<p>PRM145  
**CDAD-DAYSYM™: A NEW PATIENT-REPORTED OUTCOME TOOL FOR CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHEA (CDAD)**  
**CONCLUSIONS:** The BRAF-MDQ was completed well by participants, related to appropriate measures of disease severity, retained its factor structure, gave reproducible results and was responsive to clinical change, confirming its validity as a measure of RA fatigue.  

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OBJECTIVES: Currently no measure can identify, with a high degree of positive predictive value, those with suicidal behavior. Because suicide occurs at a low base-rate, studies of instruments designed to predict this outcome often lack an adequate sample size to prove the tool’s predictive ability. Our aim is to identify an assessment with the most promise of predicting suicidal behavior in veteran or military patients and present our results to encourage further research.

METHODS: Two literature reviews, one performed for the US Department of Veterans [1], and the other as part of NICE guidance development [2] provided the background for our analysis. These summaries were reviewed to identify the most predictive assessments. Study limitations were recorded along with evidence of the internal consistency reliability and construct validity of the SIAQ v2.0 (Health Systems Research Institute, Abingdon, UK) in R (R Core Team) at Wks 0, 2, 4, 6, 8, 10, 12.

PRM151 RE-VALIDATION OF THE SELF-INJECTION ASSESSMENT QUESTIONNAIRE (SIAQV2.0©) IN RHEUMATOID ARTHRITIS PATIENTS ON CERTOLIZUMAB PEGOL TREATMENT

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OBJECTIVES: To identify psychometric properties of the revised Self-Injection Assessment Questionnaire in rheumatoid arthritis patients (pts) receiving certolizumab pegol. METHODS: In the study (NCT00674362), pts with low to moderate rheumatoid arthritis (RA) received certolizumab pegol (CZP; 400mg at Weeks [Wks] 0, 2, 4, 200mg every 4 weeks thereafter). Wks 0-11, 12-19, 20-27, 28-35, 36-43, and 44-51. Patient/respondent self-rated efficacy, pain, and initial consistancy was assessed using the Cronbach’s alpha statistics. Floor and ceiling effects were reported as % pts with the worst/best domain score. Construct validity was assessed by confirmatory factor analysis fitting the current conceptual framework of the instrument. Goodness of fit was evaluated by calculating the root mean square error of approximation (RMSEA) and the root mean square residual (RMR). RESULTS: 86 pts (mean age: 50.8 years; disease duration: 4.6 years) entered the OLE and completed the SIAQ at least once. At first self-injection visit, DAS28 (ESR) was 4.0 and HAQ-DI 0.9. The internal consistency of all domains was >0.8 at any visit. Floor effect was <5% at any visit; ceiling effect was ≤13% for Self-Confidence, Ease of Use (EU) and Satisfaction domains, but reached 40% for Feeling and Injection Site Reactions domains. The ceiling effect could be reduced by titrating the dose of CZP. The test-retest reliability of the SIAQ was lower (intraclass correlation ≤0.6) compared to EQ-5D-5L (0.8). The conceptual framework structure was supported by the confirmatory factor analysis with CFIs of 0.75-0.86 and RMSEA values of 0.10-0.13, which, given the limited sample size, would indicate reasonable goodness of fit. CONCLUSIONS: Modifications brought to the SIAQv2.0© appeared to ameliorate the acquiescence bias issue that was noted during the validation of SIAQv1. The appropriateness of the internal consistency reliability and construct validity of the SIAQv2.0© were confirmed.

PRM152 PHYSICIANS’ PREFERENCES FOR BONE MASTECTOMIES TREATMENTS IN TURKEY

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OBJECTIVES: To evaluate Turkish physicians’ preferences when selecting between the different bone-targeted agents (BTAs) available for preventing skeletal-related events (SREs) in patients with bone metastases from advanced solid tumors. METHODS: Physicians from several centres, currently treating patients with bone metastases from solid tumours were recruited by phone or personal invitation and then engaged in a face-to-face interview where they completed a web-enabled discrete-choice experiment survey. Each survey included 10 choices between pairs of hypothetical treatment profiles for the two putative patient profiles. The hypothetical treatment profiles included five attributes within a pre-defined range (based on prescribing information): time until first SRE (10, 18 and 28 months); time until worsening of pain (3, 6 and 10 months); annual risk of osteonecrosis of the jaw (7.0, 11.0 and 15.0%); weekly peripheral neuropathy; and weekly intravenous infusion of administration (oral, subcutaneous injection, 15-minute or 120-minute intravenous infusion). Choice questions were based on an experimental design with a randomized fractional factorial design to reduce the number of comparators. A main-effects-only random parsimonious regression model was estimated. RESULTS: A total of 105 physicians agreed to participate in the face-to-face interview and accessed the online survey. Of these, 104 were eligible and consented to participate and 99 were included in the analysis. Extreme reference weights for all applicable attributes were consistent with the natural ordering of the categories. Risk of renal impairment and months until first SRE were the most important attributes influencing physicians’ decisions, with better clinical outcomes preferred to worse outcomes. Preventing pain progression was the third most important attribute followed by mode of administration Annual risk of ONJ was the least important attribute. CONCLUSIONS: When making treatment decisions regarding choice of BTA for patients with bone metastases, the main treatment goals for Turkish physicians are reducing risk of renal impairment and delaying first SRE.

