OBJECTIVES: 1. Dietary behavioural in an overweight and obesity population in treatment. 2. Physical activity. 3. To evaluate if the group that reaches the minimum objective (weight loss > 5%), has got more life style changes. METHODS: Randomised controlled trial, 165-subjects: 70 control, 95 intervention. Weight-reduced intervention, one year follow-up: low-calorie diet, physical exercise promotion, behavioural modification techniques and health education. Variables: Sociodemography, nutrition behaviour, physical activity, anthropometry (weight-loss percentage, body mass index). Intention to treat analysis: ANOVA, j2; SPSS 11.0. RESULTS: Age 47.1 (SD12.1). In total, 82.4% Women, 53.9% very unsatisfied with the body image, 24.8% has never tried a weight-loss programme, 13.3% has tried anorectic drugs. Meal Patterns: 93.3% eats at home, 65.9% in family, 76.4% cooks herself, 65.2% eats only 2-times/day, 61.9% snacks and 54% eats binge, secret or night. Medium meal-time: 20.1 min (SD8.45). Their favourite foods: 37.6% sweets, 21.8% animal fats, 11.5% bread or flour foods, 5.5% fruit and vegetables. Smoking 25.5%, drinks no alcohol 71.8%, no exercise 61.2%. Homogeneity between control-intervention groups: without significant differences in age, sex, socioeconomic characteristics and lifestyle behaviour. There are no differences in weight measurements. Seventy-two subjects are lost (43.6%). No significant differences between the lost group and those who complete the therapy in age, sex, previous pathology, habits or weight. In the group that reaches the minimum objective, there is declining of snacking, less appetite of binging, secret or night eating, increasing of the daily meals and more time needed in every meal (<0.05). Increasing physical exercise during and post-treatment are associated with weight loss >5% (p < 0.05). Higher intensity grade of physical activity during the diet is related with leaving obesity (p = 0.00) and returning normal weight (p < 0.001). People with successful outcome, experiment increasing satisfaction with the body image (p = 0.00). CONCLUSIONS: 1. Nutrition behaviour in overweight and obese patients are far away of the healthy lifestyle recommendations. 2. 61.2% no exercise. 3. The improvement in life style habits produces a significant weight loss >5%.

COSTS AND HEALTH CARE CONSUMPTIONS IN THE ABDOMINALLY OBESE POPULATION
Radigue C1, Wolf AM2, Allshouse AA1, Coste F1, Maneval F1
1Sanofi-Synthelabo Research, Bagneux, Hauts-de-Seine, France; 2University of Virginia, Charlottesville, VA, USA; 3RTI Health Solutions, Raleigh, NC, USA

OBJECTIVES: Prospective Obesity Cohort of Economic Evaluation Determinants (PROCEED) is an ongoing longitudinal cohort of overweight subjects aged 35–75 intending to lose weight. The primary objective is to compare health care consumptions and costs in subjects who are overweight (BMI 25 kg/m²) with or without abdominal obesity (AO) (waist circumference 102 cm for male and 88 cm for female) versus non-overweight subjects (BMI 20–24kg/m²). METHODS: Recruitment started in the US in November 2004. Internet-based follow-up assessments will occur monthly for weight and waist circumference of overweight subjects, and quarterly for health and economic outcomes (hospitalizations, ER, outpatient services, prescription medications for selected conditions) of all subjects.

RESULTS: Baseline analysis was conducted on non-overweight subjects (100) and overweight subjects with waist circumference measurement (293 without AO and 674 with AO). Health care resource costs per participant were calculated by applying unit costs to health care resource consumption reported at baseline during the past 3 months. Mean costs in overweight subjects with AO were almost twice those in overweight subjects without AO ($132 versus $72), and over 3.5 times those of controls ($37). Overweight subjects with AO compared with those without AO were more likely to have reported current prescriptions for depression (21.1% versus 12.3%) and diabetes (11.9% versus 4.4%). The percentage of subjects with zero costs was 23% and 31% in the overweight group (AO and non AO, respectively) compared with 39% in the control group.

CONCLUSION: Abdominal obesity appears to be associated with markedly increase costs, especially those related to prescriptions. As the PROCEED cohort progresses, further collection and analyses of economic outcomes will allow a deeper understanding of the impact of abdominal obesity on costs and health care consumptions.

Validity of Data Collected from an Internet-Based Cohort Study
Coste F1, Zhou X1, Radigue C1, Maneval F1
1Sanofi-Synthelabo Research, Bagneux, Hauts-de-Seine, France; 2RTI Health Solutions, Raleigh, NC, USA

OBJECTIVES: Assessment Towards Tobacco Economical and Medical Prospective Trial (ATTEMPT) is a prospective multinational observational longitudinal cohort designed to examine the natural course of successive smoking cessation attempts and their impact on health and economic outcomes. In order to evaluate the validity of the data collected via the Internet, self-reported weight and waist circumference (WC) were compared to in-home assessed measurements. METHODS: Subjects were recruited from existing Internet consumer panels Harris Interactive in 5 countries: Canada, France, Spain, the UK and the US. Subjects had to be aged 35–65 years, smoke at least 5 cigarettes per day, and intend to quit smoking. Assessments included questions on smoking status, health conditions, medical resource use and quality of life. Study participants were mailed at home standardized weight scales and tape measures with instructions. In-home assessments were performed by a health professional in a random sample of the US subjects right after they completed the quarterly Internet survey. RESULTS: Out of the 4647 subjects included at baseline, 3242 (70%) completed the 3-month assessments and 2917 (63%) completed the 6-month assessments. In the US, 1147 (78%) subjects agreed to the in-home visit and 200 visits were conducted according to protocol specifications in December 2004 and January 2005. No statistically significant difference and high positive correlations were found between self-reported and observed weight (mean ± SD difference: under-self-reported +0.6 ± 6.3 kg; correlation: 0.95) and waist circumference (over-self-reported −0.3 ± 10.3 cm; 0.81). The distribution of demographic characteristics for the assessed sample was similar to characteristics of the remaining cohort.

