model reporting. We report adjusted relative risks (adjusted_RR) with 95% confidence intervals (CI) for multivariable logistic regressions and adjusted coefficients with standard errors and p values for results from OLS models, controlling for covariates.

RESULTS: In multivariable models, COPD maintenance medication discontinuation increased hospitalization risk (RR = 1.08, 95% CI 1.01, 1.15) and high MPR reduced hospitalization risk (RR = 0.93, 95% CI 0.91, 0.95) compared to low MPR. Medication discontinuation also increased total spending by $2350 (p < 0.001), driven largely by Part A spending ($4035; p < 0.001) and offset by Part D drug spending reductions ($1853; p < 0.001). High adherence significantly reduced total spending by $4723 (p < 0.001), while moderate adherence reduced spending by $3956 (p = 0.05) relative to poor adherence. CONCLUSIONS: Findings highlight the importance of adhering to prescribed pharmacologic regimens of COPD maintenance medication in reducing hospitalizations and associated costs.

PRS27

THE DEVELOPMENT OF A PATIENT-REPORTED OUTCOME INSTRUMENT TO EVALUATE NIGHTTIME SYMPTOMS OF COPD

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OBJECTIVES: There is currently no validated tool to evaluate nighttime symptoms in patients with COPD. The purpose of this study was to develop a patient-reported outcome (PRO) self-administered questionnaire for evaluating COPD symptoms at night or in the early morning. Trained interviewers used a semi-structured interview guide, starting with open ended questions. Grounded theory was applied to the data.

METHODS: The interview guide, starting with open ended questions, was used to explore nighttime symptoms at night or in the early morning. Trained interviewers used a semi-structured interview guide, starting with open ended questions. Grounded theory was applied to the data.

RESULTS: A total of 118 patients with COPD were included in the analyses. The sample had a mean age of 66.5 years, with 51.9% female, and had a diagnosis of moderate (GOLD II) to severe (GOLD III) COPD. Four components of patients’ satisfaction were identified: ease of use/convenience, efficacy, onset of action, and side effects. Regarding ease of use/convenience, patients most frequently cited the importance of device portability (31%), device simplicity (27%), and whether the device indicated that the dose had been received (25%). For efficacy, patients most frequently mentioned whether the product made them feel that their airways were open and they could catch their breath (42%), that the medication kept symptoms from worsening (33%), and that the medication improved ambulatory ability (29%). Nearly half of patients (46%) noted onset of action as important. Finally, thirty-five percent of patients felt that side effects affected their satisfaction with treatment.

CONCLUSIONS: Ease of use/convenience, efficacy, onset of action, and side effects drive patients’ satisfaction with inhaled COPD maintenance medications. COPD medications and delivery devices that address these factors may improve patient adherence and persistence.

PRS26

RELIABILITY AND VALIDITY OF THE EXACT-RESPIRATORY SYMPTOMS (E-RS) SCALE AS A QUATICITY TOOL TO ASSESS RESPIRATORY SYMPTOMS IN COPD

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OBJECTIVES: Although respiratory symptoms are a defining feature of COPD, a standardized method for assessing their day-to-day severity suitable for testing treatment effects in clinical trials has not been established. This study examined the reliability and validity of the E-RS (EXACT-Respiratory Symptoms), a respiratory symptom score derived from the 11 respiratory items of the 14-item exact, a COPD severity exacerbation measure. E-RS was assessed through analyses of qualitative data from 84 patients with COPD, including secondary analyses of data collected during exact development (n = 63) and data from four new focus groups with patients without recent history of exacerbation (n = 23). Quantitative properties were tested through secondary analyses of diverse data from 188 stable COPD patients gathered over 7 days during the first exact validation study.

METHODS: RESULTS: Quality: Sample mean (SD) age = 65(10), 44% male, mean FEV1 = 1.20 L. Patient descriptions of respiratory symptoms during stable disease were consistent with the E-RS content, wording, and structure. Quantitative: Sample mean (SD) age = 66 (10), 50% male, mean FEV1 = 1.20 L. Patient descriptions of respiratory symptoms during stable disease were consistent with the E-RS content, wording, and structure. Quantitative: Sample mean (SD) age = 66 (10), 50% male, mean FEV1 = 1.20 L. Patient descriptions of respiratory symptoms during stable disease were consistent with the E-RS content, wording, and structure. Quantitative: Sample mean (SD) age = 66 (10), 50% male, mean FEV1 = 1.20 L. Patient descriptions of respiratory symptoms during stable disease were consistent with the E-RS content, wording, and structure. Quantitative: Sample mean (SD) age = 66 (10), 50% male, mean FEV1 = 1.20 L. Patient descriptions of respiratory symptoms during stable disease were consistent with the E-RS content, wording, and structure. Quantitative: Sample mean (SD) age = 66 (10), 50% male, mean FEV1 = 1.20 L.

CONCLUSIONS: Results suggest the E-RS is a valid and reliable method for evaluating severity of respiratory symptoms in COPD; the daily diary structure permits assessment of day-to-day variability and severity over time. Further research is needed to evaluate performance over longer assessment periods and in response to treatment, and to refine score interpretation.

PRS25

FACTORS INFLUENCING SATISFACTION WITH COPD MAINTENANCE MEDICATION: CONCEPTS ELUCIDATED THROUGH QUALITATIVE INTERVIEWS WITH PATIENTS

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