EQ-5D as a generic health outcome instrument in children and adolescents with cystic fibrosis (CF) in Germany. METHODS: A multicentre study was conducted in four CF centres in Germany in 2006. Quality of life data from 96 patients between eight and seventeen years was collected using the child-friendly EQ-5D as a generic outcome instrument and the Cystic Fibrosis Questionnaire (CFQ) as a disease-specific instrument. Results of both instruments were compared by statistical analyses using Spearman’s rank correlations. RESULTS: A total of 44.6% of the patients stated that they have no problems in any of the EQ-5D dimensions. Several low to high correlations between separate dimensions and the visual analogue scale of the child-friendly EQ-5D and the different scales of the CFQ for children, their parents and adolescents were observed. Looking at the five EQ-5D dimensions the highest correlation (r = 0.638, p = 0.01) was found between the dimension ‘happiness/worry/sadness’ and the CFQ scale ‘emotional state’ in adolescent patients. The overall highest correlation was found between the ‘subjective health perception’ and the visual analogue scale (r = 0.753, p = 0.01) in adolescent patients over 13 years. Aside, additional correlations between sociodemographic and quality of life data were reported. It is noticeable that in many cases patients reported ‘good’ EQ-5D health states despite an at least fairly high disease activity according to the physicians’ classification. An explanation might be coping. CF is a congenital condition and patients learn to live with the disease hence, not perceiving limitations as bad as expected. CONCLUSION: Overall, the child-friendly EQ-5D can be considered a valid generic health outcome instrument which reflects changes in health of children and adolescents according to the progression of this lifelong chronic disease cystic fibrosis.

**PIH17**

**TEMPORAL PATTERNS IN HEALTH RELATED QUALITY OF LIFE IN HOSPITALIZED PATIENTS IN THE UNITED KINGDOM**

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OBJECTIVES: Health related quality of life (HR-QoL) is studied in clinical trials to measure efficacy at the level of individual patients; at the population level HR-QoL reflects health system performance. The purpose of the study was to examine temporal variation in HR-QoL in light of potential bias in study outcomes, and to inform health policy guided by return on recent investment in the UK National Health Service (NHS). METHODS: A total of 23,356 hospitalisations in HODaR, a prospective patient database at Cardiff and Vale NHS Trust, were analysed for self-reported EQ-5D scores recorded routinely post-discharge during the 2002–2006 period. RESULTS: The mean annual EQ-5D for hospitalized population remained stable during the observation period for the general population and in subgroup analysis. In contrast, when records from all years were grouped in categories corresponding to months of survey, differences were significant (p < 0.001); the lowest score was observed in May 0.622 [95%CI: 0.609–0.635] and the highest in July 0.674 [0.661–0.687]. When adjusted for age, sex, BMI, exercise, smoking and Charlson comorbidity index, the highest positive monthly effect on HR-QoL was reported in July (0.032, p < 0.001) and negative in February (−0.028, p = 0.003) and April (−0.019, p = 0.0015). For robustness, month effect on all EQ-5D domains was analysed. As expected, in July item scores decreased (increasing HR-QoL) significantly for all the domains. In December and April item scores were higher, but the effect was not significant. EQ-5D scores were highly heterogeneous within individual Health Related Groups and did not reproduce the temporal pattern of the general population. CONCLUSION: Asynchronous measurements of quality of life for different treat-