(severe NOH: 0.2–3.0). Using utilities from the literature, net health benefits were calculated for 5%, 10%, 15% and 20% 10-year background risks of cardiovascular events. **RESULTS:** The estimated net health benefits for progression to legal blindness for both medications versus UC were positive and declined with increasing baseline risk of cardiovascular events. The absolute decline in benefit was greater for ranibizumab than for pegaptanib (0.67 vs. 0.10 quality adjusted life years, respectively) when the background risk of APTC events increased from 5% to 20%. **CONCLUSION:** As it incorporates both intended and unintended effects, estimating net health benefits may be more informative than comparing estimates of efficacy with an unstructured incorporation of adverse event rates. While both pegaptanib and ranibizumab show positive net health benefits for AMD, the risk of cardiovascular events is an important consideration when selecting treatment.

**PEY12**

**METHODOLOGICAL ISSUES ARISING FROM THREE STUDIES WHICH INCLUDED CONJOINT ANALYSIS IN VISUALLY IMPAIRED PEOPLE**

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**OBJECTIVES:** The purpose of the study is to compare results of Conjoint analysis from 3 studies in ophthalmology with other standard measures of QoL. **METHODS:** The 3 choice based conjoint (CBC) studies included two in people with glaucoma (N = 109, N = 74) in which the same attributes but a different presentation order was used, and one in people with Age Related Macular Degeneration (N = 126). Other QoL measures included time trade off, VF-14, NEI-VFQ 25 and EuroQol. **RESULTS:** In all 3 studies the top two attributes were ‘reading’ and ‘getting about outside’. For the two glaucoma studies, lower ranked attributes changed position under different presentational order. A similar version of the conjoint task using only 3 of the 5 attributes was given to selected AMD patients with poor vision and showed the same rank order of attributes as in the 5 attribute task. There were very low correlations between individual conjoint measures and other QoL measures, (e.g. only 2 out of 65 intercorrelations between NEI and conjoint scores reached p < 0.05). In time trade off, only around 50% of AMD patients and 20% of glaucoma patients were prepared to trade any remaining years and in both cases it was those with poorer vision (Snellen acuity < 6/12) who were willing to trade (p < 0.01). All studies showed two subgroups of patients with priorities in ‘reading’ and ‘getting about outdoors’. Shifts of attribute preference for changing levels of visual acuity and visual field occurred but not changes in rank order. **CONCLUSION:** Results from 3 studies (2 glaucoma, 1 ARMD) show little relationship between Conjoint QoL measures and TTO, VF-14, NEI-VFQ 25 and EuroQol suggesting they are assessing different aspects of QoL.

**PEY13**

**TIME TO DISCONTINUATION OF GLAUCOMA MEDICINES PRESCRIBED SUBSEQUENT TO INITIAL THERAPY**

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**OBJECTIVES:** To determine the time to discontinuation of different glaucoma medications prescribed subsequent to initial first line therapy in the management of ocular hypertension, primary open angle glaucoma or normal tension glaucoma. **METHODS:** A computerized database at the Glaucoma Clinic of Glasgow Royal Infirmary currently contains complete treatment histories of 890 patients with ocular hypertension, primary open angle glaucoma and normal tension glaucoma. In 1999 the database was populated with retrospective data abstracted from medical records dating from as early as 1981, with particular attention paid to the timing and reasons for treatment changes. Since then the database has been updated prospectively for all patients treated medically for these conditions. Treatment discontinuations occur due to efficacy failure, side effects, and/or by patient choice. Kaplan-Meier analysis was used to describe the time to therapy discontinuation across a range of second-line glaucoma treatments without controlling for reason. The number and percentages of discrete treatment episodes with each drug exceeding 12, 36, and 60 months duration were determined. Each subject may have contributed more than one episode over the observation period. **RESULTS:** Overall, persistence on Xalacom was higher than all other drugs at all three time points with 82.7%; 67.6%; and 64.2% (n = 363) of the episodes exceeding 12, 36, and 60 months in duration respectively. Corresponding persistence rates for other therapies were: Cosopt (the only other fixed combination in the study) 66.5%; 55.6%; 49.0% (n = 495); Alphagan 47.6%; 24.0%; 15.0% (n = 601); Azaopt 76.4%; 57.9%; 52.5% (n = 304); Betoptic 51.2%; 25.8%; 13.4% (n = 117); Lumigan 74.0%; 53.6%; N/A (n = 108); Timoptol 0.5% LA 51.2%; 19.9%; 6.6% (n = 123); Travatan 55.5%; 50.1%; 50.1% (n = 69); Trusopt 53.7%; 26.8%; 12.2% (n = 281); Xalatan 76.8%; 54.6%; 47.5% (n = 944). **CONCLUSION:** Persistence rates at 12, 36, and 60 months were higher for Xalacom than other medications when used as subsequent therapy.

