significant association with any other variable that could explain such difference. The relations between the SF-36 scores and the remaining variables (at times V and V) were also studied using Pearson's correlation. The coefficients were significant and positive for creatinine clearance (RP, GH and V) and haematocrit (V) and negative for age (PF and BP) and number of admissions (PF, RB, BP and GH).

Health-related QoL of patients having received a functioning renal graft is satisfactory and stays stable over time, as long as their clinical and analytical situation remains stable. The variables that appear to influence health-related QoL of this population are age, renal function, haematocrit and number of hospital admissions.

398. HIGH-DOSE CHEMOTHERAPY IMPAIRS COGNITIVE FUNCTIONING MORE THAN STANDARD-DOSE CHEMOTHERAPY IN WOMEN RECEIVING ADJUVANT TREATMENT FOR HIGH-RISK BREAST CANCER
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The aim of this study was to assess the prevalence of cognitive deficits in a group of high-risk breast cancer patients treated with adjuvant chemotherapy and to investigate whether high-dose chemotherapy impairs cognitive functioning more than standard-dose chemotherapy in this patient population. Cognitive functioning was assessed by means of a standard battery of 14 neuropsychological tests. Patients were also interviewed with regard to cognitive problems, health-related quality of life (QoL), anxiety and depression as experienced in daily life. Testing was carried out, on average, 2 years after completion of chemotherapy. The study sample consisted of 71 high-risk breast cancer patients who participated in a prospective randomized trial comparing high-dose chemotherapy (CTC) supported by peripheral stem cell transplantation (n = 35) to standard (FEC) chemotherapy (n = 36). The results of the high-risk breast cancer patients were compared to the results of a control group consisting of stage 1 breast cancer patients not treated with chemotherapy (n = 34). Cognitive impairment was found in 34% of the patients treated with high-dose chemotherapy, compared to 17% of the patients treated with standard-dose chemotherapy and 9% of the patients treated not treated with chemotherapy. Moreover, patients treated with high-dose chemotherapy appeared to have a 9.1 times higher risk of cognitive impairment compared to the non-treated control group and a 2.9 higher risk compared to the patients treated with standard chemotherapy. The association was not related to anxiety, depression, fatigue and time since treatment. The fact that the cognitive deficits were observed on average 2 years after the completion of therapy makes the results of this study of particular clinical significance. We believe that central neurotoxicity might become a dose-limiting factor in high-dose chemotherapy regimes and as the demands for high-dose chemotherapy are likely to increase in the coming years, the least that can and should be done is that central neurotoxicity of specific high-dose regimes should be recognized and investigated before they are introduced into routine clinical practice.

399. THE ASSOCIATION BETWEEN QUALITY OF LIFE AND MEDICAL CONSULTATION FOR RESPIRATORY SYMPTOMS: RESULTS FROM THE DIMCA PROGRAMME
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In general practice, the diagnosis and initiation of adequate treatment of COPD are in particular hampered by underpresentation: a substantial number of subjects experiencing respiratory complaints are believed not to consult their GP. In this study, the relationship between disease-specific quality of life (QoL) and medical consultation is investigated.

The study took place in the open population: a random sample of undiagnosed subjects was screened for symptoms and objective signs of COPD (n = 1,155). A disease-specific QoL questionnaire (the Chronic Respiratory Questionnaire) was administered and clinical data were collected at the beginning of the study. Those with symptoms were questioned whether they had ever consulted their GP for respiratory complaints. The lung function of subjects with symptoms of COPD was monitored for a period of 6 months. During this period, 48 previously undiagnosed COPD patients with a persistently reduced lung function (a FEV1 less than the predicted value minus two standard deviations) were detected.

Multivariate analysis showed that QoL impairments due to dyspnoea and concomitant fatigue were related to medical consultation. Clinical parameters indicating the variability in lung function (BHR, reversibility and PEFR variability) were also associated with seeking medical help. The QoL in subjects with a persistently reduced lung function was significantly lower compared to subjects with mere respiratory symptoms (p = 0.002). Despite the differences in objective clinical characteristics, in both groups a similarly small proportion (31 and 26%, respectively) had ever consulted their GP for respiratory complaints.

It appears that the mere presence of respiratory symptoms or a reduced lung function is insufficient reason to seek medical help. Subjects are more likely to consult their GP once their quality of everyday life is affected or once they experience variability in lung function.

400. ASSESSMENT OF REHABILITATION NEEDS IN CANCER PATIENTS
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In contrast with Germany and the USA, The Netherlands are unfamiliar with oncological rehabilitation programmes. The purpose of the study is the assessment of rehabilitation needs in Dutch cancer patients.

Using theories on the development of the health care needs of chronic patients and the WHO approach of impairment, disability and handicap, a framework for a questionnaire was developed. This questionnaire used quality of life (QoL) items,