algorithm. Associations with health, socio-demographic and work characteristics were explored. The mean changes were calculated for each dimension scale. A linear regression was performed to identify correlates. Ceiling effects were analysed. For comparative purposes, normative SF-36v1 data from a general employed population were obtained from Release 11 of the Household, Income and Labour Dynamics in Australia (HILDA) survey (n=11234). 10% of the sample of 12 males was older than the median male age of 24 years. SF-6D was independent of age, BMI and annual salary. Lower SF-6D was significantly associated (p<0.05) with higher comorbidities, K10, EKI, education (in females), absenteeism, and lower physical activity (in females). The Australian normative mean (65) SF-6D was 0.785 (0.002, n=4350) for males and 0.775 (0.003, n=4359) for females. Correlates and associations were similar in the normative sample, which showed an additional significant inverse association with age as well as a significant positive correlation with salary in females. A noticeable proportion of SF-6D health utilities differentiated between and associated as expected with key health, social and economic factors. These results validate the suitability of SF-6D to measure perceived health states in an employed population.

PMG2 A COMPARISON OF THREE LANGUAGE VERSIONS OF THE EQ-5D-5L DIMENSION SCALES IN SINGAPORE
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OBJECTIVES: To investigate the comparability of the English, Chinese and Malay versions of the 5 EQ-SD-5L dimension scales in Singapore.
METHODS: A cross-sectional survey was conducted among visitors to a public primary care institution in Singapore. Participants were interviewed in a language they preferred. The survey was designed to measure the severity of the EQ-5D-5L response labels (‘no’, ‘slight’, ‘moderate’, ‘severe’, and ‘unable to (do)/extreme’ for each dimension scale) they perceived.
RESULTS: A total of 11234 participants were approached (200 via each researcher). 7830 completed the questionnaire, making response rate of study as 70%. RESULTS: A total of 11234 participants were approached (200 via each researcher). 7830 completed the questionnaire, making response rate of study as 70%. Differences in perception were explored using Spearman correlations. Linear regression was performed to estimate potential confounders. The participants were stratified by age, gender, language and usage of response labels exist among Singaporeans using different language systems.

PMG3 A SURVEY OF KNOWLEDGE AND ATTITUDE OF MENOPAUSE AMONG POST-MENOPAUSAL WOMEN IN PAKISTAN
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OBJECTIVES: Menopause is a nettle-phaseome of women life. A prior knowledge can help women to cope with this change but it will also increase their quality of life. Current study aims to analyze knowledge and attitudes of postmenopausal women towards menopause. METHODS: A cross-sectional survey was conducted from November, 2011 to September, 2012 among 1000 postmenopausal women aged ≥60 years in three major cities of Punjab, Pakistan. A team of five trained researchers distributed questionnaire to participants via convenience sampling after obtaining consent. Total of 1000 participants were approached (200 via each researcher). 783 completed the questionnaire making response rate of study as 78%. RESULTS: 78% and 22% respondents have natural menopause and surgically induced menopause respectively. The mean knowledge and attitude score of participants was 45.13 ± 9.23 and 53.23 ± 11.21 respectively. 4% of the participants had poor, 35% had moderate and 53% had good knowledge regarding awareness, sign and symptoms and causes of menopause. Majority (69.12%) of participants had positive attitude towards menopause. Most patients had good perception towards the menopause. A team of five trained researchers distributed questionnaire to participants via convenience sampling after obtaining consent. Total of 1000 participants were approached (200 via each researcher). 783 completed the questionnaire making response rate of study as 78%. RESULTS: 78% and 22% respondents have natural menopause and surgically induced menopause respectively. The mean knowledge and attitude score of participants was 45.13 ± 9.23 and 53.23 ± 11.21 respectively. 4% of the participants had poor, 35% had moderate and 53% had good knowledge regarding awareness, sign and symptoms and causes of menopause. Majority (69.12%) of participants had positive attitude towards menopause. Most patients had good perception towards the menopause.

PMG4 ASSESSING HISTORICAL METHODS FOR CAUSAL INFERENCE IN OBSERVATIONAL DATA
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OBJECTIVES: In observational studies, subjects are assigned to treatment groups without the benefits of randomization, resulting in potential bias in the estimation of the treatment effect. We assess the performance of 5 different statistical methods used for causal correction and causal inference under different conditions. METHODS: We simulated the outcomes of two hypothetical treatments using three causal assumptions that are correlated with the treatment and with each other. We varied the sample size, size, and levels, and tested the methods under conditions of model misspecification. To evaluate performance of the methods, we used two measures: correct identification of a statistically significant treatment effect (p < 0.05) and the root-mean-squared error for the treatment effect. RESULTS: For the correct-specified models, IPTW performed well relative to other methods, particularly at small sample sizes. At low noise levels and large sample sizes, including at small sample sizes, all methods reliably identified a treatment effect. PSM lagged in performance for small sample sizes, and DR showed relatively weak performance under most conditions, especially under model misspecification and high noise levels. For misspecified models, the relative order of performance was similar to that of the correct-specified models. The results at high noise level were poor even for large sample sizes. CONCLUSIONS: MR is an unintentionally popular choice for its ease of use and the belief that covariates may adjust well for treatment effects. Our results indicate that if covariates correlate with each other or with the treatments, one should take great care in using MR unless the sample size is large. For small sample sizes, IPTW is often the best choice even for misspecified models. PSM is a reasonable choice under low noise levels and substantial sample sizes.

PMG5 ASSESSING STANDARDIZED QUESTIONNAIRE TO ASSESS THE RELIABILITY OF OBSERVATIONAL STUDIES
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OBJECTIVES: Health technology assessment (HTA) in accordance with evidence-based medicine (EBM) is the gold standard for determining the appropriateness of therapy funding from public funds. There is problem of getting reliable results in studies evaluating the actual effectiveness of a drug. Data on the effectiveness of health technologies are provided by the observational studies, but their credibility is low due to the lack of distinctive methodological features of randomized controlled trials. Thus, appraisal of the quality of observational studies becomes important. METHODS: To find the most up-to-date information on the scales for the appraisal of observational studies, systematic review in Medline using the following query: “observational studies OR cohort studies OR case-control studies OR cross-sectional studies OR following study OR cross-sectional study OR cross sectional study OR cross-section study OR cross-section study validity OR validity” was conducted. Search time frame: till December 2013. RESULTS: In the review more than 100 various scales or questionnaires were found. We identified critical methodological domain, the characteristics of which determines the quality of observationalized studies. A standardized questionnaire selecting patients selecting factors, presentation of the final results or the flow rate of patients in the study. Then we developed the basic format of a questionnaire assessing the quality of observational studies, consisting of 17 questions grouped in six domains: protocol, population, intervention, end points, results and publication. The last domain is