documentation of cost data sources has improved over the six years, and the use of previously published data has decreased also. CONCLUSIONS: This preliminary study reveals definite trends in the different data sources used in economic evaluation over this six-year period. Whether these trends can be seen regardless of disease area and type of intervention remains to be investigated.

**PMD9**

**BEHAVIOURAL ECONOMICS: THE IMPORTANCE OF ABSOLUTE AND RELATIVE HEALTH OUTCOMES**

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**OBJECTIVES:** In a paper in the Journal of Health Economics, Victor Fuchs (2000) stated that one of the main research tasks for health economists is to enhance our understanding of economic behaviour. One of the areas that are especially important for health economics as a behavioural science is that, contrary to traditionally assumed, people appear to be more concerned about relative than absolute levels of outcomes. METHODS: First of all, in surveys of the relation between income and health it was found that people take the behaviour and wealth of relevant others as reference and, by the desire to “live up to the Joneses”, adapt their preferences according to this norm (i.e., “reference drift”). In addition, this “wealth” norm is affected by habituation to the status quo individuals have already achieved. Each time an aspiration level is reached, the norm is raised (i.e., “preference drift” or “adaptive preferences”). Is the same true for health? Do people relate their health state, right to health and health care to what is viewed as “normal” or is possible in view of relevant others’ health? RESULTS: Results from two surveys undertaken among people from the general public (n = 220 & n = 394) demonstrate that people adapt their expectations of length and future quality of life to own health behaviour relative to that of others and to age and health status of close relatives. CONCLUSION: Therefore, after JS Mill, people do not only desire to be healthy, but also as healthy as others.

**METHODOLOGY ISSUES—Quality of Life, Evaluation, & Productivity Study Issues**

**PMD10**

**ISPOR QUALITY OF LIFE SPECIAL INTEREST GROUP TRANSLATION AND CULTURAL ADAPTATION: PROGRESS ON THE DEVELOPMENT OF PRINCIPLES OF BEST PRACTICE**

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**OBJECTIVE:** A series of quality of life special interest groups were set up by ISPOR in 1999 in order to stimulate discussion and contribute to the advancement of science. The translation and cultural adaptation group has met four times and has been working towards the development of a set of principles of best practice. METHODS: The approach reviews and builds upon current practice, taking account of existing guidelines and theoretical perspectives. These diverse perspectives have been evaluated with regard to the issues and challenges facing industry and the broader outcomes research community. This approach seeks to be inclusive, taking into account the views of practitioners, academics, and users of health outcome measures. This first stage has resulted in an interim report describing the broadly agreed principles of best practice. The next step will involve broad consultation with practitioners, academics and users in order to refine and develop the interim report. This report will set out objectives and principles and identify examples of best practice illustrated through a series of exemplary case studies. **RESULTS:** The initial draft of the paper is based upon a synthesis of methodological approaches, common nomenclature, and quality-control assurance requirements used by the range of organizations. The interim report provides both methods and rationale for an expansive list of situations that are now encountered with regularity. It also includes special protocols for a variety of unique considerations that have arisen for translation/adaptation work that is sensitive to expanding needs and challenges of outcomes research in ever-expanding global applications. **CONCLUSION:** This interim report provides a wealth of information and guidance for Best Practice Principles in Cross-Cultural Translation/Adaptation work. It is hoped that the presentation at this meeting will provide the starting point for the broader review so that a complete range of perspectives can be taken into account.

