

MAINTENANCE H2-ANTAGONIST IS NOT NECESSARY AFTER ERADICATION OF HELICOBACTER PYLORI IN BLEEDING PEPTIC ULCERS. KC Lai, WM Hui, SK Lam, BCY Wong, KM Chu, WM Wong, WHC Hu. Department of Medicine and Surgery, University of Hong Kong, Queen Mary Hospital, Hong Kong, China.

Introduction: Both ranitidine maintenance and eradication of *Helicobacter pylori* (*H. pylori*) have been shown to reduce rebleeding in patients with *H. pylori* related bleeding duodenal ulcer. **Aim:** To determine whether maintenance H2 antagonist is necessary after *H. pylori* eradication in patients with *H. pylori* related bleeding peptic ulcers. **Methods:** 57 patients presented with bleeding peptic ulcers and concomitant *H. pylori* infection were recruited. *H. pylori* infection was confirmed with urease test, histology and/or C-13 urea breath test. Patients on NSAIDs were excluded. Omeprazole 20 mg, Clarithromycin 500 mg and Amoxicillin 1 gm twice daily were given to heal ulcer and eradicate *H. pylori*. They were then randomized to receive either (a) continuous maintenance with Famotidine 20 mg daily or (b) nothing. They were followed up regularly for the recurrence of peptic ulcers and bleeding. **Results:** 5 patients did not finish the trial (1: surgery for PPU, 1: patient withdraw and 3: default follow up):

Treatment Gp	(a)	(b)	Treatment Gp	(a)	(b)
Number of patients	23	29	Number of patients	23	29
Age (range, mean)	(18-77, 44.0)	(23-75, 56.7)	Follow-up (median)	2-22mths(10)	1-22mths(11)
Male:Female	20:3	21:8	Smoking	2/23(8.7%)	5/29(17%)
Past Hx of GIB	15/23 (65.2%)	19/29(65.5%)	DU:GU	20:3	26:3
Active Bleeding	8/23(34.8%)	11/29(38.0%)	<i>H. pylori</i> reinfection	2/23(8.7%)	1/29(3.4%)
Ulcer recurrence	1/23(4.3%)	1/29(3.4%)	Rebleeding	0	0
Pain recurrence	2/23(8.7%)	4/29(13.8%)			

* No statistical significance exists between groups, $p > 0.05$ *

Conclusion: (1) Ulcer recurrence and rebleeding occurs infrequently after *H. pylori* eradication. This occurs even in patients on H2-antagonist maintenance (2) More patients without maintenance H2-antagonist had epigastric pain recurrence. (3) No statistical significant difference in ulcer recurrence and rebleeding in patients with or without H2-antagonist maintenance

VALIDATION OF THE SF-36 FOR THE MEASUREMENT OF HEALTH-RELATED QUALITY OF LIFE (HRQOL) ON THE CHINESE IN HONG KONG

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Introduction: The MOS 36-Item Short Form Health Survey (SF-36) is the most popular instrument for the assessment of health-related quality of life (HRQOL). HRQOL is now a standard indicator used in controlling the health status of subjects and in measuring the outcomes. The aim of this study is to test the validity of the SF-36 and its scoring algorithm on the Chinese in Hong Kong. **Methods:** The standard IQOLA Project method for cross-cultural adaptation of the SF-36 was used to test the content, construct and conceptual validity of the instrument. A Chinese (HK) SF-36 translation was developed. A convenience sample of 236 Chinese subjects from different educational and social backgrounds completed the Chinese (HK) SF-36 administered by an interviewer. Each respondent was asked if he/she found each of the items of the SF-36 easy to understand, difficult to answer, relevant to them or offensive, in order to assess the content validity of the SF-36. The SF-36 scores were analyzed psychometrically by the MAP-R programme to determine if they satisfied the underlying scaling assumptions (construct validity). The scores of our subjects were compared to those of Americans to test for conceptual validity. **Results:** The mean age of the subjects was 43 years, 22% were males and 78% were females. 95% or more of the subjects found all the SF-36 items easy to understand, not difficult to answer and not offensive, and 85% of the subjects found all the items relevant. All the items of SF-36, with a few exceptions, satisfied all the original scaling assumptions. The scoring pattern of our subjects were very similar to those of Americans confirming conceptual validity of the Chinese (HK) SF-36. **Conclusion:** The Chinese (HK) SF-36 was found to be valid and it can be scored using the standard scoring algorithms.