on mortality associated to ID and CAP, for the base case scenario. It predicts that vaccinating 25.94 deaths (PCV-13) per 1,000 vaccinated infants. Besides, PHD- CV would reduce 221 more myomato-
myomas and 3,891 more AOM cases than PCV-13, per 1,000 vaccinated infants. The direct medical costs averted (uncounted) due to ID and CAP is similar for both vaccines. Instead, PHD- CV would save 1.9 times more AOM medical costs than PCV-13. Both vaccines are cost effective, but PHD-CV would generate more QALY gains (1176 additional QALYs) and in addition, would be cost saving. It was esti-
imated that PHD-CV requires a reduced annual investment of 10 million (PAHO prices) or 1.6 million (price parity) US$, compared to PCV-13. CONCLUSIONS: Both vaccines could significantly improve the quality of life and decrease the risk of complications associated with chronic pelvic pain in a Slovakian setting in a five-year time horizon.

PHI30 ENDOMETRIOSIS-ASSOCIATED PELVIC PAIN TREATED WITH DIENOGEST OR GnRH ANALOGUES: COST-UTILITY COMPARISON WITH 5 YEARS TIME HORIZON

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OBJECTIVES: To estimate the cost effectiveness of dienogest versus GnRH analogue (GnRh-a) for the treatment of endometriosis-associated chronic pelvic pain in Slo-
vakia for 5 years time horizon. METHODS: A cost-utility Markov model based on results of randomized controlled trial (AU19) was adapted to a Slovakian setting. The AU19 trial, which compared dienogest and GnRh-a (leuproide) in the treat-
ment of endometriosis-associated chronic pelvic pain over a 6 month period, showed no statistically significant differences in response rate. The dienogest annual relapse rate was derived from 52-weeks extension study, while relapse rates for the GnRh-a were derived from the literature. Local cost data was based on published price lists, clinical guidelines, product labels and expert opinion. QoL related utilities were derived from individual patient SF-36 scores from AU19 da-
taset. Effectiveness was measured in quality-adjusted life years (QALY). Time ho-

rizon was set at five years and a payers’ perspective was adopted. Discount rate was 5% per year for both costs and effects according to valid Ministry of Health (MoH) guidelines for health economic evaluation. Both one-way and probabilistic sensi-
tivity analyses were performed. RESULTS: Dienogest showed that it was cost ef-
effective compared to a GnRh-a, with an overall cost reduction of 426 € and a QALY gain of 0.069 per patient. Cost reduction was due to both the differences in the average drug cost during the two year period and the average laporoscopy cost. In probabilistic sensitivity analysis 92% of simulations were below 18,000 €/QALY which is the officially published threshold for willingness to pay in Slovakia. In 79% of cases dienogest treatment was dominant over GnRh-a. CONCLUSIONS: Dieno-
gest is a cost-effective alternative to GnRh analogue for the treatment of endo-
metriosis-associated chronic pelvic pain in a Slovakian setting in a five-year time horizon.

