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**APPLICATION OF THE HUNTINGTON QUALITY OF LIFE INSTRUMENT (H-QOL-I) FOR COPD PATIENTS IN FRANCE AND ITALY: A PROSPECTIVE COMPARISON STUDY**

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**OBJECTIVES:** The Huntington Quality of Life Instrument (H-QOL-I) is a self-administered instrument developed specifically to measure the quality of life of patients affected by the Huntington’s disease (HD). It was originally developed and validated for France and Italy. This study aimed to validate the US version of H-QOL-I.

**METHODS:** The H-QOL-I was composed of 11 items organized into 3 dimensions: motor functioning (6), psychological (4) and social functioning (1). Items response options included 1 (no problem) to 5 (severe problem). Internal consistency testing was performed using Spearman correlation coefficient (rS). Exploratory factor analysis was employed to identify underlying dimensions. Reliability was assured by back-translation of the instrument by native speakers and then review by local clinicians and adjustment as required.

**RESULTS:** A total of 158 participants were included in the study: 78 French patients and 80 Italian patients. All patients were diagnosed as having HD and were recruited through several HD centers in France and Italy. The mean (± standard deviation) age of patients was 50.7 (±12.7) years. The majority of patients were female (65.8%). The Cronbach’s alpha coefficients were higher than 0.8 for the 3 dimensions. The factor analysis explained 70% of the variance and the same structure was found in both countries. The mean (± standard deviation) H-QOL-I total score was 1.2 (±1.5) in France and 1.3 (±2.0) in Italy.

**CONCLUSIONS:** The H-QOL-I showed a good reliability despite the item reduction. The factor analysis showed the same structure as the French and Italian version. Internal consistency was satisfactory for all dimensions, ranging from 0.62 to 0.90. The correlation of each item with its associated dimension was higher than its correlation with the other dimensions (item discriminate validity). The external validity supported the anticipated correlations between each dimension and the clinical and functional dimensions of the Huntington Clinical Self-Reported Instrument (H-CSRI) and the EQ-5D index score. The correlation between total H-QOL-I score and EQ-5D index score was 0.76.

**CONCLUSIONS:** The H-QOL-I, which has sound psychometric properties, is a valid instrument for measuring the disease specific Health Related Quality of Life (HRQoL) of patients with HD in the US.

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**EFFECTIVENESS OF TEXT MESSAGE REMINDERS IN ASTHMA MEDICATION ADHERENCE: A SYSTEMATIC REVIEW**

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**OBJECTIVES:** This post-hoc analysis examined the relationship between the text message reminders and adherence to asthma medication by comparing adherence among individuals who received text message medication reminders and those who did not.

**METHODS:** A systematic review of the literature was conducted to identify published studies. Literature search was restricted to English language and no restrictions were imposed on the year and country of publication. Medication adherence was the primary measure of intervention in eligible studies. Eligible studies had to have a control group, and had to assess the impact of text message reminders on medication adherence. Text message reminders had to include at least one of the following: process of quitting or never having smoked.

**RESULTS:** Three of these studies were randomized control trials and one was a non-randomized control trial. Three of the studies found text message reminders improved medication adherence among individuals who received them when compared to those who did not. A single study, conducted by Culture of quitting (CQ), was not included in the meta-analysis because of the risk of bias.

**CONCLUSIONS:** Text message reminders can help improve medication adherence among individuals with asthma. Future studies are needed to strengthen the evidence on the effectiveness of text message reminders, patient accessibility to this technology, and its acceptance by health care providers.

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**EVALUATING THE EFFECTIVENESS OF SELF-DIRECTED INTERVENTIONS TO IMPROVE ADOPTION OF STOP SMOKE OPTIONS AMONG YOUNG ADULTS IN URBAN CHINA, SMOKEING IS ASSOCIATED WITH DECREASED HEALTH STATUS AND WORK PRODUCTIVITY AND INCREASED HEALTH CARE RESOURCE USE**

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**OBJECTIVES:** Chronic obstructive pulmonary disease (COPD) is prevalent among older adults in China and widespread among smokers. This study assessed health outcomes of COPD-diagnosed smokers vs. never smokers in urban China.

**METHODS:** National Health and Wellness Survey (NHWS) 2010 and 2012 China data were analyzed. NHWS is a mixed-methodology, Internet-based, nationwide survey of adults (≥18 years) stratified by gender and age to represent the demographic composition of urban China. Respondents self-reporting diagnosis with COPD were categorized as having full 64 reminders of quitting or never having smoked.

**RESULTS:** Respondents reported on health status: SF-36v2-based Mental (MCS) and Physical (PCS) Component Summary scores and SF-6D health utilities; productivity loss: Work Productivity and Activity Impairment questionnaire-based metrics, and energy level. Overall, 32.7% of smokers had COPD (i.e., 8.56 vs. 11.09 years), employed, wealthier, partnered, more energy level, with higher comorbid risk (all p<0.05) Adjusting for covariates, smokers vs. never smokers had lower health utilities (0.62 points, p<0.01), PCS (2.4 points, p<0.01), and higher rates of absenteeism (44.7% greater, p<0.02), impairment (22.3%, p<0.01), and modality impairment (16.5%, p<0.02). Respondents with COPD (i.e., 8.56 years of age and older with CF and a G551D-CFTR mutation, the EQ-5D index and VAS were lower among patients with no (FEV1 < 50% predicted) vs. those with mild (50% ≤ FEV1 < 70%), moderate (70% ≤ FEV1 < 80%) vs. severe: 45.5%) and 5.6% (no lung dysfunction: 15.9%; mild: 6.9%; moderate: 2.4%; severe: 0.9%). The EQ-5D index and VAS were lower among patients with no (FEV1 < 50% predicted) vs. those with mild (50% ≤ FEV1 < 70%), moderate (70% ≤ FEV1 < 80%) vs. severe: 45.5%) and 5.6% (no lung dysfunction: 15.9%; mild: 6.9%; moderate: 2.4%; severe: 0.9%). The EQ-5D index and VAS were lower among patients with no (FEV1 < 50% predicted) vs. those with mild (50% ≤ FEV1 < 70%), moderate (70% ≤ FEV1 < 80%) vs. severe: 45.5%) and 5.6% (no lung dysfunction: 15.9%; mild: 6.9%; moderate: 2.4%; severe: 0.9%). The EQ-5D index and VAS were lower among patients with no (FEV1 < 50% predicted) vs. those with mild (50% ≤ FEV1 < 70%) vs. severe: 45.5%) and 5.6% (no lung dysfunction: 15.9%; mild: 6.9%; moderate: 2.4%; severe: 0.9%).