health related information. **RESULTS:** Of the 3,571 individuals 2,593 were employed and 968 were receiving the latter 27% of health-related reasons. As consequences of health disturbances 4.9% of the individuals in the employed group could not work any longer in their learned profession, 9.3% could not perform all elements of their jobs, 11.4% had to take breaks more often and 4.1% needed special tools or equipment in order to maintain their handicaps. These 2,593 were combined with the sick leave information into an “Occupational Disability Index (ODI).” Reliability analysis resulted in Cronbach’s alpha of 0.66 which is fairly satisfactory for a five-item related construct with high construct validity. The ODI was related well with health measures: General Health (SF-36) by r= .356 (p<0.001), Functional Limitation (SF12L) r=.398 (p<0.001) as well as with measures of social and economic life-quality: Satisfaction with work r=.261 (p<0.001), Satisfaction with life as a whole r=.277 (p<0.001) and Satisfaction with income r=.16 (p<0.001). Consequently, the ODI has satisfactory psychometric properties. It can be used to analyse the impacts of diseases on work performance and/or the need for rehabilitation measures.

**PM168**

**SURVEY OF NEUROLOGIST’S CURRENT PRACTICES IN EVALUATION OF MULTIPLE SCLEROSIS TO IDENTIFY DOMAINS FOR NEW CLINICAL OUTCOMES MEASURES**

Phillips GA1, Matza LS2, Stewart KD2, Coyne KH3, Mailey K4

1Bogus Idac Inc., Cambridge, MA, USA, 2Eidure, Bethesda, MD, USA

**OBJECTIVES:** An online survey was conducted with neurologists to understand how they assess multiple sclerosis (MS) during typical office visits. This information was gathered to support the possible development of outcome measures for patients with MS.

**METHODS:** A web-based survey was conducted with neurologists in the United States (US), United Kingdom (UK), Germany, and Sweden in April and May 2015. The survey asked about neurologists’ professional background; perceptions of important symptoms and impact; and assessment methods used for each. Neurologists in US and Sweden (n=75) and neurologists in UK and Germany (n=10 Sweden) completed the survey, including general neurologists (n=19, 26.4%) and neurologists specializing in MS (n=10 Sweden) completed the survey, including general neurologists (n=19, 26.4%) and neurologists specializing in MS (n=10 Sweden).

**RESULTS:** The following signs/symptoms of MS were used most frequently to assess patients (by 29.2% of the respondents). The most common symptoms assessed in the typical MS office visits included mobility (91.7%), activities of daily living (84.7%), independence (75.0%). Areas of impact most commonly identified as important to assess during the survey were pain (80.6%), bladder (79.2%), coordination (79.2%), weakness (79.2%), balance (78.3%), mobility (77.8%), vision (77.8%), cognition (77.8%), spasticity (77.8%), and mood/ emotions (75.0%). The most common type of assessment methods used in the typical MS office visits included mobility (91.7%), activities of daily living (84.7%), independence (84.7%), work (84.7%), self-care (77.8%), sleep (76.4%), and social functioning (75.0%). Across all signs, symptoms, and areas of impact, the most common assessment approaches were asking the patient a direct question, the neurologist’s exam, and informal observation of the patient. Performance-based methods were used less frequently, most commonly to assess walking (by 23.6% of the respondents). Standardized clinician-reported instruments (COPIC and patient self-answered outcome (PRO) instruments appear to be rarely used, but most commonly for assessment of cognition (12.5%).

**CONCLUSIONS:** Neurologists reported that MS symptoms are typically assessed via general questions, a neurological exam, and direct observation. According to this sample, standardized measurement approaches are not commonly used. A brief clinician-reported measure of MS symptoms and impact could help standardize and quantify these assessments.

**PM169**

**PSYCHOMETRIC VALIDATION OF THE MULTIDIMENSIONAL DYSPEPSIA PROFILE (MDP)**

Gilet H1, Picquier C2, Aguilaniu B2, Devillier P3, Similowski T4, Morello-Patacis C5

1University of Lille, Lille, France, 2Hôpital Foch, Suresnes, France, 3CERTOP UMR CNRS 5044, AP-HP, Groupe Hospitalier Pitié-Salpétrière Charles Foix, Service de Pneumologie et Réanimation Médicale, Paris, France, 4Sorbonne Universités, UPMC Univ Paris 06, INSERM, UMR1158, Paris, France

**OBJECTIVES:** Dyspepsia is a major issue for patients suffering from respiratory diseases. The MDP questionnaire was developed as a tool to evaluate both the sensory and emotional dimensions of dyspepsia. The MDP still needed to be validated in a clinical setting context. The aim of this study was to validate the psychometric properties of the MDP.

**METHODS:** A prospective, multicenter and observational study was conducted in patients with chronic obstructive pulmonary disease (COPD) at three times of assessment (inclusion visit, 3 and 3.5 months after) in France. The MDP includes 11 items: (1) unpleasantness; (5) sensory dimension and (5) emotional dimension) to compute the immediate perception sensory (unpleasantness and unpleasantness items) and the emotional score (emotional items). The construct validity (using multi-trait), the concurrent and clinical validity (tested by comparison with MMRC, CAT, SF-12, DIRECT, K6, MCS, HADS and clinical parameters), internal consistency reliability and test-retest reliability allowed assessing the psychometric properties of the MDP.