PHI31 ANTI-VIRAL TREATMENT OF CHRONIC HEPATITIS C IN A PaEDIATRIC POPULATION: A COST-EFFECTIVENESS ANALYSIS

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OBJECTIVES: The majority of individuals with chronic hepatitis C virus (HCV) are adults, and there is much experience in Australia with interferon-based treat-
ments. Various combination of interferons and ribavirin treatment is available. Pegylated-interferon alfa-2b was first approved for adult use in Australia and for reimbursement in 2003. It is currently reimbursed for initial treatment, and for a single retreatment course. Nonetheless, a limited number of children and adoles-
cents in Australia contract the disease. Currently there are no officially regis-
tered or reimbursed approved therapies available to them. This analysis reports a cost-effectiveness analysis of a single course of initial pegylated-interferon alfa-2b therapy in paediatrics with a bodyweight of at least 27 kg, reflecting the lowest dosage that will be supplied in Australia. METHODS: A cost-effectiveness analysis was conducted using a lifetime Markov model. Analysis of paediatric treatment versus no treatment was undertaken to determine the impact expansion of reimburse-
ment would have on the cost-effectiveness of the total population. Data were sourced from a study assessing sustained virological response, and the literature reporting the natural history and utility weights regarding HCV. RESULTS: Down-
stream cost-offsets associated with treatment reduce the total incremental cost from AUS$1,208 to AUS$767. These cost-offsets arose from avoidance of down-
stream transitions to more severe and costly states of health. Treatment was also to be associated with improvements in health-related quality of life due to the downstream avoidance of more serious health states as well as the obvious improvement in viral clearance. Over the lifetime of a patient, the base case analysis estimates that approximately 2.01 QALYs are gained, an incre-
cemental cost-effectiveness ratio of AU$2,373 per QALY. CONCLUSIONS: Expanding reimbursement to include paediatric treatment of chronic HCV is a highly cost-
effective way to equitably treat chronic HCV, regardless of age.

Individual’s Health – Patient-Reported Outcomes & Preference-Based Studies

PHI32 WHAT ARE THE FACTORS INFLUENCING PARENTAL APPREHENSION ABOUT CONSENTING CHILDREN TO PARTICIPATE IN PEDIATRIC OBSERVATIONAL STUDIES? A SURVEY CONDUCTED IN FRANCE WITH IN FINE PHARMA, A PHARMACIST NETWORK

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BACKGROUND: Conducting pediatric studies is complex and the most significant barrier is infant enrollment by parental consent. This obstacle is currently found both for healthy and sick infants. The reason for the parents’ refusal to consent is not obvious and may be due to multiple factors. OBJECTIVES: To identify the fac-
tors influencing parents’ decisions to refuse infant participation in pediatric studies. METHODS: Observational, transversal study carried out by French phar-
macists randomly selected among the 2,090 pharmacies of the In fine PHARMA® network (representative of French pharmacies in terms of geographic location and sales). Parents presenting to pediatricians and not refusing consent were included. Data were collected through questionnaires fulfilled by participating parents. RESULTS: Twenty-one pharmacists agreed to participate and enrolled 105 participating par-
ents. Among them, 78 (74%) filled out a questionnaire. Participating families had an average age of 1.93 in an urban environment. 61% were hospital parents and 58% of the infants were males. Most of the parents (97%) had never enrolled their children in a study. Main deterrents to parental consent were: they viewed pediatric studies as risky (35%), they did not want their infant to be treated as an experimental animal (20%), their infant was not ill (12%), the information provided by the physician was too confusing and/or complicated (10%). Parents may have been willing to have their child participate in a study only if the study was evaluating a new drug, their child’s participation would further medical research (31%), their child suffered from severe illness (24%), and they had great confidence in their physician (22%). CONCLUSIONS: The results of this survey show that the factors negatively influ-
encing parents’ decisions to consent were the perceived risk presented by the study, the lack of interest to medical research if their child was not ill, and the lack of information about the study.

