and 2332) were used. For improving quality of life scenarios, willingness-to-pay (WTP) was used to indicate how many standard quality-adjusted life years (QALYs) per QALY gained to determine the equivalent marginal QALY gained. Similarly, in extending life during terminal illness and life saving situations, WTP for increasing life expectancy for given 0.2 and 0.4 QALYs were examined. Data was analyzed and discussed with combined descriptive and inferential analysis. RESULTS: The mean WTP/QALY value for 199 adult was estimated at MYR10,505 (SD:17311) for mild, PRM127 PRM128 PRM129

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OBJECTIVES: The Multiple Sclerosis International Quality of Life Questionnaire (MusiQol) has been validated in paper and pencil form. Validating patient-reported outcomes using Item Response Theory (IRT) along with Classical Test Theory (CTT) methods helps to improve the measurement. Computations were done utilizing the psychometric properties of the MusiQol among patients diagnosed with multiple sclerosis (MS) using an online version of the instrument. METHODS: Data were collected from a 2012 US self-report survey of patients self-reporting a diagnosis of MS (n=1,000). The online survey collected information on patients’ demographics, disease and treatment history, and health outcomes. Participants also completed the Multiple Sclerosis Rating Scale Revised (MSRS-R) and the abbreviated Treatment Satisfaction Questionnaire for Medication (TSQM-9). Internal consistency and concurrent validity were examined for the domain-specific scores and the composite total score of the MusiQol. RESULTS: IRT and CTT analyses were performed to evaluate the psychometric properties of the MusiQol. The MusiQol in electronic form is reliable and valid for evaluating HRQoL in patients with MS. The survey performs best when discriminating among responders with poorer HRQoL.

OBJECTIVES: Patients completing a TTO task have to choose between two alternatives: living with the actual health state for ten years or living with perfect health state for Y years. We used the ping-pong method to compare between actual and expected utility. RESULTS: The ping-pong method successfully identified the 2.875 to 2.900 quality adjustment for abstracted musculoskeletal pain and reduced the effects of missing data. The results were consistent with the findings of previous studies. The MusiQol has been validated in paper and pencil form. Validating patient-reported outcomes using Item Response Theory (IRT) along with Classical Test Theory (CTT) methods helps to improve the measurement. Computations were done utilizing the psychometric properties of the MusiQol among patients diagnosed with multiple sclerosis (MS) using an online version of the instrument. METHODS: Data were collected from a 2012 US self-report survey of patients self-reporting a diagnosis of MS (n=1,000). The online survey collected information on patients’ demographics, disease and treatment history, and health outcomes. Participants also completed the Multiple Sclerosis Rating Scale Revised (MSRS-R) and the abbreviated Treatment Satisfaction Questionnaire for Medication (TSQM-9). Internal consistency and concurrent validity were examined for the domain-specific scores and the composite total score of the MusiQol. RESULTS: IRT and CTT analyses were performed to evaluate the psychometric properties of the MusiQol. The MusiQol in electronic form is reliable and valid for evaluating HRQoL in patients with MS. The survey performs best when discriminating among responders with poorer HRQoL.

OBJECTIVES: Ageing population will result in an increased social burden of chronic diseases. Therefore we evaluate the impact of three chronic diseases (Diabetes Mellitus;DM,Hypertension;HT,Rheumatoid Arthritis;RA) on quality of life (QoL) in Hungary with EuroQol-5D-3L (EQ-5D) EuroQol-Visual Analogue Scale (EQ-VAS) and Time Trade Off (TTO). TTO is useful in health planning, economic evaluation as it is a utility measure when health state is based on the willingness to trade off lifetime (METF). A total of 468 patients were interviewed with EQ-5D, EQ-VAS and TTO. 253 patients with RA, 110 patients with DM and 105 patients with hypertension filled out the questionnaires. In TTO patients need to choose between two alternatives: living with the actual health state for ten years or living with perfect health state for Y years. We used the ping-pong method to find the minimum 2 period of time which is offered in exchange for perfect health. RESULTS: The EQ-5D mean scores were according to our expectations: RA had the best (EQ-5D,0.965;SD,0.32); HT (0.825;SD,0.20); DM (0.615;SD,0.26). In contrast TTO was lowest in DM (0.74;SD,0.24), RA was 0.769;SD,0.21 and HT was 0.815;SD,0.21. TTO results are higher than EQ-5D index scores in all diseases. However, the correlation (0.2 < r < 0.5) was observed in all cases between EQ-5D, VAS and TTO at 0.11 significance-level opposite to HT where correlation was lower (r=0.18).

CONCLUSIONS: The low correlation between EQ-5D and TTO in HT could be due to the lacking disease awareness in many subjects, TTO needs special consideration in such patients. TTO data led to the conclusion that the TTO method was useful in identifying patients who could not understand the question or they had difficulties to accept the concept of giving up life-years, some needed longer explanation. The answer on the EQ-5D depend only on patient’s health state however the answer of the TTO depend on health, social state and religion.

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