reasons for switching and/or non-adherence included: fever (45%), build-up of scar tissue from continued injections (35%), not feeling as if their medication is working (32%), kidney distress (26%), experiencing a relapse (19%) and insomnia (18%). CONCLUSIONS: We set out to learn why patients switched from one drug to another, not just information that a switch occurred. The more we know about patient behavior, the more we can actively plan and organize patient-centric research, development and outreach. Our results demonstrate that using physician-patient interaction data can add tremendous value to outcomes research and health care decision makers.

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A RELATIONSHIP BETWEEN EQ-SD HEALTH STATE CLASSIFICATIONS AND VAS SCORES IN PARKINSON’S DISEASE

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OBJECTIVES: Parkinson’s disease is a neurodegenerative disorder with an estimated incidence of 40-50 cases per 100,000 habitants per year. The EQ-SD health-related quality of life instrument comprises a health state classification followed by a health evaluation using a visual analogue scale (VAS). In this paper, we examine the correspondence between VAS scores and health state classifications for a Mexican sample, and identify variables which contribute to determining the VAS scores.

METHODS: A Mexican retrospective study of patients having Parkinson’s disease from the National Institute of Neurology and Neurosurgery (NNNN) provided EQ-SD utility index scores (0.59 to 1.0), severity, psychosis and socio-demographic characteristics had been collected using other instruments. A stepwise linear regression model was fitted, in which the choice of predictive variables is carried out by an automatic procedure. VAS score was the dependent variable, independent variables comprised EQ-SD health state classifications, severity, age, psychosis and socio-demographic characteristics.

RESULTS: 248 Mexican patients were evaluated in the model: 54% were male, 46% female; 74% had moderate severity and 73% had advanced severity; in addition, 16.5% of patients hadn’t formal education compared to 21% of patients having college or higher education. Finally, 60.1% of patients were 60 years old or more when the retrospective study was performed. Health state classifications (personal hygiene, mobility and anxiety/depression) were statistically significant fitting the model. In addition, VAS score was influenced also by the subject’s educational attainment (p-value<0.05, R²=0.19). Changes in VAS score were explained by changes in both EQ-SD mobility and anxiety. CONCLUSIONS: In this sample, VAS scores were predictable from the EQ-SD health state classifications (personal hygiene, mobility and anxiety/depression), although there also existed another variable (educational attainment) which contributed systematically and independently towards determining such scores.

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VAS EQ-SD UTILITY INDEX IN PARKINSON’S DISEASE

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RESULTS: EQ-5D health state classifications (personal higiene, mobility and anxiety/depres-