groups are described here for children (proxy EQ-SD and KS) and parents (EQ-SD).
Optimal compliance: proxy EQ-SD 0.8257, KS 47.5152, EQ-SD 0.8331. Suboptimal compliance: proxy EQ-SD 0.7321, KS 42.7671, EQ-SD 0.8056. For both values reached an arbitrarily hypothesized 75% threshold (sensitivity: 81%; specificity: 70%) and with 3 positive responses 0.7719, KS 43.3744, EQ-SD 0.7899. CONCLUSIONS: Children with a good compliance to medication and naive children have a better QoL compared to non-compliant children and children who stopped treatment (non-compliance). The QoL of children in remission is better than the QoL of children using medication. QoL of parents follows a similar pattern.

PMH47
VALIDITY OF THE Q10 QUESTIONNAIRE FOR DIAGNOSIS OF WEARING-OFF PHENOMENA IN PARKINSON’S DISEASE
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OBJECTIVES: To test the characteristics of a QUICK Questionnaire-Short version (Q10) as diagnostic instrument for wearing-off phenomenon (WO) in Parkinson’s disease (PD) patients.
METHODS: Observational, cross-sectional, multicenter, and national study developed in clinical practice. The study was developed in two consecutive phases. I: to determine the sensitivity and specificity of Q10; and II: to assess the usefulness (investigators) and the ability and ease of use (patients) of Q10 questionnaire. Furthermore, the prevalence of WO among PD patients consecutively attending the specialist was also assessed (phase II). Patients ≥30 years old at the onset of the disease with ≥5 years from diagnosis and under treatment were selected.
RESULTS: Out of 1,622 patients included, 1,612 patients were included, 67.4% (9.7 years old, 53.8% males, and 3.1±1.4 years from diagnosis. Most of them (85%) were in Hoehn-Yahr stage 2-3. WO was present in 64.3% (33% mild; 31% moderate/severe). Q10 was completed in 6.6±4.9 minutes. With two positive responses the Q10 showed good sensitivity (90%) and moderate specificity (70%) and with 3 positive responses both values reached an arbitrarily hypothesized 75% threshold (sensitivity: 81%; specificity: 75%). The mean usefulness Q10 score was good (7 [3.1, 6.2]), scale 1-10). In phase II, most patients considered Q10 easy to understand (80.6%), reflect their present situations (78.8%), and useful to communicate discomfort to the doctor (80.6%). The prevalence of WO among the total PD patients attending to the neurologist was of 50.9%, higher in males (64.9%), Hoehn-Yahr staging (80%, 3-4 stage) and in patients with more time of PD evolution (71%). CONCLUSIONS: The Q10 is a useful instrument for screening and diagnosis of WO, showing good sensitivity and specificity, as well as, good usefulness, ability and ease to use. Almost two out of three PD patients attending to the neurologist presented WO.

PMH48
THE SPANISH VERSION OF THE CLINICALLY USEFUL DEPRESSION OUTCOME SCALE: A VALID INSTRUMENT TO EVALUATE DEPRESSIVE SYMPTOMS IN PRIMARY CARE
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OBJECTIVES: Develop a cross-cultural adaptation, English to Spanish, of the Clinically Useful Depression Outcome Scale (CUDOS): a validated instrument to assess depressive symptoms in patients with major depressive disorder (MDD).
METHODS: CUDOS is a brief self-administered scale with 18 items assessing all of the DSM-IV inclusion criteria for MDD, psychosocial impairment and patients’ quality of life. The Spanish translation was performed forward-backward translations of the original scale. Draft version was reviewed by an expert panel (4 general practitioners, 1 psychiatrist, and 2 psychologists) and selected.
RESULTS: The original CUDOS instrument was culturally adapted into Spanish. Psychometric analyses are needed to validate this measure in Spain.

PMH49
DEVELOPMENT AND CONTENT VALIDITY OF A PATIENT REPORTED OUTCOMES MEASURE TO ASSESS SYMPTOMS OF MAJOR DEPRESSIVE DISORDER (MDD)
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OBJECTIVES: FDA guidance on the use of Patient Reported Outcomes (PRO) for product labeling claims emphasizes the importance of documented evidence of patient benefit in PRO instrument development. A review of existing PROs used in Major Depressive Disorder (MDD) suggested the need to conduct qualitative research with patients with MDD to better understand their experience of MDD and develop an evaluative instrument with content validity. The aim of this study was to develop a measure that would be a useful tool for patients and clinical research. A telephonic survey, initiated by the Italian Italian Health, Operators Department (H11005), and Spanish Department (H11006) of AstraZeneca, Madrid, Spain, was either very easy or fairly easy to find a doctor from whom they could receive information about substitution therapy from family members than German patients (8.9% vs. 1.8%), were more likely to report that it was either very easy or fairly easy to find a doctor from whom they could receive substitution treatment than German patients (89.9% vs. 68.7%, χ2 = 40.55, p < 0.005). In contrast, German patients were more likely to get information from other drug user (63.9% vs. 47.2% , χ2 = 10.27; p < 0.01) or their family physicians (14.6% vs. 4.3%, χ2 = 14.59; p < 0.0001), and were also more likely than Italian patients to misuse their substitution drug by either snorting (11.5% vs. 3.2% , χ2 = 15.94; p < 0.0001) or injecting it (18.5% vs. 11.1%, χ2 = 6.69; p < 0.05). CONCLUSIONS: The results are in line with previous studies comparing attitudes regarding substitution therapy. Differences in social and institutional attitudes, in addition to cultural norms and health care policies, may explain the present findings, which demonstrate the complexity of the OD population.