questionnaire. METHODS: Data from the Health Survey for England (HSE) of 1996 (n = 16,443) and 2006 (n = 14,142) were selected in order to assess variation in population health status over a 10 year period. Both surveys covered population aged 16 years and over living in private households. The sample is regularly drawn using a multistage stratified random design including postcode as the primary sampling unit. Given that only the EQ-SD descriptive system is included to describe self-reported health in the HSE, a predicted EQ-SDVAS was estimated for each respondent based on a regression model developed from data of the 1993 York Measurement and Valuation of Health Project. RESULTS: Despite being older (2.59 years on average, p-value <0.001) and having a slightly higher proportions of women (0.8 percent, p-value 0.156), the 2006 HSE reflects that English population has significantly (p-value <0.001) reduced its prevalence of self-reported health problems in the last 10 years in those over the EQ-SD dimensions: usual activities, pain/discomfort and anxiety/ depression. Mobility and self-care dimensions, although higher in prevalence, did not reach statistical significance at 5% level when both years were compared. Health improvements over time were also reflected in the utility-weighted EQ-SDINDEX and predicted EQ-SDVAS (p-value <0.001), having the 16-44 age-group and women the highest health gains. CONCLUSIONS: EQ-SD is a useful tool for monitoring population health. Our findings will assist local policymakers and public health authorities by improving their knowledge about trends in self-perceived health.

ASSESSING THE QUALITY OF CONJOINT ANALYSIS APPLICATIONS IN HEALTH: A PILOT EVALUATION OF THE ISPOR CHECKLIST FOR GOOD RESEARCH PRACTICE IN CONJOINT ANALYSIS

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OBJECTIVES: Increasingly, conjoint analysis, a stated-preference method, is applied in health outcomes research. Variation in method type and quality make it difficult to assess substantive findings. The ISPOR Conjoint Analysis Database Project was established to identify and evaluate empirical conjoint analysis applications in the literature using the 10-point ISPOR Checklist for Good Research Practice in Conjoint Analysis (the Checklist). METHODS: Multiple electronic databases published between 1980 and 2008 were searched to identify conjoint-analysis applications in human health studies. Only English-language publications were incorporated. Included studies were subject to detailed data extraction including descriptive information, methodological details on survey type, experimental design, survey format, attributes and levels, sample size, number of conjoint tasks per respondent, and analysis methods. Review articles and studies where there is a relative lack of qualitative data in many applicable items that this new data source could provide valuable insight in the early stages of research development. As such, the objective of this study was to assess the potential use of blogs in health research by evaluating the data available in blogs that gained from conducting semi-structured interviews with patients. METHODS: The semi-structured interviews were conducted with women reporting to suffer hot flashes. The interviews focused on a description of the symptoms and their impact on HRQoL. The themes emerging from the content analysis of these interviews was then compared to the themes found in twenty blog entries. Four researchers conducted the analysis, two in each data source group. RESULTS: Both the semi-structured interview data and the blog data provided numerous descriptions of the symptoms of hot flashes, with no discrepancies in thematic content. The interviews did however follow an explicit discussion of the relationship between hot flashes and night sweats, which could only be inferred in the blog analysis. Similarly, the effect of hot flashes on physical and social functioning, and psychological wellbeing, produced similar themes in both data sources. However, while the interviews permitted clarification of the impact of symptoms on HRQoL, blog analysis often relied on inference. CONCLUSIONS: The broad themes elicited from both data sources were comparable. However, the interactive nature of the interviews produced richer, more reliable data than that contained within the blogs. As such the role of blog analysis could be that of a cost effective adjunct to literature searches when developing research protocols.

THE TRANSLATION AND LINGUISTIC VALIDATION OF THE NEUROPATHY TOTAL SYMPTOM SCORE-6: A SELF-ASSESSMENT VERSION (NTSS-6 SA)

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The NTSS-6 SA has been translated into many different languages. It is designed to assess the severity of peripheral neuropathy symptoms. The objective of this study was to produce translations that are conceptually equivalent to the original and to language versions, ensuring the relevance of the translations within the target cultures. A standard methodology was employed: 2 forward translations, a reconciliation of the forward translations, 2 back translations, back translation review; or an in-country review; linguistic validation interviews with 5 patients with diabetic peripheral neuropathy in each country, and 2 proofreadings. Numerical and cultural linguistic issues became apparent throughout the translation process, including the following: – Many different pain types are described (e.g. stabbing, shooting, electric- shock like, boring, aching) which were particularly difficult as this vocabulary was unavailable in some languages. A decision was made to assign the pain types into two groups; firstly dull aching pains, and secondly sharper, stabbing pains. These could then be more easily conveyed and translated. – For many countries, there was no direct translation for ‘pins and needles’. If the country had no idiomatic description of this, ‘feeling as if ants were walking on the skin’ was used. – Some items asked about ‘sleep’, many of the countries involved have no specific word for ‘sleep’, so ‘from ankle to toes’ was translated. – Some languages were unable to convey ‘asleep feeling’ in a limb; this wording was therefore converted to ‘numbness’. The NTSS-6 SA has been translated and linguistically validated using a rigorous translation process. A number of cultural and linguistic issues became apparent and were resolved. The measure is now appropriate for use in multilingual trials.