

**(S66) QUALITY OF LIFE UTILITY SCORES: DO SOCIETAL VALUATIONS MATCH MULTIPLE SCLEROSIS PATIENTS' SELF-VALUATIONS?**

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**Background:** Quality of life (QOL) utility instruments provide a summary score that is useful in clinical trials and cost-benefit analyses. However, the scoring algorithms for utility measures are based on values placed by society on various health/disease states rather than by the persons who actually live in these states. Thus, clinicians and researchers are beginning to investigate the appropriateness of reporting multiple sclerosis (MS) patients' QOL based on societal valuation utility measures versus patient self-valuation measures.

**Objective:** The purpose of the study was to 1) determine whether differences exist between patients' and society's valuations of their QOL; and 2) delineate possible explanatory factors for any discrepancy between the two types of QOL valuations.

**Methods:** A cross-section of 80 patients from a university-based MS clinic completed the EuroQol 5-Dimension (EQ5D) utility measure and the accompanying patient self-valuation QOL measure, the EuroQol's visual analogue scale (VAS). The difference between the two scores (VAS-EQ5D) was calculated for each patient.

**Results:** A statistically significant mean difference of 0.08 was found between the VAS and the EQ5D (95% confidence interval, 0.02–0.13), indicating that the sample had a better overall QOL self-valuation than society's. Patients with self-valuations higher than their EQ5D scores were older, were not working, had a more progressive disease course, had a higher disability level, had a longer disease duration, and lived in facilities rather than at home. These six factors explain 49.3% of the variance in the mean difference between the VAS and EQ5D ( $F = 12.2, P = .00$ ).

**Conclusions:** MS patients' self-valuation of their QOL does not appear to match their EQ5D QOL score. Perhaps, as this study suggests, there are variables such as time lived with the disease that contribute to MS patients' self-valuations that society would not be able to incorporate into their evaluations of various health/disease states. The implications of these findings for future research and patient care will be presented.

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