current health state was 0.74 (possible utility scores range from 0 to 1). Current health ratings were significantly correlated with inattentive, hyperactive, and overall symptoms of ADHD (0.37, 0.36, and 0.40; \( p < 0.05 \)). SG ratings of hypothetical health states ranged from 0.48 (severe untreated ADHD) to 0.88 (effective, tolerable atomoxetine treatment). Comparisons between health states found expected differences between untreated mild, moderate, and severe ADHD health states. When both treatments were effective and tolerable, parents preferred atomoxetine to stimulants (\( p < 0.03 \)). CONCLUSIONS: SG ratings of current health demonstrated construct validity through significant correlations with ADHD symptoms. Statistical comparisons revealed significant differences between treatment-related health states. In sum, parent SG interviews appear to be a valid method for obtaining utility scores that can be used in cost-effectiveness models of ADHD treatment.

**PMH24**

EARLY SUSTAINED REMISSION IN PATIENT-REPORTED OUTCOMES AMONG PRIMARY CARE PATIENTS WITH MAJOR DEPRESSIVE DISORDER

** Sapin C1, Fantino B2, François C3**

1Altipharm, Paris, France; 2ADIM-AGORAS, Lyon, France; 3H. Lundbeck A/S, Paris, France.

**OBJECTIVES:** Major depressive disorder (MDD) is associated with impaired patient functioning and significant reductions in health-related quality of life (HRQL). Antidepressant treatments aim to increase patient rates of sustained remission as early as possible, and our objective was to study the impact of early sustained remission on patient’s HRQL. METHODS: A total of 230 patients with a DSM-IV diagnosis of MDD under treatment with selective serotonin reuptake inhibitors were selected for an observational 8-week follow-up study. Patient assessments included the Montgomery-Asberg Depression Rating Scale (MADRS), the Short Form-36 Item scale (SF-36) and the EuroQoL (EQ-5D). The MADRS was performed at baseline, weeks 2, 3, 4, and 8 and HRQL scales were performed at baseline and week 8. Remission was defined using the MADRS cut-off value of 12. Five subgroups were defined: remitters at week 2 (G1), week 3 (G2), week 4 (G3), week 8 (G4) and non-remitters at week 8 (G5). Multivariate analyses of variance were used to assess the differences of HRQL among these groups after adjustment on centre and baseline MADRS scores. RESULTS: The distribution of patients across groups was 6.7% (G1), 16.8% (G2), 12.4% (G3), 21.2% (G4) and 42.9% (G5). After adjustment, HRQL assessed by EQ-5D was significantly higher for remitters (G1: 0.81 ± 0.08; G2: 0.79 ± 0.16; G3: 0.77 ± 0.20; G4: 0.71 ± 0.21; G5: 0.57 ± 0.28; \( p < 0.001 \)). The same results were found with the SF-36 Physical and Mental Composite Summary scores (\( p < 0.001 \)) as well as SF-36 subscales (\( p < 0.001 \)). Early sustained remitters reported higher EQ-5D scores (G1 and G2 versus G3 and G4, \( p < 0.05 \)). CONCLUSION: The results of this observational study clearly show the major impact of sustained remission on HRQL in MDD. Time to sustained remission may have a major impact on patient’s HRQL and might become a pre-requisite for approval and reimbursement of new antidepressant compounds.

**PMH25**

ASSESSING HEALTH-RELATED QUALITY OF LIFE IN CLINICAL TRIALS OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER

** Sapin C1, Le Lay A2, Llorca PM3, François C2**

1Altipharm, Paris, France; 2H. Lundbeck A/S, Paris, France; 3CH Sainte-Marie, Clermont-Ferrand, France.

**OBJECTIVES:** The published literature concerning Health-Related Quality of Life (HRQL) in Major Depressive Disorder (MDD) does not provide clear guidelines between the use of generic and specific HRQL measures from an evaluative perspective, though disease-specific instruments are thought to be more sensitive to change. Using data from two studies in which both generic and specific HRQL measurements were available, we attempted to compare the relevance of both types of instruments according to their sensibility to change and the information provided. METHODS: Two randomised, double blind, active-controlled, 8-week studies of escitalopram were used. In the first study, 165 patients completed the generic SF-36 and the disease-specific Quality of Life Depression Scale (QLDS). In the second study, 146 patients reported HRQL using the EuroQoL and QLDS scales. Clinical efficacy was assessed in both studies using the Montgomery-Asberg Depression Rating Scale (MADRS). Results were adjusted for sustained remission (from the assessment at which remission was achieved until study termination) using the MADRS lesser than or equal to 12 criterion. RESULTS: In the first study, patients treated with Escitalopram showed significant improvement on all SF-36 subscales. Mean SF-36 changes from baseline were significantly different from 0. Estimated effect sizes ranged from 0.52 (bodily pain) to 1.75 (mental health), indicating a moderate to large improvement in HRQL. Using the same methodology, QLDS estimated effect size was 1.04, indicating a large HRQL improvement. In the study in which both EuroQoL and QLDS scales were completed, significant results were obtained for both instruments. Estimated effect sizes were 0.79 and 0.98 for EuroQoL and QLDS respectively. CONCLUSION: The results of these two studies clearly demonstrated the ability of both instruments to be sensitive to changes. Yet, with similar effect sizes, the generic SF-36 provided more information relative to the different sub-scales affected than the disease specific QLDS.