Abstracts

15 different GP practices across Ireland who were deemed suitable by their physician to start treatment with SFC (any dose). HRQOL was assessed using the SF-36 before treatment and 12 weeks later following treatment. RESULTS: Data was evaluable for 90 patients (71%; asthma, 21%; COPD, 8%; bronchitis or cough). Fifty-four percent of patients were female and 33% were over 60 years of age. At baseline, HRQOL scores for all health attributes for all patients was less than that of the general population. The biggest difference was in the role physical and general health attributes (37 and 24 points respectively). After 12 weeks, SFC had a significant positive impact on most health attributes. The biggest improvements were observed in the role physical, vitality, social functioning and role emotional attributes with an average difference of 13.5, 11.5, 11.1 and 10.9 points respectively (all p < 0.004). CONCLUSION: This study showed that respiratory diseases have a negative impact on patient’s quality of life. However, treatment with SFC resulted in positive improvements in the quality of life of patients with respiratory diseases like asthma and COPD.

PRSI5

EQ-SD UTILITIES ASSOCIATED WITH LEVELS OF COPD SEVERITY: A META-ANALYTIC APPROACH

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OBJECTIVES: Chronic obstructive pulmonary disease (COPD) imposes a tremendous economic and humanistic burden on health care systems worldwide. The EQ-5D is a generic measure of health-related quality of life (HRQL) that can help to better understand the impact of COPD. The aim of this study was to estimate EQ-5D index-based utility scores associated with different levels of severity of COPD according to Global initiative of Chronic Obstructive Lung Disease (GOLD) stage. METHODS: A structured literature search was conducted in EMBASE and MEDLINE (Jan 1988 to Jan 2007) using keywords relevant to respiratory disease and EQ-5D. Original research studies in COPD that reported EQ-5D summary scores were selected for inclusion. Pooled summary scores for UK-based index were estimated using a fixed-effects estimate for COPD overall and by GOLD stage (Stage I [least severe] to Stage IV [most severe]). RESULTS: Of 15 original research studies identified prior to screening, 8 reported EQ-5D index-based summary scores by severity. Utility scores which ranged from 0.52 (SD 0.16) to 0.84 (SD 0.15). Pooled average utility scores (95% CI) by GOLD stage were as follows: stage I = 0.74 (0.62-0.87); stage II = 0.74 (0.66-0.83); stage III = 0.69 (0.60-0.78); and stage IV = 0.61 (0.44-0.77). CONCLUSION: Synthesis of the current literature provided evidence that HRQL decreases with severity of COPD. Utilities associated with stage of severity may be useful for modeling outcomes and facilitating quality-adjusted life-year calculations in economic evaluations of COPD.

PRSI7

SELECTION OF UTILITY INSTRUMENTS FOR ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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OBJECTIVES: Agencies such as NICE in the UK have specific requirements for economic evaluations. NICE specify how utility data should be collected and used in such analyses. The present review aimed to: 1) identify which utility measures have been used in asthma and COPD; 2) compare their measurement properties; and 3) determine if they meet NICE requirements. METHODS: A literature (Embase, PubMed) and internet (Google, PROQOLID) search for studies including utility measures in asthma and COPD was conducted for the last 10 years. It identified 41 and 24 studies respectively. The evidence regarding each measure was critically appraised and summarised in terms of our three criteria. RESULTS: Asthma and COPD search generated 41 and 24 hits respectively. The following generic instruments had been used in asthma or COPD studies: EQ-5D, 15D, HUI-2, SF-6D [1]. Disease specific utility measures were also identified: ALQ-5D, Asthma Symptoms Utility Index (ASUI) and the SGRQ-U. The ALQ-5D and the SGRQ-U are derived from the Asthma Quality of life Questionnaire and St George’s Respiratory Questionnaire respectively. The EQ-5D has been most commonly used and one comparison study found it to be more sensitive than the SF-6D. Measurement properties and appropriateness for all measures will be summarised. CONCLUSION: Utility measures have been quite widely used in asthma and COPD. EQ-5D, SF-6D, ALQ-5D and HUI-2 would all in principle be suitable for NICE, but EQ-5D is probably the safest.