

and mental health well-being. The PMSIS can be a significant predictor of HRQoL in women with PMDD.

PIH19

PREDICTING RISK OF WORK LOSS ASSOCIATED WITH PREMENSTRUAL SYNDROME (PMS) AND PREMENSTRUAL DYSPHORIC DISORDER (PMDD) USING PHYSICAL COMPONENT SUMMARY (PCS) SCORE

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OBJECTIVE: Clinically significant PMS and its more severe form, PMDD, can impact women's physical health and interfere with their ability to work. This study used the Physical Component Summary (PCS) scores to predict work loss risk associated with the two diagnoses. **METHODS:** Two data sources were used. From the Medical Outcome Study (MOS), PCS scores from SF-36 Health Survey was regressed onto three work loss outcomes (inability-to-work-due-to-health-problems at baseline, work loss follow-ups at 6-months and one-year) with age and gender as covariates. In an Internet survey, the SF-12 Health Survey and retrospective component of American College of Obstetricians and Gynecologists (ACOG) for identifying "at-risk-for-clinically-significant-PMS" and retrospective criteria in DSM-IV-TR for identifying "at-risk-for-PMDD" were collected from a panel of representative U.S. women 18–45 years (N = 971). Given PCS scores from SF-12 in the Survey, regression coefficients derived from MOS logistic regressions were used to generate odds ratios (OR) of work loss risk for women with and without PMS or PMDD. ANOVA tests compared the probability differences in ORs within each diagnosis. **RESULTS:** A total of 17.7% and 6.0% of women were identified as "at-risk-for-clinically-significant-PMS" and "at-risk-for-PMDD", respectively. Statistically significant differences were observed in all outcome comparisons in both diagnoses (p < 0.001). Women not at risk for either diagnosis had risks of work loss comparable to the general population. Women "at-risk-for-clinically-significant-PMS" had a 139% increased risk of work loss with the concurrent state; those who worked at baseline had 32% increased risk of work loss at both follow-ups. Women "at-risk-for-PMDD" had a 181% increased risk of work loss at the concurrent state; those who worked at baseline had 46% increased risk of work loss at both follow-ups. **CONCLUSION:** Using PCS scores, women with either clinically significant PMS or PMDD were more likely to experience work loss than the general population, especially women with PMDD.

PIH20

PREDICTING RISK OF WORK LOSS ASSOCIATED WITH PREMENSTRUAL SYNDROME AND PREMENSTRUAL DYSPHORIC DISORDER USING MENTAL COMPONENT SUMMARY (MCS) SCORE

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OBJECTIVE: Clinically significant PMS and its more severe form, PMDD, can affect women mentally and interfere with their ability to work. This study used the Mental Component Summary (MCS) scores to predict work loss risk associated with the two diagnoses. **METHODS:** Two data sources were used. From the Medical Outcome Study (MOS), MCS scores from SF-36 Health Survey was regressed onto three work loss out-

comes (inability-to-work-due-to-health-problems at baseline, work loss follow-ups at 6-months and one-year) with age and gender as covariates. In an Internet survey, SF-12 Health Survey and retrospective component of American College of Obstetricians and Gynecologists (ACOG) for identifying "at-risk-for-clinically-significant-PMS" and retrospective criteria in DSM-IV-TR for identifying "at-risk-for-PMDD" were collected from a panel of representative U.S. women 18–45 years (N = 971). Given MCS scores from SF-12 in the Survey, regression coefficients derived from MOS logistic regressions were used to generate odds ratios (OR) of work loss risk for women with and without PMS or PMDD. ANOVA tests compared the probability differences in ORs within each diagnosis. **RESULTS:** A total of 17.7% and 6.0% of women were identified as "at-risk-for-clinically-significant-PMS" and "at-risk-for-PMDD", respectively. Statistically significant differences were observed in all outcome comparisons in both diagnoses (p < 0.001). Women not at risk for either diagnosis had risks of work loss comparable to the general population. Women "at-risk-for-clinically-significant-PMS" had a 74% increased risk of work loss at the concurrent state; those who worked at baseline had 53% and 48% increased risk of work loss at 6-month and 1-year follow-ups. Women "at-risk-for-PMDD" had a 99% increased risk of work loss at the concurrent state; those working at baseline had a 70% and 63% increased risk at respective follow-ups. **CONCLUSION:** Using MCS scores, women with either clinically significant PMS or PMDD were more likely to experience work loss than the general population, especially women with PMDD.

PIH21

LITERATURE REVIEW OF DISCRETE CHOICE EXPERIMENTS TO ASSESS WOMEN'S PREFERENCES AND WILLINGNESS TO PAY FOR MATERNAL HEALTH SERVICES

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OBJECTIVE: Little is known about women's preferences and willingness to pay (WTP) for drug information services in pregnancy. Teratology information services (TIS) provide drug information to pregnant women via telephone. To inform planning of an economic evaluation of TIS, a literature review of previous program evaluations of maternal health services using discrete choice experiment (DCE) methodology was conducted. **METHODS:** A search of the literature in the databases PubMed, MedLine, and PsychLit, was performed. The search keywords used were "discrete choice experiment" and "pregnancy". The studies were critically reviewed. **RESULTS:** Five previous studies that have applied DCE methods in the context of pregnancy and maternal health were found. These studies have examined preferences for service attributes in relation to miscarriage management, in-vitro fertilization, prenatal screening for Down's syndrome, provision of emergency contraception, and provision of counseling services after rape. These studies found that preferred service attributes included good staff attitudes, continuity of care, sympathetic and non-judgmental treatment, privacy, and sensitive health care providers. Women were willing to pay to avoid pain and complications, and for good staff attitudes. **CONCLUSION:** Women's preferences and WTP for health care services that provide drug information during pregnancy remain unknown. A DCE approach to evaluating services avoids the methodological challenges associated with tracking and aggregating health outcomes in both the mother and her child over their lifetimes. DCEs are able to demonstrate the value of non-health attributes