(0.49), lung function (0.44), and shortness of breath (0.43). These three features were seen as the most important in more than 40% of their presentations. Being able to walk further and/or for longer was selected as the most important feature in 33.8% of presentations but the overall BWS weight (0.18) was low because the feature was selected as least important in 16.3% of presentations. Explanations given for the importance of benefit features often were interrelated, suggesting dependency between such outcomes. The least important features were needing a blood test before starting medication (-0.58) and mild skin reaction at injection site (-0.51).

CONCLUSIONS: Positive clinical outcomes were prioritised over harms or administration features of a treatment in this sample. Patients may not differentiate between breathing symptoms and functional ability when evaluating treatments.

PR559

PATIENTS’ PRIORITIES FOR TREATMENT IN SEVERE ASTHMA

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OBJECTIVES: Asthma is one of the most common and burdensome chronic respiratory diseases. This pilot study aimed to explore the priorities of patients with severe asthma in relation to treatment. METHODS: Interviews were conducted with 20 patients with self-reported severe asthma. Patients completed a brief best-worst scaling (BWS) exercise comprising 12 questions in which 17 features (benefits, harms, or administration features of an asthma treatment) were presented in a list of 5. The question, prioritised the most important feature when choosing whether to take a treatment. Frequency counts of features being selected as the most or least important were used to determine the most important feature when choosing whether to take a treatment. Frequency counts of features being selected as the most or least important were used to determine which patients prioritised harms or administration features of a treatment in this sample. Patients may not differentiate between symptoms and functional ability when evaluating treatments.

PR560

PATIENT-REPORTED OUTCOMES IN STUDIES PUBLISHED IN 2014: WHICH TOOLS HAVE BEEN MOST COMMONLY USED IN STUDIES OF RESPIRATORY DISEASES?

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OBJECTIVES: To determine which patient-reported outcome (PRO) tools were used in studies on respiratory diseases published in 2014. METHODS: An evidence-synthesising process was developed based on a systematic search of PubMed. This identified all the published studies from 2014. Data was extracted from the citation applying efficacy, safety and health-related quality of life measures have at least two scales of measures used at the same time. Each of the measurements are used either alone or in combination. The scale of measurement of mortality, survival, adult exacerbation vary accordingly. Mortality and survival are the most important outcomes to evaluate the efficacy of the treatment used both of these measures. Further, some used either one. CONCLUSIONS: The appropriate outcome measures in IFR are lung function test as Forced Vital Capacity 10% relative change at one year, exercise capacity 6-MWT with saturation measures, St. George’s Respiratory Questionnaire along with SF-36. Overall survival combines with progression-free survival represent important treatment targets in IFR. All these measures are suitable and essential measures should be considered when investigating the new therapies. Assessing outcome measures using PRO tool is crucial.

PR563

HEALTH RELATED QUALITY OF LIFE IN TB PATIENTS QUETTA, PAKISTAN

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PR564

SYSTEMATIC REVIEW OF THE SUITABILITY OF THE OUTCOME MEASURES USED IN THE IDIOPATHIC PULMONARY FIBROSIS

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OBJECTIVES: Idiopathic Pulmonary Fibrosis is a rare fatal respiratory disease characterized by a decline in lung function leading to deliberating limitations on activity which may negatively impact health-related quality of life. There is limited research on the use of appropriate PRO tools and our systematic review aims to identify the tool used in the treatment of IFF and critically appraise the measures used to evaluate the treatment result of IFF with the aim of drawing conclusions regarding the suitable PRO tool to use when evaluating clinical outcome in IFF. METHODS: MESH search was carried out in the databases MEDLINE, EMBASE, EBM reviews, NICE, HTA written in English between 2008 and September 2014. Data was extracted from the citation applying efficacy, safety and health-related quality of life outcomes in the selected studies. RESULTS: Lung function test in the treatment of IFF. Conclusions: Systematically reviewed all the outcome measures used at the same time. Each of the measurements are used either alone or in combination. The scale of measurement of mortality, survival, adult exacerbation vary accordingly. Mortality and survival are the most important outcomes to evaluate the efficacy of the treatment used both of these measures. Further, some used either one. CONCLUSIONS: The appropriate outcome measures in IFR are lung function test as Forced Vital Capacity 10% relative change at one year, exercise capacity 6-MWT with saturation measures, St. George’s Respiratory Questionnaire along with SF-36. Overall survival combines with progression-free survival represent important treatment targets in IFR. All these measures are suitable and essential measures should be considered when investigating the new therapies. Assessing outcome measures using PRO tool is crucial.
and then translated into Urdu by using standard translating procedure which consists of 18 questions to evaluate the knowledge and awareness. Convenient sampling technique was used and around 330 questionnaire were distributed among teachers. Descriptive analysis to demonstrate patients’ demographics. Knowledge score is calculated as 18 as there are 18 questions with one score for each question. A low score is divided into knowledge (0-9 score) and high score grade (10-18 score). Inferential statistics (Mann-Whitney and Kruskal Wallis test, p<0.05) were used to differentiate or relate the study outcomes.

