possible scenarios. CONCLUSIONS: Conjoint analysis can be used to assess the preferences of patients with schizophrenia, and such preferences appear valid and relatively consistent. Although further validation and refinement is needed, our results indicate that conjoint analysis is a feasible and beneficial method for measuring patient preferences among patients with schizophrenia.

PMH39

RELATIONSHIP BETWEEN CLINICAL OUTCOMES AND PATIENTS’ REPORTED OUTCOMES IN SCHIZOPHRENIA: THE CONTRIBUTION OF THE EQ-5D

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OBJECTIVES: Different instruments are available to assess health in individuals with psychotic illness. We aimed to identify the complementary value of some different instruments to assess health and health changes in schizophrenic patients.

METHODS: We analysed data from a naturalistic, prospective cohort study, called COMETA, which involved 637 patients aged 18–40 years, 65.0% male, with schizophrenia (86.5%) or schizoaffective disorder (13.5%), enrolled in 2006–2007 and followed up to 52 weeks. Symptoms and functional changes were assessed with the physicians’ rated scales Positive-And-Negative-Syndrome-Scale (PANSS), Global-Assessment-of-Functioning (GAF), Clinical-Global-Impression-Severity (CGI-S). The physicians’ opinion was asked to assess compliance toward antipsychotic treatment. Patients reported their attitude toward treatment with the Drug-Attitude-Inventory (DAI-30). QoL was assessed with EQ-5D and SF-36. We investigated whether relationships exist between scores obtained from the different scales.

RESULTS: At enrolment, significant correlations were found between PANSS, GAF, CGI-S scores (r, absolute value = 0.674–0.766). Every QoL score significantly correlated each other (r = 0.360–0.582). Correlations were lower between QoL and clinical scores (0.189–0.393). Low correlations were estimated between QoL scores and physicians’ reported compliance (r = 0.113–0.282) or DAI-30 score (0.142–0.274). Each instrument showed scores (0.189–0.393). Low correlations were estimated between QoL and clinical assessments with EQ-5D and SF-36. We investigated whether relationships exist between scores obtained from the different scales.

CONCLUSIONS: A new method for measuring patient preferences among patients with schizophrenia was proposed. This method, conjoint analysis, was applied to the assessment of patients with schizophrenia and showed a significant relationship between preferences and health outcomes.

PMH40

PATIENTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER 2-YEAR ASSESSMENT OF IMPACT ON QUALITY OF LIFE AND CLINICAL SEVERITY: RESULTS FROM ADORE STUDY IN FRANCE

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OBJECTIVES: To present 2-year results on treatments prescribed and their impact on quality of life (QoL) and clinical severity of children with Attention Deficit Hyperactivity Disorder (ADHD).

METHODS: ADORE is a 2-year, prospective, international observational study in ADHD. Treatments were classified as pharmacotherapy, psychotherapy, pharmacotherapy and psychotherapy combination, other, and none. As patients were allowed to change treatment, different patients may be included in each group at different endpoints. QoL was measured with the Child Health and Illness Profile (CHIP-CE). Clinical ADHD outcomes were measured with ADHD-Rating scale parent version (ADHD-RS), CGI-S, Severity scale, Children’s Global Assessment Scale (CGAS) and Strengths and Difficulties Questionnaire (SDQ). Changes in outcomes presented hereafter were estimated on all patients followed 2 years and having at least baseline and 24 months visits.

RESULTS: Among 255 French patients eligible for analysis, mean age (SD) 8.8 years (2.3), 87.5% male, 137 (53.7%) were followed over 24 months. Treatments were respectively at baseline and 2 years: pharmacotherapy 23.0% & 29.1%, combination pharmacotherapy/psychotherapy 36.6% & 47.0%, psychotherapy 27.2% & 12.7%, other treatment 4.7% & 3.0% and none 8.5% & 8.2%. Between baseline and 2 years, CHIP-CE quality of life improved: mean change from baseline was +5.7 (12.9) for satisfaction, +8.6 (11.8) for achievement, +13.4 (13.0) for risk avoidance, +5.2 (12.4) for resilience and +5.2 (9.6) for comfort. Between baseline and 2 years, mean ADHD-RS change was −18.3 (9.9) leading to a final score of 21.4 (10.7) at 2 years. CGI-S mean change was +15.8 (15.5) leading to a final score of 67.1 (16.2). Mean CGI-S change was −1.5 (1.4) leading to a final score of 3.2 (1.3). Rate of patients with ≥1 comorbidity decreased from 76.5% to 54.0% and severity of comorbidities also decreased. CONCLUSIONS: After 2 years, French patients suffering from ADHD symptoms enrolled in this study benefited from improvement of QoL and clinical severity. Interpretation is difficult due to patients changing treatments over the study.

PMH41

SAD BLUE DEPRESSED DAYS, HEALTH–RELATED QUALITY OF LIFE, AND HEALTH BEHAVIORS AMONG WOMEN IN A UNIVERSITY COMMUNITY

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OBJECTIVES: To explore the association between Sad Blue Depressed Days (SBDD), health-related quality of life, and health behaviors among women in a university community in Venezuela.

METHODS: A random sample of 71 women ranging in age from 18 to 72 years was surveyed using a written questionnaire. The questionnaire included the SBDD question from the Behavioral Risk Factor Surveillance System (BRFSS) and the SF-36 Health Survey. The associations among SBDD, SF-36, demographics, and health behaviors were estimated computing Pearson correlation coefficients for continuous variables and Kendall’s tau for categorical variables.

RESULTS: The sample had a mean age of 31.98 years (s.d.13.86). The prevalence of alcohol consumption during the previous month was 63.4% and for smoking it was 16.9%. About 60% of the sample reported less exercise regularly during the previous month. Most of the respondents reported sleeping problems. Respondents reported a mean of 4.33 (s.d.7.89) SBDD in the previous 30 days. Young women aged 18–24 years reported the highest number of SBDD (7.51, s.d. 9.80), whereas older women aged 45+ reported the lowest number (1.50, s.d. 3.86). About 80% of respondents reported one or more SBDD including 18.3% who reported 14 or more SBDD. The SF-36 showed good internal consistency reliability. Respondents scored higher in Physical Functioning (91.76, s.d.10.53) and lower in Vitality (62.25, s.d. 20.07). SBDD correlated significantly with all SF-36 domains, except Physical Functioning and Bodily Pain. SBDD was associated to lack of regular exercise, sleeping problems, and poor perception.