

shown to be significantly lower in ED patients than in non-ED subjects (84.4 vs. 89.4, respectively; $p = 0.0109$), suggesting an association between self-confidence and erectile dysfunction. **CONCLUSION:** Assessment of self-confidence through this Spanish version of the Johnson and McCoy's questionnaire is reliable and valid and provides a new instrument to measure the psychological impact of erectile dysfunction.

PWH8

DEVELOPMENT AND INITIAL TESTING OF A NEW PATIENT-REPORTED QUESTIONNAIRE-ERECTION QUALITY SCALE

Wincze JP¹, Fehnel SE², McLeod LD², Granger AL², Merchant S³

¹Brown University, Providence, RI, USA; ²RTI-Health Solutions, Research Triangle Park, NC, USA; ³Bayer Pharmaceuticals Corporation, West Haven, CT, USA

OBJECTIVE: There are currently no available psychometric instruments that measure erection quality. A quantitative measure of erectile quality has potential value as a measure in both clinical research and in the clinical treatment of erectile dysfunction. The objective of this study is to describe the development and evaluation of a new patient-reported questionnaire, designed to measure changes in erection quality. **METHODS:** Based on input from interviews with men across the United States and recommendations from an expert panel, seven constructs were selected for inclusion in the questionnaire. Multiple items were drafted to measure each of the key constructs, which included various question wordings, formats, and response category options. An iterative process of cognitive testing, item revision, and item reduction led to the identification of fifteen items and their optimal response scales. At the completion of the cognitive testing, the psychometric properties of the questionnaire were evaluated as a part of a 200-subject test-retest study. Participants were classified into ED-Untreated, ED-Treated, and Normal Sexual Functioning groups in order to gather information about how well the items differentiated among men with different levels of erectile functioning. **RESULTS:** The psychometric evaluation demonstrated no floor or ceiling effects. The study results supported a strong one-factor structure, indicating that the EQS should be reported using one overall score. Internal consistency is supported with Cronbach alpha values of 0.94 and 0.95 (for visit 1 and 2, respectively). An intraclass correlation coefficient of 0.79 denotes adequate test-retest reliability. Furthermore, the EQS showed promise for differentiating patients from the three classifications, ED-Untreated, ED-Treated, and Normal Sexual Functioning, a preliminary indication of discriminate validity. **CONCLUSIONS:** The results of the development and initial evaluation of the EQS are favorable and provide evidence of the questionnaire's utility for measuring erection quality. A future study is planned to demonstrate the instrument's responsiveness.

HEALTH CARE POLICY**HEALTH CARE POLICY—Cost Evaluation Issues****PHP1**

POTENTIAL FINANCIAL IMPACT OF ITEM RESPONSE THEORY-BASED INDICATIONS FOR LONG-TERM HEALTH CARE FACILITIES

Dijkgraaf MGW, Lindeboom R

Academic Medical Center/University of Amsterdam, Amsterdam, Netherlands

OBJECTIVES: The assessment of a patient's ability to perform activities of daily life often directs the indication for: 1) nursing home; 2) residential care; 3) sheltered housing; or 4) homecare assistance. Currently, indications in the Netherlands are based on Likert-scaled, thus ordinal and difficult to interpret, measurement of functional performance. On the contrary, hierarchical scaling of functional disability, based on item response theory (IRT), may lead to quantitative, "tailor-made" indications and fewer misjudgements of the need for care. The current study demonstrates the potential financial impact of IRT-based indications for two re-indication scenarios. **METHODS:** Patients at the outpatient hospital clinic and patients in long-term care facilities were scored with items from a calibrated, IRT-based item bank. Distributions of functional disability levels were compared for patients in the four care settings respectively ($N = 2524$). Re-indication to the "adjacent" care setting was assumed preferable for the 10% or 25% best performing patients in nursing homes, residential care and sheltered housing settings. Unit costs of care per day were derived from a national guideline. Home care assistance was assumed to take two hours a day on average. Costs were expressed in €2002. In the baseline scenario each care setting contained 1000 patients. **RESULTS:** The costs per day in the baseline scenario were €318K per 4000 patients. In the 10% and 25% re-indication scenarios, these costs dropped to €308K and €295K respectively, corresponding to 3% or 7.1% reductions of initial costs. **CONCLUSIONS:** Although psychosocial and environmental aspects play a role during the indication process, a patient's functional performance remains the major directive for health care organisations to guide the distribution of scarce resources among the elder community members. IRT-based assessments may help to quantify the need for care adequately and even lead to cost reductions in health care.

PHP2

AIDS AND ECONOMIC GROWTH: THE EPIDEMIC TRAP, THEORY AND CALIBRATION

Couderc N¹, Ventelou B², Drouhin N³

¹University of Paris I-Panthéon Sorbonne and CNRS, Paris, France; ²OFCE, Paris, France; ³Ecole Normale Supérieure de Cachan, Cachan, France