were, furthermore, more sensitive to the presence of side effects than EQ-5D. **CONCLUSIONS**: TooL is a novel system for measuring health utilities in patients with schizophrenia, schizoaffective disorder or bipolar depression that incorporates the patient perspective of side effects of antipsychotic treatment. Adverse effects from antipsychotic treatment impact the quality-of-life and should be taken into account in economic evaluations of treatments with different side effect profiles. TooL facilitates cost-utility analyses that reflect this important aspect of treatment choice and outcome.

PMH59

FURTHER VALIDITY EVIDENCES OF THE GENERALIZED ANXIETY DISORDER—7 SCALE (GAD-7)

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OBJECTIVES: To investigate the relationship of severity levels of anxiety identified by the GAD-7 scale and the degree of disability as assessed by other standard widely used questionnaires. **METHODS**: A random sample of 212 subjects was recruited in Mental Health and Primary Care centres; 50% diagnosed of Generalized Anxiety Disorder (GAD) by DSM-IV criteria, and the other 50% were concurrent matched controls. In addition to the GAD-7, the following scales were also administered: Hamilton Anxiety scale (HAM-A), Hospital Anxiety and Depression Scale (HADS), and World Health Organization Disability Scale (WHO-DAS). The number of visits to primary care and specialized services were also measured. Correlations between scale scores were computed and also agreement between instrument-specific disability and severity levels. **RESULTS**: Strong and significant ($p < 0.001$) correlations were found between GAD-7 scores and other questionnaires: HAM-A ($r = 0.852$), HADS-A ($r = 0.903$), WHO-DAS ($r = 0.704$). Although GAD-7 scores correlated with all WHO-DAS dimensions, higher correlations were observed with Social Participation ($r = 0.741$), Comprehension and Communication ($r = 0.679$), and Labour (0.638) dimensions. Moderate but significant correlations were also found between GAD-7 scores and the number of visits to Primary Care ($r = 0.393$) and Specialized Services ($r = 0.373$). HAM-A severity groups presented significant differences in GAD-7 mean scores ($F = 205.3$; $df1 = 3$; $df2 = 208$; $p < 0.001$), and HAM severity groups also differed ($F = 175.3$; $df1 = 3$; $df2 = 208$; $p < 0.001$); in both cases all severity levels differed. **CONCLUSIONS**: The GAD-7 scale has shown to highly correlate not only with specific anxiety measures but also with disability measures. Not all WHO-DAS disability dimensions seem to be equally affected by GAD levels, and it has been shown that more severe GAD levels tend to demand more health attention. As the GAD-7 is self-administered and it is no time consuming, this instrument could be a good choice in primary care settings to explore the level of patient's disability in subjects with GAD.

PMH60

A CONCEPTUAL MODEL OF 'CLEAR THINKING' RELEVANT TO PATIENTS DIAGNOSED WITH SCHIZOPHRENIA

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BACKGROUND: IQWiG, the German health technology assessment agency, is required to focus on patient-relevant endpoints as part of their cost-benefit analysis. Several patient preference studies conducted in Germany have identified "clear thinking" as a patient-relevant endpoint, but the measurement of this construct is limited by the absence of a conceptualization of clear thinking that is grounded in the patient experience. **OBJECTIVES:** To develop a conceptual model of clear thinking grounded in the experience of patients diagnosed with schizophrenia, aiding the creation of clear thinking scale. **METHODS**: A trained psychologist elicited definitions and examples of clear thinking from 25 German patients diagnosed with schizophrenia during open-end, semi-structured interviews. Theory building was aided by literature review, including a review of existing scales of cognition, and an additional 15 depth interviews with patients and clinicians. Data was analyzed using a grounded theory approach, leading to multi-dimensional conceptualization of clear thinking. **RESULTS**: Clear thinking can be conceptualized by four themes: a) staying organized (including daily activities, making decisions and having organized thoughts); b) making sense of the world (identifying reality, verbal comprehension and visual comprehension); c) feeling clear headed (confusion, slowness and pacing); and d) expressing thoughts and feelings (feelings, communication and fullness of life). **CONCLUSIONS**: This conceptual model provides researchers and clinicians with a framework to consider clear thinking as defined by patients diagnosed with schizophrenia. It will also provide the cornerstone for the development of a clear thinking scale to measure this patient-relevant endpoint and subsequently assess the validity of our conceptualization.

