items (8%). Two different versions of the scale were developed according to the age of the children. CONCLUSIONS: The DANN scale is the first questionnaire of NRQoL developed in Europe and can be a useful tool for the evaluation of the effects of a nutritional intervention in healthy children.

PMC21
AN EXPLORATION OF THE DISCREPANCIES BETWEEN HEALTH STATE VALUATIONS OF PATIENTS AND THE GENERAL POPULATION

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OBJECTIVES: Investigate the relationship between patients' valuations of their own health using the standard gamble (SG) and EQ-5D visual analogue scale (VAS) and general population values of the same health states within the context of a randomised controlled trial to compare alternative treatments for varicose veins. METHODS: Patients (n = 131) were surveyed at randomisation and at 12 months to assess their own health status using the SG. Patients also completed the SF-36 and the EQ-5D at the same time-points. Responses to the SF-36 were converted using the SG algorithms developed by Brazier and colleagues, version one and two, based upon general population values. RESULTS: At both time points, the SG produced a higher mean score than either of the SF-6D algorithms although the difference between patient and general population values was far more pronounced for version two [Baseline mean (SD) version one: 0.913 (0.072), version two: 0.730 (0.108), patients' value 0.942 (0.116); 12 months mean (SD) version one: 0.912 (0.082), version two: 0.736 (0.108), patients' value 0.924 (0.115)]. Similarly, the VAS produced a higher mean score than either of the algorithms based upon general population values [Baseline mean (SD) SF-6D VAS algorithm: 0.668 (0.173), EQ-5D VAS algorithm: 0.743 (0.173), patients' value 0.762 (0.167); 12 months mean (SD) SF-6D VAS algorithm: 0.676 (0.191), EQ-5D VAS algorithm: 0.771 (0.155), patients' value 0.781 (0.104)]. CONCLUSIONS: For the condition of varicose veins, the magnitude of differences in health state valuations due to treatment appears to be small compared with the magnitude of differences exhibited between alternative sources of values and the effect of different valuation systems. The variant of elicitation technique used to elicit SG values may be more important than the source of those values in revealing discrepancies.

PMC22
REVIEW OF INSTRUMENTS MEASURING TREATMENT SATISFACTION WITH MEDICATION

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OBJECTIVES: Treatment satisfaction with medication (TSM), a patient reported outcome, is an important factor in promoting patient adherence to prescription regimens. This review evaluates published instruments measuring TSM across various disease states. METHODS: A systematic literature review of Medline from 1980–2004 was conducted. Instruments measuring satisfaction with important attributes of treatment, as opposed to one-item global measures of satisfaction, were selected for review. The following fields were abstracted from articles for each instrument and summarized: applicable disease state; mode of administration; modules, domains and items; response options; method used for item development/selection; psychometric properties; and practicality. Standard psychometric measures including internal consistency and test-retest reliability, validity and responsiveness were chosen as evaluative criteria. Alpha ≥0.7 was chosen as acceptable for reliability. RESULTS: Eleven disease-specific instruments were identified (SATQ, PSAM, MTSM, DTSQ, PPMQ, PSIT, EDITS, PSQ, TSS-10P, ITSQ, HIVTSQ), in addition to one generic instrument (TSQM). All these instruments are self-administered but vary widely in items, domains, and psychometric measures. The number of items range from eight (DTSQ)–26 (SATQ) and the number of domains one–eight. All instruments except PSQ and EDITS were developed through patient reports. All measured internal consistency. Of the 12 instruments evaluated, only 6 measured test-retest reliability; 3 of the 6 (ITSQ, SATQ, and PSIT) had domains with low reproducibility (alpha <0.7). Only PPMQ reported responsiveness. Only MTSM measured patient expectations at baseline, and expectations, weighted by subjective importance of symptoms and the actual treatment experience, were used to derive TSM. CONCLUSIONS: This review determined that most TSM instruments have acceptable psychometric properties. However, expectations with treatment and clinical interpretation of change scores are missing from these measures. Further research is required to develop well-supported conceptual models of TSM, TSM measures in different therapeutic areas, and validation of existing measures in different populations.

PMC23
REVIEW AND ASSESSMENT OF THE ECONOMIC EVALUATION STUDIES ON HEALTH CARE IN MEXICO

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OBJECTIVES: Assess the state of the art of the studies on economic evaluations in health care in Mexico, regarding their methodological quality and tendencies. METHODS: Systematic review of the research on economic evaluation in health published in Mexico from January 1983 to July 2004. We searched multiple electronic databases, hand-searched key journals and personally contacted investigators in June 2004. Two health economist reviewers independently assessed the relevance of retrieved articles, described the methods of included studies and extrated data that were summarized. Used Drummond criteria; a) to classify in completes (CEE) or parcial evaluation economic (PEE), and b) assessment criteria in quality of methodology. The analysis of the publications characteristics was made with descriptive statistics. Limitation: Included only published studies and possible omitted studies subjectivity in judging certain items. RESULTS: Ninety-six match with inclusion criteria, 24 of them were CEE, 69 were PEE and 3 were editorials. The number of CEE in Mexico increased greatly between 1983–1993 (three studies) and 1994-May 2004 (21 studies). We reviewed 23 CEE studies in extenso. The technique most used was cost-effectiveness (83%). In terms of methodological quality the 78% do not mentioned study perspective, 56.52% do not reported sensitivity analyses, 58.34% do not reported had used the discount rate when it was necessary and 60% do not report clearly the costs. CONCLUSIONS: The study results reveal an increase in CEE in México in the last ten years, with low quality methodology. There is a need to elaborate and validate guidelines for economic evaluation in health for Mexico by unified quality standards in order to have internal and external validity.