metric tests (frequency, factor analysis, reliability tests) were used to verify the relevance and determinacy of the attributes. Repertory grid analysis was used to identify the constructs used by patients to characterize overweight and obesity therapy. Respondents were presented with cards outlining the preference dimensions and asked to rate the importance of dimensions in order of relevance. RESULTS: The relevance of attributes and endpoints resulted in categories that emerged as relevant spanning from therapy attributes as technical care, access, empowerment and interpersonal care. The factor analysis of the attributes resulted in 8 factors with a KMO of 74.8; chron- bęback alpha between 0.78 and 0.52 and a total mean square of 55. 416. The reperto- grid ranking and rating resulted in five patient-relevant endpoints (e.g. functional status, side effects, outcome and risk factors). CONCLUSIONS: The novelty of this analysis is the combination of qualitative and quantitative methods to build a conceptual map of patient preferences that can be used to plan comprehensive assessment of patient preferences in overweight and obesity therapy. The map concludes important attributes and endpoints and makes it possible to sort them in categories and subcategories. Theoretical issues concerning the nature of attributes and their interrelationships are raised and the implications for the measurement of patient preferences are discussed.

**PSY40**

**EXTENDED-RELEASE OXYCODONE IS ASSOCIATED WITH LOWER SUBJECTIVE MONETARY VALUE THAN CONTROLLED-RELEASE OXYCODONE IN NONDEPENDENT RECREATIONAL OPIOID USERS**

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OBJECTIVES: This study assessed the subjective drug valuations of two opioids. This valuation may contribute to a better understanding of beneficiary preferences unrelated to drug effectiveness. METHODS: This exploratory, randomized, double-blind, placebo-controlled, 5-way crossover study compared the subjective and objective effects of extended-release and controlled-release oxycodone (15 mg and 30 mg) and controlled-release oxycodone (30 mg and 60 mg) plus placebo in healthy nonde- pendent recreational opioid users. Subjects received single, double-blind, over- encapsulated, intact doses of each opioid or placebo treatment with ≥7 day washout period between treatments. Assessments included subjective drug value, the series of theoretical choices that forced subjects to select between receiving another dose of the same drug to take home or a specified amount of money in Canadian dollars ($) The Subjective Drug Value was administered at the 4, 8 and 24 hour time points of each treatment. Calculations resulted with a minimum value of $0.25 and a maximum value of $48.00. RESULTS: Thirty five out of forty subjects completed the study. Extended-release oxycodone was associated with statistically lower mean (SE) subjective drug values than equalanalogic doses of controlled-release oxycodone: extended-release oxymor- phine 30 mg $16.85 (2.78) vs. controlled-release oxycodone 60 mg $24.32 (2.78), p = 0.013; extended-release oxymorphone 15 mg $9.85 (2.77) vs. controlled-release oxycodone 30 mg $25.00 (2.80), p < 0.001. CONCLUSIONS: Oral intact extended-release oxycodone had lower subjective drug values than equalanalogic doses of controlled-release oxycodone in this exploratory study. The impact of subjective valu- ation on drug utilization patterns in recreational drug users and patients merits further investigation.

**PSY41**

**PATIENT AND CAREGIVER-REPORTED SYMPTOMS AND REASONS FOR STARTING/STOPPING RECOMBINANT FACTOR VIIa (RFVIIa): TREATMENT OF ACUTE BLEEDS IN THE DOSING OBSERVATIONAL STUDY IN HEMOPHILIA (DOSE)**

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OBJECTIVES: Treatment of acute bleeding episodes in patients with congenital hemophilia with inhibitors (CHwI) has transitioned largely to the home setting. The study aims to describe patient/caregiver perceptions of acute bleed symptoms, reasons for starting/stopping treatment, and choice of medication/dose. METHODS: Frequently-bleeding CHwI patients (≥4 bleeding episodes in 3 months) prescribed rfVIIa as first-line therapy, or their caregivers, completed a daily diary for 3-6 months capturing bleeding symptoms and treatment decisions. RESULTS: Thirty-nine patients participated (34 CHwI with inhibitors, 194 hemorrhages, 44 other). Pain was reported in 78.9% of bleeding episodes (90.1% joint, 89.5% muscle). Other reported symptoms for bleeds (all joint/muscle) included joint swelling (44.8%/61.6%/5.3%), decreased mobility/range of motion (41.2%/48.9%/6.8%), heat (21.1%/26%/11.8%), other swelling (16.0%/9%/74.7%), irritability (14.9%/16%/10.5%), bleeding (12.4%/7%/5.3%), and redness (10.3%/1%/ 10.5%). A majority of patients/caregivers recognized when a bleed started (38.4%/59.0%), but were much more clear of when a bleed stopped (43.5%/33.3%). Medication was most commonly started by patients/caregivers when a bleed was identified (73.7%/74.7%) or because they were concerned a bleed might start and wanted to prevent it early (32%/27.6%). Common reasons for delays in starting medication by patients included ‘I thought it might not be a bleed’ (48.9%), ‘I wanted to let the bleed progress’ (48.9%), and ‘I thought it was just joint pain’ (44.8%). Most common reasons for caregivers were: ‘I wanted to see if it progressed’ (37.9%), ‘I didn’t have medication’ (20.7%), and ‘I thought it might not be a bleed’ (17.2%). Reasons for stopping medication for patients/caregivers were pain cessation or stan-