transferred from one point of care to the next with treatment continuation potentially being delayed. 88 providers of care (60 institutions), 30 patients diagnosed with schizophrenia and 17 patients diagnosed with depression were surveyed through in-depth interviews. The total number of questions was 56 for providers, and 54 questions for patients. **RESULTS:** A total of 56% of patients diagnosed with schizophrenia (mean age 45 years, mean duration of illness 16 years) experience waiting times when transferred to an outpatient rehabilitation center, 50% while being transferred to an institution of assisted working or to a place of sheltered living (33%). Patients diagnosed with major depression (mean age 45 years; mean duration of illness 13 years) experience waiting times when transferred to an institution of assisted working (63%), to an outpatient rehabilitation center (57%) or to a psychotherapist (56%). Providers experience waiting times when they transfer patients to psychotherapists (55%). a total of 40% of patients diagnosed with schizophrenia and 58% of patients diagnosed with major depression perceive waiting times as heavily constraining, affecting their treatment and care, and potentially leading to a setback in their treatment progress. Providers see capacity constraints as main reason for waiting times. **CONCLUSIONS:** This study describes waiting times in coordination of mental health care between different providers as a problem. Potential negative effects on treatment success show the need for optimization.

MENTAL HEALTH – Conceptual Papers & Research on Methods

PMH70

TURKISH CULTURAL ADAPTATION AND VALIDATION OF THE ALCOHOL DEPENDENCE SCALE

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OBJECTIVES: The Alcohol Dependence Scale (ADS) is a quantitative measure of the severity of alcohol dependence consistent with the concept of the alcohol dependence syndrome. The 25 items cover alcohol withdrawal symptoms, impaired control over drinking, awareness of a compulsion to drink, increased tolerance to alcohol, and salience of drink-seeking behavior. This study aims to adapt the ADS questionnaire into Turkish culture and check the reliability and validity of the questionnaire culturally. **METHODS:** The original instrument was translated and back translated by two independent translators. For psychometric measures, a small sample was used to check the initial comprehension and factibility. Cronbach's Alfa was used to assess reliability and factor analysis to assess dimensionality. The EuroQol questionnaire and corresponding Visual Analogue Scales were used for concurrent validity. **RESULTS:** A total of 200 students between the ages of 19–28 were participated in the study. Mean age was 22. The internal consistency coefficient (Cronbach's alpha) of ADS was 0.92. Factor analysis of the scale revealed that it was composed of six factors with Eigenvalues >1.0, accounting for 74 % of the total variance. Correlations were moderate with EuroQol and VAS. **CONCLUSIONS:** The culturally adapted Alcohol Dependence Scale has good validity and reliability. The instrument is likely to be suitable for the evaluation of alcohol dependence of people in Turkey.

PMH71

THE APPLICABILITY OF THE QALY AS EFFECT MEASURE IN CRIMINAL YOUTHS

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OBJECTIVES: In health economics, cost-effectiveness analyses are performed based on standardized established methods expressing outcomes in terms of costs per quality-adjusted life-year (QALY). In the field of care for criminal youth, interventions are increasingly drawn into the medical domain and towards reimbursement protocols so that a common cost-effectiveness measure becomes a necessity. However, cost-effectiveness of these interventions has so far not been expressed in terms of cost per QALY, but in terms of clinical measures. The aim of this study is to explore the applicability of the QALY as effect measure of interventions for criminal youth. **METHODS:** The 112 juvenile delinquents between 12 and 18 years included in this study were recruited at the start of Functional Family Therapy (FFT) from five mental health institutions in The Netherlands. Treatment efficacy was assessed using clinical outcome measures SDQ, YSR, CBCL, and PACS. Quality of life was measured using EuroQol EQ-5D. Data was analyzed to determine whether quality of life and clinical outcome measures show a significant correlation. Dutch population EQ-5D data was consulted to determine whether EQ-5D sufficiently captures differences between criminal and non-criminal groups. **RESULTS:** Comparison between groups of criminal and non-criminal youths yielded no significant differences for juvenile delinquents or their parents. Correlation between several clinical outcome measures and EQ-5D scores of delinquent youths has been found suggesting that EQ-5D captures some differences in criminal behaviour. **CONCLUSIONS:** The study confirms the expected correlation between several classical forensic effect measures and general health economics outcomes, but several aspects were not reflected by the QALY. Furthermore, the QALY measure insufficiently distinguishes between criminal and non criminal groups. We suggest further research before considering the application of the QALY as an effect measure for delinquent youths.

