Taipei, Taiwan and examine its own psychometrical properties and comparability with Likert. Therefore, the purpose of this study tries to measure the quality of life (QOL) by FS, which is superior to those by traditional measurement in both validity and reliability.

OBJECTIVES: A perceived limitation of generic utility measures is lack of ability to capture change relevant to disease-specific areas or interventions. To test whether core EQ-SD items sufficiently measure variability in patients’ self-reported quality of life, we aimed to identify whether the presence of a series of health conditions could be used to approximate the baseline. Explained residual variability in EQ-SD visual analog scale (VAS) scores, beyond EQ-SD items. METHODS: We utilized generalized linear models (GLM) with a gamma distribution and log link to predict VAS by the 5 EQ-SD items and the presence/absence of 10 conditions (cancer, heart disease, stroke, asthma, COPD/other respiratory, depression, anxiety disorder, dizziness, coronary heart disease, stroke, asthma, COPD/other respiratory, depression, anxiety disorder, dizziness, coronary heart disease, stroke, asthma, COPD/other respiratory, depression, anxiety disorder, dizziness, coronary heart disease, stroke, asthma, COPD/other respiratory, depression, anxiety disorder, dizziness). Controling for all other conditions, cancer, CHD and COPD also met criteria. CONCLUSIONS: Findings suggest respondents with diabetes, stroke, and depression, potentially with cancer, CHD and COPD, had significant heterogeneity in their VAS valuation of their own health that was not explained alone by EQ-SD items or demographics. This study provides one approach to identifying potential chronic conditions where disease-specific “bolt-on” items may be considered for EQ-SD.

VALUATION OF HR-QOL UTILITIES BY THE EQ-5D IN A GROUP OF CHRONICALLY ILL PATIENTS

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OBJECTIVES: In order to estimate the benefits of health interventions, health-related quality of life (HR-QoL) measures are traditionally mapped into utilities based on a valuation by a representative sample of the general population. However, in order to obtain such valuations in cost-utility analyses, studies of preferences addressed to patients, it needs to be ascertained that the values of these patients are not different than those of the population. Therefore we compared the valuation of chronic patients with the already published valuation of the general population. METHODS: A cross-sectional survey between December 2008 and March 2009 was distributed in 15 outpatient services, treating adult (age > 18 yr) chronically ill patients in the University Hospital Ghent, Belgium. In Belgium the EQ-SD was mapped previously to the Visual Analogue Score (VAS), hence patients in our study were also asked to indicate their actual perception of HR-Qol on a VAS scale. Only EQ-SD profiles which were scored at least 10 times by different patients were considered for further evaluation. All profiles were mapped into VAS by multivariate regression. RESULTS: A total of 1348 questionnaires were distributed, of which 768 (57%) were completed. Male/female ratio was 41%/59%, with a mean age of 53.6. Eighteen different profiles were considered, at least 10 times, with a mean VAS of 0.64 (95% C.I. 0.63-0.66). The complete set of utilities obtained by multivariate regression was significantly different compared to the valuation by the Belgian population sample (p < 0.0001). Especially in the profiles in which the patient indicates complete depression, HR-Qol value was higher for patients as compared to the general population. CONCLUSIONS: Chronically ill patients perceive their HR-Qol higher than estimated by the population sample. In order to evaluate health programs consequences of these findings should be considered.

IMPROVING THE MEASUREMENT OF QUALITY OF LIFE BASED ON FUZZY SCALE

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OBJECTIVES: In past two decades, researchers have proposed to combine fuzzy theory into measurement in various areas. According to their studies, combining fuzzy theory could reduce the properties differences between measurement methods and human cognition, and the results collected by fuzzy scale was superior to those by traditional measurement in both validity and reliability. Therefore, the purpose of this study tries to measure the quality of life (QOL) by FS, and examine its own psychometrical properties and comparability with Likert scale. METHODS: WHOQOL-BREF Taiwan version was used to compare the results collected by FS and LS, with a set of data from 404 subjects in repeated experiment design. Cronbach’s alpha and hypothesis test of reliability coefficient were utilized to compare the reliability of WHOQOL-BREF in both two measure. Confirmatory factor analysis (CFA) was used to examine the construct validity and measurement invariance (MI/MI) between LS and FS at domain level. RESULTS: The results indicated that Cronbach’s alpha coefficients of FS were significant higher than that of LS in most domains. Moreover, CFA analysis showed that the final four-factor invariant model between LS and FS measurement were supported, all fit index performed well under the factor model at domain level, CFI, RMSEA and SRMR increased very slightly after imposing the equal intercept constraint proposed by Meredith in 1993. CONCLUSIONS: According to the above results, FS is an improved measure of QOL. Patients with chronic conditions are more likely to feel involved in the trial and the use of reminders when they need to complete an action was a patient preference. These factors should be considered when designing an ePRO system to be used in a clinical trial.

ARE GENERAL POPULATION DATA SUITABLE FOR APPROXIMATING BASELINEUTILITY VALUES IN ECONOMIC MODELS?

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OBJECTIVES: Economic models require a baseline utility profile to assess the number of quality adjusted life years (QALY) gained from an intervention. The baseline needed could be obtained from individuals without a specific health condition, depending on the definition of the health condition in the model. We explored whether utilities from the general population are suitable as proxy measures when condition specific data are not available. METHODS: Pooling data from four consecutive rounds of the Health Survey for England (n = 11,000) and using sub groups stratified by self-reported health conditions, we compared mean utility scores (EQ-SD) for groups without specific conditions (i.e. the preferred baseline profile) with the mean scores from similar aged cohorts of the general population (i.e. the proxy conditions). RESULTS: We found that the average utility scores from the general population were good approximations for some conditions (e.g. cancer) but not all conditions could be used to approximate the QALY gain compared to the average person who

does not have that condition. We also provide age stratified data from the general population that could be used to approximate baseline preference-based utility scores when condition specific data are not available.