possible scenarios. CONCLUSIONS: Conjoint analysis can be used to assess the preferences of patients with schizophrenia, and such preferences appear valid and relatively consistent. Although further validation and refinement is needed, our results indicate that conjoint analysis is a feasible and beneficial method for measuring patient preferences among patients with schizophrenia.

RELATIONSHIP BETWEEN CLINICAL OUTCOMES AND PATIENTS’ REPORTED OUTCOMES IN SCHizophrenia: THE CONTRIBUTION OF THE EQ-5D.

Scalone L1, Pirfo E2, Mencacci C3, Ferrarianni L1, Bertó P2, Sturkenboom MC4, Bernareggi M1, Giustra MG1, Manzoni LG5
1Centre of Pharmacoeconomics, Milan, Italy, 2Mental Health Department G. Maccacaro, Torino, NA, Italy, 3Mental Health Department, Milan, NA, Italy, 4Mental Health Department, Milan, NA, Italy, 5Mental Health Department ASL 3, Genova, Italy.

OBJECTIVES: Different instruments are available to assess health in individuals with psychiatric illness. We aimed to identify the complementary value of some different instruments to assess health and health changes in schizophrenic patients.

METHODS: We analysed data from a naturalistic, prospective cohort study, called COMETA, which involved 637 patients aged 18–40 years, 65.0% male, with schizophrenia (86.5%) or schizoaffective disorder (13.5%), enrolled in 2006–2007 and followed up to 52 weeks. Symptoms and functional changes were assessed with the physicians’ rated scales Positive-And-Negative-Symptome-Scale (PANSS), Global-Assessment-of-Functioning (GAF), Clinical-Global-Impression-Severity (CGI-S). The physicians’ opinion was asked to assess compliance toward antipsychotic treatment. Patients reported their attitude toward treatment with the Drug-Attitude-Inventory (DAI-30). QoL was assessed with EQ-5D and SF-36. We investigated whether relationships exist between scores obtained from the different scales.

RESULTS: At enrolment, significant correlations were found between PANSS, GAF, CGI-S scores (r, absolute value = 0.674–0.766). Every QoL score significantly correlated each other (r = 0.360–0.582). Correlations were lower between QoL and clinical severity scores (0.113–0.282) or DAI-30 score (0.142–0.274). Each instrument showed an average improvement in the patients’ condition after 52 weeks. However, scarce correlation was found between clinicians’ and patients’ reported changes. CONCLUSIONS: Both clinicians’ and patients’ reported outcomes are necessary for a complete evaluation of schizophrenic patients’ health. Furthermore, its brevity, and its immediateness of data reading and interpretation are reasons for considering its introduction into the physicians’ armamentarium for practice.

PATIENTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER 2-YEAR ASSESSMENT OF IMPACT ON QUALITY OF LIFE AND CLINICAL SEVERITY: RESULTS FROM ADORE STUDY IN FRANCE

Le Heuzey MF1, Tcherny-Lessenot S2, Raimond C2
1Robert Debre Hospital, Paris, France, 2Lilly France, Suresnes, France

OBJECTIVES: To present 2-year results on treatments prescribed and their impact on quality of life (QoL) and clinical severity of children with Attention Deficit / Hyperactivity Disorder (ADHD).

METHODS: ADORE is a 2-year, prospective, international observational study in ADHD. Treatments were classified as pharmacotherapy, psychotherapy, pharmacotherapy and psychotherapy combination, other, and none. As patients were allowed to change treatment, different patients may be included in each group at different endpoints. QoL was measured with the Child Health and Illness Profile (CHIP-CE). Clinical ADHD outcomes were measured with ADHD-Rating scale parent version (ADHD-RS), CGI-Score scale, Children’s Global Assessment Scale (CGAS) and Strengths and Difficulties Questionnaire (SDQ). Changes in outcomes presented hereafter were estimated on all patients followed 2 years and having at least baseline and 24 months visits.

RESULTS: Among 255 French patients eligible for analysis, mean age (SD) 8.8 years (2.3), 87.5% male, 137 (53.7%) were followed over 24 months. Treatments were respectively at baseline and 2 years: pharmacotherapy 23.0% & 29.1%, combination pharmacotherapy/psychotherapy 36.6% & 47.0%, psychotherapy 27.2% & 12.7%, other treatment 4.7% & 3.0% and none 8.5% & 8.2%. Between baseline and 2 years, CHIP-CE quality of life improved: mean change from baseline was +5.7 (12.9) for satisfaction, +8.6 (11.8) for achievement, −13.4 (13.0) for risk avoidance, +5.2 (12.4) for resilience and +5.2 (9.6) for comfort. Between baseline and 2 years, mean ADHD-RS change was −18.3 (9.9) leading to a final score of 21.4 (10.7) at 2 years. CGAS mean change was +15.8 (15.5) leading to a final score of 67.1 (16.2). Mean CGI-S change was −1.5 (1.4) leading to a final score of 3.2 (1.3). Rate of patients with ≥1 comorbidity decreased from 76.5% to 54.0% and severity of comorbidities also decreased. CONCLUSIONS: After 2 years, French patients suffering from ADHD symptoms enrolled in this study benefited from improvement of QoL and clinical severity. Interpretation is difficult due to patients changing treatments over the study.