**PEY14**

**ASSESSMENT OF THE PERSISTENCE DEGREE IN PATIENTS WITH ANTIGLAUCOMA AGENTS AS FIRST LINE MONOTHERAPIES IN SPAIN**

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**OBJECTIVES:** To evaluate the persistence degree (period of time with continuous medication intake) of glaucoma patients with monotherapy prostaglandins treatment (latanoprost, bimatoprost, travoprost). **METHODS:** An interim analysis of an observational and retrospective study was performed; 99 patients (from 4 ophthalmology services) were included and followed through a period of 24 months, studying the moment in which patients drop out of treatment. Needed parameters were obtained from medical records. A descriptive analysis, a Kaplan-Meier survival analysis and a Cox regression model were carried out, in order to determine: firstly, the antiglaucoma agent that is related with a higher persistence degree; and secondly, to detect those variables that involve a significant variation on the persistence of these patients. **RESULTS:** In both the descriptive analysis and the survival curves, latanoprost was associated with a higher persistence degree in the glaucoma treatment: 81% vs. 43.9% for bimatoprost and travoprost (p < 0.0003). The persistence degree was significantly influenced by the following variables: the antiglaucoma agent used as monotherapy, with a 3-times higher hazard of treatment withdrawal during the follow-up period due to receiving a travoprost or bimatoprost treatment instead of a...
treatment with latanoprost (p < 0.001); and the existence of ophthalmologic comorbidities, also with a 3-times higher hazard of treatment withdrawal in patients that suffer an additional ocular pathology (p < 0.007). The main reasons for treatment drop-out were lack of efficacy and the existence of intolerance and/or adverse events, numerically superior in the bimatoprost and travoprost group. CONCLUSION: Latanoprost shows a higher persistence degree vs. travoprost and bimatoprost in routine clinical practice.

### Abstracts

#### PEY15

**HUMANISTIC BURDEN AND HEALTH RESOURCE UTILIZATION AMONG NEOVASCULAR AGE-RELATED MACULAR DEGENERATION (AMD) PATIENTS IN FRANCE**

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**OBJECTIVES:** This controlled cross-sectional observational study was conducted in 4 EU countries and Canada to assess the burden of bilateral neovascular AMD on patient-reported functioning and health resource utilization (HRU). **METHODS:** Of the total 401 bilateral neovascular AMD patients and 471 elderly non-AMD (control) subjects, 87 and 92 respectively were French. After recording of Demographic and treatment data, National Eye Institute Visual Function Questionnaire (NEI VFQ-25), EuroQol (EQ-5D), Hospital Anxiety and Depression Scale (HADS), history of falls, fractures and HRU were investigated through a telephone survey. Comparisons needed chi-square tests, analysis of variance, and multivariate regression models. **RESULTS:** Mean age of AMD patients was 79 and 64% were female. Comparisons were adjusted for age, gender, and comorbid diseases. The mean (95% CI) NEI VFQ overall scale scores for controls p = 0.0001. AMD patients also differed on the HADS scales: anxiety score: 8.5 (6.3, 10.8) vs. 5.1 (3.5, 6.7), p = 0.0005; depression scores: 7.1 (5.1, 9.1) vs. 2.9 (1.5, 4.4), p < 0.0001. A negative trend is observed on EQ-5D: 0.6 (0.5, 0.7) vs. 0.7 (0.6, 0.8), p = 0.0893. In addition, 11.5% of AMD patients fell in the past 12 months vs 3.3% of controls, p = 0.053. Furthermore 41.4% of the AMD patients received assistance for daily activities vs 6.5% of controls, p < 0.0001. **CONCLUSION:** Bilateral AMD patients in France reported substantially worse QOL, poorer vision-related functioning, and more anxiety and depression symptoms compared with a control group.

