(31) for multiple sclerosis, 34 (33) for ankylosing spondylitis and 45 (33) for bipolar disorder. CONCLUSIONS: This study enabled ACCEP data to be collected in real life for a variety of chronic diseases. These data can be of major interest to help evaluating and interpreting level of acceptance in future studies.

PH54 A UTILITY ALGORITHM FOR THE PRESSURE ULCER QUALITY OF LIFE – UTLITY INSTRUMENT (PUQUL-UI)

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VITALS: Pressure Ulcers are an important health care problem, recognized as ‘Never Events’ by the US Government. To date, there is no instrument to capture patient experience of suffering, preferences and expectations. The Pressure Ulcer Quality of Life Utility Instrument (PUQUL-UI) is a condition specific preference-based measure designed to capture the impact of having a pressure ulcer (PU) on an individual’s health related quality of life and will allow calculation of QALY’s necessary for cost-effectiveness analyses. PUQUL-UI consists of 7 domains (Pain, Mobility, Activities of Daily Living, Energy, Depression, Burden and Social Function). Each domain has three possible response levels: ‘No bother’, ‘Little bother’, and ‘A lot of bother’. As a result of these domains, the PUQUL-UI indicates adequate levels of validity and may offer measurement advantages over the generic EQ-SD measure. CONCLUSIONS: The PUQUL-UI is a useful addition to the portfolio of condition specific utility measures available to researchers interested in economic evaluation of technologies for the management of pressure ulcers, and health care decision makers responsible for funding such technologies.
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OBJECTIVES: To clarify the difference of value for health states worse than dead (WTD) between Japan and UK. METHODS: A web survey was conducted asking respondents whether each health states is WTD before discrete choice experiment. RESULTS: The 4 interventions with 50% of all possible contrasts demonstrating WTD: The only domain not affected by WTD was Discomfort/Pain. There was no specific that the Mobility and Anxiety/Depression domains. No WTD was found for gender. Finally, non-uniform DIF was demonstrated for age group by intervention. The Mobility domain showed the presence of WTD.

The finding that the EQ-5D performs differentially depending on the patient group is an important one and means that the instrument should be used cautiously when comparisons across different surgical interventions are being made. This has potentially major ramifications for the use of the instrument as a measure of efficacy in the NHS.

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OBJECTIVES: Mental health of pregnant women is essential for maternal and neonatal health. However, there is little statistics of antenatal depression in China. This study aimed to investigate the prevalence of antenatal depression and explore its risk factors among pregnant women in Chengdu of China. METHODS: Women at the trimmer of pregnancy were screened for symptoms of antenatal depression at antenatal clinics of West China Second Hospital between 28 October 2013 to 28 February 2014 based on the Chinese version of the Edinburgh Postnatal Depression Scale (EPDS) and a psychosocial risk factors checklist.

RESULTS: A total of 2243 pregnant women aged 30±4.0 years participated in the survey. The mean EPDS score was 2.92, (SE=0.001), education level (P=0.001), occupation (P<0.001), (P=0.001), (P=0.001), and unplanned pregnancy (P=0.001) were associated with antenatal depression in univariable analysis but not multivariable analysis (P>0.05 for all).

Women who were dissatisfied with living conditions (OR=1.81, 95% CI: 1.38-2.38), who had a poor relationship with mother-in-law relationship (OR=2.20, 95% CI: 1.65-2.92), and had unplanned pregnancy (OR=1.34, 95% CI: 1.02-1.76) were more likely to show antenatal depressive symptoms.

CONCLUSIONS: Our study shows antenatal depression might be prevalent among Chinese women in Chengdu. Early detection and intervention for antenatal depression may be necessary to improve maternal and neonatal health after more systematic studies and reliable data are available.

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OBJECTIVES: Erectile dysfunction (ED) affects millions of males worldwide. While it is obvious that ED affects individuals Quality of life, the quantifiable data on dysnatality associated with ED is still lacking. Moreover, the health utility - impact has not been studied using multiple health utility instruments previously. Our aim was to quantify the dysnatality caused by different levels of the two preference-based health utility indices simultaneously. METHODS: A total of 462 middle-aged or older (52-75 year old) males responded to the five-item International Index of Erectile Function (IIEF-5) in the cross-sectional sample of Savitaople study in 2007-2008. The lower score in IIEF-5 (range 1-5) corresponds to more severe ED. Health utility was assessed with two separate validated preference-based instruments, 15D and SF-6D. Data were adjusted for age, number of morbidities and marital status. Minimally important differences (0.02-0.03 for 15D and 0.04 for SF-6D) were used to guide the clinical interpretation of the results. RESULTS: Both 15D and SF-6D were significantly correlated with IIEF-5 (p<0.001). When examining the ED categories, the adjusted marginal utility (0.023 in 15D and 0.028 in SF-6D) was statistically significant (p<0.05) and clinically noticeable even at the mild ED IIEF-5 score of 22-24. The marginal utility progressively increased with increasing level of dysnatality, and was highest among the males who had not had sexual activity in past 6 months (0.060 in 15D and 0.087 in SF-6D).

CONCLUSIONS: Erectile dysfunction can cause a substantial dysnatality on males. While this condition may be caused by the matter of public health problem societal, the marginal dysnatality associated with severe ED is comparable or even greater than dysnatality associated with many chronic morbidities.