had tended to be more responsive for the EQ-5D (87.5% of RE < 1; 75% substantial). CONCLUSION: Inferential power based on relative efficiency in this study implied that the approach to scoring (WUS or SSS) can provide greater statistical efficiency, which can reduce sample size requirements and thus study costs, but neither approach was consistently advantageous in this regard. Functional form, differences in utility derivation, and complexity of the health classifier may explain, in part, RE differences between the EQ-5D and HUI3.

Abstracts

ON CHILDREN'S QUALITY OF LIFE ASSESSED WITH EQ-5D (CHILD)
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OBJECTIVES: In the framework of development and validation of an international EQ-5D(Child) within the EuroQol group, the Italian team aimed to clarify the reasons of previous results (e.g. Wille et al., 2005) showing unexpected higher frequency of children reporting “sadness, unhappiness, worry” (5th EQ-5D(Child) domain). We assume that the socio-emotional sphere (friendships, school-life) is pivotal in the everyday life of children and pre-adolescents and may affect outcomes about mental sphere in quality of life surveys. METHODS: In total, 457 children (age:8-15) were given an experimental dossier containing the EQ-5D(Child), the generic instrument PedsQL as a standard for comparisons, questions asking “why you reported problems”, sub-scales concerning family, friendships and school-life. Responses from 415 valid children were analyzed to discern statistical relations between the anxiety/depression domain and socio-emotional aspects of kids’ everyday life. RESULTS: A total of 161 children (39%) responded to be worry, sad or unhappy. Quantitative lexical analyses on the open-answers showed that “school” and “friends” are the most cited words to explain “why?”. Correlation (Spearman’s) among the PedsQL items and the 5th EQ-5D(Child) domain showed significant coefficients (p-values < 0.05,), confirming a link among the feeling of being unhappy/worry/sad and the items concerning friends and schoolwork. Moreover, significant results (T-test, p-values < 0.05,) showed that these children affirm significantly more than others that they, e.g. “have not fun with friends”, “have not a close friend to rely on” and, concerning the school-life, are “not glad to go to school”, “not a good pupil”. CONCLUSION: Feelings of sadness/unhappiness/worry are usually studied in quality of life research, especially in children. Generally this dimension give rise to unexpected high values which might be inappropriately ascribed to the health status. This contribution clarifies the role of socio-relational and scholastic spheres on the subjectivity perception of quality of life, improving the knowledge about QoL in children. Practical recommendations will be provided.

THE TURKISH WEIGHTING OF THE EUROQOL
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OBJECTIVES: Measuring health related quality of life (HRQoL) at the population level, is becoming increasingly important for priority setting in health policies. In the health economics field, it is common to measure HRQoL in terms of health state utilities or QoL weights. METHODS: This study investigates the feasibility of obtaining mean QoL weights by collecting data by the generic HRQoL measure EuroQol. Using Ig-transformation of the data an ordinary least—squares regression, visual analogue scale valuations for EQ 5D health states obtained in web based survey in Turkey. 2178 respondents joined the survey. RESULTS: For the dimension of mobility the mean of QoL weight was 0.073 based on level 2, and 0.202 based on level 3. The usual activity of QoL weight was 0.079 based on level 2 and 0.106 based on level 3. The pain of QoL weight was 0.123 based on level 2, and 0.220 based on level 3. The anxiety/depression of QoL was 0.077 based on level 2, and 0.213 based on level 3. CONCLUSION: There are few studies evaluating pharmacoconomics and related fields in Turkey. We believe that the tariff of the EuroQol would give a new perspective to the whole health industry.

VALIDITY OF THE SPANISH SF-6D TARIFFS AND EQ-5D COMPARING THE UTILITY VALUES OBTAINED IN FOUR DIFFERENT GROUPS OF PATIENTS
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OBJECTIVES: To estimate and compare utility values obtained from the Spanish versions of SF-6D and EQ-5D in four different groups of patients, and to compare with those estimated using UK tariffs to test validity of the Spanish SF-6D tariffs. METHODS: Four groups of patients were recruited: 2,550 with Gastroesophageal Reflux Disease (GERD), 220 patients on Hemodialysis (HD) therapy, 214 HD-patient caregivers, and 501 suffering Generalized Anxiety Disorder (GAD). The Spanish versions of SF-6D and EQ-5D, and a quality of life visual analogue scale (VAS) were self-administered. Utility mean values were compared using a 2 way 4 x 3 ANOVA with repeated measures for the instrument factor. Sidak corrections for multiple comparisons were applied. RESULTS: Statistical interaction was found between the kind of measurement and the pathologypathy (F6,6880 = 12.7, p < 0.001). Mean utility estimates using UK tariffs (Μ = 0.690, SE = 0.004) were significantly lower than those obtained with the SF6-D for Spanish population (Μ = 0.727, SE = 0.005) which in turn were lower from those obtained with the EQ-5D for Spanish population (Μ = 0.744, SE = 0.006). Spanish SF-6D did not detect significant differences between HD-caregivers and GERD patients (p = 0.996) neither between GAD and HD patients (p = 0.987). EQ-5D was not sensitive to differences between GAD and HD patients (p = 0.899). UK SF-6D was not sensitive to differences between Caregivers and GERD patients (p = 0.161). Correlations between Spanish SF-6D and EQ-5D scores ranged from 0.697 (Caregivers) to 0.808 (GERD). VAS measures were capable to detect the same differences as Spanish SF-6D although GAD patients showed better scores than HD patients. CONCLUSION: As it could be expected, groups of patients with varying degrees of severity present different subpopulation utility mean values. Nevertheless not all instruments used to estimate utilities give identical results. A special effort to gather culturally adjusted instrument specific norms for different subpopulations should be encouraged.