it was easy to use, the screens were easy to read, and that they could sign on and move through the questions with no difficulty. Subjects from the Spanish-speaking countries had the lowest reported difficulty turning the device on, with higher levels of difficulty observed by the interviewers in China, who reported “somewhat” for two of the three respondents. Interviewers observed that the majority (n=15) could not or did not “very well” use the device. This varying ease-of-use findings in these diverse, device naïve subjects across 7 countries and the emphasis on subject training in clinical trials, it was determined that usability testing with future translations was unnecessary.

**PRS73**
A COMPARISON OF THE RELIABILITY AND VALIDITY OF THE FOUR-ITEM AND SIX-ITEM NSIC SYMPTOM SUMMARY SCORES

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**OBJECTIVES:** The Nighttime Symptoms of COPD Instrument (NiSCI), developed through qualitative research with patients, includes six symptom items: coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. A symptom severity score is computed based on these items. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain. In situations where patient burden is a major consideration, a smaller set of items may be preferable. Clinicians identified coughing, wheezing, shortness of breath, difficulty bringing up phlegm, chest congestion, and chest pain.

**METHODS:** Internal consistency reliability testing with future translations was unnecessary.

Descriptive statistic analysis was carried out, especially focused on self-reported HRQOL (EQ-SD-12) and its relationship with utility. The EQ-SD results were translated into QALYs, with the social tariffs validated in Spain. Other demographic factors, potentially related with the mentioned respiratory diseases prevalence, as sex, smoking habits were analyzed. Four groups were compared: 1) asthma patients, 2) COPD patients, 3) patients with other chronic conditions, and 4) global Spanish population.

**RESULTS:** Data from 21,007 adults were recorded. Prevalence of asthma was slightly above COPD (6.4% vs 4.7%), and 47.2% were suffering from chronic bronchitis. Asthma was more common in females (55.7% vs 41.0%) and in the 15-44 years age groups (68.9% vs 51.9%). Both scores were internally consistent (p<0.05). The mean EQ-5D value (EQ-SD) of COPD patients was 0.55 (Mean±SD). The Chi square test showed as significant difference in the VAS scores among smokers and non-smokers (p<0.05). The Mann Whitney U test is done to check the significance of association between HRQoL and other associated habits. RESULTS: Total 126 subjects were included in the study. The age was 22.9±2.17 (Mean±SD) and BMI was 22.03±4.27 (Mean±SD) and all of them were residing in an University town. 63 % of the students were non-vegetarians and 44.8% were consuming alcohol at least once a month. The mean EQ-SD analogue score of the studied population was found to be 83.3±11.5 (Mean±SD). The Chi square test showed the association between smoking with family history of smoking, alcohol consumption and smoking habits with HRQoL was a significant difference in the EQ-5D scores among smokers and non-smokers (p<0.05).

**CONCLUSIONS:** Health Related Quality of Life is severely compromised by smoking, hence there is an urgent need to create awareness among young students.

**PRS75**
HEALTH-RELATED QUALITY OF LIFE AMONG YOUNG SMOKERS

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**OBJECTIVES:** As young students are more prone to smoking and associated dan-
gerous habits, it affects their health related quality of life (HRQoL). This study was done to assess the HRQoL and other associated factors affecting HRQoL among smokers and non-smokers who are students.

**METHODS:** In this exploratory study a pilot testing of the instrument was done. Data was collected using structured questionnaires. The data was analyzed using SPSS 16.0.0. The mean EQ-SD analogue score of the studied population was found to be 83.3±11.5 (Mean±SD). The Chi square test showed the association between smoking with family history of smoking, alcohol consumption and soft drinks consumption (p<0.001 and p<0.05 respectively). Mann Whitney U test showed as significant difference in the VAS scores among smokers and non-smokers (p<0.05).

**CONCLUSIONS:** Health Related Quality of Life is severely compromised by smoking, hence there is an urgent need to create awareness among young students.

**PRS76**
HEALTH RELATED QUALITY OF LIFE AMONG YOUNG SMOKERS

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**OBJECTIVES:** The aim of this study is to evaluate the health related quality of life (HRQoL) and health care utilization in primary care patients (PC) with asthma and chronic obstructive pulmonary disease (COPD). Aim: To assess the HRQoL and health care utilization from a cohort of 65 patients over 6 months.

Inclusion criteria were patients aged 18 years and older with moderate/severe persistent asthma (GINA criteria) treated with beclometasone/formoterol at least 1-3 months before the inclusion in the study. Sociodemographic variables such as age, sex, duration of disease, severity of asthma, concomitant pathology were evaluated. The evaluation of the HRQoL were measured with the Asthma Quality Life Questionnaire (AQLQ), and two generic questionnaires, EuroQol-5D and SF-36.

The evaluation of the health care utilization included visits to PC, visits of care nursing and visits to accident and emergency (A&E) department and admissions. Statistical analysis: average ± standard deviation (SD); frequency and proportions. Inferential statistics in terms of average HRQoL and health care utilization were calculated using T-Student, Chi-square and ANOVA. RESULTS: Average patients were female (60%), aged 49 years old (SD 16) with disease duration of 92 months (SD 134). The average health care utilization was: 3.43 (SD 0.35) visits to PC and 1.42 (SD 0.29) visits to nursing; analitical: 0.63 (SD 0.09); chest x-ray: 0.38 (± 0.08); ECG 0.32 (SD 0.8). The average was exacerbations without hospital admission was 1.09 (SD 0.19) and the A&E department visits of PC related with asthma was 0.43 (SD 0.11).

Statistically significant differences (p<0.05) and clinically significant between the beginning and end of the study on all forms of quality of life measured in these patients were found measured with AQLQ, EuroQol-5D and SF36. **CONCLUSIONS:** Beclometasone/formoterol improved HRQOL in patients with asthma representing a good cost/utility relationship.

**PRS78**
HEALTH-RELATED QUALITY OF LIFE AMONG TUBERCULOSIS PATIENTS IN PAKISTAN: A CROSS SECTORAL STUDY USING WHOQOL-BREF

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**OBJECTIVES:** The aim of this study was to assess impairment in health-related quality of life (HRQoL) of pulmonary tuberculosis (TB) patients in Pakistan. This study also evaluated utility of various socio-demographic and clinical factors that