ity to understand and complete six consent tasks. They also provided information about themselves (maternal education, willingness to enroll in a clinical trial) and their child (age, autism status, thinking/reasoning ability, gender). RESULTS: Factor analysis confirmed that the six items comprise a single factor. However, we found a clear hierarchy of difficulty; the least difficult tasks were “understands that ePROs are answered using the Tablet PC.”

93% of patients answered at least one questionnaire at baseline, 87% after 6 months connecting to the electronic data capture system. Operating System (O.S.) was detected in order to fit the Tablet PC Samsung Galaxy Tab and specific interface was developed on the tablet. The importance they gave to their ESA treatment characteristics. Technology used to complete questionnaires at baseline and around 6-month in order to analyze their adherence was and if they had difficulty fitting it into their daily routine.

Using feedback from patients in determining suitability of the perceived deficits questionnaire (PDQ) and the resource utilization in dementia-lit (RUD-lit) for use in clinical trials in PROs in elderly populations. Kantar Health, Epsom, UK, 2Kantar Health, Epsom, Surrey, UK, 3Kantar Health, Milan, Italy

OBJECTIVES: To identify the importance of the Tablet PC in the consent process, but they will likely need support to maximize effective participation. We conclude with a brief review of strategies to support more inclusive participation in the consent process for people with ID.

PM164 How burdensome is the completion of electronic patient-reported outcomes (ePRO)? Item completion times and qualitative evidence from studies in four different health conditions

Kantar Health, Epsom, UK, 2Kantar Health, Epsom, Surrey, UK, 3Kantar Health, Milan, Italy

OBJECTIVES: To identify the importance of the Tablet PC in the consent process, but they will likely need support to maximize effective participation. We conclude with a brief review of strategies to support more inclusive participation in the consent process for people with ID.

PM165 Harmonizing measurement of adherence across the 4-ITEM and 8-ITEM MORISKY MEDICATION ADHERENCE SCALE using cross-sectional data from patients treated for Irritable Bowel Syndrome

Pedersenii 1, Isherwood 2, Vietti 3

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OBJECTIVES: To characterize the 8-ITEM Morisky Medication Adherence Scale (MMAS-8) relationship to the more recent 8-ITEM version (MMAS-8) have been both validated, and their concurrent validity has been assessed among hypertensive patients, but the extent to which MMAS-8 is able to be compared against the MMAS-4 and the MMAS-8 has not been determined. The current analysis assessed whether adherence scores obtained with the two scales on different patients can be compared or integrated across studies. Data were collected from the 2011 and 2012 National Health and Wellness Survey (NHWS). The NHWS is a large cross-sectional survey representative of the total adult population in several major markets; current analyses were limited to the US (n=75,000/1 year). Respondents self-reported physician diagnosis of various health conditions and, if confirmed, a diagnosis of insomnia. Adherence was measured with MMAS-4 in 2011 and MMAS-8 in 2012. The two adherence scores were evaluated by comparing the frequency distributions of the MMAS scores in the two scales, Pearson’s r correlation from the two versions, and the creation of a new 4-item scale including the questions in MMAS-8 that best matched the questions in MMAS-4.

RESULTS: In IBS patients, both MMAS-4 and -8 scores are Poisson-like distributed, with median at zero (high adherence). Cronbach’s alpha was 0.64 for MMAS-8 and 0.70 for MMAS-4, while average item-test correlations were 0.70 and 0.59, respectively. The reduced 4-item scale created out of MMAS-8 is also Poisson-like distributed. Cronbach’s alpha was 0.67 and the average item-test correlation was 0.71. CONCLUSIONS: Data obtained with the two MMAS-8 items are available. Future research should confirm that these items can be integrated in different therapeutic areas.

PM166 Using mobile technology (mHealth) to develop the value story for new drugs, devices and therapies: Optimising user engagement and addressing payer concerns

Thun 1, Hughes-Jones 1


OBJECTIVES: To harmonize measurement of adherence across the 4-ITEM and 8-ITEM Morisky Medication Adherence Scale using cross-sectional data from patients treated for Irritable Bowel Syndrome. Data were collected from the 2011 and 2012 National Health and Wellness Survey (NHWS). The NHWS is a large cross-sectional survey representative of the total adult population in several major markets; current analyses were limited to the US (n=75,000/year). Respondents self-reported physician diagnosis of various health conditions and, if confirmed, a diagnosis of insomnia. Adherence was measured with MMAS-4 in 2011 and MMAS-8 in 2012. The two adherence scores were evaluated by comparing the frequency distributions of the MMAS scores in the two scales, Pearson’s r correlation from the two versions, and the creation of a new 4-item scale including the questions in MMAS-8 that best matched the questions in MMAS-4.

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