Urinary/Kidney Disorders – Research on Methods

**PUK15**

**A SIMULATION MODEL OF THE EFFECTS OF TREATMENTS FOR SECONDARY HYPERPARATHYROIDISM ON MORTALITY**

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**OBJECTIVES:** Secondary hyperparathyroidism (SHPT) is a common condition in dialysis, characterized by high levels of associated laboratory parameters (LABS); parathyroid hormone (PTH), serum calcium (Ca) and phosphorous (P). Cinacalcet can be effective in controlling LABS in SHPT. Objective of this study was to develop a model to simulate the impact of cinacalcet versus standard treatment (ST) on patient mortality. **METHODS:** The model used the latest data on cinacalcet efficacy in lowering LABS from the OPTIMA and ADVANCE interventional trials together with the estimated relationship between LABS and mortality from the ARO observational study on 7970 haemodialysis patients treated in European Fresenius Medical Care centres. Cinacalcet was assumed constant except for PTH in ST (assumption of a 17% mortality rate increase). Mortality was calculated as the difference of the dialysis population multiplied by relative risks as function of LABS. The model was compared with a block observational study analyzing mortality rates (26-month follow-up) in 19,186 haemodialysis patients treated at the DaVita US dialysis centre. The simulation was run with patient characteristics replicating the DaVita cohort and baseline mortality rates from the US Renal Data System. **RESULTS:** The simulated death rates (year 1: cinacalcet 18.4%, ST 22.6%, RR 0.81; year 2: cinacalcet 32.9%, ST 40.8%, RR 0.81) were close to the observed data in the block study (year 1: cinacalcet 15%, ST 20%, RR 0.75; year 2: cinacalcet 30%, ST 37%, RR 0.81). **CONCLUSIONS:** The model showed effects of cinacalcet on mortality similar to those observed in the DaVita US cohort. This mortality model will be a useful tool for future health-economic analyses of cinacalcet in SHPT.

**PUK16**

**KNOW-GROUP VALIDITY OF THE SPANISH VERSION OF THE SHORT-FORM OABq-SF QUESTIONNAIRE (OABq-SF) IN SUBJECTS WITH OVERACTIVE BLADDER**

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**OBJECTIVES:** To explore the known-group validity of the Spanish version of the self-administered OABq-SF questionnaire, which feasibility, reliability and construct and criterion validities have previously been shown. **METHODS:** The culturally adapted Spanish version of OABq-SF was administered on two occasions 3-months apart to a set of patients of both genders, ~18 years of age, diagnosed of OAB according with standard criteria and a score > 8 in OAB-V8 scale and able to understand and fill in PRO instruments written in Spanish. Patients were recruited consecutively at clinics of Urology all over the country. Known-groups validity was explored using the sample of patients classified in quartiles according to their responses at the baseline. **RESULTS:** A total of 246 OAB patients (mean age 57.7 years, 76% women, 99% Caucasian, 37% active workers and 36% primary school) at 18 urological. OAB-V8 scores significantly correlated (Pearson’s r coefficient) with OABq-SF domains: +0.790 and +0.659 for symptom bother and HRQoL domains, respectively (p<0.001 in both cases). Mean OABq-SF domain scores were significantly different between OAB-V8 quartiles groups: 39.1 (36.0-42.3), 48.0 (44.5-51.5), 56.7 (53.6-59.8) and 74.6 (71.4-77.7) points for 1st, 2nd, 3rd and 4th quartile groups, respectively (F=10.5, p<0.001) in symptom bother domain, and 68.6 (61.7-70.5), 60.5 (56.4-64.8), 53.5 (49.9-57.2) and 37.8 (34.0-41.6) points average score, respectively (F=32.9, p<0.001) in HRQoL domain. **CONCLUSIONS:** The Spanish version of the OABq-SF instrument proved evidence of known-group validity according with patient-rated severity of symptom bother in the OAB-V8 scale.

