

PIH18

RELIABILITY, AND VALIDITY OF THE FATIGUE SYMPTOM INVENTORYOksuz E¹, Malhan S¹, Tulunay FC²¹Baskent University, Ankara, Turkey, ²Ankara University Medical School, Ankara, Turkey

OBJECTIVES: The aim of this study was to determine the reliability and validity of the Fatigue Symptom Inventory (FSI) for the Turkish population. **METHODS:** The research was conducted in the university students. The study sample included 200 student, (56% women, 44% men) Data were collected with a sociodemographic form, FSI, SF-36. The original instrument was translated and back translated by two independent translators. For psychometric measures, a small sample was used to check the initial comprehension and factibility. Cronbach's Alfa was used to assess reliability and factor analysis to assess dimensionality. The SF 36 were used for concurrent validity. **RESULTS:** The internal consistency coefficient (Cronbach's alpha) of FSI was 0.91. Factor analysis of the scale revealed that it was composed of 3 factors with Eigenvalues >1.0, accounting for 65.4% of the total variance. All items of the Turkish FSI had a factor load ranging from 0.286 to 0.820 and they all belonged to 3 factors. There was a strong relationship between FSI, and SF 36 ($r =$ between 0.651–0.759). **CONCLUSIONS:** The research suggests that the validity and reliability of the Turkish FSI are satisfactory, and that it can be used in Turkey.

PIH19

THE ASSOCIATION OF BODY MASS INDEX ON HEALTH RELATED QUALITY OF LIFE IN THE GENERAL ADULT POPULATION IN ENGLANDSøtoft F¹, Hammer M², Kragh N²¹University of Copenhagen, Frederiksberg C, Denmark, ²Novo Nordisk A/S, Bagsværd, Denmark

OBJECTIVES: The link between obesity or being overweight with life-threatening illnesses is well established. Furthermore, health-related quality of life (HRQoL) is reduced when body mass index (BMI) is elevated, but there are limited data on the effects of BMI on HRQoL in the general population or the aspects of HRQoL that are most affected. The objective of this study was to investigate the relationship between BMI and HRQoL, and any differences between men and women using data from the 2003 Health Survey of England. **METHODS:** HRQoL (derived from EQ-5D responses) data from the 2003 Health Survey of England was used. Responses from 14,836 individuals were utilised, and univariate regression and linear regression analyses, controlling for confounding factors such as obesity related co-morbidities, were conducted to examine the relationship between BMI and HRQoL. **RESULTS:** A significant association between BMI and HRQoL was found after controlling for gender, age, age when left school, manual work, and five obesity-related morbidities. The maximum HRQoL was reached at a BMI of 26.0 in males and at a BMI of 24.4 in females, which means that BMI is negatively associated with HRQoL for both underweight and obese individuals. At higher BMI values, men reported higher HRQoL than women, suggesting that obesity and being overweight has a greater impact on HRQoL for females than for males. At lower BMI values, HRQoL was lower in men than women. In women, all five dimensions of the EQ-5D (mobility, self-care, usual activity, pain and anxiety) worsened with obesity—in men, all but anxiety were worsened. **CONCLUSIONS:** There is a significant association between BMI and HRQoL in males and females in the general population. Nearly all aspects of HRQoL are adversely affected by elevated BMI. The optimum HRQoL is achieved with a BMI of approximately 25 for both males and females.

PIH20

WEIGHT-RELATED MORBIDITY AND FAMILY DISRUPTION FOLLOWING PEDIATRIC EMERGENCY DEPARTMENT TREATMENT (PED) OF ACUTE MINOR INJURYHainsworth KR¹, Drendel AL¹, Stevens MW²¹Medical College of Wisconsin, Milwaukee, WI, USA, ²Medical College of Wisconsin; Children's Hospital of Wisconsin, Milwaukee, WI, USA

