DOES FAMILIARITY WITH A DECISION AFFECT PATIENT PREFERENCE JUDGMENTS? TIME PREFERENCES IN FAMILIAR AND UNFAMILIAR DISEASE SCENARIOS
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Decision makers usually place more weight on immediate outcomes than on delayed outcomes. These time preferences for health have generally been studied by asking healthy subjects to consider hypothetical disease scenarios, raising the question of whether choices made in unfamiliar health scenarios (by decision makers) may be less future oriented (e.g., less willing to wait for a medical treatment) for a very familiar decision than for an unfamiliar or hypothetical decision.

Study participants were 12 migraine headache patients (mean age 38) who visited an out-patient neurology clinic and 17 Crohn's (inflammatory bowel) disease patients (mean age 38) who had received treatment in a surgery clinic. Patients were asked about hypothetical treatments both for the diseases from which they suffered (familiar conditions) and the diseases from another (unfamiliar condition). Each question presented a series of choices between a treatment that took effect immediately (familiar drug) and another to compensate for a one month delay (familiar drug), which are shown in the table. Subjective temporal discount rates were exceedingly high. Crohn's patients showed lower familiarity to compensate for a one month delay). Patients' responses were converted to monthly temporal discount rates (percent increase in effectiveness needed to compensate for a one month delay), which are shown in the table. Subjective temporal discount rates were exceedingly high. Crohn's patients showed lower temporal discount rates than migraine patients for both the familiar and unfamiliar scenarios.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>migraine</th>
<th>Crohn's</th>
</tr>
</thead>
<tbody>
<tr>
<td>pain</td>
<td>46.2%</td>
<td>54.2%</td>
</tr>
<tr>
<td>mood</td>
<td>15%</td>
<td>10.7%</td>
</tr>
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</table>

The correlation between the two scenarios was r = 0.8, p < 0.05. Thus, familiarity did not affect time preference in a consistent manner.

MEASURING READINESS FOR INCREASED PALLIATIVE CARE AMONG END-STAGE AIDS PATIENTS
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Health care providers struggle to determine the optimal mix of care, curative treatment and palliative care training among terminal patients. Timely introduction of palliative care has positive effects on patient quality of life, appropriate service utilization and reduced spending on futile care. A sample of AIDS patients (n=166) receiving home health care, in the terminal stages of the disease, produced data for the development of an Emotional Readiness Scale for increased palliative care. The scale measures patient denial and acknowledgment of impending death.

The scale included 148 males and 18 females, aged ranged from 22 to 72 with a mean of 37. The majority of respondents (61%) were in the last stage of AIDS, which is associated with CMV.

Framing and the difference between risky and riskless values
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Differences between risky and riskless values, such as obtained by gamble and rating methods, respectively, have traditionally been explained through invoking risk attitude. The purpose of our study is to test whether risk attitude as modelled in Prospect Theory (PT) is indeed capable to explain differences between risky and riskless values. Risky and riskless values were measured for a continuous health state, namely living x days/week with migraine. Certainly equivalences were measured for thirty gambles, constructed from 5 probability levels (0.1, 0.3, 0.6, 0.85, 0.95) and 6 outcome pairs chosen from the set (2,3,4,5,10) days/migration pairs. Subjects were offered a choice between a risky medicine or x days/week with migraine. Subjects were offered a choice between a risky medicine or x days/migration for x.

In the first experiment with healthy students (N = 8), convex functions were found for gamble methods, indicating that riskless health states are interpreted as losses. Surprisingly, gambles always yielded neutral or concave value functions, indicating that with gambles, some health states were viewed as gains. The difference between the PT values, which are 'corrected' for risk attitude, and the riskless values was significant (P<132, df=4, p<.000). We conclude that risk attitude as modelled in PT is not capable to explain the differences between risky and riskless values.

In a second experiments (N = 7), all health states in the gambles were presented as losses with respect to the status quo 'healthy'. As a result, convex value functions were also found for the gamble method: now the, risky and riskless value functions coincided. We conclude that the effects of losses/gains framing may partially explain that risky values are larger than riskless values.

Framing and the difference between risky and riskless values

Comparison of the efficacy and safety of the disease-modifying anti-rheumatic drugs
OM 8560, Auranofin, Hydroxychloroquine, and Sulphasalazine in Rheumatoid Arthritis: A Meta-analysis of Randomized, Double-blind Clinical Trials
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A meta-analysis techniques were used to evaluate the efficacy and safety of disease-modifying anti-rheumatic drugs (DMARDs) OM 8560, auranofin (AUR), hydroxychloroquine (HCQ), and sulphasalazine (SSZ) in rheumatoid arthritis (RA).

A fixed effects meta-analysis model was used to combine the results of randomized, double-blind trials satisfying pre-defined inclusion criteria. 18 randomized, double-blind, placebo-controlled studies and 30 randomized, double-blind comparative studies with a total of 63 relevant treatment arms were included in the analysis. Efficacy parameters assessed were ESR, pain score, morning stiffness, swelling joint count, a combined efficacy score, and non-drop-outs due to drug inefficacy. Safety parameters assessed were drop-outs due to toxicity, and the toxicity index (TI) score of side-effects causing drop-out. Drop-outs due to all causes were calculated as a combined measure of efficacy and safety.

The combined efficacy score showed that SSZ and OM 8600 were superior to both AUR and HCQ, however OM 8560 demonstrated equivalence compared to the other drugs in terms of the safety parameters assessed.

The summary results obtained by meta-analysis allow a comparison of the relative efficacy and safety of each drug group, and assist the clinician to weigh the potential benefits offered against the possible detrimental effects. When efficacy is weighed against safety parameters within the limitations of the meta-analysis, OM 8560 is preferable to AUR, HCQ, and SSZ for the treatment of RA patients.