#### PEY16

**CULTURAL ADAPTATION AND PARTIAL VALIDATION OF THE GLAUCOMA SYMPTOM SCALE (GSS) TO SPANISH**

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**OBJECTIVES:** To adapt the Glaucoma Symptom Scale (GSS) to Iberian Spanish, and to study the psychometric properties of the new version. The GSS scale is composed by 10 items, measuring impact of glaucoma symptoms. Items should be answered for both eyes. **METHODS:** An expert panel composed of two ophthalmologists, one gerontologist, two methodologists and one pharma-economist supervised the adaptation procedure. Two samples were recruited, one composed by 16 patients used to check comprehension of the first version, and 100 sample used to obtain psychometric estimates. Patients were recruited in Madrid, Zaragoza and Barcelona. Psychometric properties were assessed for each eye and for between eyes average scores. Item analysis, exploratory factor analysis and reliability estimates were obtained. **RESULTS:** Patients ranged from 57 to 89 years old and 50% were female. Symptoms were selected by 30% to 51% of patients, with a slight lower (p = 0.09) presence of symptoms in the right eye (mean = 4.3, SD = 3) than in the left eye (mean = 4.6, SD = 3.1). A high correlation in the number of symptoms present in each eye was found (r = 0.84, p < 0.001). The scale could match the original proposed structure of a functional domain and a non visual ocular symptom domain, explaining 53% of available variance, but two items “tearing” and “halos around lights” don’t exhibit high loadings. A three dimensional structure would exhibit a better fit. Dimensions show mild correlations (0.14–0.36). Internal consistency is good (Cronbach alpha = 0.82) and correlation between odd and even items is moderate 0.653. Content validity was ensured by the original researchers work. **CONCLUSION:** The Spanish version of the GSS questionnaire shows acceptable psychometric properties. The two dimensional solution is supported although it does not explain properly all symptoms. Further validity evidence should be collected with special concern on screening properties and responsiveness should be also evaluated.

### GI DISORDERS—Clinical Outcomes Studies

#### PGI1

**DETERMINATION OF MINIMAL IMPORTANT DIFFERENCES (MIDS) AND INTERPRETATION OF SF-36 SCORES IN PATIENTS SUFFERING FROM MODERATE-TO-SEVERE CROHN’S DISEASE**

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**OBJECTIVES:** The SF-36, a generic health-related quality of life measure, comprises 8 domains (Ware 2000) for which physical and mental component summaries (PCS and MCS) can be derived (Ware, Kosinski 2001). Until now, no MID for the SF-36 domains and summary scores have been reported for patients with active Crohn’s disease (CD). Our aims were to determine the MID for SF-36 using data from the PRECISE 2 trial investigating certolizumab pegol maintenance treatment (Schreiber et al. 2005). **METHODS:** SF-36 MIDs were estimated by anchor-based methods using known meaningful changes in reference measures (Inflammatory Bowel Disease Questionnaire [IBDQ] and CD Activity Index [CDAI]). The a priori approach was to select the SF-36 MID according to the most correlated anchor. Agreement of the anchor-derived MIDs with results obtained using Standardised Effect Sizes, Standard Errors of Measurement and Standard Errors of the Difference was also evaluated. **RESULTS:** The two anchors gave similar values of meaningful changes. The IBDQ, which correlated most closely to SF-36 score changes, was selected to derive the SF-36 MIDs. Results obtained with other methods were in agreement with these derived MIDs and were representative of small to moderate changes (effect sizes ranging from 0.2 to 0.5). Based on these calculations, it was shown that a significantly higher proportion of patients showed a clinically meaningful response in the SF-36 PCS and MCS after certolizumab pegol maintenance treatment compared to patients receiving placebo. **CONCLUSION:** A multi-faceted approach to