PHI34 RECENT REPORTED REASONS FOR MEDICATION NONADHERENCE: A SURVEY

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OBJECTIVES: Medication nonadherence among patients with chronic conditions is a significant barrier to achieving therapeutic outcomes. The objective of this study was to identify patient reported factors and reasons associated with medication nonadherence. METHODS: Online cross-sectional survey of patients taking medi-
cautions for seven chronic conditions: asthma/COPD, hypertension, diabetes, rheuma-
tovascular disease, diabetes, neuropathic pain, osteoporosis, and rheumatoid arthritis. The first 50 patients to respond to the survey for each of the seven conditions were evaluated (total n = 350). Patients provided demographic information and answered questions about their drug therapy, including knowledge and satisfaction with their medications, difficulties in taking their medications, and how often they take their medication as prescribed. Adherence was defined as patients self-reporting that they always take their medication as prescribed. Nonadherence was defined as never, sometimes or often take medications as prescribed. Multivariate logistic regression was performed to identify patient factors and reasons associated with nonadherence. RESULTS: Among the 350 patients who completed the survey, the
average age was 54 years (standard deviation + 11 years, range 17-85 years) with the majority being female (78%), white (87%), having some college education or more (73%) and having health insurance (87%). Approximately 58% of patients reported medication nonadherence. No significant differences were observed between adherent and nonadherent patients with regard to age, sex, race, insurance status, condition, or number of medications taken. Reasons significantly associated with nonadherence were forgetting, cost of medication, symptoms improved so stopped taking medication, side effects too severe, and poor, knowledgeable about their medications. CONCLUSIONS: Medication nonadherence is common and patient reported reasons for nonadherence include side effects, lack of understanding or knowledge, and treatment-related characteristics. Interventions that motivate, educate and individualize drug therapy according to patients' preferences and affordability may improve adherence.

PIH35
THE MEASUREMENT AND EVALUATION OF HEALTH STATUS USING EQ-5D IN BRAZIL: A SYSTEMATIC REVIEW

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OBJECTIVES: The EQ-5D has been extensively used to assess health-related quality of life (HRQOL) and utility across different chronic health condition worldwide. The aim of this study was to systematically review studies using EQ-5D in the Brazilian population. METHODS: A structured literature search was conducted using the text words related to EQ-5D and Brazil in Pubmed and LILACS database. Original research studies that reported EQ-5D results among Brazilian patients or general population were included. RESULTS: Of 23 identified papers (PubMed = 11, LILACS = 12, 3 duplicate citations), 4 met the selection criteria, with one study reporting EQ-5D utility (Carod-Arat 2009) and the other 3 with EQ-5D index scores. CONCLUSIONS: Although the EQ-5D was used to assess the health-related quality of life among populations, there is evidence that the Brazilian population has different healthcare needs and priorities to those in Western countries. More studies are needed in Brazil to fully understand the impact of chronic diseases on the quality of life of the Brazilian population.

PIH36
LIFE EXPECTANCY IN THAILAND: A COUNTRY-WIDE STUDY OF THE EFFECTS OF DISEASE ON QUALITY OF LIFE

LACS

OBJECTIVES: To reflect the burden of diseases in Thailand: a country-wide study of the effects of disease on quality of life. METHODS: A systematic literature search was conducted using the text words related to GBD and disease in Thailand. The effect of disease on quality of life was calculated by multiplying the number of DALYs and the disability weight (DW) with: DW = DW - 0.688 x UW. The new DW differs from GBD weight of 0.509. CONCLUSIONS: The new DW differs from GBD weight of 0.509. This technique has the tendency to calculate the disability weight from EQ-5D for the best prediction.

PIH37
THE QUALITY OF LIFE OF PATIENTS WITH THE TOP 5 DISEASES AND THE WAY TO REFLECT THE BURDEN OF DISEASES IN THAILAND: A COUNTRY-WIDE STUDY OF THE EFFECTS OF DISEASE ON QUALITY OF LIFE

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OBJECTIVES: Thailand’s top 5 burden of diseases in 2004 (based on the protocol of global burden of diseases (GBD) 2004) were HIV/AIDS, traffic accident, stroke, diabetes mellitus, and liver cancer, accounting for 947, 718, 652, 474, and 407 Disability-Adjusted Life Years (DALYs) per 1000 population, respectively. The technique used by GBD to calculate the disability weight (DW) is based on an expert panel. This study aims to compare the DW with the GBD weight and to calculate the disability weight from EQ-5D for the best prediction. METHODS: The cross-sectional observational multicenter hospital-based study was conducted in 2008-2009. The 2,695 sampling patients were selected based on epidemiologic disease data from outpatient, inpatient and primary-care unit in 5 major regional hospitals throughout Thailand. Selected patients were allocated in the quota slot and completed the EQ-5D questionnaires with their capabilities. The EQ-5D scores were converted to utility weights (UW) using the Thai preference method and then changed into DW with linear regression function to then compare DALSs directly to the GBD result. RESULTS: Of 2695 patients, 56.99% are males and the age range is 19-100 years. The quality of life is calculated to DW with: DW = 0.688 + (-0.688 x UW). The new DW differs from GBD weight of -0.21 to 0.53 percent and these changes will affect the YLD and change the DALYs. CONCLUSIONS: The new DW differs from GBD weight. To establish the burden of diseases, we use the quality of life to reflect the true disability. The limitation that we have to improve is the way to calculate the disability weight from EQ-5D for the best prediction.

