may reflect more effective population targeting and improved instrument coverage. Additional research will determine whether the two subscale structure of the NEI VFQ-25-R provides better interpretability of potential differences in patient-reported visual functioning than the NEI VFQ-25.

PRM132

BRAND NAME OR GENERIC DRUGS: A NATIONAL SURVEY OF PATIENT PERCEPTION AND PREFERENCES

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OBJECTIVES: This study aimed to assess the patient perception about brand name and generic drugs and to identify clusters with different preferences, and to evaluate the willingness to pay for a brand-name drug over a generic alternative. **METHODS:** A cross-sectional survey was conducted through self-administered, online questionnaire. The questionnaire comprised 27 items, which included several attributes of pharmaceutical products like therapeutic efficacy, brand, price and source of information. Questionnaire also included 4 hypothetical scenarios to ask about patients' preferences to purchase brand-name drugs over generic drugs and vice versa. Descriptive statistics were used to examine characteristics of the participants and to summarize our results. Preference clusters were identified, individual level utility functions were estimated and the willingness to pay for a brand name drug over a generic alternative. **RESULTS:** The usable response rate was 68%. The mean age of the respondents was approximately 29 years (range 18-68 years). Most respondents believed that generic drugs were less expensive (91.8%) and therapeutically effective (72.2%) than brand-name drugs, but only 52.2% preferred to take generic drugs themselves. Four clusters with distinctive individual level preferences with some differences in socioeconomic background were identified. About half of the respondents were price sensitive. Approximately 62% of the respondents were willing to take brand-name drugs for chronic diseases such as cardiovascular and respiratory diseases. 74% respondents preferred to purchase over the counter generic drugs for general ailments such as headache, sore throat and fever. Few respondents had preferences such as specific brand or to have a pharmacist or a physician as an information source for buying over the counter drugs. **CONCLUSIONS:** These findings provided new information on the consequent effects of price, efficacy, counseling, brand and other product characteristics on the choice by patients between branded and generic drug.

PRM133

FREQUENCY AND EFFECT SIZES OF RISK FACTORS ASSOCIATED WITH INITIAL MEDICATION ADHERENCE

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OBJECTIVES: Initial medication adherence, filling pharmacy scripts when first prescribed to begin a regimen, is an important yet understudied area. Long-term outcomes for chronically ill patients are dependent upon this critical early treatment phase. Recognizing how research findings can inform subsequent translation into effective clinical practices, this study summarizes the current literature on behavioral and psychosocial risk factors affecting initial medication adherence. **METHODS:** An international working group conducted a comprehensive systematic review utilizing multiple search terms for patient, provider or organizational factors associated with initial adherence. Following rigorous efforts limiting inclusion to studies targeting initial adherence versus broader or more ambiguous early treatment periods, we reviewed publications presenting primary data from 1966-2012. Eligible articles were abstracted documenting terminology, methodological approaches, and factors associated with adherence problems. We noted the frequency that unique risk factors were analyzed and their relative effect sizes calculated by the study authors. **RESULTS:** Only 24 publications met eligibility criteria from 865 potentially relevant publications. The diverse papers covered an array of study designs, anaytic techniques, and populations (7 countries, sample sizes 60–5.2 million), utilizing administrative datasets and self-reported surveys. Several articles modelled numerous risk factors yet others focused on single variables. The most prevalent factor (n=16) was specific medication or drug class (OR range 1.50–4.87), followed by 14 papers reporting comorbodities or illness severity (ORs 1.40–2.78); 11 articles noted medication cost effects (ORs 1.20–7.30). Less frequently cited were socioeconomic status, physician characteristics or medication beliefs, factors magnifying adherence problems up to six-times. **CONCLUSIONS:** Attention to critical influences upon adherence during the initial treatment course is imperative to improving outcomes. Evolving research efforts into associations between initial adherence and numerous risk factors can highlight contributions towards beneficial interventions. Multidisciplinary approaches, particularly those tailored to specific risks and patient preferences, may help reconcile potential barriers while establishing positive longitudinal medication behavior.

