developed for valuation. TTO interviews conducted with 400 respondents who were on average 36 (SD 13.5) y old; 39.2% male, 60.8% female; 46.4% White British; and 19% with COPD experience (self or others). Analyses are currently underway to fit and validate a model using the above criteria. CONCLUSIONS: The EXACT-U is a condition-specific preference-based measure that can be used in clinical trials to evaluate change in utility of a COPD exacerbation patient from baseline through to resolution.

**OBJECTIVES:** To finalise and establish the scoring algorithm of the 12-item “COPD and activities of daily living (ADL)” questionnaire, a tool specifically developed to help in the detection of handicap in COPD patients and determine the handicap level, thus optimising COPD management in the primary care setting. METHODS: The “COPD and ADL” questionnaire was developed and tested with patients and clinicians. It was included for finalisation and validation in a multi-centre, cross-sectional, observational study involving 1004 French lung specialists. Patients with COPD stages II to IV according to the GOLD classification were included. Finalisation of the questionnaire included: assessment of the quality of completion, verification of the unidimensionnality hypothesis using principal component analysis (PCA) and Rasch model (Linacre Model). RESULTS: Sory lung specialists, each included at least one patient. Two hundred and eighty two COPD patients were included, of whom 272 (96%) returned the “COPD and ADL” questionnaire. The quality of completion was very good (91% of questionnaires with no missing data), confirming the good acceptability of the items. In the PCA, the first factor explained 58% of the total variance, confirming the a priori unidimensionnality hypothesis. The items “Impact of COPD on sexual life” and “Overall perception of handicap due to COPD” were considered for deletion from the score because they had high residual values in the Rasch analysis. After reduction to a 10-item score, the fit of the Rasch model was acceptable ($\chi^2 = 27.452; p = 0.599$). CONCLUSIONS: The “COPD and ADL” questionnaire is a short instrument assessing the handicap level among COPD patients, specifically designed as a clinical tool to contribute to patient management. The next step will be the validation of this instrument, including the assessment of its relationship with other measures of health impairment in COPD patients.

**OPINION OF ASTHMA PATIENTS TREATED ACCORDING TO GINA 2006 GUIDELINES—THE EPAGELIA STUDY**
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**OBJECTIVES:** The Global Initiative for Asthma (GINA) 2006 guidelines were revised in order to provide a new classification for asthma based on disease control and to include new treatment strategies. The aim of the current study was to describe the opinion of patients, treated according to GINA 2006 guidelines, regarding their asthma control, treatment satisfaction and quality of life (QoL). METHODS: EPAGELIA was a descriptive, cross-sectional Greek study. The study population consisted of primary care patients with moderate/severe persistent asthma for 26 months, treated according to new strategies, as defined by GINA 2006, for 6 months. Data were collected during a single visit via a structured questionnaire. Most of the participating patients completed 3 PRSs: SATQ (treatment satisfaction), ACQ-5 (asthma controls), and MiniAQLQ (QoL). RESULTS: 801 patients (M/F/Missing: 353/443/5, age 49.3 $\pm$ 15.3, 65.7% smokers) were enrolled from 104 office-based physicians. 40.2% of patients reported being “very highly” satisfied, 31.9% “highly” satisfied, 17.9% “adequately” satisfied and 12% “moderately” to “not satisfied” with their treatment. Mean SATQ score was 5.4 $\pm$ 0.9. 52.6% of patients reported an ACQ-5 $\leq$ 0.5 and 64% a score of $\leq$ 1.5. Mean ACQ-5 score was 1.3 $\pm$ 1.1, whereas mean MiniAQLQ score was 5.3 $\pm$ 1.1. Complete good compliance (no treatment interruption within the previous 6 months) was shown in 46.1% of patients. ACQ-5, SATQ and MiniAQLQ scores in patients with no treatment interruption were $\leq$ 1.2. 52.6% of patients reported an ACQ-5 $\leq$ 0.5 and 64% a score of $\leq$ 1.5. 5.3 $\pm$ 0.9, respectively. CONCLUSIONS: Primary care asthma patients treated according to the 2006 GINA guidelines in Greece, showed a relatively satisfactory asthma control and presented with good QoL and treatment satisfaction. However, there is room for improvement regarding disease control and treatment compliance. Compliant patients demonstrated relatively better asthma control, QoL and treatment satisfaction.