after the onset of dialysis. Thereafter, the risk of death increased on PD patients. Results were consistent in different propensity score models and in sensitivity analyses.

CONCLUSIONS: In conclusion, there was an initial survival advantage of PD compared with HD among younger or non-DM patients. As the increase in age, with the presence of DM, and vintage, this relative survival advantage vanished, and even reversed.

URINARY/KIDNEY DISORDERS – Cost Studies

PUK4

LONG-TERM HEALTHCARE RESOURCE CONSUMPTION AMONG HEMODIALYSIS PATIENTS AND PERITONEAL DIALYSIS PATIENTS IN TAIWAN

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OBJECTIVES: To compare health-care resource consumption associated with the long-term treatment of peritoneal dialysis (PD) and hemodialysis (HD) patients.

METHODS: Using Taiwan’s National Health Insurance Database, we identified all ESRD patients beginning dialysis between January 1, 1998 and December 31, 2004 and tracked their health-care resource consumption (defined as reimbursement medical points) for 3 years. Only patients with 90 days or more of treatment follow-up were included. For patients whose treatments were followed less than 36 months, resource consumption was prorated based on the period observed. Annual resources consumed by patients using different modalities were calculated. Both intention-to-treat (ITT) and as-treated (AT) approaches were employed. In AT analyses, patients were further divided into eight subgroups to understand the effect of modality transfer. We further conducted regression analyses to adjust for patient characteristics. RESULTS: A total of 48,565 patients met the study criteria, with 93.9% initiating HD and 6.1% initiating PD. In ITT analysis, the annual total health-care resource consumption for HD patients was higher than that for PD patients by 119,085 points. Compared to HD patients without switch, annual total health-care resource consumption for PD patients without switch was lower by 143,715 points in AT analysis. Those patients switching from HD to PD in any study year, or from PD to HD in the second or third treatment year, also consumed fewer resources. Higher resource consumption (12,556 points) occurred only in the 6.6% of PD patients with first-year switch to HD. CONCLUSIONS: Three-year aggregated treatment cost is highest in incident PD patients who switch to HD within the first year of treatment and lowest in PD patients without switch. Nonetheless, compared to patients starting HD without switch, PD demonstrated overall resource savings capacity in the incident dialysis population. Over 93.5% of patients beginning dialysis with PD demonstrated resource savings compared to less than 2% of those starting HD.

URINARY/KIDNEY DISORDERS – Patient-Reported Outcomes Studies

PUK5

COMPARISON OF SF-6D, EQ-SD AND VAS IN HEMODIALYSIS THAI PATIENT

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OBJECTIVES: To compare the utility scores of hemodialysis patients obtained from the EQ-5D (Euroqol), VAS (Visual Analog Scale), and SF-6D (Short Form-6 Dimensions which developed from SF-36) and to analyze the relationship between the utility scores and the HRQol scores using KDQOL-SF (Kidney Disease Quality of Life Short Form) disease specific questionnaire.

METHODS: This study was a cross-sectional study. Face-to-face interview included KDQOL-SF (consist of SF-36 and kidney disease questionnaires) and EQ-5D was conducted during November–December 2009 in 41 years in the sample of which 54% were male and 75% had a secondary or tertiary education. Most patients opted to answer the Malay language questionnaire (83%), compared to the English (6%) and Chinese (11%) language versions. Mean quality of life for the entire sample was a VAS score of 77.7 (SD 14). Very few respondents reported extreme problems in any health dimension. The highest rate of extreme problems was 2% for usual activity. Quality of life was found to be related to age and how the respondent felt on the day. The relationships were statistically significant. CONCLUSIONS: The EQ-SD appears to be able to measure the QOL of Malaysian dialysis patients. QOL of dialysis patients from this survey are similar the three disease specific dimensions, the SF-6D showed higher relationship on two dimensions. The Bland-Altman plots also suggested a pattern of agreement in favor of SF-6D with kidney specific dimensions. CONCLUSIONS: Utility scores from SF-6D, EQ-SD, and VAS illustrated consistent results with highest score on SF-6D. The SF-6D presented better agreement with kidney specific scales than EQ-SD and VAS. These findings implied that SF-6D could, to a certain extent, reflect HRQoL status of hemodialysis patients and might be use as the only QOL instrument for patient care to avoid patients’ burden on answering multiple questionnaires.