PRM134

EXAMINATION OF PATIENT PREFERENCES: SUBGROUP COMPARISONS OF TIME TRADE-OFF AND STANDARD GAMBLE RESULTS

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OBJECTIVES: The time trade-off (TTO) and the standard gamble (SG) are instruments that can be administered to patients in the direct elicitation of health utilities (HU). A previous systematic review of the literature (56 relevant publications, 79 study arms and 26 disease categories) indicated significant overall correlation in patient-elicited HU between TTO and SG. The present analysis further examined the correlation between TTO and SG within specific subgroups from the previous analysis. **METHODS:** Correlation between mean or median TTO and SG was explored by Spearman's rank correlation test, when a sufficient number of study arms were available, for the following subgroups: incremental HU, disease, gender, age, income, education level and employment status. All comparisons were undertaken by sorting the mean or median HU values according to TTO, in increasing order by increments of 0.10. **RESULTS:** For the incremental analysis of mean TTO versus SG, significant positive correlation was observed when HU values were greater than 0.6 (r=0.687), 0.7 (r=0.478) and 0.8 (r=0.525) or lower than 0.7 (r=0.564); no significant correlation was observed for HU values lower than 0.6 (r=0.7 with post-hoc analyses identifying the scarcity of studies as a plausible reason) or greater than 0.9 (r= -0.037). Overall mean SG was greater than overall mean TTO for all disease subgroups except HIV, with significant positive correlations observed in two diseases: cardiovascular disease (r=0.929) and ocular disease (r=0.504). Significant positive correlation was observed in both subgroups of females (r=0.814) and males (r=0.738). The series of subgroup analyses pertaining to median incremental HU values yielded findings similar to those in the analysis of means. **CONCLUSIONS:** The correlation between patient-reported TTO and SG outcomes was observed for numerous demographic and analytical subgroups. The occurrence of correlation may be more widespread than observed, given the limitations imposed by the existing study arm sample.

PRM135

LONGITUDINAL RELATIONSHIP BETWEEN PERCEIVED HEALTH, FUNCTIONAL LIMITATIONS AND WORK DISABILITY IN GERMANY AND UK

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OBJECTIVES: Work disability is known to seriously impair individual quality of life and to cause considerable societal costs, primarily due to medical treatment and vocational rehabilitation. Following the WHO model of "disease - functional limitation - work disability", we analyzed the longitudinal effects of perceived current health and functional limitations on future work disability. **METHODS:** In 2007, two adult sub-samples of the Kantar Health European Healthcare Panel in Germany and UK were surveyed (n=4.008), and self-reports about perceived health status (SF-12), 24 different disease conditions and occupational status were collected. In 2012 the participants were re-contacted and completed a health status and work disability questionnaire. Careful panel management and quota adjustment ensured the representativeness of the samples for the populations in the countries. **RESULTS:** In 2007, 48.1% of the sample was full-time (GER: 57.4%; UK: 38.9%) and 12.5% part-time (GER: 10.6%; UK: 14.5%) employed. Five years later, in 2012, 19% of the previously full- or part-time employed individuals were no longer employed due to health reasons. Health related unemployment in 2012 was highly correlated with general health status (gamma: 0.70; p<0.01) and functional limitations as measured by the SF-12 subscale in 2007(=0.39; p>0.01). Of those still employed in 2012, 16.2% were impaired in their jobs. Most frequently they had to take breaks more often (7.5%), were restricted in performing typical elements of work (6.1%) or required special tools (2.7%). **CONCLUSIONS:** Future amount and nature of work disability of a workforce can be predicted by using conventional measures of perceived health and functional status. The potential use of prognostic considerations to assess the need for preventive and rehabilitative measures will be discussed.

PRM136

THE PATIENT PERCEPTION OF INTENSITY OF URGENCY SCALE (PPIUS): ITS VALIDATION IN MEN WITH LOWER URINARY TRACT SYMPTOMS (LUTS) ASSOCIATED WITH BENIGN PROSTATIC HYPERPLASIA (BPH)

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OBJECTIVES: The PPIUS is a single-item patient-reported rating scale capturing degree of urgency associated with micturition and/or incontinence. We evaluated its measurement properties in patients with lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH). **METHODS:** Subjects enrolled in a Phase II, randomized, double-blind, 12-week study of fixed dose combinations of solifenacin with tamsulosin in an Oral Control Administration System (OCAS™) formulation TOCAS monotherapy, and placebo completed several disease specific patient reported outcomes and rated their level of urgency at every micturition and number of incontinence episode using the PPIUS prior to visits 2 (baseline), 3, 4, and 6 (end of study [EOS]). Six different scores were derived from the PPIUS including the mean, maximum, Total Urgency and Frequency Score (TUFS)* (defined as average sum of urgency episodes during a 24 hour period), number of urgency episodes, number of severe urgency episodes, and number of urge incontinence episodes. Measurement properties, including reliability, validity and responsiveness, were assessed. **RESULTS:** 1,010 males (mean age: 66) were enrolled. Intra class correlations (test-retest reliability) exceeded 0.70 for all scores. All PPIUS scores at Visit 2 and EOS were significantly (p<0.001) different for those above/below the median on International Prostate Symptom Score (IPSS) storage scores, but TUFS and number of urgency episodes had highest partial eta-squared values indicating these scores demonstrated the greatest ability to discriminate between groups differing in baseline severity (known groups validity). Three PPIUS scores (maximum, TUFS and urgency episodes) showed notably higher