IN QUALITY OF LIFE FOLLOWING CORONARY STENT IMPLANTATION. *D McBride, B Brüggengjürgen, S Roll, S N Willich (Institute for Social Medicine, Epidemiology and Health Economics, Charit, University Medical Center, Berlin, Germany)

Objective: We evaluated the effect of gender on changes in quality of life (QoL) after coronary stent implantation (CSI) in conventional treatment of coronary artery disease (CAD). **Methods:** In this prospective multi-centre intervention study, patients with CAD undergoing coronary angioplasty were electively treated with stents. Standardised questionnaires completed by patients at baseline, 3, 6, 12, and 18 months following angioplasty documented health-related (SF-36) and disease-specific (MacNew heart disease) quality of life, as well as clinical outcomes. **Results:** From April until August 2004, 103 women (16%, mean age 66 ± 11) und 546 men (mean age 64 ± 10) were treated with CSI. There were no significant differences in socio-demographic factors, cardiovascular risk factors and severity of CAD. At baseline, all aspects of QoL were significantly poorer in women than in men ($p = 0.004$). 3 months following CSI, adjusted for age and type of stent, the difference in improvement in the SF-36 aspects of general health ($p = 0.005$), role emotional ($p = 0.034$) and the mental summary score ($p = 0.027$) was significantly greater in women than in men, although their actual QoL remained significantly lower. After 6 months, this difference remained significant only in the aspect of role emotional ($p = 0.019$). Gender differences in improvement were not demonstrated in the follow-up MacNew questionnaires. **Conclusions:** In comparison to men, baseline QoL in women is lower before receiving CSI. However, 3 and 6 months following implantation of a coronary stent, the gain in many aspects of QoL was greater in women than in men, pointing to their wider range of potential improvement.

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NETWORK NEWS: PERCEPTIONS OF SOCIAL SUPPORT IN A POPULATION OF MEDICALLY LOW RISK PREGNANT WOMEN. *D Johnston, J Siever, S Tough (University of Calgary, Calgary, Alberta CANADA)

Background: The Network Orientation Scale (NOS) is a 20 item scale that measures one's willingness to obtain and maintain support systems. In a randomized clinical trial involving supplementary prenatal support from a nurse or home visitor, 2,015 pregnant women completed two prenatal and one post partum telephone interviews. The purpose of this analysis is to compare demographic, distress levels, and satisfaction with the study nurse and visitor between women who fell below ($n = 1,471$), at ($n = 144$), and above ($n = 379$) the 75th percentile of NOS scores, with higher NOS scores indicating poorer perceived support. Distress was measured by the Symptom Questionnaire. All % differences reported herein occur as <75th%ile versus 75th%ile versus >75th%ile. **Results:** Compared to women who fell below or at the 75th%ile, women with the poorest NOS scores were more likely (all p value's <0.001) to be non-Caucasian (18% vs 24% vs 52%), have household incomes less than \$40,000 (21% vs 28% vs 44%), education less than high school (7% vs 8% vs 21%), and lived in Calgary less than 2 years (12% vs 14% vs 21%). Distress levels were lowest among women with the greatest support (mean score 17.5 vs 22.2 vs 23.2, $p = 0.0005$). Women with poorer support were more likely to report benefiting from the home visitor (38% vs 56% vs 63%, $p = 0.001$) but no differences were found regarding perceived benefit of the study nurse (81% vs 72% vs 85%, $p = 0.110$). **Conclusion:** The NOS may be a helpful tool for identifying women who are at risk of social isolation and therefore may lack awareness or access to health information or resources. Given that these women tended to be non-Caucasian, distressed and new to the city, culturally appropriate care, including home or group prenatal care may be a method for reducing that isolation and building support networks.

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IS REPRODUCTIVE HISTORY ASSOCIATED WITH INCREASED RISK OF CHRONIC KIDNEY DISEASE IN OLDER WOMEN? *J C Khoury, G K LeMasters, J Bean, R M Cohen, C R Buncher (University of Cincinnati Medical Center and Children's Hospital Medical Center, Cincinnati, Ohio, 45267)

Chronic kidney disease (CKD) is reported to be of higher prevalence in older women compared to men. Higher prevalence is also reported in subgroups with diabetes, hypertension or hyperlipidemia. Reproductive factors such as number of pregnancies and age at menarche, menopause or first pregnancy may be associated with CKD in women 50 years and over. The National Health and Nutrition Examination Survey (NHANES) III and 1999–2002 datasets were used to address this question. A subset of the NHANES sample responded to the reproductive portion of the questionnaire, which included number of pregnancies and live births, and age at first and last pregnancy, menarche and last period. An equation of Levey and Coresh, adjusting for gender and race, was used to estimate glomerular filtration rate, <60 mL/min/1.73 m² defining CKD. The association between CKD and independent variables of interest, controlling for known risk factors was modeled using multiple logistic regression. The interactions of age with number of pregnancies and with age at last period were associated with CKD. Specifically, in women 50–59 years having four or more pregnancies, a protective effect was demonstrated for CKD (odds ratio (OR) 0.34, 95% confidence interval (CI) 0.13–0.77). Having the last period after age 40 was also protective in this age group (OR 0.48, 95% CI 0.24–0.91). In women 80 and over, having last period after age 50 was protective for CKD (OR 0.75, 95% CI 0.59–0.96). Contrary to postulation that pregnancy may have an adverse effect on CKD, having more pregnancies and continuing menses to an older age were indicators associated with decreased risk of CKD.

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HEALTH SURVEILLANCE OF HIRED FARMWORKER WOMEN FROM THE NATIONAL AGRICULTURAL WORKERS' SURVEY. *T Alterman, A Steege, X Chen, C Muntaner, J Li (NIOSH, Cincinnati, OH 45226)

Occupational health surveillance data on hired farmworker women are not currently available on a national level. Descriptive results from the National Agricultural Workers Survey (NAWS), including its Occupational Health Supplement (1998–2002), for 2,535 hired farmworker women will be presented. The NAWS is the only national source of information on the demographic, employment, and health characteristics of hired farmworkers in crop agriculture. Sponsored by the Department of Labor, the NAWS is an employment-based, random survey using face-to-face interviews collected in three cycles each year, reflecting the seasonality of agricultural production and employment. SUDAAN 9.0.1 was used for analyses. Results showed that 85% of women were younger than 45 years of age, 85% were Hispanic, and 71% were born in Mexico. Eighty-nine percent of the women considered the US their country of permanent residence, and 72% had been in the US for more than 2 years. Forty-two percent reported not having authorization to work in the US. Fifty seven percent were married and 78% had children. Highest prevalence estimates for health conditions included musculoskeletal pain (22%) and skin problems (13%). Data on characteristics of farm jobs, including crop type, hours worked, wages, benefits, and access to health care will be presented. Logistic regression with adjustment for age, ethnicity, education, and smoking, shows that legal status, hours worked per week, number of years doing farm work, and crop type are independently associated with having visited a healthcare professional in the past 2 years. Thus, farmworker women represent a vulnerable population for whom information and prevention are needed.



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