developers group. Using Shannon-Wiener’s measure of information, the information content was calculated for each domain separately. Shannon-Wiener's criterion is maximal if all levels are equally used. For determining construct validity, the scores of the 3-5 and 5-3 combinations and VAS scores were used, predicting the use of the 3 levels on the base of VAS scores plus the 3 level score. Test-retest reliability was estimated. RESULTS: Information gain was substantial in each of the 5 domains, varying from 43% to 104% with an average increase of 57 SW-units. Because of skewed distributions and the small sample size, construct validity could be assessed for only part of the EuroQol scale, with confirmation of validity in 67% of the cases. Reliability of the 3-3 and 5-3 combinations was comparable. CONCLUSIONS: The extension of the EQ-5D descriptive to 5 levels is advocated as it substantially improves discriminative power of the EuroQol system in QALY calculations in small outcome changes.

WHAT IS “TIME” IN TIME PREFERENCE STUDIES?
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OBJECTIVES: Discounting health effects in economic evaluations is debated and debatable. We investigate whether the current practice of discounting is in line with societal preferences. In this paper we evaluate the available empirical studies on time preferences for health. METHODS: We assessed the operational definition of time preference, the perspective of the decision (individual vs societal), and the framing of questions as realistic or abstract choices. RESULTS: We found considerable methodological variety. The studies distinguish insufficiently the relative value of health at different points in calendar time (the true content of time preference) from the relative value of time at different stages of the life-course (individual perspective) and from the relative value of health in different birth cohorts (societal perspective). Since individual concerns as risk of death and lifetime health profiles are irrelevant from a societal perspective, time preferences from an individual perspective are not useful for public health decisions. From a societal perspective, incorporating time preference in priority setting involves implicit decisions on the distribution of health across different birth cohorts. This has important consequences for the framing of choices in empirical studies on societal time preferences for health effects, especially for the definition of role and interests of the decision maker and for the presentation of health effects. CONCLUSIONS: In the current empirical literature, time preference for health and the role and interests of the decision maker are ambiguously defined. This questions the validity of the results, and may have far-reaching consequences for the discounting practice in economic evaluations and for policy priorities with respect to preventive health care with longterm health effects. Alternative framing proposals will be presented.

CROSS-CULTURAL OUTCOMES RESEARCH STUDIES

LITERATURE REVIEW OF GUIDELINES FOR CROSS-CULTURAL ADAPTATION OF HRQL MEASURES: UPDATED RESULTS
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In response to European regulators’ concern about the methodology followed to translate and achieve cultural adaptation of Health-related Quality of Life (HRQL) instruments (i.e. the process of adapting a measure from a source to a target language), the ERIQA Group has integrated the development of regulators-targeted guidance documents for cross-cultural adaptation into their programme. The first step in collaboration with Mapi Research Institute has been to investigate current guidelines. OBJECTIVE: To identify and analyse the methods used for cultural adaptation of HRQL instruments. METHODS: Medline and Embase were searched using the keywords “quality of life”, “questionnaires”, “health status indicators” which were matched with “translating” and “cross-cultural comparison”. Papers published between January 1966 and April 2001 were taken into consideration. One hundred seventy-three references were identified. Mapi Research Institute’s database was searched using “translation issues”, “cross-cultural comparison”, and “cross-cultural research”, with 236 references as a result. Four hundred and nine abstracts were reviewed. Inclusion criteria were: 1) the paper should propose guidelines/recommendations or 2) it should review and analyse methods. RESULTS: Thirty-two papers met with the inclusion criteria. 14 sets of guidelines were identified. A lack of consensus emerged about: a) the terminology qualifying the process of adapting a HRQL instrument from source to target language, and b) the scope covered by this terminology. Similarities included multiple forward translations, reconciliation sessions, and some form of back-translations. Differences appeared in the importance given to back-translation, forms of panel testing, and translators’ recruitment criteria. Few articles compared methodologies. CONCLUSION: This review shows disparity in definitions and methods. Further investigations may be needed in order to explore empirical evidence of the methods’ effectiveness, and propose recommendations for regulators.