standing. Internal validity was tested, assessing internal consistency, correlation matrix using item/dimension correlation, factorial structure and differential item functioning. External validation was performed versus motor symptoms, behavioral symptoms, and the well-established QoL scale EuroQol 5D. RESULTS: The preliminary analysis supported the validity of the H-Qol-1. Face validity appeared satisfactory (Missing data = 7%), as for the original instrument, a ceiling effect was observed (only 1% of the patients had a score) as was expected. The H-Qol-1 showed an acceptable reliability (Cronbach’s alpha = 0.85 for each dimension). The factor analysis explained 77% of the total variance and split the items in 3 factors in the same way as the original version. There was no different item functioning neither between countries nor gender. The correlation between the clinical motor score and the motor functioning dimension was 0.89, between EQ-5D score and H-Qol-1 total score, 0.71 and between the clinical depression/anxiety score and the psychological dimension of H-Qol-1, 0.63. CONCLUSIONS: Test–retest and sensitivity to change remain to be performed, but current data support the validity of the H-Qol-1.

PND47

THE HUNTINGTON CLINICAL SELF-REPORTED INSTRUMENT (H-CSRI): INITIAL PSYCHOMETRIC PROPERTIES OF THE EURODOLMED QUESTIONNAIRE

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OBJECTIVES: To develop a new instrument measuring neuropathic pain at and below the level of spinal cord injury (SCI) based on pain intensity, pain interference and pain descriptors. METHODS: An expert panel composed of pain specialists, physiologists, rehabilitation doctors, neurologists, psychologists and methodologists was created to generate the items and to supervise the questionnaire construction. Confirmatory factor analysis and factor analysis were used to study the items comprehension. RESULTS: The survey was performed at 6 pain centers in Spain and Denmark. Women were 26%, and mean age 43 years (SD = 12.4). Thirty five percent experienced below SCI level pain, 26% at level, and 39% both. Factor analysis below SCI suggested that pain intensity and QoL interference were related to constant non-evoked pain, while paroxysmal pain was related to night disturbance and temperature-evoked pain. Scale reliability was 0.76 below and 0.80 at SCI level. Exploratory correlates with other standard diagnostic tools were moderate.

PND50

PREFERENCES FOR THE PREDICTIVE GENETIC TEST FOR ALZHEIMER’S DISEASE IN THE UNITED STATES

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OBJECTIVES: To assess public preferences for the predictive genetic test for Alzheimer’s disease in the United States. METHODS: A rating conjoint analysis was conducted using an anonymous online survey distributed by Qualtrics® to a general population panel in April 2011 in the United States. The study design included three attributes: Accuracy, Treatment Availability, and Anonymity. A total of 12 scenarios were used to elicit people’s preference by adopting an 11-point scale. The respondents also stated their highest willingness-to-pay (WTP) for each scenario by answering the open-ended questions. RESULTS: A total of 295 responses were collected over four days. The results showed the most important attribute for the aggregate model was Accuracy, contributing 64.7% to the preference rating. Treatment Availability and Anonymity contributed 20.7% and 14.6% to the preference rating, respectively. The most preferred scenario was the test with a 100% chance of being correct, a cure for AD is available and the test result is anonymous. The median WTP for the highest-rating scenario (Accuracy 100%, a cure is available, test result is anonymous) was $100 (mean WTP was $276). The median WTP for the lowest-rating scenario (Accuracy 40%, no cure but drugs for symptom relief, not anonymous) was zero (mean WTP was $36). Four groups were identified using cluster analysis revealing different patterns of importation. CONCLUSIONS: The results of this study highlight the attributes consumer find important when making the decision to obtain an AD genetic test. These results should be of interests to policy makers, genetic test developers and health care providers.

PND51

THE RELATIONSHIP BETWEEN PATIENT-REPORTED HEALTH-RELATED QUALITY OF LIFE AND DISABILITY STATUS AMONG PATIENTS WITH MULTIPLE SCLEROSIS

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OBJECTIVES: Previous research suggests that the Short Form 36 (SF-36) may capture some of the broad effects of MS that are not reflected in the Kurtzke Expanded Disability Status Scale (EDSS). The aim of this study was to explore the relationship between an EDSS-correlated self-reported disability measure, the Patient Determined Disease Steps (PDDS), and SF-36 health domain scores. METHODS: PDDS data and SF-36, collected over four days. RESULTS: The results showed the most important attribute for the aggregate model was Accuracy, contributing 64.7% to the preference rating. Taylor JR1, Ruiz MA2, Soler MD1, Bouhassira D1, Poole H1, Jauregui ML1, Eurodolmed SG1, Tufts University–Creed Medical Research, Paris, France, 2University of Arizona, Tucson, AZ, USA

INITIAL PSYCHOMETRIC PROPERTIES OF THE EURODOLMED QUESTIONNAIRE: A NEW INSTRUMENT TO MEASURE NEUROPATHIC PAIN IN PATIENTS WITH SPINAL CORD INJURY (SCI) BASED ON PAIN INTENSITY, PAIN INTERFERENCE AND PAIN DESCRIPTORS

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OBJECTIVES: To test a new instrument measuring neuropathic pain at and below the level of spinal cord injury (SCI) based on pain intensity, pain interference and pain descriptors. METHODS: An expert panel composed of pain specialists, physiologists, rehabilitation doctors, neurologists, psychologists and methodologists was created to generate the items and to supervise the questionnaire construction. Confirmatory factor analysis and factor analysis were used to study the items comprehension. RESULTS: The survey was performed at 6 pain centers in Spain and Denmark. Women were 26%, and mean age 43 years (SD = 12.4). Thirty five percent experienced below SCI level pain, 26% at level, and 39% both. Factor analysis below SCI suggested that pain intensity and QoL interference were related to constant non-evoked pain, while paroxysmal pain was related to night disturbance and temperature-evoked pain. Scale reliability was 0.76 below and 0.80 at SCI level. Exploratory correlates with other standard diagnostic tools were moderate.

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