Cross-cultural differences in the reporting of global functional capacity: an example in cataract patients.

Author: J. Alonso
C. Black
J C Norregaard
E. Dunn
T F Andersen
M. Espallargues
P. Bernth-Petersen
G F Anderson

Author Affiliation: Health Services Research Unit, Institut Municipal d'Investigació Mèdica, Barcelona, Spain.

Source: Med Care. 1998 Jun;36(6):868-78
Date: Jun-1998
Language: English
Publication Type: Article

Keywords: Activities of Daily Living
Aged
Bias (epidemiology)
Cataract - ethnology - physiopathology
Comparative Study
Cross-Cultural Comparison
Cultural Characteristics
Denmark
Female
Health Status Indicators
Humans
Logistic Models
Male
Manitoba
Multivariate Analysis
Outcome Assessment (Health Care) - methods - standards
Questionnaires - standards
Reproducibility of Results
Research Support, Non-U.S. Gov't
Sensitivity and specificity
Spain
United States
Visual acuity

Abstract: OBJECTIVES: Patient-based health status measures have an important role to play in the assessment of health care outcomes. Among these measures, global assessments increasingly have been used, although the understanding of the performance of these indicators and the determinants of patients responses is underdeveloped. In this study, the performance of a single-item global indicator of visual function in cataract patients of four international settings was compared. METHODS: Visual acuity and ocular comorbidity was assessed by patients' ophthalmologist using Snellen-type charts in patients referred for a first cataract surgery in the United States, Manitoba (Canada), Denmark, and Barcelona (Spain). Patients also were interviewed by telephone and asked to report overall trouble with vision on a single-item indicator ("great deal," "moderate," "a little," "none") and to complete the Visual Functioning Index (VF-14), a scale of visual function ranging from 0 (worst function) to 100 (best level of function), along with other questions including the degree the patient was bothered by symptoms as measured by the Cataract Symptom Score (CSS). A total of 1,407 patients completed the clinical examination and the preoperative interview. RESULTS: Distribution of overall trouble with vision varied across the sites, with the proportion of patients reporting a great deal of trouble ranging from 21.7% to 37.9%. In all sites, patients reporting more trouble with vision tended to show a poorer age-adjusted and sex-adjusted visual acuity. The proportion of patients reporting great deal of trouble with vision was higher in the groups with worse visual acuity (P

PubMed ID: 9630128 View in PubMed

International variation in anesthesia care during cataract surgery: results from the International Cataract Surgery Outcomes Study.

https://arctichealth.org/en/permalink/ahliterature207513

Author: J C Nørregaard
O D Schein
L. Bellan
C. Black
J. Alonso
P. Bernth-Petersen
E. Dunn
T F Andersen
M. Espallargues
G F Anderson

Author Affiliation: Institute of Public Health, Faculty of Health Sciences, University of Copenhagen, Denmark.

Source: Arch Ophthalmol. 1997 Oct;115(10):1304-8

Date: Oct-1997

Language: English

Publication Type: Article

Keywords: Anesthesia - economics - methods - standards
Canada
Cataract Extraction
Cost-Benefit Analysis
Denmark
Humans
Interprofessional Relations
Monitoring, Intraoperative - methods - standards
Physician's Practice Patterns
Questionnaires
Random Allocation
Retrospective Studies
Spain
Treatment Outcome
United States

Abstract: To describe international variation in anesthesia care and monitoring during cataract surgery and to discuss its implications for cost and safety.

A standardized questionnaire was sent to random samples of ophthalmologists in the United States, Canada, and Barcelona, Spain, and to all ophthalmologists in Denmark. The survey was conducted in 1993 and 1994. Certified ophthalmologists who had performed 1 or more cataract extractions in the previous year were eligible for enrollment.

The response rates were 62% in the United States (n=148), 67% in Canada (n=276), 70% in Barcelona (n=89), and 80% in Denmark (n=82). The anesthetic technique for cataract surgery varied significantly between sites (P

PubMed ID: 9338678 View in PubMed

International variation in ophthalmologic management of patients with cataracts. Results from the International Cataract Surgery Outcomes Study.

Author: J C Norregaard
O D Schein
G F Anderson
J. Alonso
E. Dunn
C. Black
T F Andersen
P. Bernth-Petersen
L. Bellan
M. Espallargues

Author Affiliation: Department of Social Medicine, Faculty of Health Sciences, University of Copenhagen, Denmark.

