OBJECTIVES: Currently no measure can identify, with a high degree of positive predictive value, patients at high risk of suicide. Because suicide occurs at a low base-rate, studies of instruments designed to predict this outcome often lack an adequate sample size to prove the tool’s predictive ability. Our aim is to identify an assessment with the most promise of predicting suicidal behavior in veterans or military patients and present a comprehensive review of previous research.

METHODS: Two systematic reviews, one performed for the US Department of Veterans [1], and the other as part of NICE guidance development [2] provided the background for our analysis. The Affective States Questionnaire (SAQ) was one of the most promising tools that had yet developed. Sensitivity, specificity, positive and negative predictive power were tabulated for all reported instruments. Study limitations were recorded along with comments regarding choice of BTA for patients with bone metastases, the main treatment goals for Turkish physicians are reducing renal impairment and delaying first SRE.

PMR153 Validity of the EQ-5D-5L in Stroke Patients

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PMR153 VALIDITY OF THE EQ-5D-5L IN STROKE PATIENTS

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OBJECTIVES: EQ-5D has been widely used to measure health status in a variety of conditions, and the amount of evidence its performance has increased over recent years. The aim of this study is to validate the clinical usefulness of this tool using the EQ-5D-5L in patients with acute stroke, and to report systematic reviews of the psychometric properties (validity and reliability) and/or responsiveness of EQ-5D. METHODS: Medline and Embase were searched for systematic reviews of the performance of EQ-5D. Supplemental searches were carried out in Cochrane Library, Web of Science, reference lists of included studies, the EuroQol database and hand searching of EuroQol Scientific Plenary Proceedings. In addition to the above, the European Patient Reported Outcome Measures (PROMs) Group was searched for reports. Data were extracted using a template designed specifically for the study. RESULTS: 35 reviews were identified in this study and a further 18 were identified from the Oxford PROMs group website. The majority of studies confirmed the reliability of EQ-5D. Evidence was fairly consistent in terms of EQ-5D in depression, diabetes, rheumatoid arthritis, skin conditions, cancer, cardiovascular disease, asthma, personality disorder and urinary incontinence. Evidence was mixed in COPD, dementia, schizophrenia and vision disorders, and poor in chronic health disorders. The present study provided a comprehensive overview of the evidence of the performance of EQ-5D. Most evidence suggests good psychometric properties of EQ-5D, however there are particular concerns about its ability to capture the impact of dementia, schizophrenia, visual impairment and hearing disorders. Further research is encouraged in conditions where data are reviews of psychometric properties of EQ-5D are lacking.
During 2012, as Italian EQ-5D-3L tariffs were not available at the time of the research, UK tariffs were used according to other comparable studies. Results concerning the first out of the 4 visits planned in SOLE study were reported as mean, standard deviation (SD), median and range. Correlation between EQ-5D-3L questionnaire and VAS scores was investigated via Kendall's tau-b (Ktau-b). RESULTS: 531 patients (mean: 41.3; SD: 13.8; median: 41; range: 18–84) responded to EQ-5D-3L questionnaire (98.3%) and VAS to 99.6%). The most frequently marked levels for EQ-5D-3L questionnaire and VAS scores were 0.7 (SD: 0.3; median: 0.8; range: 0.2–1) and 54.3 (SD: 10.8; median: 55; range: 0–100), respectively. Six out of 531 EQ-5D-3L questionnaire respondents (1.1%) valued their health state potentially worse than death (utility <0). VAS scores of 10 or multiples of 10 were mapped out of 536 patients (55.6%). Ktau-b between EQ-5D-3L questionnaire and VAS scores reached 0.45 (p<0.001). No significant differences were detected when EQ-5D-3L questionnaire responses were stratified by the presence of these features. CONCLUSIONS: Italian patients with moderate and severe CD report a remarkable reduction in HRQoL.

PM156 CURRENT SAMPLE SIZE PRACTICES IN THE PSYCHOOMETRIC EVALUATION OF PATIENT-REPORTED OUTCOMES FOR USE IN CLINICAL TRIALS

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OBJECTIVES: Sample size (N) affects the robustness of psychometric results, but for evaluations of patient-reported outcome (PRO) measures, N is often a compromise between reliability and other resources. Currently, there are no psychometric guidelines or requirements for the development of PROs for use in clinical trials. The objective of this study is to review current N practices by conducting a systematic literature review (SLR) of the psychometric methods and choices made in the development of PRO measures (for use in clinical trials) over the past 10 years. METHODS: This systematic literature review included abstracts that described the psychometric evaluation of PROs that were implemented in studies. The SLR was published in the English language journal abstracts published in the past 10 years and identified in PubMed. Characteristics of each study were tabulated including the inclusion and exclusion criteria for each PRO of interest, the psychometric methods and methodology used in the evaluation, the number of respondents, and the number of item responses. RESULTS: A total of 15 studies were found resulting in 18 datasets. Of the 3102 patients who had been recruited into studies 2888 had completed the BR-23 (93%). Almost half the studies had used the European language version of the instrument (71%). With the use of an electronic integrated system would provide a suite of technologies to support a full range of diabetes management activities. The objectives of this study are to determine the financial and clinical benefits of implementing information technology enabled diabetes management systems. METHODS: The simulations were performed using the CORE model – widely validated and broadly used to enable a reliable estimation of costs and clinical effects associated with diabetes. Several estimates of care process improvements were derived, representing different percentage of patients covered by designed management activities and revealing target HbA1c. The primary outcome was medical cost savings and secondary measures include reduction of cardiovascular, cerebrovascular, neuropathy, retinopathy, and, nephropathy outcomes and per capita. The average cost savings were $84 000 (95% CI 85 000 to 83 500). These findings should be supported by diabetes care, reducing health care expenditures and improving processes of care, preventing the development of diabetic complications, and generating cost savings. Moreover, this improves the synthesis of information, the delivery of knowledge, and the efficiency of communication, allowing for integration of care across delivery teams.