waking to void 1 or more times a night followed by sleep, is reported as being the most common symptom. The most frequent cause of nocturnal polyuria (NP; overproduction of urine during the night defined as ≥33% of total urine volume). While there are well-known negative effects of nocturia on Health-related Quality of Life, there is limited information on the relationship between NP disease severity, as defined by the number of nighttime voids, and utility. METHODS: Data were drawn from a randomised clinical trial of desmopressin (an antidiuretic) combined with tolterodine (an antimuscarinic agent) in women with overactive bladder (OAB) and nocturia. The use of the two medications was randomised (2 vs. 2:2:2). Patient’s were required to have 5 or more nighttime voids to be included in the trial, as this has been shown to be a clinically-relevant threshold for patient bother. We selected the subgroup of patients who completed the Nocturia Impact Diary (a disease-specific HRQoL instrument, ranging from 0-100 where low values imply better QoL) and the generic EQ-5D-5L (5=1). The utility analysis was adjusted for age, body mass index, baseline number of nighttime voids and number of comorbidities. RESULTS: The adjusted EQ-5D-5L values were statistically higher in patients with desmopressin + tolterodine (t-values > 2.07, p = 0.0073, and maintained the statistically significant (t-values > 1.64) and the willingness to pay for 1 month of complete health was in average 391,064 €. CONCLUSIONS: The disease had a significant impact on patients’ QoL. The treatment of UI had a significant impact on increasing QoL of patients.

PUK26
THE QUALITY OF LIFE OF PARENTS OF PEDIATRIC KIDNEY TRANSPLANTATION PATIENTS
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OBJECTIVES: To investigate how the QOL of parents whose child had received pediatric kidney transplantation (KT) would change by delivering questionnaires for four times a year. METHODS: The QOL of thirty-one parents with a mean age of 38.5 ± 8.5 years (30 mothers, 1 father) whose child received KT at the Omori Hospital in Tokyo from May 2012 to March 2015 was measured using WHOQOL, GHQ, and VAS for four times; before, one month, three months, one year after KT. The mean age of recipients patients was 5.8 years old (18 boys, 13 girls). Congenital anomalies of the kidney and urinary tract were most frequent primary diseases. Among them twenty-two children received dialysis before KT, and nine received preemptive KT. RESULTS: Based on the results of WHOQOL, the QOL of parents dropped with a statistical difference one month after KT, compared with before KT (p = 0.042), but rose at three months (p = 0.0073), and maintained until one year. The QOL of parents with child with frequent infections was statistically lower than those without any infectional three months after KT (p = 0.048) and one year after KT (p < 0.001). The QOL of the parents who had a statistically higher QOL before KT, but reversed at one month after KT particularly in physical domain of WHOQOL, but became higher again at three month after KT, compared with the rest of parents. CONCLUSIONS: The QOL of the parents would change by the child’s disease in the process recovery of child, and with infection or other medical problems occurred, QOL reflected it, but three months after KT, QOL rose as high as before KT.

PUK27
NOCTURIA WORK PRODUCTIVITY AND ACTIVITY IMPAIRMENT COMPARED TO OTHER COMMON CHRONIC DISEASES: A SYSTEMATIC REVIEW
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OBJECTIVES: Nocturia is defined by the International Continence Society as the need to void one or more times during the night, with each of the voids preceded and followed by sleep. The chronic sleep disturbance and sleep deprivation suffered by nocturia patients impacts their entire health-related quality of life, compromising both mental and physical well-being. This review aims to better characterise the societal burden of nocturia, a highly bothersome and prevalent condition, will help policy-makers and healthcare decision-makers to provide appropriate management of nocturia.

VALUE IN HEALTH 18 (2015) A335-A766

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