tradictory and variable except a few important issues. From the perspective of clinical health care delivery, therapeutic noncompliance remains a major problem in enhancing health care outcomes.

**ESTIMATING UTILITY VALUES FOR HEALTH STATUS USING THE SPANISH VERSION OF THE SF-36. IS IT WORTHY TO CALCULATE WEIGHT VALUES FOR UTILITY MEASURES?**

Rebollo P1, Moris J1, Prieto L2, Ortega P3, Ortega T3
1BAP Health Outcomes, Oviedo, Spain; 2Madrid, San Agustín de Guadalix, Madrid, Spain; 3Hospital Universitario Central de Asturias, Oviedo, Spain

**OBJECTIVES:** A new utility index derived of the SF-36, the SF-6D, was recently developed and has an increasing research in different groups of patients and has also been compared with other utility measures, as it is the EQ-5D. The purpose of present work was to evaluate the differences between the weighted and not weighted version of two utility measures: the Spanish SF-6D and EQ-5D.

**METHODS:** A total of 1843 complete measures of the SF-36 and the EQ-5D (5 items and visual analogic scale-VAS) from 1283 patients who received a solid organ transplant (kidney, liver, heart or lung) were used. Data were collected at different moments during the first year after the surgery in the context of the Spanish Research Network on Transplantation. SF-6D values were calculated using the model proposed by its creator (weighted version) and without tariff values, as has been proposed by some authors (not weighted). EQ-5D values were calculated using Spanish VAS tariff (VAS-t), the time-trade off tariff (TTO-t) and also without tariff values (not weighted). Spearman correlation coefficients were calculated between SF-6D (weighted and not weighted) and EQ-5D values (VAS-t, TTO-t and not weighted).

**RESULTS:** Mean value of weighted SF-6D was 0.67 (0.15) and not weighted, 0.72 (0.15). Mean values of EQ-5D VAS-t was 0.69 (0.24), of TTO-t, 0.70 (0.32) and of not weighted EQ-5D, 0.63 (0.33). SF-6D values had moderate correlation with EQ-5D VAS-t (r = 0.734) and EQ-5D TTO-t (r = 0.731) (both p < 0.001). Using the SF-6D index without tariff values, it had a high correlation with the weighted version of SF-6D (r = 0.969, p < 0.001), and moderate with the EQ-5D VAS-t (r = 0.754), EQ-5D TTO-t (r = 0.750) and no weighted EQ-5D (r = 0.784) (p < 0.001).

**CONCLUSIONS:** The efforts made to get the preferences values and calculate the weights in utility indexes do not seem to add enough information to make them worthy.

**REVIEWS ON THE IMPACT OF DOSE FREQUENCY ON COMPLIANCE AND HEALTH OUTCOMES**

Shi L1, Hodges M2, Yurgin NR3, Secnik K3
1Tulane University, New Orleans, LA, USA; 2Eli Lilly and Company, Indianapolis, IN, USA

**OBJECTIVE:** Conduct a systematic review of the literature on delayed-action dose preparation compared to regular dose preparation, and to examine the impact of a change in dose frequency on compliance and health outcomes (e.g., health-related quality of life, patient satisfaction, treatment costs), as well as efficacy and tolerability profile.

**METHODS:** The medical literature databases MEDLINE and Cochrane Library were reviewed from 1966 through 2006 for published, peer-reviewed articles. Search terms were combinations of “delayed-action preparations”, “dose frequency”, “dose administration schedule”, “dosing” and “efficacy”, “safety”, “clinical effectiveness”, “preferences”, “adherence”, “compliance”, “persistence”, “health-related quality of life”, “patient satisfaction”, “treatment costs”, and “efficacy and tolerability profile”.

**RESULTS:** All of the clinical studies, except 2, support better or comparable efficacy when using a simple dose (e.g., weekly dose vs. multiple doses per week or once-daily versus twice-daily or three-times-daily) to treat clinical symptoms in the following disease areas: cardiovascular disorders, diabetes, neurologic/psychological disorders, rheumatoid/muscle disorders, nephrology/urology disorders. Along with literature/systematic reviews and meta-analysis articles, these studies have supported the general advantages of reducing dosing frequency on improved compliance (16 studies), improved quality of life or patient satisfaction (8 studies), greater control over side effects (3 studies), and improved economic outcomes using extended-release formulation (2 studies).

**CONCLUSION:** In general, reducing dose frequency by using a delayed-action dose may offer benefits for patients in terms of improving medication compliance, effectiveness and adverse effect profiles, while possibly reducing health care costs. However, physicians and patients need to bear in mind that the wide variety of delivery systems are available to find the most appropriate one for a particular patient.