worse cognitive function. Fifteen items had responses with ≥ 35% frequency and three items (turning a key, recreational activities with force, recreational activities with moving arm freely) had responses with ≥ 50% frequency. CONCLUSIONS: Patients had no complaints about understanding or difficulty of the adapted version of the questionnaire. Still, there were some items with missing answers (most often arm movement). In addition, we provided evidence of content validity and additional testing for the retention of psychometric properties of the translated questionnaire is recommended. PRM136 IMPACT ON THE ESTIMATED ICKER OF INCLUDING AGE-SPECIFIC BASELINE HRQOL IN A MODEL Treliving C1, Adams R.C.1, Harrington P.1, Ryan M1 1Health Information and Quality Authority, Dublin, Ireland, 2National Centre for Pharmacoeconomics, Dublin, Ireland OBJECTIVES: For models to stimulate patients over a long span, such as from birth to life expectancy, the baseline HRQoL can be incorporated. Typically this means that younger people have a higher utility than older people. The aim of this study was to investigate the impact of including age-specific baseline utilities in a model that predicted the incremental cost-effectiveness ratio (ICER) over 20 to 85. METHODS: A model was developed to evaluate the impact on costs and benefits of breast cancer surveillance in a population of women with a BRCA1 mutation. Women were modelled from age 20 to 85. QALY reductions were associated with the treatment of cancer and were stage-specific. The model was evaluated incorporating age-specific baseline QALYs and also where all ages had a baseline QALY of 1. The impact of age-specific baseline QALY inclusion was evaluated in terms of the ICERs and the cost-effectiveness frontiers. When the age-related costs and effects changes with age were included, the intervention and the interventions included in the cost-effectiveness efficiency frontier were unaffected by the choice of baseline HRQOL. However, both the average and incremental QALY losses from the intervention changed. For interventions on the cost-effectiveness efficiency frontier, all ICERS were less than €100,000/QALY when age-specific baseline HRQOL values were used. ICERS reduced by an average of €1,520 compared to those with the actual EQ-5D data. The comparisons were made across five EQ-5D scores using these outcome measures. We then explored what effect the age-specific baseline HRQOL in a cost-effectiveness model needs to be carefully considered. Inclusion of age-specific baseline HRQOL can favour interventions with an impact at a younger age. Whether age-specific or uniform baseline data are used in a model, the alternative should be considered in a sensitivity analysis. PRM137 EQ-5D-5L CROSSWALK VALUE SET FOR POLAND Golicki D., Niewada M Department of Experimental and Clinical Pharmacology, Medical University of Warsaw, Warsaw, Poland OBJECTIVES: To estimate EQ-5D-5L crosswalk value set for Poland, based on Crosswalk methodology developed by EuroQol Group. METHODS: Based on the data from 3691 respondents from 6 European countries, EuroQol Group has developed a method of obtaining interim values sets for the EQ-5D-5L by means of mapping to the available EQ-5D-3L values sets (“crosswalk” methodology). A significant part of the data in this study came from Polish respondents (n=972; 26.3%). Poland is the first Central European country with EQ-5D-3L time trade-off based social value sets. In order to obtain the Quality of Health Related Life (HRQOL) experienced by patients treated by Novel Oral Anticoagulants (NOACs) reduced version of the sawicki questionnaire. Rodriguez-Aguilera A1, Viñolas Pratt X1, Campillo-Alvarez A2, Martinez Sande JL1, Aleger Colomé JM1, Castellón N1, Osorio Fernández C1 1SER Analýtica, Oviedo, Spain, 2Hospital de Santa Cruz i Sant Pau, Barcelona, Spain, 3Hospital Universitario Sant Joan de Reus, Reus, Spain, 4Bayer Hispania SL, Barcelona, Spain OBJECTIVES: Sawicki questionnaire is a 32-item specific measure for the evaluation of quality of life in chronic mental disorders. The aim was: 1) To translate the Quality of Health Related Life (HRQOL) experienced by patients treated by Novel Oral Anticoagulants (NOACs) versus traditional Oral Anticoagulant Therapies (OAT). The objective of this research focuses on the original version of the questionnaire. METHODS: Data was collected within a 4 months inclusion period from baseline (CARDIOVERSE study). Data were analyzed with WinPre 3.7 using the Rasch Partial Credit Model. Statistical criteria taken into account for the selection of those items with better psychometric properties were: model-fit and separation statistics. RESULTS: Short version of Sawicki questionnaire has adequate psychometric properties in terms of goodness-of-fit-test and reliability. This version makes it possible to have a new short and appropriate HRQOL measure for the study of the effect in QoL experienced by patients treated by NOACs. PRM141 VALIDITY OF QOL IMPACT ATTRIBUTIONS TO SPECIFIC DISEASES: A MULTITRAIT-MULTIMETHOD COMPARISON Ware JE1, Gayer R2 1Ware Research Group, Inc., Worcester, MA, USA, 2John Ware Research Group, Worcester, MA, USA OBJECTIVES: To test convergent-discriminant validity of quality of life (QOL) impact attributes to arthritis and respiratory conditions using the multitrait-multimethod (MTMM) approach. METHODS: Chronically ill adults (N=601) with osteoarthritis (OA) and respiratory (asthma, COPD) disease completed Internet-based surveys. Ages ranged from 18-93 (median=58), 66.5% female and 20.7% non-white. The impact was measured using 3 methods: QOL Disease Impact Scale (QDIS) and disease severity with specific attribution to each condition, specific should take caution when mapping EQ-5D values from algorithms that have not been externally validated, especially where these algorithms have used clinical outcomes or disease-specific measures of health-related quality of life. Our results suggest that mapping from generic outcome measures might be reasonable. PRM139 LOST IN TRANSLATION: TRANSLATABILITY OF PSYCHIATRIC TERMS – THE EXAMPLE OF THE MINI-INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW (MINI-I) Souto A1, Sheenan D2, Acquarolo C3 1Mapi, Lyon, France, 2University of South Florida College of Medicine, Tampa, France, 3Mapi Research Trust, Lyon, France OBJECTIVES: The Mini-International Neuropsychiatric Interview (M.I.N.I.) is a short, structured diagnostic interview, developed by psychiatrists and clinicians in the USA and Europe, for DSM-IV and ICD-10 psychiatric disorders. The objectives of our study were: 1) To determine whether psychiatric terms used in translatable worldwide, especially in non-western countries, and 2) To review strategies used to culturally adapt psychiatric terms. METHODS: We reviewed the records of all linguistic validation projects involving the M.I.N.I. RESULTS: We retrieved 66 validated surveys for 47 languages. The psychiatrists used the translated terms as follows: 8 did not translate the terms at all, 25 translated the terms, 12 used the terms as presented, 15 modified the terms, and 2 used the terms as presented with modifications. CONCLUSIONS: ICD-10 terms can be translated directly into languages for which they were not designed. However, the interpretation of psychiatric terms varies significantly across languages and cultures. A more systematic approach to the translation of psychiatric terms is needed.