psychosis were interviewed, using the Lancashire Quality of Life Profile. QoL data was obtained for 205 patients (101 intensive and 104 standard sector) at time 1 and 163 patients (70 intensive and 72 standard sector) at time 2. A variety of other measures were used including measures of symptoms (BPRS), needs (Camberwell Assessment of Need) and social networks (Social Network Schedule). Linear regression models of the QoL scores at time 1 found that 30% of the variance in global QoL could be predicted by just three factors: depressive symptoms score, unmet need and total social network size. If the mean of the domain-specific satisfaction scores were included in this model the variance explained increased to 47%. To examine how robust these models were they were repeated on the time 2 data. The results were very similar and the same proportion of variance in both global and domain-specific QoL was explained. Despite a trend for QoL scores to improve in the intensive sector, there was no significant difference in change in QoL over time between the two sectors. The changes in QoL were generally small. In conclusion the three predictors of QoL identified were repeatable, at least in this sample and they are important being potentially amenable to change. The failure to show changes in QoL when an intensive service is introduced raises two types of questions. Firstly, concerning the sensitivity to change in QoL measures when used in this type of evaluation. Secondly, concerning whether interventions are targeted at areas which do impact upon QoL.

384. QUALITY OF LIFE IN CHILDREN WITH ASTHMA – THE PATIENTS' AND THE PARENTS' VIEW

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Although Quality of Life (QoL) in asthmatic children is increasingly considered an important topic in rehabilitation medicine, studies about perceptions of well-being and function with asthma before and after in- or out-patient rehabilitation from the children's and the parents' perspective are still rare.

In a longitudinal study involving 150 children and their parents at entry in the rehabilitation programme and 1 year thereafter, instruments to assess the QoL from the children's perspective (the German KINDL self-reporting form) and from the parents' perspective (the German KINDL parent report form) were used together with medical and psychosocial variables (family climate and coping, locus of control). One hundred and twenty-three of 150 children of ages 8-18 years participated in the study as well as 66 mothers and 54 fathers.

Data analysis pertaining to the first measure point indicates a good psychometric quality of the KINDL as well as impairments in QoL as compared to a reference group of healthy children. In addition, the correlation between parents' and patients' perceptions of QoL was in the middle to high range, indicating a correspondence of parents' and children's ratings. Further results concerning the relationships between psychosocial determinants and QoL indicators at the beginning of the rehabilitation programme will be presented. The study results demonstrate the use of the multidimensional assessment approach involving children and parents in evaluating paediatric rehabilitation programmes.

385. QUALITY OF LIFE AT 1 – 4 YEARS OF AGE IN RELATION TO A MEDICAL HISTORY OF PREMATURE BIRTH OR OTHER NEONATAL **PROBLEMS**

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The aim was to evaluate health-related quality of life (QoL) at infancy of premature or term infants who needed neonatal intensive care treatment. Parents of 193 children aged 1 – 4 years consulting the out-patient neonatology clinic of the Leiden University Medical Center were invited to complete the TAIQOL. This instrument defined health-related QoL as health status (HS) plus affective evaluation of problems in 11 health status domains. The response to the TAIQOL was 85%. In addition, the parents were asked for permission to study their children's medical case history. If permission was granted, the case history was evaluated by means of a specially developed medical history checklist. One hundred and forty-nine medical histories were completed. The sample consisted of 51 children born very premature (<31 completed weeks of gestation), 47 children born premature (between 31 and 36.9 weeks) and 51 infants with other neonatal problems (>36.9 weeks). Confounding variables that were found to be associated with health-related QoL (p < 0.05) according to one-way analyses were entered into a stepwise multiple regression to assess their relative contributions to health-related QoL scales. The analyses revealed, amongst others, that only the health-related QoL appetite and aggression scales are directly related to gestational age (p < 0.05, higher gestational age, better health-related QoL). No relation was found between birth weight and health-related QoL. Hyperbilirubinaemia, sepsis, multiple birth, PDA (diagnoses) and CPAP and IPPV (treatments) each related to some health-related QoL scales (p < 0.05). Having a chronic disease related to health-related QoL physical, stomach, lungs and communication scales, when reported by the parents (OCHR), but when reported by the medical case history (MCHR) it did not relate to health-related QoL. The correlation of OCHR with MCHR was r = 0.79(p = 0.000). In conclusion, there appeared to be a relation between perinatal factors according to case histories and health-related QoL at infancy according to the parents. Longitudinal research will relate the stability of these effects on health-related QoL.

386. QUALITY OF LIFE OF HOMELESS PEOPLE IN LILLE, FRANCE

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The quality of life (QoL) of 270 homeless subjects has been assessed by a French QoL questionnaire (Subjective Quality of Life Profile or SQLP GERIN, DAZORD), previously validated in somatic and psychiatric diseases (3,000 subjects).

The items take into consideration health, relationships, inner life and material conditions. The measures applied to each item are degree of satisfaction, importance attributed to the item and expectations concerning the item.

Satisfaction is clearly poor in domains of living situations, employment and physical pain, though relationships, self-