

health related information. **RESULTS:** Of the 3,571 individuals 2,593 were employed and 978 unemployed, among the latter 27.6% because of health 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 for compensate of their handicaps. These four items were combined with the sick leave information into an "Occupational Disability Index (ODI)". Reliability analysis resulted in Cronbach's alpha of .66 which is fairly satisfactory for a five-item index. The ODI correlated well with health measures: General Health (SF-36) by $r = .356$ ($p < .000$), Functional Limitation (SF36) $r = .398$ ($p < .000$); as well as with measures of social and economic life-quality: Satisfaction with work $r = -.261$ ($p < .000$), Satisfaction with life as a whole $r = -.277$ ($p < .000$) and Satisfaction with income $r = -.163$ ($p < .000$). **CONCLUSIONS:** The short five-item "Occupational Disability Index" has satisfactory psychometric properties. It can be used to analyse the impacts of diseases on work performance and/or the need for rehabilitation measures.

PRM168

SURVEY OF NEUROLOGIST'S CURRENT PRACTICES IN EVALUATION OF MULTIPLE SCLEROSIS TO IDENTIFY DOMAINS FOR A NEW CLINICIAN-REPORTED MEASURE

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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 domain. **RESULTS:** A total of 72 neurologists (26 US; 25 UK; 11 Germany; 10 Sweden) completed the survey, including general neurologists (n=19; 26.4%) and neurologists specializing in MS (n=53; 73.6%). The following signs/symptoms of MS were considered important to assess in every or most office visits by $\geq 75\%$ of the sample: walking/gait issues (87%), fatigue/exhaustion/tiredness (81.9%), pain (80.6%), bladder (79.2%), coordination (79.2%), weakness (79.2%), balance (77.8%), vision (77.8%), cognition (77.8%), spasticity (77.8%), and mood/emotions (75.0%). Areas of impact most commonly identified as important to assess during 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 neurological exam, and informal observation of the patient. Performance-based measures were used less frequently, most commonly to assess walking (by 23.6% of the sample). Standardized clinician-reported (ClinRO) and patient-reported outcomes (PRO) instruments appear to be used rarely, 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.

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PSYCHOMETRIC VALIDATION OF THE MULTIDIMENSIONAL DYSPNEA PROFILE (MDP) QUESTIONNAIRE

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OBJECTIVES: Dyspnea 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 dyspnea. 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 score (sensory 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 worse the scores; more impacted from GOLD stage 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 correlations=0.84 and 0.86 for immediate perception and emotional scores, respectively). **CONCLUSIONS:** The MDP questionnaire is a valid and reliable instrument to measure both sensory and emotional dimensions of dyspnea perceived by COPD patients in a clinical setting context. Further studies will be necessary to evaluate the responsiveness of the questionnaire.

PRM170

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

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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 allegation support. Providing well-being and maintaining good health are 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 data from 24 discussion groups 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). Preliminary validation was conducted with 444 subjects with balanced diet (n=81), non-balanced diet (n=65), or standard diet (n=298). Principal component analyses (PCA) and exploratory factor analyses were performed sequentially to reduce the number of items and determine the questionnaire structure. Confirmatory factor analyses with multi-trait analyses were carried out to confirm its structure. **RESULTS:** The validated structure of the Well-BFQ has a modular backbone composed of "Grocery shopping", "Cooking", "Dining places", "Commensality", "Eating and drinking" and "Eating habits and health". Each module is measured in terms of food behaviour and benefits: immediate, (Pleasure, Security, and Relaxation); direct and short term (Digestion and Satiety, Energy and Psychology); deferred (Metabolism, Mood and energy, Ageing, Bowel movement, Immunity and Mobility). PCA defined 33 interpretable subscales and 15 single items. Internal consistency reliability of dimensions was very good (Cronbach's alpha: 0.75-0.95). Item convergent validity and divergent validity were moderate to excellent. **CONCLUSIONS:** The Well-BFQ is unique to assess the full picture of well-being related to food and eating habits 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, cross-cultural comparison studies) needs by selecting the module(s) relevant to their objectives.

PRM171

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

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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 general instrument that measures preference-based patient 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 of the instrument followed standard qualitative and quantitative procedures. Interviews with health care personnel within a wide range of disease areas were conducted. General attributes of patient benefit with relevance for various diseases and for various medical devices were identified from the interviews. To refine and test the instrument, these general attributes were validated among health care personnel, 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.

PRM172

MODELLING METHODS FOR EQ-5D - A FITTING TIME FOR CHANGE

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OBJECTIVES: Despite EQ-5D's long establishment, valuation methods have only in recent times been subjected to fresh consideration, mainly driven by the introduction of EQ-5D-5L. However, methods in relation to modelling of health states not directly valued have undergone less change. This work uses the Irish 3L data set to test a number of alternative methods for the 3L sets. **METHODS:** Existing methods employed for valuation studies include fitting logistic regression models to the data. The addition of interaction terms to capture any extreme health problems (N3), moderate levels (D2), and others, has predominated. Using TTO, a respondent may trade off at some unknown point between two given figures.