PIH67

COMPARISON OF EQUITY WEIGHTS OF LIFE YEAR GAINS: A DISCRETE CHOICE EXPERIMENT FOR JAPANESE AND KOREAN GENERAL PUBLIC

Goto R[1], Mori T[2]
[1]Kyoto University, Kyoto, Japan, [2]Konan University, Kobe, Japan

OBJECTIVES: Setting priorities with limited public resources has gained heated interests worldwide. Weighting health gains differently for different groups in the population is another manner to consider equity in cost-effectiveness analysis. However, there is only a few empirical analysis eliciting general public preference. This research is to compare equity weights of Japanese and Korean. **METHODS:** We conducted a web-based survey in Mar 2013 including a discrete choice experiment (DCE) to elicit general publics' equity weight for life gains of those from different groups. We selected attributes and designed this experiment following manners used in Norman (2013). Thus, we analyzed weights according to the difference of gender, smoking status, life style, caring status, income and age. **RESULTS:** 1,280 Japanese and 580 Koreans completed questionnaires and were eligible for analysis. Japanese put higher weight on male (p<0.001), non-smokers (p<0.001), those with lower income (p<0.001), carer (p<0.001) and those with an expected age of death less than 45 years (p<0.001). Korean have the same patterns of difference according to income (p<0.001), caring (p<0.001) and smoking status (p=0.026). However, they equally consider groups from different gender (p=0.331) and age groups. For both countries, respondents tend to prefer groups with same characteristics as them. **CONCLUSIONS:** People from two Asian developed countries with universal health insurance shows different equity weights. These may reflect the variations of cultural backgrounds and coverage of health care services.

PIH68

HOW IRANIAN PEOPLE THINK ABOUT GENERIC SUBSTITUTION?

Mehralian G[1], nourmohammadI S[2], Yousefi N[1], Peiravian F[1]
[1]Shahid Beheshti University of Medical Sciences, School of Pharmacy, Tehran, Iran, [2]Azad University, Tehran, Iran

OBJECTIVES: The growth of pharmaceutical expenditure and patients' out of pocket has motivated researchers to explore underlying factors affecting on generic substitution both in developed and developing countries. The purpose of this study is therefore to explore how Iranian people think about generic medicines and what underlying factors should be taken into account by policy makers to promote the culture of generic substitution. **METHODS:** A cross-sectional descriptive study inviting Iranian people was performed using a self-administrated anonymous questionnaire. Besides the demographic section, 34 items of developed questionnaire were categorized to 7 main factors including: experience of patients, efficiency of medicines, cost of medicines, physician's role, pharmacist's role, negative perception of patients and government interventions. **RESULTS:** After analyzing 1310 completed questionnaires, results showed the among the aforementioned factors the government interventions has the first priority to encourage patients to use of generics medicines instead of brand medicines and followed by physician's role, pharmacist's role, efficiency of medicines, cost of medicines, experience of patients and negative perception of patients. **CONCLUSIONS:** In conclusion, the trust of Iranian's society to the government, physicians and pharmacists would be a worthy opportunity to reduce health care expenditure as well as patients' out of pocket by taking evidence-based decisions toward promotion of generic substitution.

PIH69

ASSESSMENT OF HEALTH STATES AND ERECTILE DYSFUNCTION-ASSOCIATED QUALITY OF LIFE AMONG ADULT MALES AND FEMALES WITH MALE PARTNERS IN GERMANY, THE UNITED KINGDOM AND THE UNITED STATES

Menegatou E[1], Claeys C[2], Wasserman D[2], Tomaszewski K[2]
[1]KJT Group, Inc., Amsterdam, The Netherlands, [2]KJT Group, Inc., Honeoye Falls, NY, USA

OBJECTIVES: This study assessed the quality of life associated with various states of erectile dysfunction (ED) among adults: both diagnosed ED sufferers and non-sufferers in Germany, the United Kingdom and the United States. **METHODS:** A multi-national, cross-sectional online survey was conducted among a representative sample of 2,000 adults (n=500 Germany, n=500 UK, n=1,000 US) with an equal number of men and women in a heterosexual relationship. Respondents rated either their or their partner's erectile function, and health state utilities were measured using standard gamble (SG) and visual analog scale (VAS) in counterbalanced order. Utilities were estimated for one level from the Erection Hardness Scale: penis gets hard but not hard enough for penetration. Differences were examined by measure, country and respondent demographics. **RESULTS:** The SG and VAS measures yield similar, but not identical mean estimates for the ED health state. Significant variation exists by measure as well as by country. In comparing the utility assessments between the countries using SG, German respondents have significantly higher average utility (0.49) for ED than do respondents from the UK (0.40), and US (0.41). When examining differences by gender, females have greater utility for the ED health state when compared to males. Men with ED report a lower utility for the ED health state when compared to men without ED. By contrast, females whose partners have ED report a higher utility for the ED health state when compared to females with partners without ED. Although utility is consistent across most ages, an increase in utility exists for adults aged 75 and over. **CONCLUSIONS:** Notable differences in ED utility emerged by country: Germans have higher utility for ED when compared to UK and US respondents. Significant differences in ED utility between males and females suggests there is an important relationship disconnect between men with ED and their female partners.