CONCLUSIONS: Based on good correlations between in-home visit and self-reporting on the web in the US, Internet is a reliable tool to collect health related data. As the ATTEMPT cohort progresses, this analysis will be reassessed with a greater sample size and further explored in other countries.

Evaluation of the Association between Body Mass Index, Waist Circumference and Health-Related Utility (EQ5D)
Woehl A1, Peters JR2, McEwan P1, Currie CJ3
1Cardiff Research Consortium, Cardiff, UK; 2University Hospital of Wales, Cardiff, Wales, UK; 3Cardiff University, Cardiff, Wales, UK

OBJECTIVE: A higher Body Mass Index (BMI) is associated with decreased quality of life (QoL). Additional anthropometric
measurements like waist circumference (WC) may define obesity and explain its health consequences. The objective of this study was to determine if utility (EQ5D) varied by BMI category, as WC varied. METHODS: This retrospect study used the latest data from the England Health Survey (2003). A general linear model (GLM) was developed that included factors associated with utility, standardising for age and sex to generate estimates of utility with relation to obesity (obesity categories: normal [Nl, BMI 18.5–24.9 kg/m²], overweight [Ov, 25.0–29.9 kg/m²], obese [Ob, ≥30 kg/m²], and thirties of WC, L = low, M = medium, and H = high). RESULTS: The standardised mean utility by BMI category for men was: Nl = 0.877, Ov = 0.894, Ob = 0.858. Standardised mean utility by BMI category for women was: Nl = 0.879, Ov = 0.871, Ob = 0.812. Standardised mean utility by WC category for men was: L = 0.887, M = 0.877, H = 0.866. Standardised mean utility by WC category for women was: L = 0.872, M = 0.857, H = 0.833. BMI and WC were dependent and interacting determinants of utility. For females in the nine obesity groups, the standardised mean utility was as follows: Nl = 0.878, Nl = 0.877, NI/H = 0.882, Ov/L = 0.896, Ov/M = 0.873, Ov/H = 0.844, Ob/L = 0.842, Ob/M = 0.822, Ob/H = 0.774. For men: Nl = 0.862, Nl/M = 0.882, Nl/H = 0.888, Ov/L = 0.907, Ov/M = 0.893, Ov/H = 0.883, Ob/L = 0.892, Ob/M = 0.856, Ob/H = 0.828. CONCLUSIONS: In both women and men, the highest EQ5D values (best QoL) was evident in overweight people with a low WC. A reduction in WC in obese people resulted in a greater gain in utility than the same change in normal or overweight people. Use of both BMI and WC, rather than a single measure of obesity, provided a more precise prediction of health-related utility. Utility varied more widely as a function of waist circumference in higher BMI categories.

**VALIDATION OF A PATIENT-REPORTED OUTCOMES QUESTIONNAIRE FOR ASSESSING POSITIVE WELL-BEING ASSOCIATED WITH BEHAVIORAL CHANGES**

**POB10**

*1Mapi Values, USA, Boston, MA, USA; 2Mapi Values, Lyon, France*

Based on 31 concept-elicitation interviews of former smokers and individuals who wanted to lose weight, a questionnaire was developed simultaneously in three languages (French, US-English and US-Spanish). Draft items were generated in each language and culturally adapted into Spain-Spanish and UK-English. Face validity was assessed through 30 cognitive debriefing interviews; resulting in a 27-item questionnaire. OBJECTIVE: To validate a questionnaire that investigates the positive well-being associated with behavioral changes in adults. METHODS: The psychometric properties of the questionnaire were examined in US-English, US-Spanish and French through a stand-alone study in former smokers and individuals who wanted to lose weight. RESULTS: Based on an initial Principal Component Analysis (PCA) and item-item correlation analysis, 18 items were retained. A final PCA indicated that the questionnaire encompassed five dimensions: Serenity; Healthy Lifestyle, Support from Others, Self-Confidence, and Social Life. The questionnaire surpassed the threshold for internal consistency reliability for all dimensions and globally (Cronbach’s alpha > 0.8) in both behavioral changes and in all languages. All items surpassed the criterion for item-convergent validity and item-discriminant validity was satisfactory for 17/18 items. Correlations between the questionnaire and the Psychological General Well-Being index (PGWBi) scores confirmed its validity and indicated that it supplements information obtained through the PGWBi. Known-groups validity was satisfactory in individuals who wanted to lose weight based on the amount of weight lost, BMI reduction and number of weight loss attempts, but was inconclusive in former smokers because the abstinence status and the discontinuation of smoking cessation aids were not confirmed. CONCLUSION: Results support the reliability and validity of this questionnaire making it a useful tool for determining the positive well-being associated with behavioral changes. The questionnaire is currently undergoing additional validity testing in a population where smoking status is assessed.