never drove (ND), non-drivers who gave up driving because of eyesight (GE), and non-drivers who gave up driving because of other reasons (GO). We performed analysis of variance to estimate differences among different driving statuses for the HU and all QOL scores. Least squares means adjusted on bilateral VA, age, gender, and driving status were calculated. RESULTS: ND group reported significantly lower HU than D group (p = 0.0006). Seven out of 10 vision functioning scores, general health score, and composite score of ND group were also lower than D group (p < 0.05). GDE showed lower mean scores for all the QOL dimensions when compared to D group while GGO did have difference. Patients with better WEA (BEVA ≥ 20/40; WEVA ≥ 20/200) reported higher scores on the NEI-FQ-25 dimensions of dependency, vision, and driving as well as the composite scores than patients with worse WEA (BEVA < 20/40; WEVA < 20/200) (p < 0.05). CONCLUSIONS: The results of bilateral visual acuity show different impacts on vision functioning. When BEVA falls below 20/40, WEVA severity resulted in higher burdens on overall vision related QOL as well as dependency and near vision functioning. Driving status is shown to be significantly associated with QOL. Physicians should be aware of driving status when evaluating QOL in patients with NV-ARMD.

LINGUISTIC VALIDATION OF THE ATTENTION AND PERFORMANCE SELF-ASSESSMENT SCALE, APSA, FOR USE IN INTERNATIONAL STUDIES

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OBJECTIVES: To assess the patient-reported ability to concentrate of people with tinnitus in an international context, the 30-item APSA originally developed in German had to be translated into 5 languages. A rigorous methodology was employed to ensure consistency of the translation and cross-cultural relevance of the translations. METHODS: To facilitate the translation process, the original German version was first translated into US English and then into the 5 target languages following the internationally accepted process: 1) forward translation; 2) back translation; 3) clinician review; 4) cognitive debriefing on 5 patients with tinnitus; and 5) international harmonization. Each step was conducted in close collaboration with the developer. RESULTS: Two challenges were inherent in this process: 1) For reasons of timing, the translations into languages other than English started prior to finalizing the US version. This integrated a non-final US English text as a non-final interpretation of the German original required a constant update of the list of concepts (the document defining the meaning of each item and accepted alternative formulations for translations) as well as a constant modification of the US English translation and consequently the other language versions. The “two wave” translation process resulted in the German original requiring the integration of updates at all levels as well as the reformulation of 2 items in the German version. CONCLUSIONS: The translation of the APSA was performed following a rigorous methodology to facilitate international comparison and pooling of data. The project demonstrates the difficulty of using non-English measures in an international context. It also reveals the essential role the “list of concepts” plays in the translation process and suggests the advantage of integrating international input into the design of measures when these are used in an international context.

DEVELOPMENT AND VALIDATION OF A PATIENT-REPORTED OUTCOME TOOL FOR EYEGLASS CHARACTERISTICS

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OBJECTIVES: The development and validation of a PRO tool identifying and measuring perceived differences in eyelash characteristics to assist in the development of a conceptual framework and candidate questions was based on subject focus groups followed by clinician feedback. Psychometric assessment of the item-and scale-level reliability and validity was undertaken on a non-treated, cross-sectional convenience sample of female participants using two methods of administration (68 paper version and 924 web based). Confirmatory factor analysis, alpha statistics, convergent and discriminant validity were calculated to assess overall model fit. Model fit was also assessed in a sample receiving Latisse (bimatoprost), a prescription treatment thought to increase the length, thickness, and darkness of eyelashes (n = 277). RESULTS: Three conceptual domains were identified in four focus groups conducted in various areas of the U.S. with women of different ages. Physician feedback confirmed and refined the three conceptual domains: satisfaction with physical eyelash attributes (length, fullness, overall satisfaction); subjective feelings attributed to eyelash satisfaction (confidence, attractiveness, looking professional); and daily routine in making eye lashes presentable. The finalized questionnaire structure (nine questions over three domains) showed good overall model fit characteristics on the non-clinical population (χ²(24) = 62.9, Comparative Fit Index (CFI)=0.99, Root Mean Square Error of Approximation (RMSEA)=0.005 [0.04-0.06]). Item-total correlations ranged from 0.55 to 0.88, with most over 0.60, indicating a large effect size. Internal consistency ranged from 0.92 to 0.98 for the three domains. Convergent validity was significantly higher than discriminant validity for these domains. No different item functioning between subjects with and without administration was observed; similar fit statistics were observed in the clinical sample. CONCLUSIONS: The multi-step development and validation processes identified a three-domain conceptual framework. This was also validated by psychometric assessment of the questionnaire properties in both a convenience sample and one receiving the prescription treatment.

