Sensory Systems Disorders – Patient-Reported Outcomes & Preference-Based Studies

PSS15 DEVELOPMENT OF A MULTITRIBUTE INSTRUMENT FOR ESTIMATING UTILITIES (PREFERENCE WEIGHTS) IN PEOPLE WITH GLAUCOMA FROM THE NATIONAL EYE INSTITUTE VISUAL FUNCTIONING QUESTIONNAIRE (NEI-VFQ)

PFEIERS CATHERINE, KLEINE ROOS, STJAKO, GARIP, Bishments.

METHODS: NEI-VFQ responses for 1677 people with glaucoma and 871 people in known groups of visual acuity, with group comparisons demonstrating significant differences in two of the five dimensions of EQ-5D. The assessment of a patient’s disease severity is an essential component in the formulation of treatment strategies. The study aimed to compare the dermatological disease severity assessments made by dermatologists and patients, and to describe the discrepancies between them. METHODS: For each patient, we obtained the Physician Global Assessment (PGA) and the Patient Global Assessment (Pga) Data. We calculated the agreement between PGA and Pga scores using the weighted kappa statistic, a multinomial logistic regression was performed to assess the risk of disagreement between both patient and physician variables. RESULTS: Differences in the percentages of severity level, identified by patients and by physicians, were always statistically significant (p < 0.05). Overall, the weighted Cohen’s kappa was in the range of 0.39-0.84, depending on the disease severity difference and patient-physician agreement. The agreement in the multimodal clinical female patients (OR = 1.38; 95% CI, 1.07-1.77), patients with higher educational levels (OR = 2.71; 95%CI, 2.12-3.46), and patients with impaired quality of life (OR = 1.56; 95%CI 1.23-1.97) had a higher risk to be underestimated for their disease severity by physicians, independently by physicians gender and experience. CONCLUSIONS: Combining the subjective report with the objective severity assessment of the lesions, dermatologists may reach a better determination of how severity of disease is perceived by their patients and how they feel about the effectiveness of treatment. PreG and PGA might be considered in routine clinical assessments and not only for research activities.

PSS19 PSYCHOMETRIC EVALUATION OF THE NATIONAL EYE INSTITUTE VISUAL FUNCTION QUESTIONNAIRE 25 AND VISUAL FUNCTION QUALITY INDEX IN PATIENTS WITH NON-INFECTIOUS INTERMEDIATE AND POSTERIOR UVEITIS

NAIK RK, GRIER K, RENTZ A, KOWALSKI J, REVICKI D.

OBJECTIVES: To evaluate the psychometric properties of the National Eye Institute Visual Functioning Questionnaire 25-item (NEI-VFQ-25) and Visual Function Questionnaire Utility Index (VFQ-UI) in patients with non-infectious intermediate and posterior uveitis.

METHODS: Secondary analysis of pooled data from a 26-week, multicenter, randomized, sham-controlled Phase 3 trial designed to evaluate the efficacy and safety of defatumumab for the treatment of non-infectious intermediate and posterior uveitis. Vision specific quality of life was assessed using the NEI-VFQ-25 at baseline and weeks 8, 16, and 26/early exit. The EQ-5D and Visual Function Questionnaire 25-item (NEI VFQ-25) and Visual Function Questionnaire Utility Index (VFQ-UI). The study included 224 subjects with non-infective intermediate (80.4%) or posterior uveitis (19.6%); mean age 44.6 years, 63.4% female, 60.3% Caucasian, median vitreous haze score at baseline 2.0 and median visual acuity (ETDRS) 62.5 letters (84.4% treated in their worse seeing eye). The NEI-VFQ-25 and the VFQ-UI demonstrated good internal consistency (Cronbach’s alpha 0.87-0.94) and test-retest reliability (ICC 0.72-0.80). Spearman’s product-moment rank correlations were performed to assess the relationship between the NEI-VFQ-25 and VFQ-II scores and the SF-6D, EQ-5D, and BCVA at baseline and week 26.

CONCLUSIONS: The NEI-VFQ-25 and the VFQ-II scores correlated with the SF-6D, EQ-5D, and BCVA at baseline ranging from low to moderate. There was a significant association between visual functioning and the different groups of visual acuity, with group comparisons demonstrating a significant decrease in visual functioning between ≤20/40 and <20/40 to ≤20/200 (p < 0.05). At week 8, clinically significant difference, based on the standard error of measurement, was 0.04 for the VFQ-II and ranged from 4.63 to 8.92 for the VFQ-UI domains and 0.86 for the composite score. CONCLUSIONS: The NEI-VFQ-25 and the VFQ-II are reliable and valid measures of vision-related functioning and preference-based status in patients with non-infectious intermediate and posterior uveitis.

PSS20 MEDIATION MODELING AND MEASUREMENT CHARACTERISTICS OF THE ITCH SEVERITY SCORE FROM A 28 TRIAL OF ORAL CP-690,550 IN PATIENTS WITH MODERATE-TO-SEVERE PLACQUE PSORIASIS

MAMLOLO, BUSHMAN, CIPOLLINO, STEWART.

OBJECTIVES: To assess the effect of the oral Janus kinase inhibitor CP-690,550 on pruritus in patients with psoriasis. METHODS: In a 12-week, double-blind, placebo-controlled Phase 2b study, patients (n = 197) with moderate-to-severe plaque psoriasis were randomized to CP-690,550 (2, 5 or 15 mg BID) or placebo. Pruritus was patient-assessed using the Itch Severity Score (ISS), a 0 (no itching) to 10 (worst possible itching) numeric rating scale, recorded daily during the first 2 weeks of treatment and at all clinic visits. The clinically important responder (CIR) on the ISS were defined using the Patient Global Assessment as an anchor. Data were completed for 2,578 patients. Sixty-one physicians participated in the study. We calculated the agreement between PGA and Pga scores using the weighted kappa statistic, a multinomial logistic regression was performed to assess the risk of disagreement between both patient and physician variables. RESULTS: Differences in the percentages of severity level, identified by patients and by physicians, were always statistically significant (p < 0.05). Overall, the weighted Cohen’s kappa was in the range of 0.39-0.84, depending on the disease severity difference and patient-physician agreement. The agreement in the multimodal clinical female patients (OR = 1.38; 95% CI, 1.07-1.77), patients with higher educational levels (OR = 2.71; 95%CI, 2.12-3.46), and patients with impaired quality of life (OR = 1.56; 95%CI 1.23-1.97) had a higher risk to be underestimated for their disease severity by physicians, independently by physicians gender and experience. CONCLUSIONS: Combining the subjective report with the objective severity assessment of the lesions, dermatologists may reach a better determination of how severity of disease is perceived by their patients and how they feel about the effectiveness of treatment. PreG and PGA might be considered in routine clinical assessments and not only for research activities.

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