CV events and T2DM. **CONCLUSIONS:** Orlistat is a cost-effective treatment to aid weight reduction in primary care when using a threshold of £20,000 per QALY.

PSY37

ASSESSMENT OF THE GLOBAL COST OF TRANSFUSION IN FRENCH ORTHOPEDIC SURGERY WARDS

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OBJECTIVES: As part of a medico-economic study on a fibrin sealant used in orthopedic surgery to decrease allogeneic transfusion requirement, this study was conducted to evaluate the overall cost of transfusion from hospital perspective. **METHODS:** A multicenter prospective study was carried out from March 14, 2011 to June 1, 2011 in orthopedic surgery wards of 3 French university hospitals. A microcosting has been developed to identify global costs of transfusion through: the acquisition cost of red blood cell (RBC), supplies used for a transfusion, and times spent by medical and nurse staff for the management of the transfusion timed by a pharmacy resident with a stopwatch. Corresponding costs for staff were estimated from mean salaries for medical and non medical staff in 2011. **RESULTS:** Five transfusions were observed in each site. A physician spent 1'01"± 43" (mean ± standard deviation) for the prescription of RBC. Personal care assistants and hospital workers brought samples to the Blood Bank (BB), transmitted the document to the BB, and delivered RBC to the ward which took 10'17"± 05'46" and 10'47"± 03'20" respectively. Nurses spent 52'23"± 04'39" for the control of the documents, the ultimate pre-transfusion control at patient's bedside, the administration of RBC and the monitoring of the transfusion. No adverse event occurred during the study. The mean global cost of the transfusion of a RBC was estimated at 254 Euros. Regarding global cost, management of transfusion was estimated at 31 Euros representing 12% of the overall cost of transfusion. **CONCLUSIONS:** The study shows the heavy workload represented by each transfusion for a nurse in the context of shortage of nurses. These results may be helpful to fill a pharmacoeconomic model used to estimate the incremental cost effective of using fibrin sealant in orthopedic surgery.

Systemic Disorders/Conditions – Patient-Reported Outcomes & Preference-Based Studies

PSY38

ESTIMATING HEALTHY-TIME EQUIVALENTS FOR MIGRAINE TREATMENT OUTCOMES FROM CONJOINT ANALYSIS MEASURES OF PATIENT PREFERENCES

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OBJECTIVES: Evaluate the relative impact of migraine-related outcomes using generalized healthy-time equivalences (HTE). **METHODS:** A best-practice conjoint analysis or discrete-choice experiment (DCE) evaluated migraine-related outcomes reported in the Completeness of Response Survey (CORS). We elicited patients' trade-off preferences for migraine symptoms with different clinically relevant durations, including symptom-free time. Preference-parameter estimates were used to determine the amount of symptom-free time that was utility-equivalent to 24-hour migraine episode profiles described by acute headache, post-headache, and symptom-free phases. These HTEs quantify the impact of migraine-related outcomes using a fully general utility-theoretic conceptual framework. Unlike quality-adjusted life years (QALYs), HTEs do not require assuming that utility of a brief, but severe, outcome is a simple fraction of a quality-adjusted year. Also unlike QALYs, HTEs do not require risk neutrality, and easily account for personal characteristics that may determine preferences for health outcomes. **RESULTS:** A total of 539 people with a self-reported physician diagnosis of migraine completed the survey. As expected, migraineurs were negatively affected by the duration of headache-phase and post-headache-phase symptoms. However, for some groups in the sample we found no statistical difference in relative preferences for different pain severities in the acute headache phase. Subjects had clear preferences for different levels of daily-activity limitations experienced during the post-headache phase. Results also showed that subjects in the sample were averse to risk. We also found preference heterogeneity based on individual characteristics. **CONCLUSIONS:** This study demonstrates the feasibility of obtaining standardized healthy-time equivalences derived from clinically-relevant symptom-duration tradeoff data as a feasible alternative to QALYs for acute, self-limiting conditions. The results also suggest that the assumptions associated with the use of conventional QALYs are not met by our sample of migraineurs; adding to the mounting body of evidence that encourages the use of more flexible utility-theoretic measures of quality-adjusted time.