THE RELATIONSHIP BETWEEN SATISFACTION WITH VISION AND SPECTACLE INDEPENDENCE

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OBJECTIVES: The objective of this study was to determine the relationship between satisfaction with vision and spectacle independence in cataract patients bilaterally implanted with a presbyopia correcting intracoronal lens (IOL). METHODS: This study was based on a prospective multi-center US clinical trial of cataract patients bilaterally implanted with the presbyopia correcting AcrySof ReStOR Aspheric +3.0 diopter add power lens (model SN6AD1. Alcon Labs Fort Worth, Texas). Spectacle independence and satisfaction with vision data were collected using the Cataract Type Questionnaire (CTQ) and the TyPE questionnaire, respectively. Valid questions were designed to assess cataract patient functional status and quality-of-life. The TyPE was administered pre-operatively and 6 months after the second eye surgery. Spectacle independence was assessed using a 3 point scale with 1 anchor at always wear glasses and 3 anchor at never wear glasses. Spectacle independence is defined as never wearing glasses. Satisfaction with vision was assessed using a 5 point scale with 0 anchor at not at all satisfied and 4 anchor at completely satisfied. The relationship between the spectacle independence and satisfaction with vision was assessed using Spearman’s Rho statistic and a simple linear regression. RESULTS: One hundred and thirty eight SN6AD1 recipients completed the TyPE both preoperatively and 6 months after second eye implantation. Preoperatively, only 2% of the patients indicated spectacle independence compared to 78% postoperatively. Satisfaction with vision improved from 0.5 at baseline to 3.3 postoperatively. There was a significant (p < 0.001) correlation between spectacle independence and satisfaction with vision (Spearman’s Rho = 0.48). The relationship between the spectacle independence and satisfaction can be expressed using the following linear equation: Satisfaction change = 1.38 + 1.01* Spectacle Independence change. R-squared for the linear model was calculated at 0.29. CONCLUSIONS: According to this research, the less cataract patients relied on their glasses, the greater their satisfaction with their vision.

DISEASE BURDEN AND PRODUCTIVITY LOSS IN A CANADIAN ONLINE SURVEY POPULATION OF INDIVIDUALS WITH MODERATE-TO-SEVERE PLAQUE PSORIASIS

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OBJECTIVES: Psoriasis is a chronic autoinflammatory disorder associated with substantial medical, social and economic burden. Therefore, we sought to explore the burden of moderate-to-severe plaque type psoriasis on the occupational function and productivity in a Canadian population. METHODS: An online survey was conducted using a Canadian consumer panel. Eligible respondents reported a diagnosis of psoriasis by a physician, had at least moderate disease within the past 5 years and met at least one of the following criteria: 1) body surface area affected ≥23%; 2) psoriasis on a sensitive area of the body (i.e. hands, feet, scalp, face, or genitals); or 3) currently from the receiving prescription oral and/or injectable medication or phototherapy for their psoriasis. RESULTS: A total of 514 of 3845 panelists that were eligible to participate completed the questionnaire. Mean age of respondents was 49.7 years, with a male to female ratio of 1:2. The majority of respondents (65%) reported moderate, severe or very severe psoriasis at the time of the survey. In the week prior to the survey, 28% reported that their skin had been either ‘very much’ or ‘a lot’ of a problem when at work or while studying. A lower mean household income was associated with ‘moderate or more severe’ psoriasis ($59,550) compared with ‘very mild/mild’ disease ($68,450). Career prospects were negatively affected in 24% of respondents and this increased with disease severity. Sleep disturbance due to psoriasis was reported to have a minimum of “some impact” on performance throughout the day in almost half of all respondents (48%). CONCLUSIONS: The burden of psoriasis in a large sample of Canadians reporting moderate-to-severe disease extends to the workplace and is associated with limitations in occupational function and challenges to career prospects.

SENSORY SYSTEMS DISORDERS – Health Care Use & Policy Studies

PHYSICIANS’ AWARENESS, ATTITUDE, AND BEHAVIOR TO USE THE WAIT AND WATCH APPROACH FOR THE TREATMENT OF ACUTE OTITIS MEDIA

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OBJECTIVES: An recent guide issued by the American Academy of Pediatrics (AAP) recommends to use the wait and watch approach for the treatment of acute otitis media (AOM). The objective of this study was to assess the relation between physicians’ awareness, attitude and behavior to use the wait and wait approach for the treatment of AOM. METHODS: A cross-sectional survey based study was conducted. The sample for the study included physicians in the Houston area. A list of pediatricians and family practitioners was obtained from the Yellow Pages. Physicians were
approached on a one-to-one basis and were requested to participate in the study. A previously validated survey instrument that measured awareness, attitude and behavior toward the wait and watch approach was used. Data were coded and analyzed using SAS 9.1.8 to perform descriptive statistics and stepwise multivariate linear regression.