PUK6

EVALUATION OF PSYCHOMETRIC PROPERTIES OF THE JAPANESE VERSION OF THE NOCTURIA QUALITY OF LIFE QUESTIONNAIRE (N-QOL)

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OBJECTIVES: Nocturia has been reported to negatively affect health-related quality of life (QOL), for example, quality of sleep, daytime activities and psychological well-being. The Nocturia Quality of Life Questionnaire (N-QOL) was developed in 2004 in the UK to assess the QOL of patients with nocturia. It has been translated into 17 languages. The purpose of this study was to assess the psychometric properties of the Japanese version of the N-QOL.

METHODS: Psychometric properties were assessed in 121 Japanese men and women experiencing nocturia at least once a night. The questionnaire used in this study included the Japanese version of the N-QOL as well as several other instruments: the Pittsburgh Sleep Quality Index (PSQI), the Epworth Sleepiness Scale (ESS), the International Prostate Symptom Score (IPSS), the Overactive Bladder questionnaire Short Form (OAB-q SF) and the Medical Outcomes Study Short Form-36 ver. 2 (SF-36v2).

RESULTS: For concurrent validity, the N-QOL overall score correlated moderately with the majority of the scores of PSQI, IPSS, OAB-q SF, and Physical Component Summary measure of SF-36v2, respectively, although the correlation was weak with ESS. For discriminant validity, statistically significant differences were found among the scores of those experiencing one, two, or three or more episodes of nocturia. For construct validity, the structure could be considered almost the same as the original; one factor was found to belong to a subscale different from the original analysis. For reliability, the Cronbach’s alpha coefficients ranged from 0.87 to 0.93, providing evidence of internal consistency. CONCLUSIONS: The Japanese version of the N-QOL demonstrated validity and reliability, and appears to be suitable for clinical use.

QUALITY OF LIFE OF MALAYSIAN DIALYSIS PATIENTS ON TRANSPLANT WAITING LIST

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OBJECTIVES: This objective of this research was to describe the quality of life of Malaysian renal failure patients who are on dialysis awaiting a potential transplant at 6 Malaysian Government hospitals.

METHODS: This study utilizes primary data collected in 2009 for an ongoing study on the cost-effectiveness of Renal Transplants. The EQ-SD questionnaire was self-administered by Malaysian renal failure patients on dialysis who are currently on the transplant waiting list. Respondents answered validated Malaysian English, Malay or Chinese versions of the EQ-SD questionnaire comprising 1) rating of the five EQ-SD dimensions of health and 2) visual analogue scale (VAS) of their own health, respondent demographics and perception. The results from this study were compared against the QOL of Malaysian dialysis patients from a 2004-2005 study by Faridah. RESULTS: A total of 208 respondents answered the questionnaire. Of these 195 were useful for analysis. Mean age was 41 years in the sample of which 54% were male and 75% had a secondary or tertiary level education. Most patients opted to answer the Malay language questionnaire (83%), compared to the English (6%) and Chinese (11%) language versions. Mean quality of life for the entire sample was a VAS score of 77.7 (SD 14). Very few respondents reported extreme problems in any health dimension. The highest rate of extreme problems was 2% for usual activity. Quality of life was found to be related to age and how the respondent felt on the day. The relationships were statistically significant. CONCLUSIONS: The EQ-SD appears to be able to measure the QOL of Malaysian dialysis patients. QOL of dialysis patients from this survey are similar the results from a previous study conducted in 2004-2005.