OBJECTIVES: Obesity is a growing problem for children, yet little is known about the impact of weight on acute injury. Determine relationships between weight and morbidity/family disruption for children treated and discharged home from PED for minor injuries (soft tissue injuries, lacerations, sprains, strains, and minor head injury). **DESIGN/METHODS:** Prospective pilot study of children treated and discharged to home. Families completed questionnaire and interview in PED and at 1-week telephone follow-up. Patients divided into two groups: 1) healthy weight (HW; BMI >5th <85th percentile), or 2) overweight (O; BMI ≥85th <95th percentile) combined with obese (Ob; BMI ≥95th percentile). **RESULTS:** Thirty-five families completed follow-up. Mean patient age = 8.33 years; weight ranged from 28.6 – 207.5 pounds ($M = 86.9$, $SD = 53.0$). Consistent with previous reports, O/Ob children accounted for 4 of 5 fractures. At baseline, increased weight was significantly correlated with parent reports of decreased HRQOL (Pediatric Quality of Life Inventory) across all domains: Total ($r_s = -0.553$, $p = 0.001$), Physical Summary ($r_s = -0.473$, $p < 0.005$), Psychosocial Summary ($r_s = -0.541$, $p = 0.001$), Social ($r_s = -0.481$, $p < 0.005$), and School ($r_s = -0.554$, $p < 0.005$), with the exception of Emotional. Increased weight was significantly correlated with increased number of post-injury days identified by parents as abnormal ($r_s = 0.433$, $p < 0.005$). ED physicians were more likely ($\phi = 0.655$) to recommend a follow-up visit for patients identified as O/Ob than HW, despite similar injury type and body part affected. However, parents of O/Ob children were more likely ($\phi = 0.454$) to report that their family was “back to normal” at 1-week follow-up. **CONCLUSIONS:** Increased weight was correlated with decreased QOL at baseline, and greater morbidity and family disruption for pediatric patients with acute injuries treated in the ED. Future research is needed to further explore these findings.

PIH21

EFFICACY OF TREATMENT AND PATIENT SATISFACTION IN TREATMENT OF CLIMACTERIC DISORDERS WITH SOY ISOFLAVONES: FRENCH APPROACHMares P¹, Bruel P², Boussetta S³, Taieb C⁴¹Gynecologist Dpt, Nimes, France, ²Plantes et Médecines, Castres, France, ³Pierre Fabre, Boulogne Billancourt, France, ⁴Pierre Fabre, Boulogne, France

OBJECTIVES: In France, some 10 million women are undergoing the menopause, while 300,000 to 500,000 become menopausal every year. Climacteric disorders, of variable intensity and frequency, can be found in more than 50% of them. Upon occurrence of the menopause, 30 to 50% of women also complain of non-specific disorders (sleep difficulties or mood swings, symptoms of depression, etc.), which the same as hot flushes, can be highly debilitating and alter the quality of life of the patient and those around her, in her private and professional life. The authors have assessed patient satisfaction with regard to treatment of these disorders with 2 daily capsules of Soy+Mag, or one daily 37.5 mg dose of soy isoflavones in the form of aglycone. **METHODS:** 78 menopausal patients complaining spontaneously of hot flushes during a medical consultation were included in this pragmatic study, carried out under real-life conditions. The study protocol consisted of assessing changes in patients'

functional symptomatology and quality of life. This involved self-questionnaires, which included the Menopause Rating Scale (MRS), the Epworth scale, the Short Form 12 (SF12) and the Centre for Epidemiologic Studies Depression Scale (CES-D), being filled out at D0 by the investigator, the patient and her spouse, then at D56 by the patient and her spouse only. **RESULTS:** Upon inclusion, the average age of patients was 54.8 years, with an average BMI of 24.1. Their most recent menstruations were an average of 4.1 years ago, and they complained of hot flushes, joint pain and sleep difficulties. After 56 days of treatment with Soy+Mag, a statistically significant decrease in hot flushes was observed (the most frequently found symptom upon inclusion), along with a statistically significant improvement in global, somatic and psychological symptomatology linked to menopause, and a statistically significant improvement in the patients' quality of life from a psychological standpoint. These complaints and their improvement were also clearly identified by the investigator and the spouse, though with a differing intensity that could explain the lack of improvement in quality of life of the spouse, despite the benefits perceived by his wife. **CONCLUSIONS:** The interest in Soy+Mag in treating the functional symptoms of menopausal patients is confirmed by the statistically significant improvement in hot flushes and psychological symptoms. This study has shown that treatment of the functional and psychological symptoms of menopausal patients can be noticeably improved by using soy isoflavones.