RESULTS: A total of 89 completed surveys were collected with a response rate of 22.2%. Majority of the respondents were pediatricians (75%), while 19.3% were family practitioners. About 44% of the physicians were aware and familiar with the wait and watch approach recommendation from the AAP guideline. In general, physicians had a positive attitude toward the wait and watch approach (3.99 ± 0.79). Physicians in this sample reported that they sometimes used the wait and watch approach in patients ≥2 years (2.83 ± 0.86). Awareness (β = 0.256) and attitude (β = 0.32) were found to be significantly associated with behavior (p < 0.05) when controlled for demographic and decision-making factors in the multivariate regression model. CONCLUSIONS: Awareness regarding the wait and watch approach leads to positive attitude that ultimately leads to behavior to use the wait and watch approach. Increased use of this approach may reduce antibiotic costs and resistance issues substantially. Further research on a national sample is needed to validate the study results.

POSTER SESSION II

HEALTH CARE USE & POLICY STUDIES – Consumer Role in Health Care

PHP2

PHARMACY BENEFIT DESIGN AND PATIENT DRUG SUBSTITUTION

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OBJECTIVES: Diagnosis-related Group (DRG) classification as a normative health financing system, has been used by the National Health Insurance Fund Administration (NHIFA) in Hungary since 1993. In the intensive care in our DRG system it can frequently occur that real cost exceed the reimbursement. A 10 years run of the CMI was analyzed comparing the global mean CMI of all recognized specialties to the mean CMI of the intensive therapy. METHODS: Using the data of the NHIFMA between 1995 and 2005, the CMI of the intensive therapy treatment was compared to the mean CMI of all recognized medical specialties. RESULTS: The case-mix index of intensive care units increased from 1.69 in 1995 to 4.79 in 2005, while the average case-mix index of all medical specialties increased moderately from 1.08 in 1995 to 1.11 in 2005. In the first two years, in 1995 and in 1996, the CMI of the intensive therapy was 56% more than the global mean. But in 1997, a sudden great increase happened to 163% and after that to 197% in 1998 and finally to 250% in 1999. From the year 2000, the rise of CMI was between 1.5% and 22.8% from year to year increasing to 33.5%. During these 10 years, the changing of the global mean CMI of all specialties was only 2.5%. CONCLUSIONS: In Hungary between 1995 and 2005, while the CMI of all recognized specialties increased only 2.5%, the biggest change happened in the intensive specialty. The CMI increased from 1.6 to 4.8 weight-number which means a 300% rise. During this time, the reimbursement of one weight-number runs high too.

MARKET SHARE OF INTENSIVE CARE UNITS IN HUNGARY ACCORDING TO THE DRG SYSTEM

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OBJECTIVES: The reimbursement of one patient therapy is always disputed as it is questioned the exactness of the cost calculation. The goal of our analysis was to define the change of market share in the reimbursement compared to the change in amount of patients intensively treated the period between 1995 and 2005 in Hungary. METHODS: Diagnosis-related Groups (DRG) classification as a normative health financing system has been used in Hungary since 1993. Data of the analysis was taken from the financial database of the Hungarian National Health Insurance Fund Administration covering the period 1995–2005. RESULTS: In the intensive therapy, the patient number rate of all in-patient care was 0.75% in 1995. During four years, it increased slowly. In 1998 it was 0.87%. In 1999 a sudden increase happened, the rate reached 1.33%, and after that it consistently went up to 1.67% in the last 5 years. Comparing 2005 to 1995, the total rise was 123% in number of patients treated in intensive care units. Using the DRG weight-number as a base value for financing the market share, the reimbursement of the intensive therapy was 1.2–1.3% in 1995–1996, and after that increased to 2.2–2.6% in 1997–1998 and to 4.6% in 1999. From 2000 to 2005 the increase was gradual but progressive. In 2005 the market share of the intensive therapy was 7.2%, which (6.2 times more then in 1995). The total change was 51%. CONCLUSIONS: While the number of the treated patients increased 123%, the rise of the reimbursement was 516%. So the financing of the intensive therapy changed positively between 1995 and 2005 in Hungary.

HEALTH CARE USE & POLICY STUDIES – Drug/Device/Diagnostic Use & Policy

PHP6

PHYSICIAN KNOWLEDGE OF THE FDA-APPROVED INDICATIONS OF COMMONLY PRESCRIBED DRUGS: RESULTS OF A NATIONAL SURVEY

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OBJECTIVES: The Food and Drug Administration (FDA) regulates prescription drug marketing, not prescribing, and medication use for non-FDA approved indications (“off-label use”) is common. However, many off-label uses lack supporting evidence and may expose patients to unwarranted risk. We sought to determine physicians’