life in atopic dermatitis (AD) and a generic quality of life measure and from this use optimised algorithms to estimate health utility. **METHODS:** Multinomial logistic regression was used to estimate response probabilities to the SF-12 health survey from responses to the Dermatology Life Quality Index (DLQI) in patients enrolled into a clinical trial studying the long-term use of tacrolimus ointment. A random sample of 70% of patient responses was used for the regression analysis, with the remaining 30% used to test the predictive ability of the response mapping. Predicted and actual SF-12 responses were converted to SF-6D and EQ-5D health utilities using published algorithms (Brazier 2004 and Gray 2006) by Monte Carlo simulation. **RESULTS:** Evaluable data were available for 255 patients, 40% of whom were male, and for which the median age at screening was 28 years (IQR 22 to 38). The percentage of variance in item response attributable to predictor variable change ranged 15.6% (SFCALM) to 33.3% (SFLESS). The mean predicted utility in the test dataset was 0.797 (sd 0.092) by the SF-6D method and 0.787 (0.210) by EQ-5D. The mean squared error (MSE) between the actual and predicted utilities were 0.013 for SF-6D and 0.068 for EQ-5D. Predicted SF-6D utility was within 10% of the actual utility in 62.7% of cases while for predicted EQ-5D utility this fell to 39.8%. **CONCLUSION:** Response mapping of disease-specific quality of life in AD to generic quality of life SF-12 produced more reliable estimates of SF-6D utility than EQ-5D utility, and correlated closely with similar estimates made from a standard assessment of disease severity in eczema.

PSS38

PATIENTS' PERCEPTION OF LIFE FREE OF GLASSES AFTER CATARACT SURGERY: DEVELOPMENT OF THE FREEDOM FROM GLASSES VALUE SCALE (FGVS©)

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OBJECTIVE: To develop a patient self-administered questionnaire assessing the added value of complete independence from glasses in patients after multifocal intraocular lens surgery. **METHODS:** A qualitative study was performed to develop the questionnaire. Exploratory interviews with five cataract patients and six presbyopia patients with ReSTOR® implanted in both eyes for at least 6 months were conducted. After interview analysis, a conceptual model was developed. Items were generated simultaneously in French and Spanish based on the identified concepts and using patients' own words. Six patients completed the French test questionnaire and provided comments regarding questionnaire's structure and content. The questionnaire was refined. The Spanish test questionnaire then underwent a clinician review and was tested with four patients. Test versions were refined and the French and Spanish pilot versions of the questionnaire were subsequently produced. **RESULTS:** Nine global concepts were included in the conceptual model: global vision, practical constraints related to wearing glasses, impact of eye surgery on patient's life, improvement of the practical issues without glasses, improvement of the psychological constraints without glasses, physical appearance / aesthetic aspect (self-image and in the eyes of the others), surgery left behind, recommendation of surgery to others. The first version of the test questionnaire contained 26 items. After the test with French patients, two items were deleted. The Spanish test questionnaire was modified accordingly. Minor additional changes were brought after clinician review and patient tests of the Spanish version. The final questionnaire named 'Freedom from Glasses

Value Scale (FGVS©)' contained 21 items and four general additional questions. **CONCLUSION:** Beyond functional aspects, this qualitative study identified additional benefits in cataract and presbyopic patients' living free of glasses after receiving ReSTOR®. The FGVS© will allow these benefits to be assessed. It is available in French and Spanish. UK English and Danish linguistically validated versions are also available.

PSS39

ESTIMATING HEALTH RELATED UTILITY FROM SYMPTOM SEVERITY IN ATOPIC DERMATITIS (ECZEMA)

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OBJECTIVE: The purpose of this study was to conduct a statistical mapping between standard assessments of disease severity in atopic dermatitis (AD) and a generic quality of life measure and use optimised algorithms to estimate health utility. **METHODS:** Multinomial logistic regression was used to estimate response probabilities to the SF-12 health survey from assessment of AD severity using the modified Eczema Area & Severity Index (mEASI) in patients enrolled into a clinical trial studying the long-term use of tacrolimus ointment. A random sample of 70% of patient responses was used for the regression analysis, with the remaining 30% used to test the predictive ability of the response mapping. Predicted and actual SF-12 responses were converted to SF-6D and EQ-5D health utilities using published algorithms (Brazier 2004 and Gray 2006) by Monte Carlo simulation. **RESULTS:** Evaluable data were available for 255 patients, 40% of whom were male, and for which the median age at screening was 28 years (IQR 22 to 38). The percentage of variance in item response attributable to predictor variable change ranged from 19.8% (SFCALM) to 37.5% (SFENER). The mean predicted utility in the test dataset was 0.799 (sd 0.083) by the SF-6D method and 0.778 (0.203) by EQ-5D. The mean squared error (MSE) between the actual and predicted utilities were 0.012 for SF-6D and 0.075 for EQ-5D. Predicted SF-6D utility was within 10% of the actual utility in 64.8% of cases while for predicted EQ-5D utility this fell to 39.9%. **CONCLUSION:** In this study response mapping of AD symptom severity to SF-12 produced more reliable estimates of SF-6D utility than EQ-5D utility. In young adults with low co-morbidity the sensitivity of SF-6D at higher utilities make it be a more appropriate choice than EQ-5D where cases would otherwise be classified in perfect health.

PSS40

QUALITY OF LIFE AND PSYCHOLOGICAL PROBLEMS IN PATIENTS WITH ORAL MUCOSAL DISEASES

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OBJECTIVE: The measurement of oral health related QoL (OHRQoL) is generally limited to dental diseases. Our objective was to evaluate patients with oral mucosal diseases using an oral health-specific questionnaire (OHIP-14), a generic health status questionnaire (SF-12) and a general psychological health questionnaire (GHQ-12) to identify the possible presence of conditions such as depression or anxiety. **METHODS:** Consecutive patients coming to the oral health care unit of IDI-IRCCS in Rome were asked to complete the OHIP-14, the SF-12, and the GHQ-12 questionnaires. Both physicians and patients gave a global assessment of severity of disease (PhGA and PtGA, respectively) on a 5-point scale. Agreement between physicians and patients was assessed using Cohen's K statistic. **RESULTS:** Of 218 patients contacted, 206 participated in the study. Oral ulcer-