INDIVIDUAL'S HEALTH—Health Care Use & Policy Studies

PIH22

PRICE-ELASTICITY OF DEMAND FOR INFERTILITY SERVICES IN GERMANY

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OBJECTIVES: Assisted reproductive technologies (ART) are frequently targeted for budget cuts and rationing because infertility is often considered a low priority. Treatments options are varied where in-vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) are some of the more interventional and expensive methods. In 2003, in an effort to control expenditure, the German health authorities decreased funding for ART which increased costs faced by consumers for IVF and ICSI from €0 to €1500 and €2000 per cycle, respectively. Based on increased costs to consumers we estimated the price-elasticity of demand for fertility services in Germany. **METHODS:** IVF and ICSI cycle data was obtained from the Deutsches IVF Register five years prior, and one year following implementation of the funding change. Because demand surged in the year prior to the new policy, demand was based on the average five-year change in cycles as well as the demand one year prior to funding cuts. The arc-price elasticity of demand method was used to derive elasticities. The cross-price elasticity of clomifene was also evaluated to assess whether substitution with this low cost treatment occurred resulting from increased IVF and ICSI costs. **RESULTS:** The average annual growth rate for IVF and ICSI cycles during the five-year period prior to the policy change was 8% and 30%, respectively. Growth rates the year prior to the policy change were 17% and 36% for IVF and ICSI, respectively. Based on the averaged five-year change prior to the policy change we estimate price-elasticities one year after the policy for IVF and ICSI of 0.38 and 0.09, respectively. The price elasticity based on 1-year change in demand for IVF and ICSI was 0.41 and 0.34, respectively. The cross-price elasticity for clomifene was 0.01 suggest-

ing demand was independent of IVF and ICSI. **CONCLUSIONS:** The price elasticity ratios suggest demand for IVF and ICSI in Germany is relatively inelastic i.e., demand is not associated closely with price changes. This finding may be regarded as contrary to the 50% reduction in IVF/ICSI cycles observed suggesting demand is price sensitive. This can be explained by a much larger percentage increase in price than the percentage reduction in services demanded. If demand for IVF/ICSI were elastic (i.e., elasticity >1.0) the reduction in cycles would have been much larger. The near zero cross-price elasticity for clomifene suggests demand is independent of IVF/ICSI. These findings can help policy makers estimate the consequences of increasing patient co-payments for ART in the future.

PIH23

MEDICATION COSTS IN ELDERLY PATIENTS

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OBJECTIVES: Polypharmacy in elderly patients has grown in the last decade giving place to new therapeutic and economic challenges. The aim of this study was to characterize the nature of polypharmacy and to identify associated direct drug costs. **METHODS:** A community pharmacy based cross-sectional study was carried out using the brown-bag review methodology. Elderly patients (≥ 65 years old) currently taking 4 or more drugs were invited to participate in the study. Drugs were classified using ATC codes and costs were identified as the retail prices. SAS Guide version 4.0 was used for statistical analysis, 95% confidence intervals for the average costs per patient and Mann-Whitney Wilcoxon test to identify differences between expenditure patterns were used. **RESULTS:** A total of 1597 patients (66% women, mean age 74.5 ± 6.4 years) were recruited in 158 pharmacies. Average medicines consumption was found to be 7.6 per patient. Mean daily cost per patient was €3.2 (CI 95%: 3.1–3.3). Differences in costs according to age, gender, educational level or residential area were not statistically significant. Simvastatin, omeprazol and clopidogrel were identified as the most costly drugs. **CONCLUSIONS:** Polypharmacy was found to be highly prevalent amongst Portuguese elderly population. Associated direct daily drug costs in these patients were found to be three times higher when compared to the general population.

PIH24

ASSESSMENT OF CURRENT CLINICAL PRACTICE AMONG PHYSICIANS AND SEX THERAPISTS REGARDING ERECTILE DYSFUNCTION (ED) TREATMENT INITIATION WITH PHOSPHODIESTERASE-5 INHIBITORS (PDE5I)

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OBJECTIVES: The aim of this study was to assess the self-reported clinical practice of physicians, when assessing a patient presenting with ED for the first time and to understand physician's and sex therapist's views on current ED management. **METHODS:** The study was conducted during the 2008 annual congress of the European Association of Urology (EAU). Delegates visiting the Pfizer exhibition booth were requested to complete an electronic survey consisting of six closed questions. Respondents, who were physicians/sex therapists, were selected for analysis. In addition to demographics, the questions addressed average frequency of seeing new ED patients/month, iterative actions taken when an ED patient presented for the first