documentation of cost data sources has improved over the six years, and the use of previously published data has decreased also. CONCLUSIONS: This preliminary study reveals definite trends in the different data sources used in economic evaluation over this six-year period. Whether these trends can be seen regardless of disease area and type of intervention remains to be investigated.

PMD9

BEHAVIOURAL ECONOMICS: THE IMPORTANCE OF ABSOLUTE AND RELATIVE HEALTH OUTCOMES
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OBJECTIVES: In a paper in the Journal of Health Economics, Victor Fuchs (2000) stated that one of the main research tasks for health economists is to enhance our understanding of economic behaviour. One of the areas that are especially important for health economics as a behavioural science is that, contrary to traditionally assumed, people appear to be more concerned about relative than absolute levels of outcomes. METHODS: First of all, in surveys of the relation between income and wealth it was found that people take the behaviour and wealth of relevant others as reference and, by the desire to “live up to the Joneses”, adapt their preferences according to this norm (i.e., “reference drift”). In addition, this “wealth” norm is affected by habituation to the status quo individuals have already achieved. Each time an aspiration level is reached, the norm is raised (i.e., “preference drift” or “adaptive preferences”). Is the same true for health? Do people relate their health state, right to health and health care to what is viewed as “normal” or is possible in view of relevant others’ health? RESULTS: Results from two surveys undertaken among people from the general public (n = 220 & n = 394) demonstrate that people adapt their expectations of length and future quality of life to own health behaviour relative to that of others and to age and health status of close relatives. CONCLUSION: After JS Mill, people do not only desire to be healthy, but also as healthy as others.

PMD10

ISPOR QUALITY OF LIFE SPECIAL INTEREST GROUP TRANSFORMATION AND CULTURAL ADAPTATION: PROGRESS ON THE DEVELOPMENT OF PRINCIPLES OF BEST PRACTICE
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OBJECTIVES: A series of quality of life special interest groups were set up by ISPOR in 1999 in order to stimulate discussion and contribute to the advancement of science. The translation and cultural adaptation group has met four times and has been working towards the development of a set of principles of best practice. METHODS: The approach reviews and builds upon current practice, taking account of existing guidelines and theoretical perspectives. These diverse perspectives have been evaluated with regard to the issues and challenges facing industry and the broader outcomes research community. This approach seeks to be inclusive, taking into account the views of practitioners, academics, and users of health outcome measures. This first stage has resulted in an interim report describing the broadly agreed principles of best practice. The next step will involve broad consultation with practitioners, academics and users in order to refine and develop the interim report. This report will set out objectives and principles and identify examples of best practice illustrated through a series of exemplary case studies. RESULTS: The initial draft of the paper is based upon a synthesis of methodological approaches, common nomenclature, and quality-control assurance requirements used by the range of organizations. The interim report provides both methods and rationale for an expansive list of situations that are now encountered with regularity. It also includes special protocols for a variety of unique considerations that have arisen for translation/adaptation work that is sensitive to expanding needs and challenges of outcomes research in ever-expanding global applications. CONCLUSION: This interim report provides a wealth of information and guidance for Best Practice Principles in Cross-Cultural Translation/Adaptation work. It is hoped that the presentation at this meeting will provide the starting point for the broader review so that a complete range of perspectives can be taken into account.

A DALY IS A QALY—OR IS IT?
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OBJECTIVE: Health economists developed QALYs in the 1970s as an outcome measure combining duration and quality of life, primarily for use in cost-effectiveness studies. The concept of the DALY, as developed for the Global Burden of Disease (GBD) 1990 study, closely resembled the QALY. We identified the analogies and disparities of QALYs and DALYs from the literature and our own empirical experience with both approaches (EQ-5D, Dutch Disability Weights study). METHODS: The DALY is a gap measure, defining health loss from some predefined standard, whereas QALYs quantify health gains. The general approach to derive QALY values includes empirical valuation of generic health state descriptions,