PSY39

PREDICTORS OF HEALTH UTILITIES AMONG PATIENTS WITH RHEUMATOID ARTHRITIS IN EUROPE

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OBJECTIVES: Previous studies have examined the humanistic burden of rheumatoid arthritis; however, less research has been conducted to understand the factors that are most strongly associated with the health-related quality of life of these patients. **METHODS:** Data from the European 2010 National Health and Wellness Survey (an annual survey of respondents from France, Germany, Italy, Spain, and the UK) were used in the current study. Only respondents who reported being diagnosed with RA (N=498) were included in the analyses. Health state utilities (SF-6D), derived from the SF-12, were examined on a bivariate level across a variety of subgroups (e.g., years diagnosed, treatment status, comorbidities, joints affected, etc). Health state utilities were also predicted from demographic and patient characteristic information using multiple regressions. **RESULTS:** A total of 498 patients (0.86%) reported being diagnosed with RA. These patients were mostly female (64.3%) and had an average age of 52.3 years. Most patients were diagnosed with RA for more than 10 years (55.8%). Several demographic and patient characteristic factors were significantly associated with health state utilities. RA patients in Spain (Adjusted Mean=0.60) and Italy (Adjusted mean=0.53) had the highest and lowest, respectively, utility scores. Severe RA (Adjusted mean=0.51), comorbid Crohn's disease (Adjusted mean=0.52), and RA affecting the spine (Adjusted mean=0.54) were associated with the largest decrements in utility scores (all ps<.05). **CONCLUSIONS:** Although previous studies have documented the burden of RA in Europe, the current study suggests that burden is not uniform. Certain geographies, particularly Italy, are associated with a greater burden for patients with RA. Similarly, patient characteristics, such as arthritis of the spine and comorbid Crohn's disease, have a large effect on the quality of life of these patients. These results suggest a more comprehensive assessment of patient characteristics is necessary to fully capture the quality of life burden of RA.

PSY40

EQ-5D UTILITIES IN PATIENTS WITH CHRONIC PAIN DUE TO OSTEOARTHRITIS OF THE KNEE OR LOW BACK PAIN TREATED WITH TAPENTADOL AND OXYCODONE

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OBJECTIVES: To analyze QoL of patients with chronic pain due to osteoarthritis of the knee (OA) or low back pain (LBP) using the EQ-5D questionnaire in phase III trials with tapentadol prolonged release (PR) and oxycodone controlled release (CR). **METHODS:** Three phase III trials in OA and LBP with the same design included the EQ-5D questionnaire to measure utilities of patients with chronic pain treated with either tapentadol PR, oxycodone CR or placebo. Utilities were obtained at baseline and endpoint (15 weeks). An analysis was performed to explore how EQ-5D distinguished among various health states. **RESULTS:** Mean utility of all patients treated with tapentadol PR (N=978) increased from 0.42 at baseline to 0.60 at endpoint, and for patients treated with oxycodone CR (N=998) from 0.43 at baseline to 0.56 at endpoint, and for patients treated with placebo (N=990) from 0.41 at baseline to 0.55 at endpoint. The increase in utility was significantly higher ($p<0.001$) in patients treated with tapentadol compared to those treated with oxycodone or placebo. Presence and severity of adverse events, as well as insufficient pain relief substantially decreased utility values in both tapentadol and oxycodone treatment groups. Whereas the highest utilities were seen in the groups of patients who had >30% pain improvement and patients who tolerated the treatment (0.69-0.72), patients who withdrew due to an adverse event or due to lack of efficacy had much lower utilities (0.40-0.51). **CONCLUSIONS:** EQ-5D utilities of OA and LBP patients increased significantly compared to baseline when treated with tapentadol PR or oxycodone CR, whereby the increase was significantly higher with tapentadol PR. Sufficient pain relief and reduction of severe treatment-related adverse events resulted in a large beneficial impact on EQ-5D utility values. This analysis clearly demonstrates that the EQ-5D is a useful tool to measure QoL in pain studies.

PSY41

HEALTH STATUS AND HEALTH-RELATED QUALITY OF LIFE REPORTED BY FEMALES WITH BLEEDING DISORDERS FROM THE CANADIAN NATIONAL HAEMOPHILIA REGISTRY

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OBJECTIVES: Compare health measurements of females with bleeding disorders (FBD) to males with von Willebrand disease (VWD) and females in the general population (FGP). **METHODS:** Subjects >12yrs of age, with VWD and FBD in the Canadian national registry were eligible for assessment. Health status and health-related quality of life (HRQL) were measured using the Health Utilities Index Mark 3 (HUI3). The results were compared with normative data by age and gender from the 2002/3 Joint Canada / United States Survey of Health and from the 1991 Canadian General Social Survey. Mean differences and proportions were assessed using t-test and chi square, respectively. Differences >0.05 in mean HRQL scores and >10% for proportions were considered important. Statistical significance was set at $p<0.05$. **RESULTS:** 411 HUI3 assessments were analyzed. Among 20-79 year old FBD, mean HRQL scores were lower (diff>0.150; $p<0.05$) than in FGP. For those <45 years, FBD had lower HRQL scores (diff=0.080; $p=0.027$) than males with VWD. No difference between males with VWD and FBD >45 years of age was observed ($p=0.871$). Excellent health was self-reported by 18.4% of females from the registry compared to 22.7% ($p<0.05$) of FGP and 29.9% ($p=0.02$) of males with VWD. Between FDB and FGP important differences ($p<0.001$) in the proportion reporting disability were observed for HUI3 attributes vision, emotion, cognition, and pain for those <45 years, and ambulation, dexterity, emotion and pain for those >45 years. Between FBD and males with VWD an important difference ($p=0.005$) in the proportion reporting disability was observed for pain. FBD have similar HRQL (0.72) to moderate (0.73) and severe (0.71) HIV-negative haemophiliacs. **CONCLUSIONS:** Females with bleeding disorders have greater morbidity than females in the general population or males with VWD.

PSY42

CHRONIC PAIN: PATIENT TREATMENT PREFERENCES - A DISCRETE CHOICE EXPERIMENT

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