A MULTI-ATTRIBUTE MODEL FOR PROSTATE CANCER PATIENTS' PREFERENCES FOR HEALTH STATES

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We mathematically modeled patient preferences using multi-attribute utility theory. Study participants were 75 patients with localized or metastatic prostate cancer (mean age = 71) at two Chicago VA clinics; 57 patients provided complete data for this analysis. Patients were asked to evaluate health states described in terms of 5 health attributes affected by prostate cancer: pain, mood, sexual function, bladder and bowel function, and fatigue and energy. Each attribute had 3 levels that were combined to form three clinically realistic health state descriptions: A = good, B = fair, C = poor.

A fourth personalized health description (P) matched the patient's current health. We first measured patients' preferences using time trade-off (TTO) judgments for the three health states (A, B, and C) and for their own current health state (P). Patients provided the number of years of perfect health they would be willing to trade in exchange for 10 years in each health state. The TTO scores were A = 0.84, B = 0.65, C = 0.23, and P = 0.79. The TTO for the patient's own health state (P) was standardized by comparison to TTO judgments for states A and C (P = C/A).

We next constructed a multi-attribute model. Patients rated the relative importance of the five attributes by dividing 100 points among them and indicated their current level of health along each attribute on a 3-point scale. The mean attribute weights were pain = 29, mood = 15, sex = 19, bladder & bowel = 20, and fatigue = 17. A multi-attribute utility (MAU) score was computed by multiplying, for each attribute, the level by the attribute weight, and summing across the attributes. The MAU scores were correlated with the TTO preference judgments (Pearson r = 0.38, N = 57, p < .01). Thus, patients' preference judgments are moderately consistent and systematic.

COMPARISON OF THE EFFICACY AND SAFETY OF THE DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS OM 8950, AURACIN, HYDROXYCHLOROQUINE, AND SULFASALAZINE IN RHEUMATOID ARTHRITIS: A META-ANALYSIS OF RANDOMIZED, DOUBLE-BLIND CLINICAL TRIALS

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Meta-analysis techniques were used to evaluate the efficacy and safety of disease-modifying antirheumatic drugs (DMARDs) OM 8950, auranofin (AUR), hydroxychloroquine (HCQ), and sulfasalazine (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 scores, 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 shown that SSZ and OM 8680 were superior to both AUR and HCQ, however OM 8650 demonstrated comparable effects 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 assists 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 8680 is preferable to AUR, HCQ, and SSZ for the treatment of RA patients.

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 among terminally ill patients. Timely introduction of palliative care is essential to have 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 stage 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 emotional scale builds upon the theoretical work of Weisman (1972), regarding stages of terminal prognosis. The scale is operationalized into five concepts: emotional exhaustion; diminished hope for improvement; withdrawal; delegation of control; and, overloaded caregivers. Constructs are measured on a five-point Likert scale item completed by the nursing staff. A high scale score is associated with emotional readiness for palliative and/or hospice care.

A factor analysis demonstrates the scale is unidimensional. A Cronbach's Alpha scale reliability at .93. It is hoped that the scale will be useful for clinical decision-makers, assisting in timely introduction of palliative care in the end-stage of terminal illness.

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