(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 combining 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 simpler 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.

EYE—Patient Reported Outcomes

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, persistency 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 persistency 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); Azopt 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:** Persistency 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