nario F. Mean utility values for the health states from the EQ5D ranged from 0.56 to 0.70, for Scenario A, to 0.03 ± 0.43, for Scenario F. CONCLUSION: From both perspectives, the rank order of utility values was consistent with the severity of symptoms, with more severe symptoms producing lower scores. Scenarios that involved patients experiencing extrapyramidal symptoms or hospitalisation produced lower utility values.

A CARER’S PERSPECTIVE ON THE VALUATION OF SCHIZOPHRENIA-RELATED HEALTH STATES USING THE ASSESSMENT OF QUALITY OF LIFE QUESTIONNAIRE AND THE EQ5D

Adams J1, Le Reun C1, Crowley S1, Eggleston A2
1M-TAG Pty Ltd, Chatswood, NSW, Australia, 2Program Evaluation Unit, University of Melbourne; Janssen-Cilag Pty Ltd, North Ryde, NSW, Australia

OBJECTIVE: To obtain a carer’s perspective on the valuation of eight schizophrenia-related health states using two multi-attribute utility instruments, the Assessment of Quality of Life Questionnaire (AQoL), and the EQ5D. METHODS: Eight schizophrenia-related health state scenarios based on severity of symptoms and medication side effects were presented to 64 carers of patients with schizophrenia in face-to-face questionnaires. Scenarios were: (A) “good” function with no movement disorders (extrapyramidal symptoms); (B) “good” function with movement disorders; (C) “poor” function with no movement disorders; (D) “poor” function with movement disorders; (E) hospitalised relapse with no movement disorders; (F) hospitalised relapse with movement disorders; (G) post-hospitalisation with no movement disorders; and (H) post-hospitalisation with movement disorders. The carers valued each health state using the AQoL and the EQ5D from the carer and patient perspectives.

RESULTS: When carers were asked to assess their quality of life when the person they cared for was in the various health states, the mean utility values from the AQoL ranged from 0.56 ± 0.26 (SD), for Scenario A, to 0.22 ± 0.25, for Scenario F. Mean utility values for the health states from the EQ5D ranged from 0.37 ± 0.23, for Scenario A, to 0.04 ± 0.19, for Scenario F. When the carer’s were asked to assess the health state scenarios from a patient’s perspective, the mean utility values from the AQoL ranged from 0.37 ± 0.23, for Scenario A, to 0.04 ± 0.19, for Scenario F. Mean utility values for the health states from the EQ5D ranged from 0.70 ± 0.28, for Scenario A, to 0.03 ± 0.43, for Scenario F.

CONCLUSION: From both perspectives, the rank order of utility values was consistent with the severity of symptoms, with more severe symptoms producing lower scores. Scenarios that involved patients experiencing extrapyramidal symptoms or hospitalisation produced lower utility values.