didate items. The survey was administered via the web in two rounds. RESULTS: 29 reporting items were identified from the literature. After 25 following review by the Working Group. A total of 48 individuals agreed to participate in the Delphi panel, of whom 46 (96%) responded to the first and second rounds, respectively. The 25 items were reduced to 23 following the first round of the study and, of these, 18 were rated as important with no evidence of disagree- ment on ratings of any items in the second round. For each item, we summarise the recommendation, provide a detailed explanation and illustrate it using an exemplar of good practice. The regression equation explained 40% of the variance. RESULTS: pilot testing, minor changes were made to two items in the German (instructions: checks. Methodology for the UK-English versions included: concept elaboration, in- German and UK-English complying with ISPOR’s Principles of Good Practice for translation. The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. The algorithms were developed in Spanish women through and beyond menopause. The study was to obtain a scoring algorithm for mapping the specific Cervantes-SF (Cervantes-SF) onto general HRQoL utilities has been obtained, allowing computing health-states valuations. METHODS: A battery of standard measures of happiness was used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. The regression equation explained 40% of the variance. For estimation of utility scores, the model showed a satisfying predictive capacity between observed and predicted EQ-5D index scores with Pearson correlation = 0.65, MAE (mean absolute error) = 0.12 and mean relative absolute error (MAE/mean(n)/observed EQ-5D)=14.6%. CONCLUSIONS: The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. RESULTS: We followed 110 economic reports of health-state valuations. To determine health-state valuations. METHODS: A battery of standard measures of happiness was used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. The regression equation explained 40% of the variance. For estimation of utility scores, the model showed a satisfying predictive capacity between observed and predicted EQ-5D index scores with Pearson correlation = 0.65, MAE (mean absolute error) = 0.12 and mean relative absolute error (MAE/mean(n)/observed EQ-5D)=14.6%. CONCLUSIONS: The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. To determine health-state valuations. METHODS: A battery of standard measures of happiness was used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. The regression equation explained 40% of the variance. For estimation of utility scores, the model showed a satisfying predictive capacity between observed and predicted EQ-5D index scores with Pearson correlation = 0.65, MAE (mean absolute error) = 0.12 and mean relative absolute error (MAE/mean(n)/observed EQ-5D)=14.6%. CONCLUSIONS: The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. To determine health-state valuations. METHODS: A battery of standard measures of happiness was used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected. The regression equation explained 40% of the variance. For estimation of utility scores, the model showed a satisfying predictive capacity between observed and predicted EQ-5D index scores with Pearson correlation = 0.65, MAE (mean absolute error) = 0.12 and mean relative absolute error (MAE/mean(n)/observed EQ-5D)=14.6%. CONCLUSIONS: The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected.

PM189 TRANSLATION AND LINGUISTIC VALIDATION OF THE CAREGIVER QUALITY OF LIFE CYSTIC FIBROSIS SCALE (CQQLCF) AND THE MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (MSFSS) FOR USE IN GERMANY AND THE UNITED STATES

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OBJECTIVES: Cystic fibrosis (CF) imposes a considerable humanistic and socio- economic burden on caregivers. CQQLCF scale is a 35-item, disease-specific self-report instrument used to evaluate physical/emotional/family/social functioning of caregivers of children and adults with CF. MSFSS is a 20-item scale used to evaluate perceptions of social support. This study aimed to translate and linguisti- cally validate the CQQLCF and the MSFSS into German for Germany, and to review and linguistically validate the same measures translated into English for the United States. The original US-English versions of the CQQLCF and MSFSS were translated into German and UK-English complying with ISPOR’s Principles of Good Practice for translation of health-related quality of life (HRQoL) measures and ISPOR’s guidance on translation of health-related quality of life (HRQoL) measures. RESULTS: The final set of items included in the checklist. It is anticipated that the MAPS statement will promote clarity, transparency and com- pleteness of reporting of mapping studies. It is targeted at researchers developing mapping algorithms, peer reviewers and editors involved in the manuscript review process for mapping studies, and the funders of the research.

PM190 ASSESSING OUTCOMES FOR COST-UTILITY ANALYSES IN MENTAL HEALTH INTERVENTIONS: COMPARISON OF MULTIPLE-ATTRIBUTE UTILITY INSTRUMENT EQ-SD WITH MENTAL HEALTH SPECIFIC OUTCOMES GHQ12

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OBJECTIVES: Many intervention based studies aiming to improve mental health do not include a multi-attribute utility instrument (MAU) that provides quality- adjusted life-years (QALYs). It limits the applicability of health economic analyses and means that the value of comparability of cost-effectiveness between dif- ferent interventions is diminished. The aim of this study is to assess the relation- ship between commonly used measures for psychological distress General Health Questionnaire (GHQ-12) and MAU EuroQol (EQ-SD), and develop ‘crosswalk’ trans- formation algorithms between the measures. METHODS: The study is based on a postal survey questionnaire sent to a random sample of men and women in four counties in central part of Sweden, from 16-84 years old in 2012. The study popula- tion included 12,500 respondents. EQ-SD index was calculated using Swedish tariffs values. The survey included both GHQ12 and EQ-SD instruments, as well as questioning about self-rated health. An OLS model was used to estimate EQ-SD health states values using GHQ-12 as exposure, using the respondents of two counties (n=17,000). The algorithm was applied to the respondents from another two counties. (n=15,500) to check the predictive capacity of the model. RESULTS: EQ-SD index scores differed significantly between GHQ-12 scores increasing. The final model included sex, age, self-rated health in 5 ordinal levels and GHQ-12 scores as a quantita- tive variable. The regression equation explained 40% of the variance. For estima- tion of utility scores, the model showed a satisfying predictive capacity between observed and predicted EQ-SD index scores with Pearson correlation = 0.65, MAE (mean absolute error) = 0.12 and mean relative absolute error (MAE/mean(n)/observed EQ-SD)=14.6%. CONCLUSIONS: The algorithms developed in this study can be used to determine cost-effectiveness of services or interventions that use GHQ12 as a primary outcome where utility measures are not collected.

PM191 HAPPINESS EFFECTS ON HEALTH-STATE VALUATIONS

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OBJECTIVES: Emotional state have an impact on economic choices and financial valu- ations. The aim of this study is to determine whether happiness has an effect on