SAD BLUE DEPRESSED DAYS, HEALTH-RELATED QUALITY OF LIFE, AND HEALTH BEHAVIORS AMONG WOMEN IN A UNIVERSITY COMMUNITY

Bastardo YM
Central University of Venezuela, Caracas, Venezuela

OBJECTIVES: To explore the association between Sad Blue Depressed Days (SBDD), health-related quality of life, and health behaviors among women in a university community in Venezuela.

METHODS: A random sample of 71 women ranging in age from 18 to 72 years was surveyed using a written questionnaire. The questionnaire included the SBDD question from the Behavioral Risk Factor Surveillance System (BRFSS) and the SF-36 Health Survey. The associations among SBDD, SF-36, demographics, and health behaviors were estimated computing Pearson correlation coefficients for continuous variables and Kendall’s tau for categorical variables.

RESULTS: The sample had a mean age of 31.98 years (s.d.13.86). The prevalence of alcohol consumption during the previous month was 63.4% and for smoking it was 16.9%. About 60% of the sample reported no exercising regularly during the previous month. Most of the respondents reported sleeping problems. Respondents reported a mean of 4.33 (s.d.7.89) SBDD in the previous 30 days. Young women aged 18–24 years reported the highest number of SBDD (7.51, s.d. 9.80), whereas older women aged 45+ reported the lowest number (1.50, s.d. 3.86). About 80% of respondents reported one or more SBDD including 18.3% who reported 14 or more SBDD. The SF-36 showed good internal consistency reliability. Respondents scored higher in Physical Functioning (91.76, s.d.10.53) and lower in Vitality (62.25, s.d. 20.07). SBDD correlated significantly with all SF-36 domains, except Physical Functioning and Bodily Pain. SBDD was associated to lack of regular exercise, sleeping problems, and poor perception.
of emotional support. CONCLUSIONS: This exploratory study supports the construct validity of the SBDD measure because SBDD was associated with SF-36 domains in expected ways. SBDD was associated with certain predictors of future health status, including health behaviors such as regular exercise. SBDD could be used as a community indicator to assess the burden of mental distress in women in Venezuela.

PMH42

HEALTH-RELATED QUALITY OF LIFE OF MARRIED, WORKING WOMEN WITH CHILDREN (SUPERWOMAN SYNDROME) IN KOREA
Kim S1, Park S2, Park H3
1Kyung Hee University, Seoul, South Korea, 2Kyung Hee University, Yongin, Gyeonggi-Do, South Korea, 3Pochon CHA University, Sungnam, Gyeonggi-Do, South Korea

OBJECTIVES: To assess health-related quality of life (QoL) of married, working women with children (working-moms) faced with psychosocial stress (known as superwoman syndrome).

METHODS: A total of 200 working-moms (aged 40.2 ± 5.3) were recruited randomly by telephone, and a questionnaire was administered to classify types of superwoman syndrome: self-reliance type (ST), conflict type (CT), and additive type (AT). To compare, a community samples of aged group (n = 80, aged 70.0 ± 5.9) were recruited at a local community center. We measured QoL using SF-36v2 for both groups. RESULTS: As expected younger working-moms reported significantly higher physical function (PF: 79.7 ± 18.7 vs. 71.9 ± 21.9; p = .0031) and mental health (MH: 49.2 ± 15.3 vs. 41.0 ± 14.8; p < .0001). On the contrary role-physical (RP: 78.9 ± 23.6 vs. 80.5 ± 22.5) and role-emotional (RE: 77.2 ± 25.0 vs. 83.2 ± 24.0) scores were lower than aged. Additionally, social functioning (SF) was significantly lower in working-moms (p < .0003). Further by types, most physical-related scales of ST group (n = 10) were significantly higher (all p’s < 0.0025), whereas vitality (VT) and MH were lower than aged. Majority of working-moms were classified as CT group (n = 169). They reported the same QoL patterns as total samples. Notably, AT group (n = 21) reported only MH (62.9 ± 13.8 vs. 41.0 ± 14.8; p < .0001) was significantly higher than aged, and rest were either similar (PF, VT), or significantly lower than aged (RP: 62.8 ± 24.6 vs. 80.5 ± 22.5; RE: 55.1 ± 26.6 vs. 83.2 ± 24.0; all p’s < 0.0002). CONCLUSIONS: Most working-moms reported higher functioning and well-being, but in fact they were limited in playing roles due to physical and mental problems. It is suspected that they are denying and suppressing their various health problems. Particularly, additive group report they are in well-being, but the study showed they are definitely nor. They even may develop mentally and physically-related diseases in the near future. Therefore, a cohort study is urgent for working, married women with children in Korea.

