PSY48

IMPACT OF IMMUNE THROMBOCYTOPENIC PURPURA ON HEALTH CARE RESOURCE USE AND WORKPLACE PRODUCTIVITY

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OBJECTIVE: To compare patient-reported health care resource use (HCRU) and workplace productivity in patients diagnosed with ITP vs. a matched control group without ITP. Chronic Immune (Idiopathic) Thrombocytopenic Purpura (ITP) is an auto-immune disorder characterized by persistent thrombocytopenia (peripheral blood platelet count <150 × 109/L). Symptoms can range from spontaneous bleeding and bruising to intercranial bleeding. Corticosteroids are first line treatment with splenectomy in 2nd or 3rd line. **METHODS:** ITP patients were sampled from the Platelet Disorder Support Association's database of approximately 14,000 ITP patients. ITP patients were selected if diagnosed by a physician for ITP and ≥18 years. The control group was ≥18 years, never diagnosed with ITP, and matched on socioeconomic factors, age and gender. Participants completed a cross-sectional internet survey including health resource use, employment, sick leave, and workplace productivity-related questions. Ttesting was performed with t-tests for continuous variables and chi-square for categorical variables. **RESULTS:** A total of 1002 ITP patients and 1031 control subjects completed the survey between March 28 and April 3, 2006. Seventy-six percent were female and the mean age was 48; 42% of ITP patients vs. 26% of control group ($p < 0.05$) had one or more visits each month to a specialty physician. Sixty-five percent of ITP patients were employed vs. 62% of control group. Of individuals employed, 53% of ITP patients took extended sick leave (≥1 week) vs. 28% of control, 38% of ITP patients had difficulty concentrating at work vs. 29% of control, and 25% of ITP patients could not complete normal work responsibilities vs. 18% of control ($p < 0.05$ for all comparisons). **CONCLUSION:** The impact of ITP on HCRU in all ITP patients and workplace productivity in employed ITP patients is significant. ITP is burdensome to patients, impairing employed ITP patients in completing normal work responsibilities, and increasing extended time off from work and physician visits.

PSY49

THE WILLINGNESS TO PAY TO MINIMIZE CHRONIC PAIN

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OBJECTIVES: To identify chronic pain patients' willingness to pay (WTP) for completely minimizing their pain related morbidity (PRM). **METHODS:** The study was a cross sectional non-randomized design. Patients were recruited from a multidisciplinary pain centre in Edmonton, Alberta, Canada. A computer administered discrete choice experiment was used to measure WTP. Patients chose between two varying combination of treatments which differed in their level of improvement to pain intensity, level of improvement to disability and out of pocket monthly cost. Information on pain related health status, health related quality of life (EQ-5D), sociodemographic information and clinical background information was also collected. **RESULTS:** Seventy-eight patients completed the choice experiment with a consistency and transitivity rate of 100% and 94% respectively. Persons with chronic pain were WTP $92 and $361 to reduce disability to a mild severity, and between $440 and $1067 to reduce pain intensity to a mild severity translating into $453 to $1428 per month to completely minimize PRM. For every dollar an individual was WTP to improve their disability to the lowest severity (mild), he/she was WTP approximately $2 to reduce pain intensity to moderate and $3 to reduce pain intensity to mild. Persons with chronic pain are willing to allocate between 19% and 52% of their gross family income (average gross annual family income = $33,000) to minimize the morbidity caused by chronic pain. **CONCLUSION:** The economic burden associated with the chronic pain health state is $5500 to $17,000 per year per person. Persons with chronic pain are ready to allocate up to half of their total annual family income to minimize their pain and suffering. Treatment and management strategies that focus on reducing pain intensity would have the greatest impact on improving health related quality of life.

SYSTEMIC DISORDERS/CONDITIONS—Health Care Use & Policy Studies

PSY50

PHYSICIANS' INTENTIONS TO MEASURE BODY MASS INDEX IN CHILDREN AND ADOLESCENTS: A THEORY OF REASONED ACTION MODEL

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OBJECTIVE: Over the past few decades, childhood obesity has become a major public health issue in the United States. Numerous public and professional organizations recommend that physicians periodically screen for overweight in children and adolescents using the body mass index (BMI). The purpose of this study was to assess the utility of the theory of reasoned action (TRA) as the conceptual model to explain physicians' intentions to measure BMI in children and adolescents. **METHODS:** A cross-sectional mailed survey of 2590 physicians (family physicians and pediatricians) practicing in 4 states was conducted to determine the factors associated with physicians' intentions about measuring BMI in children and adolescents. A self-administered questionnaire was designed that included items related to the TRA constructs. The TRA constructs included were: intention to measure BMI, direct attitude, indirect attitude (a function of behavioral beliefs and outcome evaluations), direct subjective norm, and indirect subjective norm (a function of normative beliefs and motivation to comply). The association between the theoretical constructs was examined using correlation and regression analyses. **RESULTS:** The usable response rate was 22.8%. Less than half (44%) of the physicians' strongly intended to measure BMI in children and adolescents. Intention was significantly correlated with direct attitude ($r = 0.66$, $p < 0.01$), indirect subjective norm ($r = 0.52$, $p < 0.01$), direct subjective norm ($r = 0.50$, $p < 0.01$), and indirect attitude ($r = 0.43$, $p < 0.01$). Together, the TRA constructs attitude and subjective norm, explained up to 49.9% of the variance in intention. There were significant ($p < 0.05$) behavioral and normative belief differences between physicians who intended and those who did not intended to measure BMI. **CONCLUSION:** The TRA is a useful model in identifying the factors that are associated with physicians' intentions to measure BMI. The TRA could be used as an underlying framework in designing interventions to increase physicians' use of BMI.