hospital mortality, length of stay, resource use and the TISS 28, a tool developed to assess workload of hospital staff for intensive care patients. Economic aspects were assessed using published average daily costs as approximation of item costs.

RESULTS: A total of 62% of ARDS patients were male, median age of 55 years, and most patients with socioeconomic data were either working or in retirement. The main predisposing events for ARDS were sepsis (51%), pneumonia (35%) and trauma or surgery (28%). During the initial hospitalization 70 patients (36%) died. Overall length of hospital stay was 31 ± 41 (mean ± SD) days, with most days spent in the Intensive Care Unit (ICU; 20 ± 21 days) and General Ward (8 ± 22 days). On average patients were artificially ventilated for 16 ± 14 days and intubated for 16 ± 15 days. As assessed by the TISS 28, the average daily TISS score was 33 ± 10, which corresponds to a nursing time of 5.9 hours per day, and mainly related to basic activities (12 ± 3), ventilatory support (6 ± 2) and cardio-vascular support (10 ± 5). Average overall hospital costs amount to 38,263 USD per patient.

CONCLUSIONS: ARDS is a severe condition with high nursing workload, thereby resulting in high treatment cost.

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**CHRONIC OBSTRUCTIVE PULMONARY DISEASE: A COMPARISON OF ESTIMATES OF HEALTH-RELATED UTILITY (EQSD) FROM SF36 DATA ALONE, THE SF36 PLUS LUNG FUNCTION DATA, AND THE SF36 PLUS THE ST. GEORGE’S RESPIRATORY QUESTIONNAIRE PLUS LUNG FUNCTION DATA**

*By the Generic EQ-5D Differentiate Between COPD and Severe Asthma?*

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**OBJECTIVES:** Chronically obstructive pulmonary disease (COPD) is a debilitating disease. The purpose of this study was to characterize the association between various clinical and quality of life outcome parameters typically used to characterise respiratory illnesses, and utility, as measured by the EQ5D index.

**METHODS:** Data were abstracted from the Health Outcomes Data Repository (HODaR), an ongoing survey of patients in a UK region that included the EQ5D and the SF36 and the St. George’s Respiratory Questionnaire (SGRQ). Detailed lung function data (LFD) were also available on the same patients for the 12-year period. Generalized linear models were used to estimate utility from predictor variables and goodness of fit was ascertained by the proportion of predictions lying within 0.03 utility units.

**RESULTS:** Complete data were available on 444 subjects. A multinominal regression model mapped the clinical data from 315 (71%) of these subjects to EQ5D index and the subjects. A multinomial regression model mapped the clinical data set. Three models were applied to the test data set resulting in 33%, 33% and 29% of predictions within 0.03 units, respectively. For subjects with moderate to severe COPD (based on the GOLD classification) 49%, 53% and 79% of predictions were within 0.03 units, respectively. The corresponding figures for none or mild COPD (GOLD classification) were 47%, 49% and 86%, respectively. CONCLUSIONS: It was possible to reliably model the EQ5D index from the SF36 in respiratory disease; however, models that included the lung function data provided a marginal improvement, and the availability of the StGFRQ conferred further improvement within the construction data set.