ment arms can introduce bias to clinical trials. Clinically meaningful changes in HR-QoL may result from monthly effects. In the short-term post-hospitalisation HR-QoL is likely to be insensitive to changes in investment in the NHS.

**PIH20**

ASSOCIATION BETWEEN METABOLIC SYNDROME AND QUALITY OF LIFE IN MALE STAINLESS STEEL WORKERS

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OBJECTIVES: To explore the correlation of metabolic syndrome (MetS) and the quality of life (QoL) of male workers in a stainless steel factory. METHODS: We recruited 1015 male subjects out of 1472 workers in a stainless factory into this study when they visited our hospital for annual health examination from July 2005 to September 2005. With written informed consents, participants were asked to fill out a standard questionnaire. Information of shift work, health behavior, and demographic data were collected. Health related quality of life was assessed with Taiwan version of WHOQOL-BREF questionnaire. Workplace exposures to noise, dust and heat were determined based on company records of exposure survey. Data on BMI (body mass index), blood pressure, fasting blood sugar, serum lipids profile, hypertension and diabetes were collected in annual health examination. The influencing factors including age, education, marital status, regular leisure time physical activities, smoking, alcohol consumption, betel nut chewing, workplace hazards of noise, heat, and dust were explored for each dimension of QoL by multiple regression. All analyses were performed using SAS software version 9.1. RESULTS: Definition of MetS (metabolic syndrome) was made according to the modified National Cholesterol Education Program Adult Treatment Panel III criteria. The prevalence of metabolic syndrome was 19.3%. The status of having MetS had the strongest negative impact on general health (R2 = 0.035), and accounted for significant negative variance on the psychological domain (R2 = 0.033) other than educational level, marital status and smoking. For score in general health, educational level and regular leisure time physical activities also contributed to significant score differences. CONCLUSION: The scores of general health and psychological domain in WHOQOL-BREF can be candidates as parameter of outcomes measurement for evaluation of workplace health management program for metabolic syndrome of male steel factory workers.

**PIH21**

CORRELATES OF PATIENT SATISFACTION WITH PHYSICIAN VISIT: DIFFERENCES BETWEEN ELDERLY AND NON-ELDERLY SURVEY RESPONDENTS

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OBJECTIVES: This study documented differences in patient satisfaction with physicians in the elderly (65 years and older) and compare it to non-elderly (64 years and younger) patients. METHODS: A cross-sectional survey study on a convenience sample of 20,901 patients rated their recent visit to a physician through a web-based survey. Survey included validated questions based on aspects of physician care practice such as “friendliness”, wait times and time spent with doctor. These scales were then used to measure patient satisfaction with physician. Statistical analysis involved pair-matching of non-elderly patients with elderly patients (both cohorts, n = 507 each) using propensity scores. RESULTS: Even though elderly and non-elderly patients had similar waiting times, elderly patients gave higher physician satisfaction scores than non-elderly patients (all p < 0.05). When predictors of physician satisfaction ratings were examined, shorter waiting time was more significantly associated with better treatment satisfaction in non-elderly patients (partial rho = –0.13 in the non-elderly compared to partial rho = –0.11 in non-elderly, p < 0.05). Increased time spent with the physician was more significantly correlated with higher physician satisfaction ratings in the non-elderly patients (partial rho = 0.44 in the non-elderly compared to partial rho = 0.18, p < 0.0001). CONCLUSION: Increased patient satisfaction ratings of the non-elderly were associated more strongly with shorter waiting times than in the elderly, although overall, elderly patients reported similar waiting times and better physician satisfaction scores. Similarly, higher physician satisfaction in non-elderly patients were more strongly associated with increased time spent with physician than in the elderly patients.

**PIH22**

WILLINGNESS TO PAY OF YOUNG GREEK WOMEN FOR THE NEW ANTI-HUMAN PAPILLOMA VIRUS VACCINE

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OBJECTIVES: To investigate the Willingness to Pay (WtP) of young Greek women for the new Anti-Human Papilloma Virus vaccine. METHODS: A sample of 1200 women aged 16–26 yrs old was chosen, representative to the Greek women’s population. Two questions were posed to the study participants, after they have been informed about the current facts around cervical cancer, the anti-HPV vaccine and the potential benefits and side-effects of the vaccination. The two questions were: a) “How much do you believe a vaccine against HPV would cost?" and b) “How much would you be willing to pay in order to get such a vaccine?”. The estimation of women’s WtP was based on the difference between both answers. When the (a)-(b) difference was positive, it was assumed that the respondent was WtP for the vaccine, whereas when (a)-(b) was zero or negative, the respondent was perceived as WtP either the exact amount needed for the vaccine or more. RESULTS: Out of 1200 questionnaires administered, 812 were completed (response rate 68%). The distribution of the (a)-(b) differences showed that 63.5% of the women asked were WtP the exact amount they estimated needed for the vaccine. Another 25% were WtP even more. Only the remaining 11.5% were not eager to pay the price they thought the vaccine would have. CONCLUSION: A total of 88.5% of young Greek women was WtP the exact amount or even more than the amount declared that an Anti-HPV vaccine would cost. This finding demonstrates the necessity of introducing a country-wide vaccination program, since it seems to be cost–effective at this age group, as well as the acceptance of the majority to cover the related costs entirely by out-of-pocket payments.