Source: Arch Ophthalmol. 1997 Mar;115(3):399-403

Date: Mar-1997

Language: English

Publication Type: Article

Keywords: Adult
Canada
Cataract - complications - therapy
Cataract Extraction - methods - statistics & numerical data
Comparative Study
Denmark
Female
Humans
Male
Middle Aged
Ophthalmology - statistics & numerical data - trends
Physician's Practice Patterns - statistics & numerical data - trends
Questionnaires
Random Allocation
Research Support, Non-U.S. Gov't
Research Support, U.S. Gov't, P.H.S.
Spain
Treatment Outcome
United States
World Health

Abstract: OBJECTIVES: To describe international variation in the management of patients with cataacts in 4 health care systems and to discuss the potential implications for cost and utilization of services. DESIGN: To characterize current clinical practice on patients with no coexisting medical or ocular conditions, a standardized questionnaire was sent to random samples of ophthalmologists in the United States (response rate, 82.5%), Canada (66.9%), and Barcelona, Spain (70.4%), and to all ophthalmologists in Denmark (80.1%). From the United States, 526 ophthalmologists who performed cataract surgery participated in the study; there were 276 from Canada, 89 from Barcelona, and 82 from Denmark. RESULTS: Although in all 4 sites most surgeons reported that they performed A-scanning, fundus examination, and refraction routinely before surgery, significant crossnational variation was observed in preoperative ophthalmic and medical testing. While preoperative medical tests were virtually unused in Denmark, they were widely used in the other sites. A significantly higher proportion of the surgeons in the United States and Barcelona reported that they performed less than 100 extractions per year compared with surgeons in Canada and Denmark (P

PubMed ID: 9076214 View in PubMed

Patients' acceptance of waiting for cataract surgery: what makes a wait too long?

https://arctichealth.org/en/permalink/ahliterature51028

Author: E. Dunn
C. Black
J. Alonso
J C Norregaard
G F Anderson

Author Affiliation: Health Sciences Clinical Research Centre, Faculty of Medicine, University of Manitoba, Winnipeg, Canada.

Source: Soc Sci Med. 1997 Jun;44(11):1603-10

Date: Jun-1997

Language: English

Publication Type: Article

Keywords: Aged
Cataract Extraction - psychology
Comparative Study
Denmark
Female
Humans
Logistic Models
Male
Manitoba
National Health Programs
Patient Acceptance of Health Care
Predictive value of tests
Prospective Studies
Questionnaires
Research Support, Non-U.S. Gov't
Research Support, U.S. Gov't, P.H.S.
Spain
Time Factors
Visual acuity
Waiting Lists

Abstract: The patient's perspective about waiting for elective surgery is an important consideration in the management of waiting lists, yet it has received little attention to date. This study was undertaken to assess the acceptability of personal waiting times from the perspective of patients, and to examine waiting time and patient characteristics associated with the perception that a wait for cataract surgery is too long. The international prospective study was conducted in three sites with explicit waiting systems: Manitoba, Canada; Denmark; and Barcelona, Spain. Patients over the age of 50 years were recruited consecutively from ophthalmologists' practices at the time of their enlistment for first-eye cataract surgery. Anticipated waiting time, opinions about personal waiting time, and patients' visual and health characteristics were identified by means of telephone interviews. The 550 patients interviewed at the time of enlistment for surgery anticipated waits varying from

PubMed ID: 9178406 View in PubMed

Variation in indications for cataract surgery in the United States, Denmark, Canada, and Spain: results from the International Cataract Surgery Outcomes Study.

Author: J C Norregaard
P. Bernth-Petersen
J. Alonso
E. Dunn
C. Black
T F Andersen
M. Espallargues
L. Bellan
G F Anderson

Author Affiliation: Institute of Public Health, Faculty of Health Sciences, University of Copenhagen, Denmark.

Source: Br J Ophthalmol. 1998 Oct;82(10):1107-11
Date: Oct-1998
Language: English
Publication Type: Article
Keywords: Aged
Canada
Cataract - physiopathology
Cataract Extraction - standards - utilization
Denmark
Female
Health status
Humans
Male
Middle Aged
Patient Selection
Preoperative Care
Prospective Studies
Self Disclosure
Spain
Treatment Outcome
United States
Vision Disorders - physiopathology
Visual Acuity - physiology
Waiting Lists
Abstract: BACKGROUND/AIMS: International comparisons of clinical practice may help in assessing the magnitude and possible causes of variation in cross national healthcare utilisation. With this aim, the indications for cataract surgery in the United States, Denmark, the province of Manitoba (Canada), and the city of Barcelona (Spain) were compared. METHODS: In a prospective multicentre study, patients scheduled for first eye cataract surgery and aged 50 years or older were enrolled consecutively. From the United States 766 patients were enrolled; from Denmark 291; from Manitoba 152; and from Barcelona 200. Indication for surgery was measured as preoperative visual status of patients enlisted for cataract surgery. Main variables were preoperative visual acuity in operative eye, the VF-14 score (an index of functional impairment in patients with cataract) and ocular comorbidity. RESULTS: Mean visual acuity were 0.23 (USA), 0.17 (Denmark), 0.15 (Manitoba), and 0.07 (Barcelona) (p 0.05). Mean VF-14 scores were 76 (USA), 76 (Denmark), 71 (Manitoba), and 64 (Barcelona) (p
Notes: Comment In: Br J Ophthalmol. 1998 Oct;82(10):1101-29924291
PubMed ID: 9924294 View in PubMed