caregivers. RESULTS: 468 children and caregivers were included in this study. Mean child age was 7.17 years old. The caregivers had a utility and themselves as 0.604 (95%CI: 0.592, 0.615) and 0.618 (95%CI: 0.606, 0.629), respectively. Mainly domains of diarrhea children were affected by pain/discomfort and anxiety/depression similarly to their caregivers. On multivariate regression analysis, factors which affected the child’s utility were: age (β = 0.02), BMI (β = 0.006), gender (β = -0.02), and prevalence of other children’s age and child’s gender. Next, reduced QoL of their caregivers related to caregiver’s gender and Vesikari score. CONCLUSIONS: Diarrhea had an impact on quality of life of children and therefore was considered to QoL of children in different cases the diarrhea more impacted in worse girls, those with higher severity score and was associated with age. In addition, the diarrheal severity and female gender reduced the impact of diarrhea on QoL of caregivers. These results can be useful to evaluate the cost-effectiveness of vaccines against diarrhea such as rotavirus vaccines.

PG136 HOW DOES NON-MALIGNANT APOPRETIC INDUCTION CONTROLLED (QIC) IMPACT HEALTH STATE UTILITY?
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OBJECTIVES: Little is known about the impact of OIC and treatments for OIC on health state utility. Studies often focus on collecting data on changes in OIC status. The objective of this paper is to examine if the utility impact of treatment is driven by change in OIC status, and what the magnitude of the change in utility associated with changes in OIC status is. METHODS: 1352 patients with non-malignant OIC were allocated to one of two, phase III, 12 week randomised controlled trials to study OBD-1033. These trials were pooled and prospective analyses on these data were undertaken. Both trials collected the three level EQ-5D at baseline, week 4 and week 12. EQ-5D scores were converted into estimates of utility using a tariff method developed for each UK general population preference. A repeated measures mixed model (RMMM) regression analysis was conducted to identify the impact of the following factors on utility: age, gender, race, BMI, duration of OIC use, treatment group, and baseline utility. Furthermore survival analyses examined the effect of OIC status in patient subgroups that had different experiences of laxative treatment. OIC status had an increased and meaningful impact on patients who had previously responded inadequately to laxatives. CONCLUSIONS: OIC status is a significant factor on the impact on treatment on patient’s utility. Furthermore the impact of OIC status is increased in patients who had previously responded inadequately to laxatives.

PG137 MAPPING MAY CAUSE STRAINING: THE INCONSISTENCY RELATIONSHIP BETWEEN A DISEASE-SPECIFIC QUESTIONNAIRE (PAC-QOL) AND EQ-SD MAPPING IN CONSTITUTION
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OBJECTIVES: In a recent double-blind, placebo-controlled clinical study with lubiprostone in opioid-induced constipation (OIC), OBD-1033, included the EQ-SD generic quality-of-life instrument, and the PAC-QOL, a constipation-specific disease measure. Thus, a study calculated utility values for patients using PAC-QOL and compared the resulting utilities to those calculated from a published mapping formula between the PAC-QOL and EQ-SD that was derived in chronic idiopathic constipation. METHODS: EQ-SD scores from OBD-1033 converted to utilities using the EQ-SD UK value set. These were compared with utilities generated with the published mapping algorithm. Following this step, an attempt was made to map the PAC-QOL to the EQ-SD in OIC. The root mean squared error (RMSE), adjusted R², and predicted/observed plots were used to assess the quality of mappings. RESULTS: Patients in OBD-1033 had low utility values at baseline: mean ± 0.45 (Standard Deviation 0.33, n=439). Using the published algorithm, the predicted mean utility was much higher: 0.74. This led to a high RMSE (0.43), indicating a poor fit to the data. Replicating the mapping using OBD-1033 PAC-QOL and EQ-SD data showed the PAC-QOL, although correlated with the EQ-SD, had a poor predictive value (RMSE=0.31, R²=0.60). High utilities were underestimated and low utilities overestimated. CONCLUSIONS: Mapping algorithms are a vital tool for generating utility values when none are available. However, the relationship derived between instruments should be assessed cautiously. Mappings with the same instruments may not be reliable if crossing disease areas – even if the symptoms experienced by patients appear similar. Data show patients in OBD-1033 entered the study with poorer health status than those in the chronic constipation mapping (utility of 0.45 vs 0.81), likely due to comorbid conditions (the reason for opioid prescribing). This led to a different relationship between the PAC-QOL and EQ-SD, compared to the previous estimate.

PG138 A COMPARISON BETWEEN THE HEALTH-RELATED QUALITY OF LIFE REPORTED BY THE GENERAL POPULATION AND BY PATIENTS WITH MAJOR LIVER DISEASES
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OBJECTIVES: The impact of liver diseases (LDs) on health-related quality of life (HRQoL) is an important aspect to understand the burden of these diseases and improve their management. A well characterized impact of the major LDs on HRQoL of the general population is still lacking. The aim of our study was to fill this gap. METHODS: A dataset with HRQoL data of a representative sample of the general population of most populated Italian region was matched with the dataset from a multicenter study conducted in the same region and time period to generate and validate a set of health care outcomes indicators for the major LDs (HCV, HCC, LTL). HCV, HCC and LTL had significantly (p<0.05) higher HRQoL impact than NASH and in HCC this was significant (p<0.01) for patients aged ≥65. Furthermore the impact of LDs on HRQoL of the general population was associated with higher HRQoL than those patients without comorbidities, and that the treatment and cure of HCV in these patients is associated with higher HRQoL compared with treatment and no cure. This impact that treatment and subsequent cure of HCV genotype 1 patients with comorbidities may help improve their HRQoL.