health related information. RESULTS: Of the 3,571 individuals 2,593 were employed and 978 were students. Among the latter 27% report change 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 and equipment to do their job. More than half of the respondents 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-items related scale with healthy ministers. The ODI was then combined with 4 other systems: General Health (SF-36) by r = .356 (p < .001), Functional Limitation (SF36) = .398 (p < .001), as well as with measures of social and economic life-quality: Satisfaction with work r = -.26 (p < .001), Satisfaction with life as a whole r = .277 (p < .001) and Satisfaction with income r = -.16 (p < .001). 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多発性硬化症の影響に関する認知、運動、感情の評価の観点

OBJECTIVES: An online survey was conducted with neurologists to understand how they assess multiple sclerosis (MS) in different 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 currently in practice in the United States (US), United Kingdom (UK), and France. The survey was conducted in April and May 2015. The survey asked about neurologists’ professional background; perceptions of important symptoms and impact; and assessment methods used for each. 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 used less frequently, most commonly to assess walking (by 23.6% of the respondents): balance (75.0%), sensory (12.5%).

Across all signs, symptoms, and areas of impact, the most common assessment procedures were asking the patient a direct question, the neurologist’s exam, and informal observation of the patient. Performance-based measures were used less frequently, most commonly to assess walking (by 23.6% of the respondents). Standardized clinician-reported (ClinRo) and patient-reported outcomes (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) tool

OBJECTIVES: To describe the development and validation of a new multidimensional tool for the assessment of dyspepsia.

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 emotional dimension; (6) cognitive evaluation; (7) feeling; (8) pain; (9) question; (10) intensity; (11) impact on daily life; activities of daily living (84%), independent (84%), self-care (77.8%), sleep (76.4%) and social functioning (71%). Across all items, symptoms, and areas of impact, the most common assessment procedures were asking the patient a direct question, the neurologist’s exam, and informal observation of the patient. Performance-based measures were used less frequently, most commonly to assess walking (by 23.6% of the respondents). Standardized clinician-reported (ClinRo) and patient-reported outcomes (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.

PM170 HOW FRENCH SUBJECTS DESCRIBE WELL-BEING FROM FOOD AND EATING HABITS: DEVELOPMENT, AND SCORING DEFINITION OF THE WELL-BEING RELATED TO FOOD QUESTIONNAIRE (WBFQ)

Guillemine F1, Maire A1, Arnaud B1, Capuron L2, Dupuy A1, Ginon E1, Laye S1, Lecerf J1, Allaert FA10

1Patient-Centered Outcomes - Magi, Lyon, France, 2Laboratoire de Nutrition and Integrative Neurobiology - NutriNeuro, INRA UMR 1286, Bordeaux, France, 3CERTOP UMR CNRS 5044, Toulouse, France, 4Laboratory for Experimentation in Social Sciences and Behavioral Analysis (LESSAC) ESC, Dijon, France, 5INRA UMR 1286, Bordeaux, France, 10Institut Pasteur de Lille, Lille, France, 3LARA SPIRAL, Cotonier, France, 7DANNONE Nutricia Research, Palaiseau, France, 3Social Psychology Laboratory of Paris (LAPPS EA 4318), Saint-Denis, France, 2CEN Biotech/CEN Microbiology, 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 allocation support. Providing well-being and maintaining 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 and quantitative methods were 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 (WBFQ). 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-group analyses were conducted to confirm the four-factor structure. RESULTS: The validated structure of the WBFQ has a modular backbone composed of “Grocery shopping”, “Cooking”, “Dining places”, “Commenability”, “Eating and drinking” and “Eating habits”. Each module is measured in terms of food behaviour and benefits: immediate, (Pleasure, Security, and Relaxation); and direct and short-term (Digestion and Satiety, Energy and Psychology); after (Metabolism, Mood and Interpersonal) and long-term (Quality of Life). Validity and discriminative validity of the new instrument is assessed based on convergent and discriminant validity. CONCLUSIONS: The WBFQ is a valid instrument for measuring well-being associated with 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 settings, cross-cultural comparison studies) needs by selecting the module(s) relevant to their objectives.

PM171 MEASURING PRECISION-BASED PATIENT BENEFIT OF MEDICAL DEVICES: A NEW INSTRUMENT FOR HEALTH ECONOMIC ASSESSMENTS

Lesen E1, Björkhol I1, Ingeligård A1, Olson F1, 2National Health Economic, Copenhagen, Sweden

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 followed the standard international procedures. Interviews with health care personnel within a wide range of disease areas were conducted. General attributes of patient benefit with relevance for various medical devices and for various types of medical devices were identified and subjected to review. 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: security, social participation, integrity, convenience and usability. Preliminary results indicate that the attributes with highest preference concern reliability, and sense of control of the device. Benefits. Facilitation of overnight travelling and storage convenience is 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.

PM172 MODELLING MODELLING FOR EQ-5D – A FITTING TIME FOR CHANGE

Kendall A1, Adria R1, Barry MJ2

1National Centre for PharmacoEconomics, Dublin, Ireland, 2School of Pharmacy, University College Dublin, Dublin, Ireland

The EQ-5D has 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.

CONCLUSIONS: Multiple 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 (NE), moderate levels (D), and others, has predominated. Using TTO, a respondent may trade off at some unknown point between two given figures.