**RESULTS:** The main population included 276 patients (mean age=58, 78.4% male) with COPD at different severity stages. All sensory and emotional items met both convergent and discriminant validity criteria, confirming the structure of the questionnaire. Psychometric scores matched standards for clinical validity (the worse the health status of the patient, the higher the score), and impacts from severe COPD stages II to IV and from MMRC grade 3 to 4), concurrent validity (majority of correlations between 0.40 and 0.70), internal consistency reliability (Cronbach’s alpha=0.89 and 0.82 for sensory and emotional dimensions, respectively) and test-retest reliability (intraclass correlation). Consequently, the MDP questionnaire is a valid and reliable instrument to assess both sensory and emotional dimensions of dyspepsia perceived by COPD patients in a clinical setting context. Further studies will be necessary to evaluate the responsiveness of the questionnaire.

**PM170**

**HOW FRENCH SUBJECTS DESCRIBE WELL-BEING FROM FOOD AND EATING HABITS: DEVELOPMENT, AND SCORING DEFINITION OF THE WELL-BEING RELATED FOOD QUESTIONNAIRE (WELL-BFQ)**

Guillemin F1, Marrel A1, Arnaud B1, Capuron L2, Dupuy A1, Gimon E1, Laye S1, Lecerf F1, Pruzan J2, Rouger M1, Urbain F1, Valayer M1

1Patient-Centered Outcomes - Magy, Lyon, France, 2Laboratoire de Nutrition and Integrative Neurobiology - NutriNeuro; INRA UMR 1286, Bordeaux, France, 3CERTOP UMR CNRS 5044, Toulouse, France, 4Laboratoire for Experimentation in Social Sciences and Behavioral Analysis (LESAC) ESC, Dijon, France, 5INRA UMR 1286, Bordeaux, France, 6Institut Pasteur de Lille, Lille, France, 7LARA SPIRAL, Couteron, France, 8DANONE Nutricia Research, Palaiseau, France, 9Social Psychology Laboratory of Paris (LAPPs EA 4318), Saint-Denis, France, 10CEN Biotech/CENUTRITION, Paris, France

**OBJECTIVES:** To develop and validate an instrument assessing well-being associated with food and eating habits in a general healthy population, suitable for future food and eating interventions. Providing well-being and maintaining and increasing the two main objectives subjects seek from their diet. To date validated questionnaires measuring well-being in the specific context of food in general population do not exist.

**METHODS:** Thorough standardized methodology was followed. Qualitative and quantitative interviews conducted with healthy subjects (n=102) and subjects with digestive, joint or immunity complaints (n=96) served to develop the core of the Well-Being related to Food Questionnaire (WELL-BFQ).

**RESULTS:** Well-being was a complex concept and differed between individuals in terms of immediate, direct and short and deferred benefits in general population. Its modular structure allows interdisciplinary users to address their specific research (including experimental and general population comparison studies) needs by selecting the module(s) relevant to their objectives.

**PM171**

**MEASURING PREVENTION-BASED PATIENT BENEFIT OF MEDICAL DEVICES: A NEW INSTRUMENT FOR HEALTH ECONOMIC ASSESSMENTS**

Lesen E1, Bjørkholt I2, Ingelgard A3, Olson F2

1National Centre for Pharmacoeconomics, Dublin, Ireland, 2HSE University, St Petersburg, Russia, 3University of Limerick, Limerick, Ireland, 4Harvard University, Boston, MA, USA

**OBJECTIVES:** There is a need for a standardised method for measuring patients’ perceived benefit of medical devices. Currently available instruments are either too crude, or applicable only to a specific disease or product. Our objective was to develop a novel instrument that measures perceived incremental benefit of medical devices, applicable in health economic assessments of any type of medical device used by patients with any type of disease/disability.

**METHODS:** The development followed the standard international guidelines for developing health economic assessments. Interviews with health care personnel within a wide range of disease and population settings were conducted. General attributes of patient benefit with relevance for various types of medical devices were identified. A total of 34 attributes of immediate, direct and deferred benefit were obtained. These attributes were used to develop a preference-based outcome measure. To refine and test the instrument, these general attributes were validated among healthcare professional, patient organizations, manufacturers of medical devices, and in two pilot studies (n=119, n=260) in the general population. In the final step, questionnaires are administered to a sample of the general Swedish population and analysed using a statistical weighting algorithm to assess the relative importance of each attribute.

**RESULTS:** The development process resulted in an instrument including 24 general attributes related to patient’s perceived benefit of medical devices within the following domains: sense of security, social participation, integrity, convenience and useability. Preliminary results indicate that the attributes with highest preference concern reliability, and sense of control of the disease/disability. Facilitation of overnight travelling and storage convenience are considered less important. Attributes concerning social acceptability are of higher importance to younger than to older persons, while simplicity in using the device is more important to older persons. CONCLUSIONS: A novel instrument for measuring patient benefit of medical devices has been developed. This instrument may be used in health economic assessments of various medical devices used in a wide range of diseases.