**POSTER SESSION II**

**HEALTH CARE USE & POLICY STUDIES**

Health Care Use & Policy Studies – Consumer Role In Health Care

**PH1**

**IMPROVING PATIENT SAFETY IN THE UK AND ENGAGING PATIENTS IN RESEARCH: A NEW MODEL FOR THE NHS?**

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**OBJECTIVES:** The purpose of this study was to determine awareness of and interest in research amongst members of a web-based medicines monitoring service and to solicit opinions on whether any evidence should be offered by the NHS. **METHODS:** In May 2011, we surveyed 150 uk.MediGuard.org members: 50 in England, Scotland, and Wales. uk.MediGuard is an open medicines monitoring service covering over 2.5 million patients, including 100,000 in the UK. **RESULTS:** Ninety-one percent of respondents rate the MediGuard service as good or excellent, and 72% would be interested in similar services in the UK. When asked whether the National Health Service (NHS) should introduce MediGuard to all patients, 93% responded yes and 89% that offering the service would positively impact their impression of the NHS (43% significantly). **CONCLUSIONS:** While only 12% (23% extremedly, 17% very, 31% somewhat interested) the primary reason why patients have not enrolled in a trial is lack of awareness (68%), only 16% mentioned concerns due to concerns about confidentiality. The study did not communicate to any pharmaceutical company.

**PH2**

**RELATION BETWEEN CONSUMER BEHAVIOUR AND DRUG SAFETY MONITORING IN FRANCE**

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**OBJECTIVES:** This study aimed to assess the opinion of the French population on the publication of a list of 77 medicines under regulatory monitoring (surveillance list, published following market withdrawal of diet adjuvant benfluorex) in France and more specifically evaluate its impact on consumer behaviour. **METHODS:** A total of 928 French individuals answered a phone questionnaire consisting of 37 closed questions and 3 open-ended questions. Respondents were aged 30 and over since this age group is expected to be more prone to diseases and chronic pathologies. The study, carried out in March 2011, was compliant with the French National INSÉE quota methodology. **RESULTS:** Around 7% of the sample population declared using at least one of the products included in the French surveillance list. Of these, over one in three persons indicated their intention to stop or suspend their treatment in reaction to their medicine’s regulatory surveillance while one in three persons did not intend to change their treatment intake. Meanwhile, in the larger sample, nearly one in six persons declared considering reducing their medicine purchasing patterns as a result of the surveillance list publication, a figure in line with studies conducted prior to the publication of the list. Finally, treatment compliance was reported at 85.8% pre-surveillance list publication and 83.5% post-surveillance list publication. **CONCLUSIONS:** French consumer confidence in pharmaceuticals in general is mostly unaffected by the new surveillance list. However, consumer safety is strongly affected by product inclusion onto the surveillance list, especially for those patients treated with at least one listed treatment. Furthermore, consumer confidence in healthcare regulators, off-label prescribing and pharmaceutical companies was negatively affected by the benfluorex case. Prescribers will have a pivotal role in maintaining overall confidence through patient communication and information.

**PH3**

**PATIENT PREFERENCES CONSIDERING THE CHOICE OF HEALTH CARE PROVIDERS IN HUNGARY– RESULTS FROM DISCRETE CHOICE EXPERIMENT**

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**OBJECTIVES:** We use discrete choice experiment to analyze which attributes (quality, accessibility, and price) influence patients’ choice between health care providers. We also estimate the willingness-to-pay of respondents for the improvement of health care characteristics. **METHODS:** Data was collected via household survey conducted by face-to-face interviews in Hungary, 2010. Respondents were selected based on multistage random probability method. In total, 1037 respondents filled in the questionnaire. In DCE, eight choice set for the physician and for hospital services were presented to the respondents in the form of alternative and basic products. The maintained constant across all attributes but for the attributes ‘Attri-

butes and attribute levels were developed on the basis of literature review. For the analysis binary probit regression with random effects was used including attribute differences as well as interactions of attribute differences and socio-economic characteristics. Marginal rates of substitution (MRS) were calculated to indicate the willingness-to-pay of the respondent for the improvements in the attribute levels. **RESULTS:** The response rate of the survey was 67%. Significant negative regression coefficients (p<0.1) of the interactions between price and socio-economic characteristics show that respondents have less disposable income and, therefore, the lower expenditure on health care. Additionally, respondents with lower disposable income have been more likely to be significantly less likely to be satisfied with the service provided.

**CONCLUSIONS:** DCE