MEASURING STAKEHOLDER PREFERENCES FOR SCHIZOPHRENIA OUTCOMES

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Understanding stakeholder preferences is essential for identification of effective treatments for schizophrenia, a severe and chronic psychiatric disorder with multiple, conflicting outcomes. However, measuring preferences for schizophrenia outcomes poses particular challenges. First, several stakeholder groups are involved in schizophrenia treatment, including patients, patient's families, clinicians, and members of the general public. Second, preferences—whose comparisons are most central—often reflect health state classification systems which demand a considerable cognitive task of participants. The objectives of the current study were to: (1) identify the health state classification systems employed, (2) record the measurement techniques used, and (3) assess the relationship between the McMaster HUI (II) and the EQ-5D in the USA and the Netherlands.

The McMaster health utility index (II) and the EuroQol-5D assessed in patients with peripheral arterial disease in the United States and the Netherlands.

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Purpose: To assess the relationship between the McMaster HUI (II) and the EQ-5D in the USA and the Netherlands, and to compare health profiles of patients with diabetes (i.e., minimal stage of peripheral arterial disease) and diabetes with severe stage (i.e., critical limb ischemia) using several measurement techniques, including the McMaster HUI (II), the EQ-5D, and the SF-36.

Methods: The McMaster HUI (II) and EQ-5D were completed by 112 patients with peripheral arterial disease (DI; n=78; AM; n=34) and diabetes with critical limb ischemia (CLI; n=35; AM; n=24). The SF-36 was completed by 104 patients with peripheral arterial disease (DI; n=77; AM; n=27).

Results: The health states of the respondents were severely impaired. Patients with diabetes had lower goods in all dimensions of the health profiles compared to the respondents with CLI. The health profiles for DI and CLI yielded equivalent health profiles for the two health states.

Conclusions: The McMaster HUI (II) was more discriminative between different stages of peripheral arterial disease compared to the SF-36. The EQ-5D yielded lower values than the McMaster HUI (II), which was not explained by transforming the EQ-5D index to the SF-36.

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