Methods: A total of 330 questionnaire were distributed with the response rate of 90%. One hundred ninety nine (64.4%) were from Private schools. Majority of respondents (114 (38.4%) belong to age 25-31 years. One hundred and seventy two (57.7%) having good knowledge regarding asthma. It is also noted that knowledge of female teachers is good as compared to male teachers. Gender difference affects the knowledge of the school teachers and some of these indicators were predictive of improved HRQoL.

Conclusions: This study highlights that although majority of school teachers having poor knowledge regarding asthma. It is advised to train and educate the school teachers to recognize the early symptoms of asthma.

PRS65

TITLE: FACTORS INFLUENCING CONSUMERS’ PERCEIVED RISK OF TOBACCO PRODUCTS

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OBJECTIVES: The tobacco industry is actively developing modified risk tobacco products (MRTP) with the intention to reduce or to eliminate smoking in the general population. The 2012 FDA Draft Guidance on MRTP applications asks applicants to conduct consumer-based research on the perceptions of risk associated to tobacco products. This study reports on how qualitative methods described in the 2009 FDA Guidance on Patient-Reported Outcome Measures can be used with cognitive debriefing interviews (CDI) to understand how consumers interpret the complexities of risk ratings.

Methods: Reanalysis of CDI transcripts on a new risk perception instrument (Risk Perception Index (RPI)), was used to explore ways that consumers evaluate tobacco product health risk. 48 interviews were conducted in two US cities over four days. 24 individuals completed the PRI as applied to conventional cigarettes (CC) and 24 as applied to MRTPs. Categorization and thematic frequency analysis followed commonly accepted standards.

Results: Thematic saturation occurred on the first day and by the end of the second day all content themes were defined. Daily refinements of the PRI lead to a reduction of the number of content themes over time. The frequency of some risk evaluations for CC and MRTP were similar: for example the general degree of difficulty rating risks (CC: 58% vs. MRTP: 46%); and the need for clear time frames to evaluate risk (CC: 21% vs. MRTP: 25%).

Conclusions: Qualitative methods can be used with CDI data to refine risk perception measures. Understanding the ways consumers evaluate the risk associated with tobacco product use is necessary to create amendments that provide accurate data for health policies. These considerations also help improve population-based research and evidence-based product assessment.

PRS66

CONDITIONAL AGREEMENTS FOR INNOVATIVE THERAPIES IN ITALY: THE CASE OF PIRFENIDONE

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Conclusions: Qualitative methods can be used with CDI data to refine risk perception measures. Understanding the ways consumers evaluate the risk associated with tobacco product use is necessary to create amendments that provide accurate data for health policies. These considerations also help improve population-based research and evidence-based product assessment.

