

used as both a profile and single score measure. LiSat-11 is a generic validated checklist for self-perceived satisfaction with life. A Finnish, age-matched male population cohort was used for comparison. **RESULTS:** A total of 194 patients provided data for analysis at baseline and outcome at 3 months. The changes observed (baseline to endpoint) were as follows: average usage of ED tablets per four weeks increased from 4.7 to 9.7, intercourse attempts from 6.4 to 10.6, and the success rate of intercourses from 79% to 92%. At baseline, the 15D score was higher for the study patients than for the comparator population (0.924 vs. 0.902). Nevertheless, significant improvement (baseline to endpoint) was reported on the 15D dimensions of mobility, depression, distress (all $p < 0.01$), and sexual activity ($p < 0.001$); and life in general ($p < 0.05$), leisure ($p < 0.01$), sexual life, family life, and partnership relation (all $p < 0.001$) domains of LiSat-11. **CONCLUSIONS:** When patients switched from other oral ED medication to tadalafil, improvement was seen in 3 of 15 dimensions of 15D and in 5 out of 11 domains of LiSat-11, including the closeness items: sexual life, partnership relation, and family life.

PIH19

ESTIMATING UTILITY IN ROTAVIRUS GASTROENTERITIS IN CHILDREN UNDER FIVE IN THE UKMartin A¹, Cotrell S²¹GlaxoSmithKline UK Limited, Uxbridge, UK, ²IMS Health, London, England

OBJECTIVE: To estimate the health state utility of differing severities of gastro-enteritis associated with rotavirus infection in children under five. **METHODS:** Health state descriptions were developed based on the major symptoms of gastro-enteritis infection. Health states for children who could be treated at home and those requiring hospitalisation were presented to GPs (N = 25), and for hospitalised cases, health states for children with two levels of dehydration were presented to paediatricians (N = 25). Both GPs and paediatricians were asked to score these health states using the EQ-5D questionnaire for children in two age bands (< 18 months, 1.5–5 years). Scores were modified to take into account the limited capacity for mobility and self-care among children in this age range. Utility estimates were calculated from these scores using standard methodology. **RESULTS:** From GP scores subjects requiring or not hospitalisation have a mean utility value (95% CI) of 0.425 (95 CI: 0.330; 0.520) and 0.781 (95 CI: 0.678; 0.884) in children <18 months, and 0.200 (95 CI: 0.049; 0.352) and 0.688 (95 CI: 0.553; 0.824) in children 1.5 yrs–5 yrs respectively. From paediatrician scores, mean utility values for hospitalised cases with 3–8% and ≥9% dehydration were 0.595 (95 CI: 0.528; 0.662) and 0.256 (95 CI: 0.157; 0.354) in children <18 months, and 0.634 (95 CI: 0.549; 0.718) and 0.077 (95 CI: -0.057; 0.210) in children 1.5 yrs–5 yrs respectively. In each case, confidence intervals between severe and less severe health states did not overlap. **CONCLUSION:** Gastroenteritis associated with rotavirus has a significant impact on the health related quality of life in children under five. This study provides useful estimates of health state utilities for economic evaluation of interventions to prevent rotavirus infection.

PIH20

CONJOINT-ANALYSIS QALYS FOR ACUTE CONDITIONS

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OBJECTIVE: Demonstrate using conjoint analysis to obtain generalized, nonlinear, time-tradeoff estimates of quality-adjusted life-years (QALYs) for clinically relevant durations and severities of acute, non-fatal conditions such as vasomotor symptoms.

METHODS: A self-administered, web-enabled, graded-pairs conjoint-analysis survey elicited women's preferences for the treatment of vasomotor symptoms. The included treatment attributes are frequency and severity of vasomotor symptoms (daytime hot flashes and nighttime sweats) and duration of these symptoms. Participants also considered vasomotor-symptom, treatment-related side effects. Observed tradeoffs between symptom duration and symptom relief were used to calculate generalized conjoint time equivalents for specified health states without first calculating utilities anchored at 0 and 1. **RESULTS:** A total of 523 women with a mean age of 52 years completed the survey. For these women, improvement from severe (severe >6 hot flushes a day and >3 sweats a night) to moderate (moderate 3–6 hot flushes a day and 1–3 sweats a night) vasomotor symptoms over a 7-year treatment period is equivalent to 3.7 years of normal health, while improvement from moderate to mild (mild 1–2 hot flushes a day and no night sweats) symptoms is equivalent to 4.4 years of normal health. QALY benefits of symptom relief are larger for younger women (≤ 2) than for older women (>52). For example, an improvement from moderate to mild is equivalent to 3.3 years of normal health for younger women, where it is to 6.8 years of normal health for older women. **CONCLUSIONS:** Conjoint analysis is a feasible method for estimating QALYs directly for acute health states. This approach avoids ad hoc approaches such as the chaining method. Its advantages over standard-gamble and time-tradeoff methods include avoiding clinically irrelevant tradeoffs involving death or life expectancy, avoiding restrictive assumptions such as linear time preferences, and eliciting preferences in the realistic context of both efficacy and side-effect risks.

PIH21

INFLUENCE OF CONCOMITANT DISEASES ON THE CLINICAL RESPONSE TO TREATMENT FOR ERECTILE DYSFUNCTIONGutiérrez del Pozo R¹, Cardeñosa O², Pérez M³, Artés M³¹Hospital Clínic, Barcelona, Spain, ²Q.F Bayer, Barcelona, Spain,³Adelphi Targis, Barcelona, Spain

Erectile dysfunction (ED) is defined as the persistent or recurring incapacity to achieve or maintain sufficient rigidity of the penis to be able to have satisfactory sexual intercourse. **OBJECTIVE:** To determine the clinical response to treatment (patient satisfaction, onset of action and reproducibility of the effect) in patients with ED, with or without other concomitant diseases. **METHODS:** A retrospective, epidemiological study was conducted in which we collected demographic data, medical and sexual history, concomitant medication, diagnostic and therapeutic procedures applied to ED and the clinical response to the prescribed treatment in male patients over 18 years of age who had visited their doctor in the 3 months prior to the start of the study. **RESULTS:** data was collected from 5281 patients. The most prevalent associated disorders were cardiovascular (28.6%), endocrine (23.7%) and genitourinary (15.4%). A total of 77.1% of the patients with concomitant disorders indicated they were satisfied with the erection obtained (sufficient for intercourse) (90.9% of the patients without other associated disorders; $p < 0.0001$). A total of the patients with concomitant diseases referred they were satisfied with the onset of action of the treatment (91.1% without other associated disorders; $p < 0.0001$). 75.8% of the patients with concomitant diseases were confident to obtain and maintain a sufficient erection at each new attempt (90.0% without other associated disorders; $p < 0.0001$). Clinical response was better in patients with cardiovascular or endocrine conditions vs. genitourinary disorders ($p < 0.03$; $p < 0.04$). The mean prescribed dose was 15.9 mg (SD 5.2) of vardenafil, 18.6 mg (SD 6.9) of tadalafil and 60.6 mg (SD 23.7) of