impacts were described as difficulty standing from a seated position or using stairs in early disease followed by increased falls, gait impairment, and progressive loss of function. Descriptive statistics were used to compare the outcomes of an anchor-based vs. non-anchor based methodology in the health technology assessment of intranasal allergic rhinitis treatments.

**PMR108**

**HEALTH-RELATED QUALITY OF LIFE AMONG ESRF PATIENTS IN PAKISTAN: A CROSS-SECTIONAL APPROACH USING WHOQOL-BREF**

**OBJECTIVES:** The involvement of the copyright holder and of parents appropriate translations of the Conners 3-P into Indo-European, Sino-Tibetan and to be critical to ensure the production of conceptually equivalent and culturally relevant translations, and includes 43 items rated on a 4-point scale (“Not true at all” to “Very true”). Examples will be provided.

**RESULTS:** The overall Cronbach’s alpha coefficient of the revalidated WHOQOL-BREF was 0.799. The scores for negative feelings, depression, living place, personal relationships and sexual life were significantly different as if driven by a motor”), 31 (“Tells the truth; doesn’t even tell “little white lies.”). The translation process did not reveal any cultural issues since the HRQoL of the ESRF patients. **CONCLUSIONS:** The HRQOL-BREF was a reliable and valid research tool to evaluate HRQoL of ESRF patients in Pakistan. A significant impact on HRQOL of the ESRF patients was observed. Together with constructive and preventive measures, there is also a great need to measure HRQOL of ESRF patients. The validation of the psychometric properties of the “vitality quotient” (**PRM112**

**VALIDATION OF A VITALITY QUOTIENT TO MEASURE THE EFFECT OF FOOD SUPPLEMENTS ON FATIGUE IN HEALTHY SUBJECTS**

**OBJECTIVES:** It is well established that translations of patient-reported outcome (PRO) measures need to be linguistically validated for the country or countries they will be used in - whether that means adapting an existing language version for use in a new language or, when developing a language version itself, from the beginning. While it is generally agreed that adaptations must be validated for their target countries, we aim to illustrate to stakeholders that there is more to this process than just a box-ticking exercise, by exploring the country-specific differences or culturally-bound terms) and their position in the PRO (instruction, item or response option). We then further assessed the significance of each change and the risk that without the change an item may be misinterpreted or even impossible to answer the items meaningfully. **RESULTS:** The results of the two-part analysis illustrate that although many differences between country-specific language versions may be used to guide selection of clinical trial endpoints. * Range of rTNSS is 0-12; 0-24 for MP29-02 † Range of rTNSS is 0-21 in ESRF patients.*

**CONCLUSIONS:** The evidence provided by the linguistic and culturally-bound changes made during in-country adaptation projects emphasises why the process of adapting a measure to its target country is invaluable for its successful administration.

**PMR109**

**CHALLENGES IN TRANSLATING THE CONNERS 3RD EDITION–PARENT INTO 12 LANGUAGES**

Verne A., Rainy C, Rouillat C

**OBJECTIVES:** The Connors 3rd Edition–Parent (Conners 3-P) is used to obtain parents’ observations about the behaviors and feelings of children and adolescents aged 6-18 years old. Developed in American English and published by Multi-Health Systems, it was designed to assess Attention Deficit/Hyperactivity Disorder (ADHD). The short version provides the evaluation of inattention, hyperactivity-impulsivity, learning problems, executive functioning, aggression, and peer relations, and includes 4 items rated on a 4-point scale (“Not true at all” to “Very true”). The objective of this study is to present the challenges faced in using the translation of the instrument into ten Indo-European languages (English for four countries, French, Italian, German, Spanish for three countries), one Sino-Tibetan language, and one Austronesian language (Malay). **METHODS:** The following translation method was used: 1. Concept definition, 2. Forward/backward translation or adaptation for English and Spanish versions (i.e., for Argentina and Mexico), 3. Review of the back-translations/adaptations by the copyright holder of the instrument, and 4. Cognitive interview for five parents in each country. **RESULTS:** The translation process did not reveal any cultural issues since most of the concepts assessed were cross-culturally relevant. The main difficulties consisted in the conceptual equivalents of single items with strong idiomatic content. For instance, the most challenging items were items 13 (“Acts as if driven by a motor”), 31 (“Tells the truth; doesn’t even tell “little white lies”), and 40 (“Behaves like an angel”). Most of the solutions were found using concept definitions. Parents were important in discussing changes or proposing solutions. Examples will be provided. **CONCLUSIONS:** The multi-step process proved to be critical to ensure the production of conceptually equivalent and culturally appropriate translations of the Conners 3-P into Indo-European, Sino-Tibetan and Austronesian languages. The involvement of the copyright holder and of parents was crucial in finding solutions.

**PMR110**

**THE IMPORTANCE OF ANCHOR BASED MINIMAL CLINICALLY IMPORTANT DIFFERENCE (MCID) IN HEALTH TECHNOLOGY ASSESSMENT OF ESTABLISHED INTRANASAL ALLERGIC RHINITIS TREATMENTS**

Brinder D1, Melitzer EO2, Morland K1, Carroll CA3, Lipworth BJ4

**OBJECTIVES:** Anchor-based methods are commonly used to derive MCID in treatment effectiveness assessment of this tool to compare the outcomes of an anchor-based vs. non-anchor based methodology in the health technology assessment of intranasal allergic rhinitis treatments. **METHODS:** Data specific to the treatment benefit (active drug versus placebo vehicle) of 4 intranasal seasonal allergic rhinitis treatments (azelastine hydrochloride and clarastatine hydrochlo- rate, MP29-02) using the reflective Total Nasal Symptom Score (rTNSS) were obtained from the FDA approved prescribing information. Anchor-based MCID estimates according to Barnes et al. 2010 were then compared to the treatment effect. The outcomes were then compared to the July 2013 Agency for Healthcare Research & Quality (AHRQ) comparative effectiveness report on treatments for seasonal aller- gic rhinitis, which used a non-anchor based approach. **RESULTS:** The most conservative estimates provided within the approved prescribing information, the change in rTNSS from baseline was -1.18 (p = 0.02) for azelastine hydrochloride, -1.35 (p = 0.014) for ciclosporine, -1.47 (p < 0.001) for fluticasone furoate, and -2.77 (p = 0.007) for fluticasone propionate. Mean differences and 95% CIs of the studies and colleagues ranged from 0.28 units (95% CI: -0.18 to 0.73) and 0.23 units (95% CI: -0.16 to 0.62). Comparison of the anchor-based MCID threshold to the observed treatment effect illustrates a positive clinical benefit for each treatment option. In contrast, the AHRQ report concluded that treatment options were equivalent to each other, to intranasal corticosteroids and to placebo, in contrast to common patient beliefs. **CONCLUSIONS:** Anchor based methods are critical in evaluating MCID as demonstrated by any comparison of outcomes across intranasal products for seasonal allergic rhinitis. MCID methods need to be considered when evaluating evidence for health technology assessments. * Range of rTNSS is 0-12; 0-24 for MP29-02 † Range of rTNSS is 0-21 in ESRF patients.*

**CONCLUSIONS:** The evidence provided by the linguistic and culturally-bound changes made during in-country adaptation projects emphasises why the process of adapting a measure to its target country is invaluable for its successful administration.