

ated with a significant humanistic and economic burden. These results suggest that the manifestation of the HCV burden, and the profile of the patients themselves, varied dramatically by country. Successful disease management should be cognizant of region-specific unmet needs.

PIN48

SEX AND SEX COMMUNICATION EXPERIENCES OF FEMALE ADOLESCENT STUDENTS IN TWO SECOND CYCLE INSTITUTIONS IN BEKWAI MUNICIPALITY, GHANA

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OBJECTIVES: To describe the sex and sex communication experiences of females in second cycle institutions **METHODS:** A cross sectional study involving the use of structured questionnaire and interview guide was conducted with female students in two selected secondary-level institutions in Bekwai, Ghana. Data was collected from 391 randomly selected and consented female adolescent students aged 18 years or less in 2011. Data was analysed into descriptive statistics with statistical significance set at 0.05 or less and at 95% confidence interval **RESULTS:** The study revealed that 202/391(51.7) respondents had ever had sex, 134/202(66%) were currently having sex. Of 202 who had ever had sex, 151/202 (74.8%) discussed sex with their friends while 96/189(50.8%) who had never had sex also discussed sex with their friends. The top three major sources of sexual information was obtained from friends, 187/391(47.8%), parents 85/391(21.7%) and teachers, 70/391(17.9%). A majority, 55.5%, as compared to 41.9% of the respondents, disagreed that parents talk freely about sex. There were statistically significant associations between sex discussant and ever had sex (chi square = 271; $p < 0.01$) and source of information on sex and ever had sex (chi square = 21.7; $p = 0.01$). **CONCLUSIONS:** A majority of female adolescent students are sexually active. Parents of female adolescents are unpopular sources of information about sex and hardly do they discuss sexual issues with adolescents. Understanding factors influencing parents' willingness in discussing sexual issues about sex could be helpful in minimizing sex related problems among female adolescent students.

PIN49

PATIENT REPORTED QUALITY OF LIFE FOLLOWING ANTIRETROVIRAL THERAPY IN A NIGERIAN HOSPITAL

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OBJECTIVES: Patients' living with HIV/AIDS perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns were assessed using the HAT-QOL. We explored the impact of socio-demographic profile on the quality of life domains. **METHODS:** Consenting outpatients who met criteria were consecutively selected. Socio-demographic characteristics of the patients were profiled. Health related quality of life was determined in the domains of Overall function, Life satisfaction, Health worries, Financial worries, Medication worries, HIV mastery, Disclosure worries, Provider trust, and Sexual function. Quality of life scores were computed on the standard scale of 0 - 100 and triangulated with a rated interval scale of 1-5 suited for quantitative analysis. Association between rated scores and each domain was explored using Students' *t*-test and ANOVA at 95% confidence interval. **RESULTS:** Four hundred and seven (407) patients (74 males + 333 females) participated. Majority of the patients (147, 36.1%) aged 20 to 30 years and 239 (58.7%) were not married. Also, 338 (83.0%) earned below \$1500 pa and 303 (74.4%) had basic education. HAT-QOL scores indicated: Overall function (89.96 ± 5.62); Life satisfaction (91.94 ± 3.62); Health worries (87.06 ± 4.28); Financial worries (81.00 ± 3.95); Medication worries (91.65 ± 4.47); HIV mastery (71.00 ± 3.11); Disclosure worries (27.50 ± 7.58); Provider trust (91.63 ± 1.96); and Sexual function (70.25 ± 3.52). Rated scores were in congruence with HAT-QOL scores. Provider trust was associated with gender, employment status, and educational level, ($P < 0.05$). **CONCLUSIONS:** Patients reported satisfactory quality of life in the various domains except disclosure worries, indicating concerns for discrimination and stigmatization. Provider trust was associated with gender, employment status, and educational level. Sexual function was associated with gender and age of the patients.

PIN50

HOW TO SELECT PATIENT-REPORTED OUTCOME (PRO) MEASURES TO ENSURE PROPER EVALUATION OF AN OBSERVATIONAL STUDY

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OBJECTIVES: Patient-reported outcome measures are central to the evaluation of Health-Related Quality of Life (HRQL), medical care and treatment regimens. Such measures depart from traditional clinical assessments as they are based on issues known to be of primary importance to patients. The objective was to select PRO questionnaires for a pharmaco-epidemiological, observational study conducted in France to highlight the impact of HZ and PHN on patients' daily life and Health Related Quality of Life (HRQL) over a 12-month follow up. **METHODS:** Specific instruments review of existing PRO/HRQL was performed through PubMed and PRO-QOLID[®] databases; in order to select questionnaires able to measure the level/type of pain and HRQL perceived by the patients. The main criteria taken into account for the selection of PRO measures were the appropriateness, reliability, validity and ability to detect change (patients' follow-up assessments of PHN and HRQL were performed by telephone calls). **RESULTS:** Among the existing questionnaires, five measures were selected: Neuropathic Pain Diagnostic Questionnaire (DN4), Neu-

ropathic Pain Symptom Inventory (NPSI) designed to measure the quality and severity of neuropathic pain, Zoster Brief Pain Inventory (ZBPI) to measure the impact of pain and discomfort caused by HZ or PHN, the SF-12 Health Survey and the Hospital Anxiety and Depression Scale (HADS). All measures were available in French and the overall length of the interview was acceptable. The ZBPI, scores have shown impact on general activity and sleep. The mean scores of Depression and Anxiety were significantly higher in patients with PHN. The physical and mental component summaries of the SF-12 were lower in patient with persistent PHN than the patients without PHN. **CONCLUSIONS:** Using PRO measures in observational studies is well accepted by the scientific community. However, a rigorous methodology for the selection of PRO measure is mandatory to ensure medical relevance and fulfillment of protocol requirements.

