mails to patients within a week of their hospital discharge, with a return rate of approximately 25%. Surveys from patients whose DRG indicated HIV/AIDS were selected for further analysis. Groups of patients who were treated at the same hospitals as the HIV/AIDS sample, but whose diagnoses were not related to HIV/AIDS, served as comparisons. **RESULTS:** HIV/AIDS patients’ ratings differed in several respects from those of other patients. Nursing care, staff concern, and handling of tests/treatments were rated significantly (p < .05) worse than those of comparison patients. But ratings of admission procedures, room amenities, and physician care did not differ from those of non-HIV/AIDS patients, eliminating general response bias as an explanation for the findings. An index pertaining to how hospitals might improve quality of care for HIV/AIDS patients showed that they would gain the most from attending to HIV/AIDS’ patients emotional and mental needs; helping them to arrange home care after discharge, and giving better explanations about tests and treatments. **CONCLUSIONS:** HIV/AIDS patients’ reported experiences with hospitalization were worse than those of hospitalized non-HIV/AIDS patients. Hospital personnel can use specific findings to improve treatment experiences of such patients.

**SIDE EFFECTS AND THEIR BURDEN ON HIV-INFECTED PATIENTS**

**OBJECTIVE:** To examine the burden of side effects in patients receiving anti-retroviral therapy  

**METHODS:** We reviewed literature on relationships between side-effects, adherence and quality of life in HIV infected patients and developed an exploratory survey to assess impact of side-effects of anti-retroviral therapy on patient’s lives. We pilot tested the survey in a small sample of HIV infected patients. The revised survey was web-enabled and made accessible to patients through HIV/AIDS web sites. The survey contained questions on presence of side effects, their impact on work, social life, family, lifestyle and self-perception as well as strategies used by patients to manage their side effects. An exploratory factor analysis using maximum likelihood estimation and oblique rotation was performed on questions about impact to determine the latent dimensional structure of “burden” of side effects as perceived by HIV patients.  

**RESULTS:** Four hundred one respondents (mean age = 43 years, 88% male) completed the survey. More than 80% of respondents were on regimens of 3 or more anti-retroviral medications. Fatigue (reported by 64% of respondents), diarrhea (62%), sleep problems (49%), lipodystrophy (48%) and sexual dysfunction (44%) were the most commonly reported side-effects. More than 80% of patients indicated that side effects impacted their life at least moderately when reporting impact on a 5-point Likert scale.

To make the side-effects less bothersome 26% reported skipping or spacing out doses, 50% reported requesting their physician to change their medication and 20% reported discontinuing their medication altogether. Exploratory factor analysis suggested a unidimensional factor structure accounting for 84% of the variance in underlying latent trait. **CONCLUSIONS:** Side effects of anti-retroviral therapy can impose significant humanistic burden on HIV patients that should be more thoroughly assessed in clinical trials.

**ASSESSING PARENTS’ PREFERENCE FOR A UNIQUE ANTIBIOTIC DOSE IN THE TREATMENT OF ACUTE OTITIS MEDIA IN CHILDREN BY USING A WILLINGNESS TO PAY METHOD**

**OBJECTIVES:** Acute otitis media (AOM) is a common pathology in children usually treated with an antibiotic given 2 or 3 times per day for 10 days. Non-compliance is often an issue and may explain in part the development of antimicrobial resistance. We conducted a Willingness to Pay study (WTP) to identify parents’ preferences and assess the value given to a unique dose treatment in comparison with classical treatments.  

**METHODS:** Patients were accrued between February and November 2002. The study population was composed of parents of children with AOM who were interviewed by phone at the end of the AOM treatment. The questionnaire included three main topics: demographic characteristics, past medical history and history of present illness, quality of life assessment and treatment compliance. A multivariate analysis will be performed to estimate the various predictors of WTP.  

**RESULTS:** An analysis was performed on 595 respondents. Forty-six percent of the children were <2 years and 33% were between 2 and 5 years of age. The majority (72%) attended day care center or school and most had received an antibiotic for AOM in the previous 6 months (45%). Parents were willing to pay an average (CAD mean, 95% CI) $31.54 ($29.42–33.65) for a unique dose treatment (n = 562). The AOM treatment which had been received modified the parents’ WTP (Anova, p = 0.016) with azithromycin ×5 days (n = 102) producing the smallest value $24.05 (19.75–28.34). Other treatments produced higher values: $32.31 (29.42–35.20) for amoxicillin (n = 249); $32.83 (22.67–43.00) for amoxicillin-clavulanic acid (n = 60) and $35.42 (31.47–39.37) for cefprozil (n = 119).  

**CONCLUSIONS:** Parents of children who received azithromycin gave the smallest value while those whose children had received amoxicillin, amoxicillin-clavulanic acid or cefprozil gave the highest values. Therefore, previously received antibiotic affects the magnitude of the WTP which is smaller for parents whose children had received shorter duration treatment.