Theoretical health states, users of the Chinese labels tended to use mild wording while the Chinese response labels perceived were similar in severity of health problems. Among the Chinese (n = 256) or Malay language versions (n = 230). Using English labels as reference, the Chinese response labels perceived were similar in severity of health problems. Higher severity scores of ‘slight problems’ and lower scores of ‘extreme problems’ were also asked to use the response labels to describe 25 predefined scenarios of certain conditions, such as palliation or patients with long-term chronic conditions. In the day time, usually busier than midnight, we can then create more convenient service for patient to refill their prescriptions. The method used to estimate the amount of informal care provided in informal care in economic evaluations may not be appropriate, since it does not accurately reflect the heterogeneity of informal care. ECONOMIC VALUATION OF INFORMAL CARE – TASK BASED APPROACH TANG HX, Huang YC, Chen HY, Shang Ho Hospital, Taipei Medical University, New Taipei City, Taiwan OBJECTIVES: Drive-Through is a very convenient service in many fast food restaurants. Our hospital is newly opened in the middle of 2008. Due to growing numbers of drugs and limited space for dispensing, our pharmacy is trying to design a more convenient service for patient to refill their prescriptions. METHODS: After starting the Drive-Through service, the utility rate was valued more highly than household tasks ($29/hr) and social support ($29/hr). CONCLUSIONS: The method used to estimate the amount of informal care provided is important. Our findings suggest that informal carers have different valuations for different tasks. Consequently applying a single monetary value for in- formal care in economic evaluations may not be appropriate, since it does not accurately reflect the heterogeneity of informal care.

PRM25 FIRST DRIVE-THROUGH PHARMACY SERVICE IN TAIWAN TANG HX1, Wang Y2, Kong MC2, Ko Y1, Hsu I3, Wu Y1, Huang LC1, 1National University of Singapore, Singapore, Singapore, 2Singapore General Hospital, Outram, Singapore OBJECTIVES: Assessments of adherence to warfarin therapy help improve patients’ warfarin-taking behavior and reduce mortality. This study aimed to compare three medication adherence measures, i.e., the 8-item Morisky Medication Adherence Scale (MMAS), the 100-point Visual Analogue Scale (VAS), and pharmacy refill rates, in patients taking warfarin in Singapore. METHODS: A cross-sectional survey was conducted in a convenient sample of 174 patients taking warfarin at an anticoagulation clinic in Singapore in 2011. Respondents completed the MMAS and the VAS in Chinese or English depending on their preference. The MMAS scores were associated with VAS scores and pharmacy refill rates (rs = 0.21 and 0.16; p < 0.01 and 0.05, respectively). Using an 80% refill rate as the cut-off point, 85.1% of the respondents were adherent to their warfarin therapy. Pharmacy refill rate may be a better measure for assessing adherence to warfarin and shows a stronger correlation with INR control than MMAS and VAS.

PRM26 COMPARISON OF THREE MEDICATION ADHERENCE MEASURES IN PATIENTS TAKING WARFARIN Wang Y1, Kong MC2, Ko Y1, Hsu I3, Wu Y1, Huang LC1, 1National University of Singapore, Singapore, Singapore, 2Singapore General Hospital, Singapore, Singapore, 3Singapore General Hospital, Outram, Singapore OBJECTIVES: Assessments of adherence to warfarin therapy help improve patients’ warfarin-taking behavior and reduce mortality. This study aimed to compare three medication adherence measures, i.e., the 8-item Morisky Medication Adherence Scale (MMAS), the 100-point Visual Analogue Scale (VAS), and pharmacy refill rates, in patients taking warfarin in Singapore. METHODS: A cross-sectional survey was conducted in a convenient sample of 174 patients taking warfarin at an anticoagulation clinic in Singapore in 2011. Respondents completed the MMAS and the VAS in Chinese or English depending on their preference. The MMAS scores were associated with VAS scores and pharmacy refill rates (rs = 0.21 and 0.16; p < 0.01 and 0.05, respectively). Using an 80% refill rate as the cut-off point, 85.1% of the respondents were adherent to their warfarin therapy. Pharmacy refill rate may be a better measure for assessing adherence to warfarin and shows a stronger correlation with INR control than MMAS and VAS.