PIN51

RESPONSIVENESS OF THE MOS-HIV AND EQ-5D IN HIV-INFECTED ADULTS RECEIVING ANTIRETROVIRAL THERAPIES

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OBJECTIVES: Selection of an appropriate patient-reported outcome (PRO) instrument for clinical trials requires a clear understanding of the instrument's sensitivity to an intervention's anticipated impact. The purpose of this study was to examine the responsiveness of 2 health-related quality of life (HRQL) instruments among HIV-infected adults: the disease-specific Medical Outcomes Study HIV Health Survey (MOS-HIV), and a generic measure, the EQ-5D. **METHODS:** A targeted literature search identified clinical trials administering the MOS-HIV or EQ-5D and evaluating HIV-infected adults from 2005-2010, or earlier when fewer than 5 studies were identified. Key data abstracted from each study included study type, treatment regimen(s), PRO results, and effect size (either reported or calculated). Effect size was calculated as the difference between baseline and follow-up mean scores divided by the baseline standard deviation and was interpreted as small ($d = 0.20$), medium ($d = 0.50$), and large ($d = 0.80$) [Cohen 1988]. **RESULTS:** In the past 5 years, the MOS-HIV was administered in 12 trials. Significant differences were observed between groups and over time in physical health summary (PHS) and mental health summary (MHS) scores ($p < 0.05$) in subjects switching therapy after experiencing adverse events (grade 2 or higher). Effect sizes were medium (0.55 and 0.49 for PHS and MHS, respectively) among treatment-naïve adults beginning therapy ($n = 2$ studies), but negligible among treatment-experienced adults (0.04 and 0.13 for PHS and MHS, respectively; $n = 3$ studies). The EQ-5D was administered in 5 trials during the past 10 years. The EQ-5D was responsive to occurrences of adverse events ($n = 2$ studies), opportunistic infections ($n = 1$ study), and demonstrated small-to-medium effect sizes (range 0.30-0.50) in treatment-experienced patients ($n = 1$ study). **CONCLUSIONS:** In-depth review of PRO study results showed that both the MOS-HIV and EQ-5D were responsive to changes in HIV-infected patients. These instruments may be used either individually or together in clinical trials to demonstrate changes in HRQL.

PIN52

COST-EFFECTIVENESS ANALYSIS OF HEPATITIS B CONTROL PROGRAM: OPTIMAL STRATEGY FOR DIFFERENT PREVALENCE RATES

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OBJECTIVES: Universal vaccination against Hepatitis B virus (HBV) is effective to control HBV infection. Hepatitis B immunoglobulin (HBIG) given to neonates helps further reduce HBV transmission. The objectives are 1) to compare the cost-effectiveness of four strategies for HBV screening and HBIG treatment in settings with a universal vaccination policy, and 2) to identify cost-effective HBIG strategies for different HBV prevalence rates. **METHODS:** We used Taiwan as an example and developed a decision analysis model to estimate the clinical and economic outcomes of HBV infection for a hypothetical cohort of 100,000 newborns. The four strategies were 1) Strategy V: vaccination only for all neonates, no screening or HBIG treatment; 2) Strategy S: maternal screening HBsAg, HBIG given for neonates born to HBsAg-positive mothers; 3) Strategy E: maternal screening HBeAg, HBIG given for neonates born to HBeAg-positive mothers; and 4) Strategy S&E: maternal screening HBsAg then HBeAg, HBIG given for neonates born to HBeAg-positive carrier mothers. **RESULTS:** In Taiwan, if willing-to-pay (WTP) over \$3000 to avert a case of HBV infection, Strategy S would provide the best protection. For WTP between \$1500-3000, Strategy E would be preferred at HBV prevalence > 14%, followed by Strategy S&E at prevalence 5-13%, and finally Strategy S at prevalence < 5%. For WTP less than \$1,500, Strategy V would be optimal. **CONCLUSIONS:** The optimal strategy is a function of WTP and HBV prevalence which usually declines gradually following the launch of immunization. This study provides a roadmap for considering alternative approaches to targeting HBIG treatment after the introduction of HBV vaccine.

INFECTION - Health Care Use & Policy Studies

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AIDS TO MEDICATION FOR UNINSURED INDIVIDUALS LIVING WITH HIV/AIDS IN THE UNITED STATES

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