PIH38
THE ROYAL ROAD OR THE MIDDLE WAY? PUBLIC AND PATIENT PREFERENCES FOR BLOOD DONATION

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OBJECTIVES: In economic evaluations of health care interventions, outcomes are often expressed in terms of Quality-Adjusted Life-Years (QALYs). Deriving QALY weights, operationalized as preferences for health states, requires important normative choices. One important choice is the question whose preferences we wish to capture. Currently, preferences are commonly derived from the general public, rather than from actual patients. This choice, which has large consequences on final outcomes of economic evaluations, is increased when the study is performed in the current study, arguments for and against public preferences are discussed and alternatives are suggested. METHODS: We highlight and critically assess the different viewpoints put forward in the health economic literature regarding the public and patient perspective. Patient preferences are considered to be the true patient experiences, but are troublesome because preference values elicited from patients are ‘unusually’ high due to adaptation. Public preferences are argued to be less sensitive to adaptation, but are troublesome because they do not adequately foretell patient preferences. RESULTS: Arguments put forward in the literature do not provide straightforward support for assessing outcomes QALYs weights derived the general public. The exclusion of patient values in public decision-making is not sufficiently argued. With patient preferences life saving interventions are likely to become less cost-effective. CONCLUSIONS: Arguments to this position represent different normative positions regarding the appropriate measure of outcome in health care decisions. To date, the debate seems to have focused on the question which of the two would be most appropriate. However, it seems unclear why such a dichotomy would be necessary or, in fact, useful. Both public and patient preferences appear to be important sources of information for the allocation of health care resources in society. Perhaps the question should be how to intelligently combine the two.

PIH39
HOW DO POSTMENOPAUSAL WOMEN DESCRIBE BREAST PAIN AND BREAKTHROUGH BLEEDING ASSOCIATED WITH HORMONAL TREATMENTS FOR MENOPAUSAL SYMPTOMS: QUALITATIVE INTERVIEWS WITH POSTMENOPAUSAL WOMEN IN THE UNITED STATES, CHINA, MEXICO AND ITALY

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OBJECTIVES: To assess the health status and health related quality of life among rural coastal population in South India. METHODS: Randomly selected postmenopausal women aged 40-63 taking EPT and experiencing breast pain and/or vaginal bleeding were included for the study. The VAS scores ranging from 0 to 100 were used to assess the health related quality of life. Both descriptive and VAS scores were used for assessment. The population recruited was having the age ≥18 years and <75 years having the family history of either diabetes, CVD or both. RESULTS: A total of 126 patients were recruited with the mean ± SD age of 45.95 ± 13.44. The descriptive scores ranging from 0 to 100 were used to assess the health related quality of life indicators were, mobility score 21.1 ± 0.88 (mean ± SD), self-care score 1.55 ± 0.83, activity score 2.07 ± 0.94, pain score 2.38 ± 0.86 and anxiety score of 1.96 ± 1.01. Among the different health states, 11,121 health state was found to be most preferred. The VAS scores used for assessment were 67.56 ± 14.64. CONCLUSIONS: There was considerable impact of pain and anxiety on the health related quality of life among rural coastal population in south India who had the family history of diabetes, CVD or both. There is a need to study the risk factors and other quality of life indicators among the rural coastal population in India.