PIH70

DOES PRICE MATTER? THE IMPACT OF COST INFORMATION ON PATIENT DECISION MAKING

Chan JY[1], Butt T[2]
[1]London School of Economics, London, UK, [2]University College London, London, UK

OBJECTIVES: In publicly funded health systems such as the United Kingdom (UK) National Health Service (NHS), patients do not normally face the full economic cost of treatment decisions, nor are they aware of the potential cost to the system. We investigated whether patient awareness of treatment costs, either to the system or to themselves, would affect treatment choices. **METHODS:** 344 representative members of the UK public were recruited via an online survey panel. Respondents were required to make treatment decisions in three different health conditions (sore throat, psoriasis and sciatica). Respondents were presented with condition-specific patient decision aids (Option Grids™), each supported by: 1) no cost information, 2) cost to the NHS (drug/ procedure tariff), 3) cost to patient (drug/ procedure tariff), and 4) access cost to patient (flat cost for all options). Differences in treatment choices were explored using ANOVA. Significant differences within each health condition were subsequently explored using t-tests. **RESULTS:** A significant number of respondents switched choice to the cheapest intervention when tariff costs to either the system (p<0.05) or themselves (p<0.01) were considered versus no cost information when choosing between treatments for psoriasis. For all three health conditions, presenting flat access costs increased the likelihood (p<0.01) of respondents choosing the treatment option known to have the highest tariff price. **CONCLUSIONS:** Cost information influences treatment decisions. We observed that awareness of cost to the system or to oneself encouraged the choice of lower priced treatment options, whereas flat access charges encouraged the choice of treatment known to be more expensive. Provision of cost information may therefore be important for informed decision making, and could also be a policy tool to generate cost savings for the health system.

PIH71

HEALTH LITERACY AND SELF-REPORTED HEALTH STATUS USING THE EQ-5D-5L: AN EXPLORATORY ANALYSIS

Rey-Ares L[1], Augustovski F[2], Irazola V[3], Garay OU[4], Gianneo O[5], Fernández G[5], Morales M[5]
[1]Institute for Clinical Effectiveness and Health Policy (IECS), CABA, Argentina, [2]Economic Evaluations & HTA Department; Institute for Clinical Effectiveness and Health Policy (IECS) and Professor of Public Health, University of Buenos Aires, Buenos Aires, Argentina, [3]Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina, [4]IECS Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina, [5]Fondo Nacional de Recursos, Montevideo, Uruguay

OBJECTIVES: To describe health literacy (HL) in Uruguayan general population and its relation with self-reported health status. **METHODS:** As part of an ongoing Uruguayan EQ-5D-5L valuation study, we included the Short Assessment of Health Literacy-Spanish questionnaire (SAHL-S), a previously validated instrument that evaluates HL through 18 items combining word recognition and comprehension. Low HL is defined by identifying ≤14 correct items. We included participants with valid SALH-S responses, complete sociodemographic characteristics, self-reported health status with the EQ-5D-5L, and report of previous experience with illness. This preliminary analysis describes sociodemographic characteristics, HL and self-reported health status and explores the independent association between EQ visual analogue scale (VAS) score and HL using standard linear regression. **RESULTS:** Of 773 participants 60.2% were women (mean age 42.02 years; SD: 15.51). VAS mean was 79.34 (DS: 16.39). 52.9% participants had at least one limitation in any of the EQ-5D domains, 75.9% had experience with illness and 51% in caring others. Educational attainment (EA) distribution was 17.2% up to primary, 52.3% up to secondary and 30.5% up to tertiary or higher education. Low HL was present in 39.8% of the population. In bivariate analysis aging and low HL were associated with poorer VAS scores (coef -0.276; p=0.000; coef -3.028; p=0.012). Higher VAS scores were observed with higher EA (coef 2.832; p=0.001). Multiple regression shows HL is related to VAS independently of age, but this association loses its statistical significance -becoming borderline- after adjusting for EA and experience in caring others (coef -1.93; p=0.098). **CONCLUSIONS:** HL is a recently developed construct that combines formal education and acquired knowledge related to health. This is the first study that describes HL in Uruguay, and shows that is associated with self-reported health. Further studies are needed to explore the potential value added to standard educational level measurement.

PIH72

ASSESSING THE TRANSLATABILITY OF THE TERM "FRUSTRATED"

McKown S[1], Angun C[2], Talbert M[3], Brandt BA[4], Gawlicki MC[4]
[1]Corporate Translations, Inc., Chicago, IL, USA, [2]Corporate Translations Inc., Odunpazan, Eskişehir, Turkey, [3]Corporate Translations Inc., Chicago, IL, USA, [4]Corporate Translations, Inc., East Hartford, CT, USA

OBJECTIVES: The objective of this study was to assess the translatability of "frustrated," a term commonly used to describe a range of emotions in Clinical Outcomes Assessments (COA). "Frustrated" includes many constructs, such as "discouragement," "anger" and "upset." Previous studies have shown that terms including multiple constructs in English, such as "bother," are not sufficiently translatable across all languages. **METHODS:** Back-translations of questionnaires containing the word "frustrated" were analyzed to assess the translatability of the term. The following related constructs were also included in analysis: "discouraged," "angered," "disappointed" and "upset." Data collection forms resulting from cognitive debriefing were also analyzed to determine subjects' interpretation of "frustrated" as translated in other languages. **RESULTS:** "Frustrated" proved to be very problematic for 13 out of the 24 languages in this study, most notably for Eastern European, Indian and Asian languages. For example, "frustrated" was translated as "indignant" in Greek, "disillusioned" in Hungarian, "irritated" in Japanese and "discouraged" in Korean. Out of 245 subjects, 13% took issue with "frustrated," indicating that it was not understood or not appropriate for their languages. Analyses of related constructs showed that "discouraged" and "angered" were best suited for use, as these terms were translated with no issues in all 12 languages available for analysis. "Upset" was found to be equally problematic, and thus rejected as a recommended construct. **CONCLUSIONS:** "Frustrated" is not recommended for use in COAs intended for international data pooling. Similar to the findings of previous studies, more spe-