acceptable reliability and good validity, which could be used to assess anemia self-management, and also recommended to be used as an outcome along with quality of life to assess clinical efficacy. The risk-factor domain would be modified in the further study.

PM165
HOW MUCH IS FATIGUE ASSOCIATED WITH ANEMIA
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OBJECTIVES: Fatigue is the main symptom of anemia. A blood transfusion is often necessary in patients with severe anemia, and fatigue will be released after the transfusion. However, patients with chronic anemia are often well tolerated, and do not feel the severe fatigue that is expected. So, how much is fatigue associated with anemia, and what’s the main impact influencing anemic fatigue?
METHODS: Patients diagnosed with CAA or MDS-RA were recruited in an ongoing prospective observational study. Fatigue was assessed by the FACIT-Fatigue scale, a self-reported scale used to measure fatigue severity. Blood tests were conducted with a blood transfusion. However, patients with chronic anemia are often painless. So, how much is fatigue associated with anemia, and what’s the main impact influencing anemic fatigue?
RESULTS: Thirty-eight patients (54±18 years, 12 male) were enrolled, of those, 20 were transfusion-dependent, 14 had severe anemia, and 26 felt severe fatigue. The anemia history was 54±78 months (median 15). Transfusion-dependent patients showed no difference in fatigue. Severe anemic patents (22±11) reported more fatigue than non-severe (27±11), but no difference (p=0.199). Twenty patients agreed to the reassessment, of those, 12 got transfusion and 10 got non-transfusion, the mean Hb level increased (11±8 g/L) and fatigue improved (8±10); as for the non-transfusion group, Hb changed (±4±15 g/L), and fatigue changed (±a16). However, there was no difference between the two groups (p>0.05). Anemia history was related with fatigue (r=-0.351, p<0.05) and transfusion frequency (r=-0.637, p<0.001).
CONCLUSIONS: Fatigue is not closely associated with degree of Hb and is well tolerated in chronic anemic patient. RBC transfusion can relieve fatigue, but a large sample is needed to confirm it.

PM170
DO ASIANS HAVE SIMILAR HEALTH-STATE PREFERENCE? A STUDY OF MAINLAND CHINESE AND SINGAPOREANS
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OBJECTIVES: To describe the qualitative development of corresponding self-reported and observer reported scales for assessing spasticity-related pain (SRP) in children with cerebral palsy (CP) following treatment on Pain Caused by Spasticity (QPS) is a newly developed clinical outcome measure designed to assess SRP using corresponding versions that can be self-administered by children (5-17 years of age) and their parent caregivers (as observers of signs of pain in their children). Cognitive interviews were conducted to confirm appropriate understanding and the ability of children of various ages and CP severity to provide meaningful responses.
RESULTS: Two children (14 and 17 years old) and 11 parent/caregivers participated in the interview sessions. Parent/caregivers were able to understand and reproduce the clinical decision-making process and were able to provide a more complete and richer dataset for compromised populations where assessment is challenging.

PM173
THE PAIN ASSESSMENT FOR LOWER BACK SYMPTOMS (PAL-S): QUALITATIVE DEVELOPMENT AND COGNITIVE INTERVIEW ASSESSMENT OF A PROPOSED REPORTED OUTCOME MEASURE FOR THE ASSESSMENT OF LOW BACK PAIN
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OBJECTIVES: To develop a patient-reported outcome (PRO) measure to assess the key symptoms of chronic low back pain (cLPB) through qualitative concept elicitation (CE) and cognitive interviews. METHODS: Adult patients (18-80 years) with chronic clinical diagnoses of cLPB of non-malignant origin and current pain scores ≥4 on a 0-10 numerical rating scale (NRS) were recruited in the U.S., UK, and Germany. Trained interviewers conducted CE and cognitive interview sessions with participating patients using semi-structured interview guides. The CE interviews elicited spontaneous reports of symptoms experienced by children with CP. Parent/caregivers could report on signs of pain in their children but not address the subjective intensity of that pain. They could, however, report on the frequency of those signs of pain. Because direct attention and close contact between parent/caregivers and children with CP varies, parent/caregiver observations of the duration of pain was less reliable. CONCLUSIONS: Direct correspondence of items addressing key concepts (e.g. presence of SRP) can provide an anchor for combining patient reported and observer reported information and relating the various descriptive aspects around the concepts being measured to provide a more complete and richer dataset for compromised populations where assessment is challenging.