PRS67

THE EPINEPHRINESCHOOL® SURVEY: STAFF TRAINING AND USE OF EPINEPHRINE AUTO-INJECTORS FOR THE TREATMENT OF ANAPHYLAXIS IN LARGE US SCHOOL DISTRICTS

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OBJECTIVES: The EPINEPHRINESCHOOL® program (Mylan Specialty L.P., Canonsburg, PA) provides epinephrine auto-injectors (EAI) to qualifying schools in the United States. A pilot web-based survey of participating schools described anaphylactic events reported during the 2013-2014 school year. This pilot survey was extended to large school districts (>50 schools per district) to better understand preparedness for anaphylaxis in suspect settings. METHODS: This cross-sectional, web-based pilot survey analyzed anaphylactic events in large districts participating in the EpinePen®Schools program. RESULTS: Among 808 responding schools (representing 47% of anaphylactic events reported during the 2013-2014 school year), 97% (>330,000) of events were identified on data, 77.4% (n=205) were treated by EAIs. A stock EAI from the EpinePen®Schools program was used to treat 60.0% of individuals (96/160) experiencing an event. Of the 702 schools with information on staff training on anaphylaxis, 47.7% (335/702) were trained and agreed to remove the risk-sharing mechanism; the drug, however, is reimbursable for anaphylaxis in such settings. Because of the increased healthcare costs and risk of poor outcomes associated with delayed treatment of anaphylactic reactions with epinephrine, there is a continuous public health need to remove barriers to EAI access and proper training in schools to recognize and manage anaphylaxis.

PRS68

COPD PERFORMANCE INDICATORS IN AN INTEGRATED CARE PROGRAM AND ITS IMPACT ON HEALTH OUTCOMES: THE RECODE CLUSTER RANDOMIZED TRIAL

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OBJECTIVES: Similar to many European countries, performance-based financial incentives are introduced in the Netherlands to facilitate the implementation of integrated care programs. The aim of these programs is to enhance patients’ health by improving quality of care. Performance indicators are used to measure quality of care and the reimbursement is linked to the scores. However, the reimbursement remains largely uncertain. This study investigate (i) if implementation of an integrated care program improves performance indicators and (ii) the impact performance indicators have on health outcomes.

Methods: This is a sub-study of the RECODE cluster randomized controlled trial, the largest clinical trial of an integrated care program for Chronic Obstructive Pulmonary Disease (COPD) patients in primary care to date. From 38 Dutch GPs, we collected three-year prospective data on performance indicators [mostly process indicators] and health outcomes (smoking status, level of physical activity, health-related quality of life (HRQoL)] of 913 COPD patients. Multiple repeated measurement models were used to assess the impact of integrated care on performance indicators and health outcomes. RESULTS: COPD performance indicators improved over time and these improvements were higher in the integrated care group than in the usual care group, indicating improved quality of care indicators. Whether BMI was measured, whether physical activity was checked, whether functional status was monitored, whether a spirometry test was done) were associated with an immediate improvement (i.e. in the same year) in disease-specific HRQoL, as measured with the SGRQ. The latter indicator plus ‘inhalation instructions were also monitored on HRQoL (i.e. improved HRQoL in the year after the indicator was registered). The indicators related to smoking did not affect health outcomes. CONCLUSIONS: The integrated care program did improve performance indicators and there is evidence that some of these indicators were predictive of improved HRQoL.

PRS69

PREVALENCE OF SWITCHING FROM BRAND TO GENERIC ASTHMA MEDICATIONS

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OBJECTIVES: The expiration of patents for brand asthma medications and ongoing pressure on the healthcare budget resulted in a growing market for generic medications. Switching of inhaled drugs implicates change of inhalation device. Few data are available on the prevalence of switching from brand to generic asthma drugs. The objective of this study was to report the prevalence of switching between brand and generic asthma drugs in patients with asthma in the Netherlands. METHODS: From the Dutch PHARMO linkage network, all dispensing data from pharmacies in the Netherlands 2012 of asthma patients aged >5 years were extracted. The prevalence of dispensing was calculated as percentage of users per calendar year per asthma drug and all asthma drugs combined. Switching was defined as mixed use: generic after brand dispensing or vice versa. RESULTS: This study included 31,295 asthma users with in total 380,510 dispenses over 2001-2012. All drugs combined, the proportion of children using only brand drugs decreased from 73% in 2003 to 54% in 2012, while only generics increased from 8% to 17% and mixed (both brand-generic) from 19% to 29%. Similarly, the proportion of adults with only brand dispenses decreased from 50% to 47% in 2012.