PF analysis of BOLERO-2 trial. Afterwards, we fitted parametric models to the reconstituted, 17% (48) patients who self-reported active disease activity (SLAQ with SLE and may be used as a patient-reported outcome tool in clinical trials. Lower on domain and global scores (p < 0.01) and item #3 (p < 0.001), compared to patients who self-reported less severe or more severe pain. Conclusions: Assessment of pain intensity, as measured by the BPI-SF, demonstrated validity and reliability in a sample of patients with SLE and may be used as a patient-reported outcome tool in clinical trials.

PM76 PSYCHOMETRIC PROPERTIES OF THE WORLD HEALTH ORGANIZATION’S QUALITY OF LIFE BRIEF INSTRUMENT (WHOQOL-BREF) AMONG ADULTS WITH AUTISM

Srivastava K 1, Khanna R 1, West-Strum D 1, Bentley JP 1, Banahan BF 1, Holmes EK 1, Burman N 1

1University of Mississippi, Oxford, MS, USA, 2University of Mississippi, University, MS, USA

OBJECTIVES: The purpose of this study was to assess construct validity of the WHOQOL-BREF instrument among adults with autism. Reliability and floor and ceiling effects of the WHOQOL-BREF instrument in this population were also assessed. Methods: A cross-sectional online survey (using Qualtrics survey system) of adults with autism enrolled with the Internal Medicine Network for adults with autism registered with the IAN, those aged 18 years and above and having the capacity to self-report with little or no proxy help were identified and targeted for the study. The WHOQOL-BREF instrument was validated using confirmatory factor analysis. Convergent and discriminant validity was assessed based on relevant item-total correlation. Known-groups validity was tested by comparing WHOQOL-BREF scores among groups differing in autism severity. Cronbach’s alpha was used to assess internal consistency reliability. Floor and ceiling effects were determined based on percentage (≥15%) of responses with lowest and highest possible score on the instrument, respectively. Results: The final sample included 262 adults with autism. Based on the higher hierarchical model of WHOQOL-BREF instrument was considered the best fitting model among adults with autism (chi-square=428.00, df=242, RMSLEA=0.054, CFI=0.991). Corrected item-total correlation suggested good convergent and discriminant validity of the WHOQOL-BREF. WHOQOL-BREF varied significantly by autism severity, indicating adequate known-groups validity. High internal consistency reliability (Cronbach’s alpha = 0.914) was observed. The floor and ceiling effect are acceptable with the exception of one item which displayed floor effect and six items which displayed ceiling effects. Conclusions: Study results indicated that the WHOQOL-BREF is a psychometrically sound instrument to assess quality of life among adults with autism.

PM77 DO EQ-SD AND SF-6D ASK THE RIGHT QUESTIONS IN MENTAL HEALTH? A CONTEXTUAL VALIDATION USING INTERVIEWS WITH PATIENTS

Brazier J, Connell J, O’Cathain A

University of Sheffield, Sheffield, UK

OBJECTIVES: To examine the content of EQ-SD and SF-6D against what individuals with mental health problems perceive to be important to their quality of life using rigorous qualitative methods. METHODS: We first undertook a systematic review of qualitative research undertaken with people with mental health problems. The basis for the review was the self reported structured in-depth interviews undertaken with 19 people who had a broad range of mental health problems at varying levels of severity drawn from primary and secondary care (including major mood disorders and psychosis) in the UK. The interviews were analysed thematically using framework analysis. Results: A framework analysis of 13 qualitative studies revealed six major themes: well-being and ill-being; control, autonomy and choice; self-perception; belonging; activity; and hope. Conclusions: Widening the types and severity of mental health problems studied, our interview data fitted well with the themes from the review, any differences tended to be within the themes and related to the degree of impact of the themes on different levels of severity, chronicity and diagnosis. Physical health was also found to be more important amongst the interviewees, so it was added as a seventh theme as opposed to a minor sub-theme in the review. Conclusions: The qualitative research and our own interviews raises important questions about the suitability of EQ-SD and SF-6D as measures for mental health, and suggests that we need to develop measures that include a more in-depth assessment of the types and severity of mental health problems studied.

PM8 PERSONAL EXPERIENCES FROM THE BOLERO TRIAL: A MULTICENTER STUDY ON THE EXPERIENCE OF THE BOLERO 2 TRIAL...