**PMD11**

**A DALY IS A QALY—OR IS IT?**

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**OBJECTIVE:** Health economists developed QALYs in the 1970s as an outcome measure combining duration and quality of life, primarily for use in cost-effectiveness studies. The concept of the DALY, as developed for the Global Burden of Disease (GBD) 1990 study, closely resembled the QALY. We identified the analogies and disparities of QALYs and DALYs from the literature and our own empirical experience with both approaches (EQ-5D, Dutch Disability Weights study). **METHODS:** The DALY is a gap measure, defining health loss from some predefined standard, whereas QALYs quantify health gains. The general approach to derive QALY values includes empirical valuation of generic health state descriptions,
preferably using time trade-off, by a representative sample from the general public. For the GBD-1990, disability weights (DWs) were derived for disease-specific health state descriptions from an expert panel using person trade-off. QALY values and DWs, respectively, are combined with life-years directly and may be discounted, whereas DALYs additionally included age weights. RESULTS: We argue that, though apparent, the various valuation methods and respondent panels are not the most important differences. The important novelty of DALYs lies in the derivation of disease specific disability weights. Disease labeling adds information to an otherwise generic health state description and may have added to the validity of the weights, but also disclosed critical problems with the assumed utility independence of survival and quality of life. The standard QALY approach of summing separately valued one-year periods appeared not to work for diseases characterized by rapid transitions through different health states. CONCLUSION: The problems with DALYs uncovered some important limitations of the standard QALY approach. This may have important methodological implications for the evaluation of the effects of interventions for attack-type and short duration diseases.

PMD 2
generic versus treatment specific treatment satisfaction measurement

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OBJECTIVE: Assessing Treatment Satisfaction (TS) has become an important outcome for many trials and may be the critical health outcome for differentiating drugs, which have equal efficacy. Unfortunately, most TS measures have not been developed according to appropriate methodology to ensure reliability and validity. Additionally, as with QoL, the choice to use a generic versus disease specific measures can be problematic. This paper will present and illustrate a solution to this problem by demonstrating how a generic conceptual framework for TS can be adapted for a diabetes disease specific measure. METHOD: Building on a generic model of TS with domains of efficacy, side effects, willingness to use/recommend, impact on daily life, mode of delivery and convenience, diabetes disease specific definitions of these domains were derived from patient focus groups and expert interviews. Existing diabetes TS measures were examined and limitations were identified. RESULTS: The process for developing a generic/disease specific TS measure was identified. Based on this process, a new disease specific TS measure, the TSDQ (Treatment Satisfaction Diabetes Questionnaire) was developed. The TSDQ, because it is based on a generic TS conceptual model, is methodologically sound as well as being conceptually grounded. This paper will identify limitations with current TS measures, outline the process for developing methodological sound generic/disease specific TS measures and present the TSDQ development. CONCLUSION: Using a generic conceptual model to develop disease specific TS measures can help resolve the dilemma of whether to use a generic or a disease specific measure. This hybrid methodology for TS instrument development will facilitate the promotion of TS claims and help to solidify the scientific integrity of TS outcomes.

PMD 3
the relevance of quantity and quality of life-years after treatment in prioritizing between different patients

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OBJECTIVE: A common perspective of health economists involves the use of QALYs to prioritize activities, given equal costs. In this mode of thinking, an activity that took N people from a bad state to healthy for X years should have priority over an activity that took N other people from a bad state to a moderate state of health for X years. In addition to prioritizing based on expected outcome of the activity, QALY-thinking requires the prioritizing of treatment of the young over the old and the treatment of those with healthy lifestyles over those with unhealthy lifestyles (both based on longer expected life-spans). This study was designed to investigate whether this was the view shared by the general public of the United States. METHODS: This was done by surveying a cross-spectrum of subjects—including physicians, nurses, health administrators, as well as non-healthcare workers. The survey consisted of six cases in which the respondent was asked to prioritize two patients who had presented to the emergency department, both with life-threatening conditions requiring immediate intervention. RESULTS: While the number of subjects leaves room for interpretation, it would appear that independent of field of work, education level, age or sex, approximately 80 percent of study participants tended to emphasize equality in value of life and fairness in receiving treatment rather than expected quantity or quality of life-years after the treatment.

PMD 4
the influence of illness experience on health state valuations

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OBJECTIVES: It has been argued that gain in health state valuation after intervention is smaller from a patient perspective than from a nonpatient perspective. In this study we use hearing impairment as a research model to test whether illness experience, personal or through medical experience, influences gain in health state valua-