PMH73

IMPACT OF PLACEBO RUN-IN PERIOD ON RELATIVE TREATMENT EFFECT IN GENERALIZED ANXIETY DISORDER (GAD)

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BACKGROUND: High placebo response is observed in trials measuring subjective outcomes as in the case of GAD. This contributes to investigational drug failure owing to lack of differentiation between intervention and control group. Placebo run-in is frequently used to eliminate early responders however this has been criticised on the ground that it favours the active treatment. **OBJECTIVES:** To test the hypothesis that "The use of placebo run-in overestimates the treatment effect in placebo-controlled trials conducted in GAD". **METHODS:** The Medline and EMBASE databases were searched to retrieve randomised, placebo-controlled trials conducted in adult GAD patients. Citations were screened on the basis of title and abstract and full text article of citations meeting eligibility criteria were sourced for detailed evaluation. Following this, citations reporting relevant outcomes were extracted using a pre-defined extraction grid. Clinically relevant dichotomous outcomes: CGI-Improvement response, HAM-A response, and HAM-A remission were extracted. Considering heterogeneity among studies included, the random effects meta-analysis was performed in STATA 9.0 using a standard meta-analysis approach. Results are presented as odds ratios with a 95% confidence interval. **RESULTS:** The literature search retrieved 1133 citations of which 41 were included following detailed evaluation (23 used placebo run-in phase). The point estimate for the relative treatment effect was similar (confidence interval overlap widely) irrespective of the use of placebo run-in phase (OR: 2.13 with run-in vs. 2.19 without run-in). Results were similar when individual outcomes were analyzed separately (HAM-A response OR: 2.17 vs. 2.14; CGI-I response OR: 2.20 vs. 2.13; HAM-A remission OR: 1.98 vs. 2.05). **CONCLUSIONS:** Irrespective of outcomes considered, there was no statistically significant difference in the effect size between trials involving placebo run-in phase compared to those that did not. Our results do not support the hypothesis that the inclusion of placebo run-in overestimates the relative treatment effect in GAD.

SYSTEMIC DISORDERS/CONDITIONS – Clinical Outcomes Studies

PSY1

DEVELOPMENT OF A CO-MORBIDITY SCALE IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA

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OBJECTIVES: The study aimed to develop a standardized scale for co-morbidity assessment in Chronic Lymphocytic Leukaemia (CLL) patients to support physicians for selecting the optimal treatment according to the patient co-morbidity profile. **METHODS:** The co-morbidity scale was developed in four steps: a literature review to assess the existence of other scales and define the scale content; consensus meetings with five CLL experts to determine the content, format and weighting factor for each co-morbidity; a pilot study of 10 CLL patients to assess the scale feasibility; a meeting to agree the final version **RESULTS:** The literature review did not identify any existing scale but six papers related to assessment of CLL co-morbidities were selected. These allowed the initial selection of 21 diseases. In the expert meeting, the scale was reduced to 13 co-morbidities, with major impact on CLL treatment selection. Some additional variables (age, patient dependence and ECOG performance status) were added. Subsequently, the final list of co-morbidities. variables and response options were agreed. The experts applied a weight factor to each co-morbidity, from 1 (minimal importance) to 3 (very important). a pilot study of 10 patients, using an electronic version of the scale, resulted in some changes but confirmed the scale's feasibility. The final scale includes three sections. Part 1, the Functional Vital Scale, and a global assessment of the patient (not included in the global score). Part 2, the Co-morbidity scale, including 11 co-morbidities weighted from 0 to 2 and scored from 0 (absence) to 2 (severe co-morbidity). Part 3, CLL alerts, is descriptive and includes the presence of splenectomy and hypogammaglobulinemia. **CONCLUSIONS:** The co-morbidity scale is a tool to support the clinician in the selection of the optimal treatment for CLL patients. Further research is required to validate the scale and assess its benefits.

PSY2

THE USE OF ETANERCEPT FOR TREATMENT OF PSORIASIS IN REAL CLINICAL PRACTICE—NON-INTERVENTION OBSERVATIONAL STUDY

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OBJECTIVES: Biologic treatment for severe forms of psoriasis proved to be effective and safety treatment in clinical trials. However, these drugs comprise a great financial burden. Therefore, we examined etanercept for treatment of severe forms of psoriasis in real clinical practice. **METHODS:** This was a prospective cohort non-interventional study of phase IV in real clinical practice which included 149 patients enrolled for 6 months. Patients' data were collected via electronic questionnaire. Clinical data (PASI score and BSA index), direct cost (inpatient and outpatient care, diagnostics, joint replacement etc.) and on QoL (expressed with EQ-5D and DLQI) were collected by