PRM153 VALIDITY OF THE EQ-5D-5L IN STROKE PATIENTS

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OBJECTIVES: To assess EQ-5D-5L validity in patients with acute stroke, in comparison to EQ-5D-3L, EQ VAS, modified Rankin Scale (mRS) and Barthel Index (BI). METHODS: We evaluated EQ-5D-5L, mRS (0-6) and BI (0-100) of 408 patients (mean age 69 patients and the risk of bias was unclear. A larger study may provide the needed evidence to make the Affective States Questionnaire a useful screening tool. We propose the Affective States Questionnaire be transferred to electronic administration as a part of routine admissions at VA facilities. Deploying the tool electronically could provide the large sample sizes required to detect effects on this low base-rate outcome. CONCLUSIONS: The Affective States Questionnaire shows promise of becoming an appropriate screening tool for suicide in a military population. Electronic capture may allow for large scale deployment, therefore gaining sufficient sample to determine applicability as a screening tool.

PRM154 AN EVALUATION OF THE PERFORMANCE OF EQ-5D: A REVIEW OF REVIEWS OF PSYCHOMETRIC PROPERTIES

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OBJECTIVES: EQ-5D has been widely used to measure health status in a variety of conditions and the amount of evidence of its performance has increased over recent years. We validated this evidence by calculating the overall mean improvement in evidence. We report systematic reviews of the psychometric properties (validity and reliability) and/or responsiveness of EQ-5D. METHODS: Medline and Embase were searched for systematic reviews of the performance of EQ-5D. Supplemental searches were carried out in Cochrane Library, Web of Science, reference lists of included studies, the EuroQol database and hand searching of EuroQol Scientific Plenary Proceedings. In addition to the website of the Oxford Patient Reported Outcome Measures (PROMs) Group was searched for reports. Data were extracted using a template designed specifically for the study. RESULTS: 25 reviews were identified in this study and a further 18 were identified from the Oxford PROMs group website. The majority of studies included in the meta-analyses was evident. Overall, the evidence showed EQ-5D in depression, diabetes (type 2), rheumatoid arthritis, skin conditions, cancer, cardiovascular disease, asthma, personality disorder and urinary incontinence. Evidence was mixed in COPD, dementia, schizophrenia and vision disorders, and poor for leg ulcers. There was evidence to support the use of EQ-5D in liver transplantation, haemophilia and leg ulcers; although limited, the evidence showed positive results for liver transplantation, haemophilia and leg ulcers. No evidence was identified for, among others, cancer, depression, or osteoarthritis. CONCLUSIONS: This study has provided a comprehensive overview of the evidence of the performance of EQ-5D. Most evidence suggests good psychometric properties of EQ-5D; however there are particular concerns about its ability to capture the impact of dementia, schizophrenia, visual impairment and hearing impairments. Further research is encouraged in conditions where data or reviews of psychometric properties of EQ-5D are lacking.

PRM155 HEALTH-RELATED QUALITY OF LIFE IN ITALIAN PATIENTS WITH MODERATE AND SEVERE CROHN’S DISEASE: INTERIM RESULTS FROM THE SOLID STUDY

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OBJECTIVES: to investigate health-related quality of life (HRQoL) in Italian patients with moderate and severe Crohn’s disease (CD) (Harvey Bradshaw Index>8). METHODS: EuroQol 5-dimension 5-level (EQ-5D-5L) questionnaire and mRS were collected at baseline and every 90 days. RESULTS: Patients with moderate and severe CD who referred to a convenience sample of 38 Italian inflammatory bowel disease centres (21 teaching-hospitals; 4 research hospitals; 7 self-governing hospitals; 3 Local Health Authority capitals; 3 private hospitals) participating in the ongoing Survey on Quality of Life in Crohn’s Patients (SOLE) study were eligible. Annual risk of ONJ was the least important attribute. CONCLUSIONS: When making treatment decisions regarding choice of BTA for patients with bone metastases, the main treatment goals for Turkish physicians are reducing risk of renal impairment and delaying first SRE.