answers. A clustered multivariate regression analysis explored theoretical validity of results. RESULTS: On average, respondents are willing to pay €12,920 (VAS scores) and €24,549 for a QALY (EuroQol tariffs). Subgroup analysis showed greater willingness to pay for patients living with COPD or heart failure. CONCLUSIONS: The validity of the EuroQol instrument, which values the full impact of informal care on caregivers. The CarerQol consists of seven burden dimensions (CarerQol-7D) and two measures of subjective health: a societal perspective, at the burden of carers.


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OBJECTIVES: To assess the costs and effects of providing informal care are often ignored in economic evaluations. This is problematic since considering informal care a ‘zero cost’ substitute for formal care may result in non-optimal decisions from a societal perspective, at the burden of carers. This study further investigates the validity of the CarerQol instrument, which values the full impact of informal care on caregivers. The CarerQol consists of seven burden dimensions (CarerQol-7D) and a visual analogue scale measuring happiness (CarerQol-VAS). METHODS: A questionnaire was distributed by mail among a sample of caregivers (n = 1100) via regional support centres for informal caregivers throughout the Netherlands. Construct validity (n = 249) was tested with Spearmans correlation coefficients of the CarerQol-VAS and the CarerQol-7D and two measures of subjective health and the utility of care giving. Clinical validity was evaluated by the multivariate correlation relation between the CarerQol-VAS and characteristics of the caregiver, care recipient and care situation. Differences in CarerQol-VAS scores among caregivers are explained with subgroup multiple linear regression analyses and principal component analyses. RESULTS: CarerQol-VAS scores were negatively associated with burden and positively with utility of caring. The seven dimensions of the CarerQol-7D were also associated with burden and utility of caring in the expected direction, for six dimensions the associations were statistically significant. Significant associations with CarerQol-VAS scores were found for a range of characteristics, including duration and intensity of care, relationship between carer and patient, care provider level and patient age. CONCLUSIONS: Our results further support the construct and clinical validity of the CarerQol and thus underlines the relevance of this instrument for including informal care effects in economic evaluations. The next, necessary step in the development of the CarerQol concerns the establishment of tariffs for the caring situations defined by the seven dimensions. This is the topic of coming research.

ASSESSMENT OF PRESCRIPTION DRUG KNOWLEDGE AND THE IMPACT OF COUNSELING OF PATIENTS VISITING A PUBLIC TEACHING HOSPITAL IN NORTH INDIA.

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OBJECTIVES: To assess the prescription drug knowledge and the impact of counseling on it in patients visiting a public teaching hospital. METHODS: A standardized questionnaire of prescription drug knowledge that embraces 8 questions e.g. drug name, indication, side effect, dose, frequency of dosing, dosage schedule, storage and missed dose action of prescription drugs was used. Education level was set as group-1 illiterate patients, group-2 education up to secondary school and group-3 graduate patients. The patients were scored 1 for every correct answer, with a maximum of 8. The overall scores were then categorized as low (<3), medium (3-6) and high (>6). Patients were counseled by oral, written, oral-pictorial combine, written-pictorial combine and oral-written-pictorial combine for all the questions. Post counseling evaluation was performed to assess the impact of patient counseling. RESULTS: Total 753 patients were assessed. Patient’s knowledge about prescription drug name, side effect, dose and missed dose action were assessed. The prescription drug knowledge score was low (<1) in group-1 and the patients of acute drug treatment. Whereas, medium (3-6) knowledge score was observed in group-2, group-3 and patients of chronic drug treatment. The overall score was improved from 3.43 ± 1.47 to 6.20 ± 1.26 after counseling in all enrolled patients. After counseling overall score was improved from 2.88 ± 1.40 to 6.01 ± 1.16 and from 3.71 ± 1.43 to 6.30 ± 1.29 in patients of acute and chronic drug treatment, respectively. Improvement in overall score was observed from 2.78 ± 1.37 to 5.55 ± 1.19, from 3.32 ± 1.10 to 6.32 ± 0.88 and from 4.49 ± 1.55 to 7.23 ± 1.17 in educational group-1, group-2 and group-3 after counseling, respectively. CONCLUSIONS: Patients having low level of education, acute drug treatment and especially female patients know little about their prescribed drugs. Patient counseling about their prescribed drugs will help to improve the patient’s compliance and may lead to achieve better patient outcome.

AN EVALUATION OF THE POLICY AND THE PROCEDURES OF SUCCESSFUL PHARMACEUTICAL EXPORTERS AND THE COMPARISON IRANIAN COUNTERPART POLICY

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OBJECTIVES: The purpose of this study is to evaluate the pharmaceutical industries’ situation and the effective factors in pharmaceutical products exportation in successful exporting countries and to compare the results with the situation of pharmaceutical industries in Iran and the factors affecting their exportation experiences. Method and thus the purpose of the current cross-sectional study, an analytic questionnaire with open ended questions was designed which consisted of 32 questions in 8 fields. Subjects of the study consisted of 20 experts and offiцholders of pharmaceutical industries and pharmaceutical products exporting companies and relevant governmental sections. Relevant information regarding pharmaceutical industries and