(31) for multiple sclerosis, 34 (33) for ankylosing spondylitis and 45 (33) for bipolar disorder. **CONCLUSIONS:** This study enabled ACCEPTed 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.

**PIH49 ATTITUDE CHANGE AMONG 18-19 YEARS OLD BOYS AFTER SCHOOL-DRUG PREVENTION PROGRAM**

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**OBJECTIVES:** The aim of our study was to explore the efficiency of "FUGE" school-drug prevention program based on the students attitudes change. The program was made at the Zipernowsky Károly Secondary Technical School with a standard questioner. Pre-test was made 10 days before and post-test 10 days after the school program. 594 people was involved in the research. We used our data with the help of MS excel 2007 and we prepared a T-test with it. **RESULTS:** The results showed that the rate of those, who know everything about drugs have grown from 51,2% to 59,6% and those, who did not know anything decreased from 3,2% to 1,8%. The results suggest that the effects of the "FUGE" program also changed the student's sense of danger regarding drugs significantly. There was a significant change (p<0.008) in the trying of marihuana and hashish. Based on the given answer's T-tests there were also significant differences in the test of hallucinogenic drugs (p=0,012) and amphetamine, speed (p=0,046). There was an almost significant (p=0,071) correlation regarding the occasional usage of amphetamine, speed. Furthermore, after the program was made, significantly more students reported they used occasionally (p=0,001), used occasionally (p=0,005) and using regularly (p=0,003) herbal drugs is dangerous. However, less than 7% percent of the students agreed the statements: "I have learned a lot from the occasions." and "I received a lot of question that I was interested in earlier." **CONCLUSIONS:** "FUGE"-program is considered successful, because the participants' knowledge increased, their sense of danger changed, but only half of them had a positive opinion about the program. Information about drug usage not necessarily lead to changes in behavior.

**PIH50 PATIENT PERSPECTIVE: PRO COMPLIANCE AND EFFECTIVE REMINDER STRATEGIES**

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**OBJECTIVES:** Survey data results providing patient perspectives on compliance and reminder-use in studies including Patient Report Outcomes (PROs) is shared. This presentation looks at patients’ preferred reminder modes, identifies what may impact diary adherence, and discusses strategies to enhance patient satisfaction in future studies. **RESULTS:** Only 53.6% of patients reported always being compliant with completing diary entries. Factors associated with non-compliance were: disease management not easy to follow, lack of economic reimbursement, and reminder modes used were inconvenient to patients. **CONCLUSIONS:** Methods: A valuation exercise obtained Time Trade-Off values for 51 PRO-Ul health states in 200 interviews with the UK General Population. OLS, Random Effects and Fixed Effects linear regression models were fitted and used to evaluate the standard goodness of fit and estimation and validation sample predictive performance. **RESULTS:** The Random Effects model was superior in fit and predictive performance, with 83% of states predicted to within 0.1 of the observed mean. Analysis of the severity of the symptoms of the PRO-Ul indicates adequate levels of validity and may offer measurement advantages over the generic EQ-5D measure. **CONCLUSIONS:** The PRO-Ul 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.

**PIH53 TIME-TRADE-OFF MODELING OF HEALTH UTILITY VALUES FOR MENOPAUSAL SYMPTOMS AND THEIR TREATMENT**

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**OBJECTIVES:** Impaired Health-Related Quality of Life (HRQoL) of women due to various symptoms of menopausal impairments has been given increased importance in the past years. The objective of the present study is to estimate utility values for symptoms relevant for menopause-specific disturbances and to convert them into women’s willingness to give away months of life (time-trade-off) for relief of those symptoms.**METHODS:** A time-trade-off (TTO) model was applied to estimate the utilities of 7 symptoms caused by menopause impairments. A German version of the QualiPause Inventory (QPI) was used for assessing the severity of the symptoms. A total of 45 health states were valued out of a potential of 2,187 defined by the classification system. Logistic regression and Bayes methods were used to estimate the utility values. **RESULTS:** Utility values were converted into trade-off willingness for life months. Both methods led to almost identical results. The willingness to trade-off life months for relief of symptoms ranges between zero and 132 months of life with a median of 12 months. 25% of the women were willing to trade-off months/years for the relief of symptoms, using time-scaled graphic slide controls visible on the computer screen. A total of 45 health states were valued out of a potential of 2,187 defined by the classification system. Logistic regression and Bayes methods were used to estimate the utility values. Utility values were converted into trade-off willingness for life months. Both methods led to almost identical results. The willingness to trade-off life months for relief of symptoms ranges between zero and 132 months of life with a median of 12 months. 25% of the women were willing to trade-off more than 45 months, 5% more than 100 months and 1% even 332 months or more. Among the more severely rated symptoms are dryness of the vagina, bleedings, and anxiety. **CONCLUSIONS:** Time-Trade-Off techniques can be used to estimate utility values for health states affected by menopausal symptoms and their relief. These values can be used to estimate differential outcomes of hormone replacement therapy.

**PIH54 GEOGRAPHICAL VARIATIONS OF HEALTH PERCEPTION IN THE US, USING BRFSS DATA 2012**

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**OBJECTIVES:** To determine whether and how the location influences the way people perceive their health in the US using BRFSS data 2012. The explained variable, general health perception (1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor) was used as dependent variable. It has been considered to be a polytomous variable, as it has five ordered categories. **METHODS:** Using BRFSS data 2012, a descriptive study and chi-square test have been conducted crossing the general health variable with the location variable on a geographical level (New England, Mid-Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, Pacific and Guam/Puerto Rico). It has been followed by an ordered logit model to explain general health variable by the location using stepwise selection. **RESULTS:** The study has been carried on 474,124 weighted individuals from BRFSS data 2012. The chi-square value is 962,244 and the p-value was lower than 0.001. Some regions such as Pacific, mid Atlantic, mountain and new England were found in a higher proportion in terms of the excellent or very good health groups than in all the population (P: 11.7% and 10.6% vs 10.5%, MI: 11.9%, 11.7% and 11.6% vs 11.5%, NA: 11.4%, 11.4% and 11.4% vs 11.3%, S: 11.4%, 11.3% and 11.3% vs 11.2%)...