EXAMINING VARIATIONS IN ITEM STRUCTURE AND CONTENT IN PRO INSTRUMENTS, OR, THERE MUST BE 50 WAYS TO EXPRESS YOUR DISTRESS

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OBJECTIVES: The content validity of an instrument depends not only on the concepts embodied in the items but also on how the items are structured to elicit responses from patients. This research explores the “grammar” of individual items and how it varies across a number of instruments in selected disease areas. The goal is to determine how item structures contribute to inconsistencies of content validity and to classify items by concept. METHODS: The structure of each item is characterized as an item stem with a core concept, with an implicit or explicit context (e.g., a disease), event (e.g. “felt frustrated or impatient?”), and stimulus (e.g., “about your symptoms”). All recall period and response options. Concepts were assessed using the WHO International Classification of Functioning (ICF). Similarities and differences across instruments within disease area are analyzed. RESULTS: We decomposed over 600 items in at least 23 instruments across 5 disease areas and several generic instruments, capturing and classifying each aspect of the structure of each item. Most physical function items could be matched with specific 3-4 digit ICF codes; most emotional function items could not be matched as specifically. There was considerable variation across instruments regarding the explicit statement of context as well as the presence of a stimulus. We observed at least 8 different recall periods ranging from an implied present to “in the past year” to “in 10 years” with distinct patterns by disease area. We observed at least 9 types of response options, but the majority of items used 5-point scales. CONCLUSIONS: There are some commonalities but little standardization in how items are structured, within or across disease areas. Classification and comparison of items and evaluating comparative content validity is complicated by the variation in most aspects of how the items are phrased.

AGREEMENT BETWEEN PATIENTS’ SELF-REPORT AND PHYSICIANS’ PRESCRIPTIONS ON DRUGS AND VACCINE EXPOSURE: THE INTERNATIONAL PGx DATABASE EXPERIENCE

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OBJECTIVES: To determine the level of agreement between patients’ self-report of drug exposure and doctor’s prescription data in the context of patients’ self-reported genotypes. METHODS: The study included 2452 patients for whom the genotype was available in the PGx data center. The performance of the PGx database in identifying patients using this genotype was evaluated. Difference in method of drug exposure (self-report vs. prescription) was assessed using Cohen’s Kappa Coefficient. RESULTS: The level of agreement was highly dependent on the specific condition or drug. For most conditions, the agreement was moderate to high. CONCLUSIONS: The PGx database was effective in identifying patients using their self-reported genotype. Further studies are needed to validate the results in different populations and conditions.

COMPARING THE PERFORMANCE OF THE SF-6D AND EQ-5D ACROSS DISEASES

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OBJECTIVES: This study aimed to compare the SF-6D and EQ-5D across different disease areas and to evaluate their performance in assessing health status in patients with specific diseases. METHODS: A cross-sectional study was conducted among patients with chronic conditions. The SF-6D and EQ-5D were administered to patients, and the self-reported health status was compared with the doctor’s prescription data. RESULTS: The results showed that the SF-6D performed better in assessing health status in patients with chronic conditions compared to the EQ-5D. CONCLUSIONS: The SF-6D is a more suitable instrument for assessing health status in patients with chronic conditions compared to the EQ-5D.

ESTIMATING SF-6D HEALTH STATE UTILITY VALUES FOR COMORBID HEALTH CONDITIONS

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OBJECTIVES: To estimate the SF-6D health state utility values for patients with comorbid health conditions. METHODS: A population-based survey was conducted among patients with chronic conditions. The SF-6D and EQ-5D were administered to patients, and the self-reported health status was compared with the doctor’s prescription data. RESULTS: The results showed that the SF-6D performed better in assessing health status in patients with chronic conditions compared to the EQ-5D. CONCLUSIONS: The SF-6D is a more suitable instrument for assessing health status in patients with chronic conditions compared to the EQ-5D.