and linguistic issues became apparent and were resolved. TRIM-Weight is now linguistically validated using a rigorous translation process. A number of cultural score. Based on Spearman’s correlations, the OWL-QOL total score was significantly associated with the OWL-QOL total score. CONCLUSIONS: The OWL-QOL was significantly associated with pain, gender, and obesity and weight-loss quality-of-life (OWL-QOL) instruments in a study involving patients with chronic pain. METHODS: In a first step literature review, focus groups with patients and one to one interviews with highly accepted experts in the field of indication were conducted to identify relevant treatment attributes of a pain medication. A pretest was conducted to verify the structure of relevant and dominant attributes using factor analysis and choosing the most frequent mentioned representative of each factor. The discrete choice experiment (DCE) itself used a self administered survey including sociodemographics and an indication specific (pain). For statistical data analysis of the DCE, a random-nominal logit model was used and coefficients were presented. RESULTS: In the first step we detected 36 attributes. Factor analysis revealed seven remaining attributes. A total of N=1324 German patients participated in the self administered survey, resulting in the following ranking of relevant attributes for treatment decision: “no character change”, “less nausea and vomiting”, “pain reduction” (Coefficient: >0.9 for all attributes, “high impact”); “rapid effect”, “less danger of addiction” (Coefficient = 0.5, “middle impact”); “applicability with comorbidities” (Coefficient = 0.3), “improvement of quality of sleep” (Coefficient = 0.25). All attributes were highly significant (p < 0.001). CONCLUSIONS: Due to the subjective nature of pain, the management of chronic pain needs to be patient-centered. Therefore an understanding of patient preferences is essential for inclusion in treatment decisions. In summary, DCE and direct assessment proved to be valid instruments to elicit treatment preferences in chronic pain treatment.

PSY41

THE TRANSLATION AND LINGUISTIC VALIDATION OF THE TREATMENT RELATED IMPACT MEASURE – WEIGHT (TRIM-WEIGHT)

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OBJECTIVES: The TRIM-Weight is a Patient-Reported Outcome (PRO) questionnaire designed to assess the efficacy and tolerability of weight loss medication. The objective of this study was to produce translations into number of languages that are conceptually equivalent to the original and to other language versions, ensuring the validity of the translations within the target cultures. METHODS: The standard linguistic validation methodology was followed: two forward translations with reconciliation, back translations and review, developer review, cognitive interviews with patients of each language, and pilot testing. RESULTS: Numerous cultural and linguistic issues became apparent throughout the translation process, including the following: The term for ‘craving’ proved difficult to translate into Spanish, Italian, French (France) and French (Canada). The developer’s input and cognitive debriefing interviews were used to find appropriate terminology to convey the intended meaning. For example, it had to be specified in French (France) that this related to one particular food, ‘licheren’ was mentioned in the scale as a physical side-effect of the drug; this word was problematic in Dutch (where the translator had to use a term related to ‘trembling’), and Brazilian Portuguese, where the translator used a term related to being physically anxious, and unable to relax. Brazilian respondents had difficulty understanding that they must respond only concerning prescription weight loss medication and the related instruction had to be underlined to clarify this; several vocabulary problems occurred. The term ‘isolation’ in English, ‘embarrassment’ in Brazilian Portuguese and ‘weight loss plateau’ in Austria German. Each issue was discussed until a suitable alternative was found which could be tested in cognitive interviews with patients. CONCLUSIONS: The TRIM-Weight questionnaire was translated and linguistically validated using a rigorous translation process. A number of cultural and linguistic issues became apparent and were resolved. TRIM-Weight is now validated for use in multinational trials.

PSY42

ASSOCIATION OF THE OBESITY AND WEIGHT-LOSS QUALITY-OF-LIFE SCORE WITH PATIENT DEMOGRAPHICS AND MEASURES OF HEALTH

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OBJECTIVES: As the incidence of obesity continues to rise, there is pressure to find and evaluate new weight loss interventions; understanding the impact of obesity and weight loss is an invaluable part of this process. We therefore examined associations among patient characteristics, self-reported depression, vitality and the obesity and weight-loss quality-of-life (OWL-QOL) instruments in a population of overweight and obese patients. METHODS: We analysed baseline data from a clinical trial involving patients with body mass index (BMI) between 27–49 kg/m². Patient characteristics included age, sex, race/ethnicity, BMI, weight and body composition, responses to the OWL-QOL questionnaire, responses to the Patient Health Questionnaire (PHQ), assessing depression, and responses to the SF-36 vitality subscale. Least angle regression (LAR) was used to select the most relevant obesity measures to include in multivariable regression models. Univariate associations were examined using Spearman’s correlations. RESULTS: Baseline data were available for 341 patients with a mean age of 44.2 (SD = 10.7) years, mean BMI of 35.2 (SD = 4.6) kg/m², and mean OWL-QOL total score of 55.3 (SD = 24.2). 83.3% were female. LAR showed that among obesity measures, percentage of total fat was most significantly associated with the OWL-QOL total score. Based on Spearman’s correlations, the OWL-QOL total score was significantly correlated with gender (r = 0.223, p < 0.001), total fat (r = 0.264, p < 0.001), FHQ (r = 0.35, p = 0.016), race/ethnicity (r = 0.455, p < 0.001). In the final model (R² = 0.36), vitality (β = 0.55, p < 0.001), female gender (β = 0.871, p = 0.026) and race/ethnicity (β = 12.3, African American versus Other, β = 1.08 White versus Other, p = 0.022 for both comparisons), but not percentage of total fat, were significantly associated with the OWL-QOL total score. CONCLUSIONS: The OWL-QOL was significantly associated with obesity and weight loss on patients is an invaluable part of this process. We aimed to

PSY45

IMPACT OF LUPUS ON CAREER CHOICES AND WORK PRODUCTIVITY IN FIVE EUROPEAN COUNTRIES: RESULTS FROM THE LUPUS EUROPEAN ONLINE (LEO) SURVEY

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OBJECTIVES: A previous survey distributed in Europe and the US found that lupus affects patients’ career, physical well-being and everyday living. The LEO survey was developed to explore further the effect of lupus on work productivity, fatigue and health-related quality of life (HRQoL) in Europe. METHODS: The survey had four sections. Section 1 included patient-developed questions on demographics, lupus diagnosis and impact of lupus on work and career. Sections 2-4 used lupus-specific and non-reported outcome measures, Work Productivity and Activity Impairment Questionnaire, Lupus V2.0, fatigue (lupus-specific Fatigue Severity Scale) and HRQoL (LupusQoL). The survey was available May-August 2010 and in five European languages. RESULTS: A total of 1566 participants with self-reported lupus completed the survey: France (n = 139), Germany (n = 537), Italy (n = 357), Spain (n = 267) and the UK (n = 266). Most were female (93%, 1440/1557) and aged 26–55 years (81%, 1253/1550). In section 1, over two-thirds (70%, 1028/1475) of participants reported that lupus affected their career, highest in UK, 79% (196/252), lowest France, 74% (96/131). Of those who reduced work hours, almost a quarter (23%, 150/646) had to reduce by >75%. In the VPA assessment, participants reported missing an average of 13% (SD = 24.2) of their working time because of lupus. At work, productivity was reduced by an average of 40% (SD = 25.8). Overall, an average of 43% (SD = 27.1) of total work hours available to participants were lost due to lupus. Ability to carry out non-work activities such as household related, child care and hobbies was, on average, impaired by 56% (SD = 26.7). CONCLUSIONS: Lupus diminishes European patients’ likelihood of working and their productivity while at work. These findings emphasise the need for improved management of lupus.