PMH61

PATIENTS PREFERENCES IN ADULTS WITH ADHD—A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: For the majority of those concerned, ADHD is a lifelong chronic disease with prevalent underachievement in work life and impairments in social functioning. While clinical evidence on efficacy and tolerability of treatment options for ADHD in adulthood is increasing, preferences of adults with ADHD have not yet been explored. Understanding their preferences contributes to present discussions in the health care sector on patients' needs and shared decision-making. **METHODS**: An extended qualitative study (literature review, in-depth interviews and patient focus groups) was conducted in order to collect all relevant factors and success criteria for adults with ADHD (content validity). In the subsequent quantitative study, preferences for an ADHD treatment were investigated by using direct measurement (rating 23 aspects on a five point Likert-scale) as well as a Discrete-Choice-Experiment (DCE) with 8 pairs of treatment options described by 6 dichotomous parameters. **RESULTS**: 14 in-depth interviews and five focus groups with 4–12 adult participants each ($n = 35$) were conducted. 329 persons (18- 65 years, 63%female) filled the questionnaire of the quantitative study (89% online, 11% paper&pencil). In the direct assessment, "long-term positive effects (e.g. behaviour changes)", "improved ability to concentrate", "allows "normal" daily living" and "improves emotional stability" reached the highest values (means around 90). In the DCE (random effects logit model) "social abilities (profession, friendship possible)" had the highest impact on choices (coefficient 2.12) followed by "long-term behaviour changes" (1.75), "fast symptom relief" (1.10), "no impact on positive ADHD traits" (1.04), and "emotional stability (no mood swings)" (0.81). These factors were highly significant ($p < 0.001$) while "necessity of medical treatment" had no significant influence. **CONCLUSIONS**: The presented study systematically explored patient preferences and hereby contributes to a better understanding of the medical needs of adults diagnosed with ADHD. The achievement of social abilities and long lasting behavioural effects attributed greatest benefit to the respondents.

PMH62

THE SPANISH VERSION OF THE TOOL QUESTIONNAIRE: VALIDATION OF A SPECIFIC MEASURE TO EVALUATE HEALTH RELATED QUALITY OF LIFE (HRQOL) IN PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER

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OBJECTIVES: To develop a cross-cultural adaptation from Swedish into Spanish of the TooL questionnaire—a previously validated instrument to assess side effects' impact on HRQoL in patients with schizophrenia and bipolar disorder. **METHODS**: An epidemiological multicentre, cross-sectional study was carried out to analyze the psychometric properties of the Spanish TooL. It comprises 8 attributes and 4 levels per domain (Likert scale: 1-minimun impact; 4-maximun impact): worry-upset, function capabilities, fatigue-weakness, weight gain, stiffness-tremor, physical restlessness, sexual dysfunction, and dizziness-nausea. Patients completed both generic and specific measures of HRQoL and severity (EQ-5D and SF6D –unweighted- and the Clinical Global Impression -CGI-SI-, UKU side effects rating scale, Positive and Negative Syndrome scale, Young Mania Rating Scale, Montgomery Adsberg Depression Rating Scale). Reliability (Cronbach's α and intraclass correlation coefficient –ICC-), construct validity (factorial analysis –FA- and item-total correlations -ITC), convergent validity (Spearman's rank correlations between measures $-r_s$-) and criterion validity (Mann-Whitney U differences between mild vs moderate-severe patients according to CGI-SI) were evaluated. **RESULTS**: A total of 242 patients were included (121 with schizophrenia and 121 with bipolar disorder). Internal consistency and ICC were adequate (Cronbach's $\alpha = 0.757$ & ICC = 0.90). FA and ITC showed that one-dimensional structure could be assumed (1 eigenvalue >1 and 40% of variance explained). Correlations (r_s) between the Spanish TooL and both generic and specific measures were moderate-high. Differences in the Spanish TooL scores between mild vs moderate-severe patients were highlighted. **CONCLUSIONS**: The Swedish TooL questionaire was culturally adapted and validated into Spanish. Further investigation is needed to test the sensitivity of the Spanish TooL questionnaire.

PMH63

ESTIMATION OF A MULTI-ATTRIBUTE UTILITY FUNCTION FOR THE SPANISH VERSION OF THE TOOL QUESTIONNAIRE

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OBJECTIVES: To estimate and assess the psychometric properties of a Multi-Attribute Utility Function for the Spanish version of the TOOL questionnaire (TOOL MAUF). TOOL is a recently developed 8-item (4-level) instrument measuring antipsychotics side effects´ impact on health status. **METHODS**: Balanced data on 242 patients diagnosed with schizophrenic or bipolar disorders were gathered. In addition to demographic and clinical variables, and the usual generic HRQoL questionnaires, EQ5D and SF6D, instruments considered included the Spanish versions of the Positive and Negative Syndrome Scale (PANSS), Young Mania Rating Scale (YMRS), Montgomery-Asberg Depression Rating Scale (MADRS), UKU side effect rating scale, and TOOL questionnaire. TOOL MAUF parameters estimation involved a number of VAS and TTO ratings of different health states defined from TOOL items. Such ratings proved hard to be performed by patients. After checking for inconsistencies in patient responses (missing data, out-of-range responses, and rating reversals), the original