PMH43

THE SPANISH VERSION OF THE TOOL QUESTIONNAIRE: A USEFUL MEASURE FOR EVALUATING THE HRQOL AND UTILITIES FROM SCHIZOPHRENIC AND BIPOLAR PATIENTS
Maurino J1, Cordero L1, Montejo A2, Rebollo P1, Cuervo J3, Diez T1, Tafalla M1, Hernandez R1
1AstraZeneca Farmacéutica Spain S.A, Madrid, Spain, 2Salamanca University, Salamanca, Spain, 3BAP Health Outcomes Research, Oviedo, Spain

OBJECTIVES: Develop a cross-cultural translation, Swedish to Spanish, of TOOL questionnaire—a previously validated instrument to assess the impact of adverse effects (AE) on the health utilities and health related quality of life (HRQoL) in patients with schizophrenia and bipolar disorder.

METHODS: TOOL questionnaire has 8 attributes and 4 levels per domain (Likert scale). These domains are mood (anxiety and depression), functioning capabilities, and AE frequently associated with antipsychotic drugs (fatigue-weakness, weight gain, stiffness-tremor, physical restlessness, sexual dysfunction, and vertigo-nausea). Firstly, 4 independent translators (3 Spanish and 1 Swedish) carried out the forward-backward translations of the original TOOL questionnaire. Next, draft version was reviewed by an experts panel (5 psychiatrists & 1 GP specialized in HRQoL) and tested in 40 stable patients (20 schizophrenic & 20 bipolar). Regarding patients’ responses, comprehension and importance (C/I) of each item were evaluated by using a Likert scale ranging from 0 (lowest level of C/I) to 4 (highest level of C/I). Furthermore, feasibility and internal consistency were preliminary analyzed. RESULTS: According to experts’ criteria 3 items should be modified to facilitate comprehension: mood, physical restlessness and vertigo-nausea. However, C/I of items mean scores were respectively: mood (3.3/2.37); function capabilities (2.58/2.03); fatigue-weakness (3.58/2.55); weight gain (3.75/2.87); stiffness-tremor (3.65/2.61); restlessness (3.37/ 2.62); sexual dysfunction (3.39/2.51) and vertigo-nausea (3.56/2.44). Furthermore, only 2 patients (5%) were unable to complete this questionnaire. Internal consistency was high (Cronbach α = 0.87) and neither item ceiling nor floor effects were found in patients responses. Finally, the Spanish version of the TOOL questionnaire was reached by consensus. CONCLUSIONS: The Swedish TOOL questionnaire was culturally adapted into Spanish. Psychometric analyses are needed to validate this HRQoL measure in Spain. Moreover, a multiattribute utility function should be estimated to evaluate AE by using a patients’ centered perspective.

PMH44

LINGUISTIC VALIDATION, SENSITIVITY AND SPECIFICITY OF THE SCALE “DEPRESSION IN THE MEDICALLY ILL-18”
Las Hayas C, Padierna JA, Quintana JM, Orive M, Vrotsou K, Madrazo A, Aristegui E, Silva M
Hospital Galdakao-Usansolo, Galdakao, Spain

OBJECTIVES: 1) To develop a linguistically validated version of the DMI-18 in Castilian; 2) to evaluate its sensitivity and specificity as a screening tool for depression in a sample of patients with an organic illness attending the General Hospital of Galdakao—Usansolo; and 3) to compare its screening qualities with the ones of the most used screening tools, such as the Hospital and Anxiety Depression Scale (HADS), the Beck Depression Inventory Fast Screen (BDI-FS) and the Patient Health Questionnaire-9 (PHQ-9). METHODS: The DMI-18 was validated linguistically into Castilian using the translation—backtranslation method recommended by Aquadro, Conway, Giroudet, and Mear (2004). Researchers interviewed somatic patients (n = 11) and experts in depression (n = 3) to detect possible understanding difficulties in the DMI-18 questions. Dr. Parker, original author of the DMI-18, collaborated during the translation process. The sample was composed by 156 outpatients and inpatients that were attending some service of the Hospital. Patients completed the DMI-18, HADS, BDI-FS and the PHQ-9. Immediately afterwards a mental health clinician interviewed patients individually using a psychiatric semistructured interview (PRIME-MD) to state whether the patient presented or not an affective disorder. The resulting diagnoses coming from the self application of the screening tests were compared against the clinical assessments made by the expert in mental health. These data were used to calculate the sensitivity and the specificity of the DMI-18, and of the competing screening instruments. RESULTS: Using the clinicians valuation as the gold standard to assess the impact of adverse effects (AE) on the health utilities and health related quality of life (HRQoL) in patients with schizophrenia and bipolar disorder.

METHODS: TOOL