A369

VALUE IN HEALTH 17 (2014) A323–A686

caregivers. RESULTS: 468 children and caregivers were included in this study. Mean children's HRQL was 76.1 ± 17.7. The caregivers' utility and themselves as 0.604 (95% CI: 0.592, 0.615) and 0.618 (95% CI: 0.606, 0.629), respectively. Mainly domains of diarrhea children were affected as pain/discomfort and anxiety/depression similarly to their caregivers. On multivariate regression analysis, factors which affected the children's utility were: age (βHIV = 0.007, p = 0.001), PGI40 and DDQ (βHIV = −0.005, p = 0.001), CD4% (βHIV = −0.009, p = 0.001), female (βHIV = 0.006, p = 0.001), and patients who reported diarrhea for more than 6 months (βHIV = 0.003, p = 0.001). In conclusion, caregivers of children with HIV/AIDS with diarrhea reported lower utility and worse QoL compared to patients themselves.

PG135 HOW DOES NON-MALIGNANT AIDED INDUCTION CONSTITUTIONAL QOL IMPACT HEALTH STATE UTILITY? Lawton R1, Marsh K1, Altmalt A1, King F4
1Astrazeneca, Cheshire, UK, 2Everson, London, UK, 3Everson, Lexington, MA, USA, 4Astrazeneca, Geneve, Switzerland. OBJECTIVES: Little is known about the impact of OIC and treatments for OIC on health state utility. Studies often focus on collecting data on changes in OIC status. The objective of this paper is to examine if the utility impact of treatment is driven by change in OIC status, and what the magnitude of the change in utility associated with changes in OIC status is. METHODS: 1,352 patients with non-malignant OIC were allocated to one of two, phase III, 12 week randomised controlled trials to study the impact of placebo. These three trials were pooled and prospective analyses on these data were undertaken. Both trials reached the three level EQ-5D at baseline, week 4 and week 12. EQ-5D scores were converted into estimates of utility using a published algorithm, which showed the PAC-QOL, although correlated with the EQ-5D, had a poor predictive power. Replicating the mapping using OBD-1033 PAC-QOL and EQ-5D data showed that DC, HCC, and LTL had significantly higher risk to have problems in mobility, self-care, and usual activities compared to “healthy subjects”. AIH had significantly higher risk to have problems in self-care, while NAFLD/NASH in anxiety/depression. Similar results were obtained with the Tobit model performed using VAS and Utility-index. DC, HCC, AIH and LTL reported the highest decrease in VAS and Utility score. CONCLUSIONS: HRQL decreased due to the impact of major LDs on the patients’ HRQL compared to the general population, and therefore is a key tool for decision-making in care delivery for liver diseases.

PG134 DEGREES OF COMORBIDITY IMPROVES HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH HEPATITIS C VIRUS GENOTYPE 1 PATIENTS WITH AND WITHOUT COMORBID CONDITIONS Nwankwo C1, Sung A1, Pike J1
1Merck, Whitehouse Station, NJ, USA, 2Dr. John’s University, Queens, NY, USA, 3Astellas Real World, Malvern, PA, USA. OBJECTIVES: To describe and compare self-reported health-related quality of life (HRQoL) in HCV Genotype-1 infected patients with and without comorbid conditions (e.g. depression, hypertension, obesity, arthritis, anemia and diabetes). METHODS: A Cross-sectional survey of physicians and their consulting patients was conducted from October 2012 to January 2013 as part of the Adelphi Real World Hepatitis C Disease Specific Programme. Overall, 348 patients from USA and France (231 with comorbidities and 117 without comorbidities) completed an EQ5D-3L and/or a Multidimensional Assessment-of-Fatigue (MAF) scale. HRQL was evaluated by estimating EQSD health-state-index (EQSD-HSI), Visual- Analog Scale (EQSD-VAS) score, Domain-dimension score and MAF Global-Fatigue-Index (MAF-GFI). Further analysis compared HRQL reported by patients with comorbidity who completed treatment for HCV and were cured versus those who were not cured. RESULTS: HRQL reported by untreated patients were better for those without comorbidities than those with comorbidities. For three of the five EQ5D domains, more patients without comorbidities versus patients with comorbidities reported no problems performing usual activities (85% versus 49%, p < 0.001), no pain/discomfort (70% versus 37%, p < 0.001) and no nausea (76% versus 37%, p < 0.004). The corresponding mean EQ5D values were EQSD-HSI 0.89 versus 0.77, p < 0.001, EQSD-VAS 79 vs 69, p = 0.014 and MAF-GFI 11 vs 19, p = 0.0001, for patients without comorbidities versus those with comorbidities. Among treated patients with comorbidities, those who cured had significantly higher HRQL than those not cured (EQSD-HSI 0.84 versus 0.67, p = 0.008, EQSD-VAS 74 vs 57, p = 0.003 and MAF-GFI 18 versus 32, p < 0.001). CONCLUSIONS: The results from this study suggest that the patients with comorbidities have a poorer HRQoL than patients without comorbidities, and that the treatment and cure of HCV in these patients is associated with higher HRQoL compared with treatment and no cure. This implies that treatment and subsequent cure of HCV genotype 1 patients with comorbidities may help improve their HRQoL.

PG133 A COMPARISON BETWEEN THE HEALTH-RELATED QUALITY OF LIFE REPORTED BY THE GENERAL POPULATION AND BY PATIENTS WITH MAJOR LIVER DISEASES Conti PA1, Rota M1, Scalone L1, Cozzolino P1, Cesana G1, Mantovani L1, Okolicanski S1, Claccioni A1, Gemma M1, Fagioli S1, Valsecchi MG1, Belli LS1, Strazzabosco M2
1University of Milano - Bicocca, Monza, Italy, 2CHARTA Foundation, Milan, Italy, 3Federico II University of Naples, Naples, Italy, 4Vapa Giovanni XXIII Hospital, Bergamo, Italy, 5Niguarda Hospital, Milan, Italy. OBJECTIVES: The impact of liver diseases (LDs) on health-related quality of life (HRQoL) is an important aspect to understand the burden of these conditions and improve their management. A well-characterized impact of the major LDs on HRQoL of the general population is still lacking. The aim of our study was to fill this gap. METHODS: A dataset with HRQOL data of a representative sample of the general population of most populated Italian region was matched with the dataset from a multicenter study conducted in the same region and time period to generate and validate a set of health care outcomes indicators for the major LDs (e.g. chronic hepatitis B (HBV), hepatitis C (HCV), compensated cirrhosis (CIC), decompensated cirrhosis (DC), hepatocellular carcinoma (HCC), autoimmune hepatitis (AIH), primary biliary cirrhosis (PBC), primary sclerosing cholangitis (PSC), NAFLD/ NASH). This dataset was obtained from a previously published multi-center study. It was divided into two samples: 1) the dataset from this study suggests that patients with comorbidities have a poorer HRQL than patients without comorbidities, and that the treatment and cure of HCV in these patients is associated with higher HRQL compared with treatment and no cure. This implies that treatment and subsequent cure of HCV genotype 1 patients with comorbidities may help improve their HRQoL.