brimonidine 0.2% ophthalmic solution. METHODS: Randomized, controlled trials were conducted in 743 patients to evaluate the original formulation vs. the new formulation. The new formulation reduced the concentration of the active ingredient from 0.2% to 0.15% and replaced the preservative, benzalkonium chloride (BAK), with Purite. Patient outcomes assessed were satisfaction and comfort level with the product. The economic evaluation model estimated the annual cost per patient including pharmacy and medical office visits (including those that may occur due to adverse events.) RESULTS: More patients were satisfied with the new formulation (83%) than the original (75%) (p < 0.05). Eighty-five percent of patients reported the new formulation was comfortable vs. 79% for the original. Clinical efficacy (as measured by IOP reduction) was not different between the groups. Approximately 90% of the new formulation patients had no reported ocular allergy (OA) vs. 84% of the patients using the original formulation (p < 0.05). Incidence of OA was the primary cost driver in comparing the two formulations, as patients who develop an ocular allergy require additional resources associated with OA. The economic model estimated the cost of an OA patient was $200 more or 36% higher per year than for an OA free patient, which results in higher overall treatment costs associated with the original formulation.

CONCLUSIONS: Patients receiving the new reformulated 0.15% brimonidine, rated their treatment satisfaction and comfort level higher than patients on the original formulation while experiencing the same level of efficacy. The estimated cost savings for ocular allergy-free patients would have a positive impact on overall treatment costs.

QUALITY OF LIFE IN PATIENTS WITH AGE-RELATED MACULAR DEGENERATION—A CONJOINT ANALYSIS APPROACH


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OBJECTIVES: To study the quality of life (QOL) of patients with age related macular degeneration (AMD). METHODS: A group of 81 subjects attending the low vision and AMD clinic at the Princess Alexandra Eye Pavilion in Edinburgh were given a battery of tests which included the VFQ-25. We defined AMD in the following severity categories: mild, moderate and severe (dry or wet AMD). In addition to the Quality of Life questionnaires, patients were given a conjoint analysis task to complete. The conjoint was to assess aspects of quality of life which are rarely addressed in conventional questionnaires (i.e., patient values and relative importance of different daily tasks).

RESULTS: Background data on the patients showed a mean age of 77 yrs (SD = 6.8); mean binocular distance logmar of 0.53 (SD = .43); mean binocular near acuity of 0.7 (SD = 0.44); mean binocular contrast sensitivity (Pelli Robson) of 1.17 (SD = 0.4). Sixty percent of patients were classed as “severe” AMD, 28% of patients as “moderate” AMD, and 12% of patients as “mild” AMD. Results showed that the most significant changes in quality of life as reported through the questionnaires occurred at the transition between moderate and severe forms of the disease. The exception was emotionally relevant questions and patient confidence, which showed a decline between all three AMD states. In addition conjoint analysis showed that practical tasks associated with independence had highest priority—that is the order of perceived importance from a 5-attribute conjoint task was outdoor mobility, household chores, reading, recognising faces, and glare. This rank order was preserved in a shorter 3 attribute conjoint task given to patients with extremely poor vision. CONCLUSIONS: The most significant change in QOL occurred between moderate and severe forms of the disease. Patient concerns were mainly over mobility and household tasks, suggesting a priority for preserving an independent lifestyle.

AN APPRAISAL OF VISION-RELATED QUALITY OF LIFE INSTRUMENTS

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OBJECTIVES: Visual impairment has been identified as one of the most significant contributors to lost independence, affecting 1.3 million people in the USA. An emphasis on improvement of functional limitations among patients with visual impairment has led to the development of vision-related quality of life (QOL) questionnaires in the recent past. The objective of this paper is to provide an updated review of published literature on vision-related QOL instruments and an assessment of their psychometric properties. METHODS: A review of published literature was carried out through the use of MEDLINE and QOLID in order to identify vision related QOL instruments. The instruments were reviewed in terms of reliability, validity and sensitivity/responsiveness, as well as their length and applicability to various eye disorders. RESULTS: Twenty-four vision-related QOL instruments were identified, of which thirteen were designed for self-administration. Length of the questionnaires varied from 10 to 136 items, and the structure of scales also varied greatly. Most of the instruments showed high internal consistency of scales but only few demonstrated test-retest reliability. Ten of the instruments focused primarily on visual function, while fourteen also measured the impact of vision problems on functional ability. The NEI-VFQ (51 items) and NEI-VFQ-25 are the only self-administered questionnaires that evaluate eye-related functional ability and that have shown evidence of validity, internal consistency and responsiveness across a broad range of eye disorders including glaucoma.