with the introduction of generic lovastatin, atorvastatin was launched and appeared to benefit from the decline in A&P of lovastatin, as did pravastatin.

CONCLUSION: Evidence exists in each of the three markets reviewed to support the hypothesis for two of the three therapeutic classes investigated. There appeared to be a trend toward a significant increase in growth in competitive branded compounds in both the SSRI and statin markets following introduction of the first generic drug.

HOW RESPONSIVE ARE OUR HEALTH CENTRES?
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OBJECTIVE: Responsiveness has been pointed out by the WHO as one of the main objectives for any health system. Portugal, despite being in the expected place among other countries and taking into account the level of health of its citizens and the level of cultural and economic development, is placed very low when responsiveness is considered. This study aimed at assessing the perceptions of Portuguese citizens as users of primary care.

METHODS: A representative sample of users of all health centers within an entire health region was asked about how responsive primary care was. Users’ satisfaction was measured via the Portuguese version of the EuroQol questionnaire. This instrument mainly measures relationship and communication, medical care, information and support, continuity and cooperation, and service organization. Four thousand answers were received (40.5% response rate) from a survey performed in major urban and rural areas.

RESULTS: 62% of users were female with an average age of 47 years, 50% with low or very low education and with an average of 5.2 visits per year. Approximately 12% felt a good or excellent quality of life and 71% mentioned having a chronic disease. The results indicated a higher satisfaction from users about the doctor-patient relationship, both in caring (76%) and curing (70%) aspects. The areas related to the organization were, however, very penalized by patients (49%). Open-ended questions revealed the same profile but provided greater insight about the source of the dissatisfaction. The results were also compared taking into account gender, age, education and quality of life.

CONCLUSION: Paraphrasing Deming, it is common to observe a majority of areas of concern among the organization’s management and administration. Health-care setting is not an exception. After this diagnosis, based on patients’ views, it is advised to look with more attention at these aspects.

A EUROPEAN HEALTH STATUS INDEX BASED ON PREFERENCES OF THE GENERAL PUBLIC

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OBJECTIVE: To derive one European EQ-5D value set that can be used to calculate a European EQ-5D health-status index based on preferences of the general public. EQ-5D from the EuroQol Group is an instrument capable of summarizing health-related quality of life into a single index value by applying general population preference weights. Values have been derived for EQ-5D health states using the visual analogue scale (VAS) or time trade-off (TTO) approaches. The option to derive European VAS- and TTO-based EQ-5D health status models has been investigated.

METHODS: Multi-level analysis was performed on 82,910 observations of VAS values derived from 11 studies in different countries and on 50,780 TTO observations derived from three studies.

RESULTS: After controlling for background variables, it was found that the country of origin of the study did not have a consistent effect on the VAS valuations of the EQ-5D health states. The evidence shows that European countries may share a similar value system for VAS ratings of health states. All coefficients have the right signs, while the values all differ from zero and produce values that are plausible. The explained variance by the model describing VAS values is 74.5%. Multilevel analysis of the TTO valuations revealed that on average the German values are 20% higher than the English and Spanish values. Half of this difference can be explained by controlling for background variables.

CONCLUSIONS: These results suggest that while more work is required to establish a European TTO-based health-status index, a European VAS-based EQ-5D health-status index is viable. A European health-status index has two advantages: i) An index would not have to be generated separately for each European country, and ii) the index can be used in multi-national randomized clinical trials examining cost effectiveness of pharmaceutical products.