

Good Questions

Issue Ten

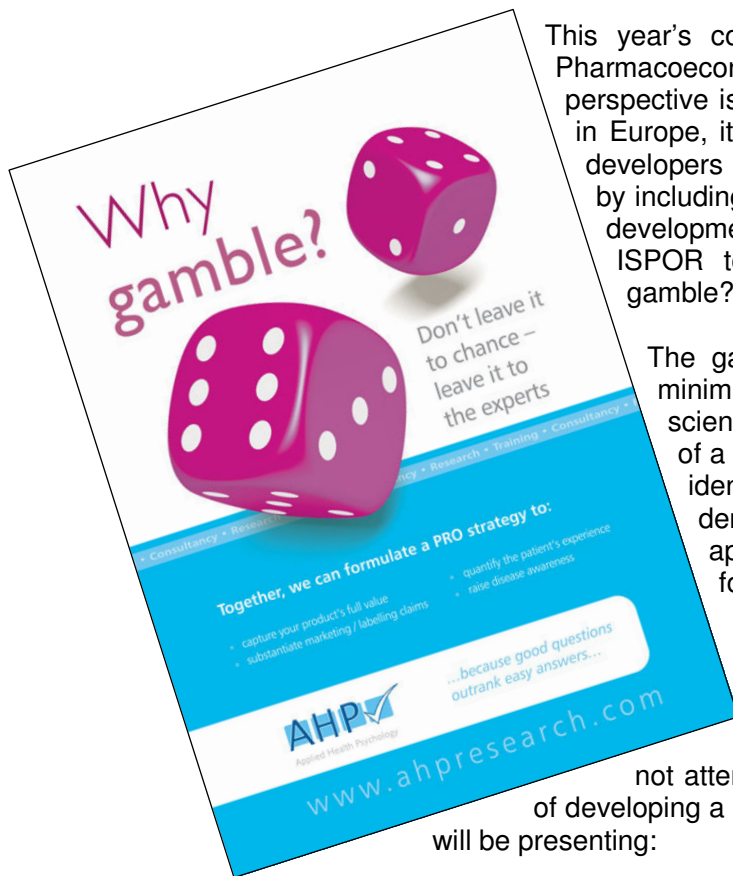
October 2007



ISPOR 10th Annual European Congress

Dublin 20-23 October

After a hugely successful conference last year, AHP Research is exhibiting again at this year's International Society for Pharmacoeconomics and Outcomes Research (ISPOR) European congress. We find it an excellent platform to discuss health outcomes research with other researchers and clients working in various medical conditions and treatment indications.



This year's conference theme is "Expanding European Horizons for Pharmacoeconomics and Outcomes Research". While the patient perspective is gaining increasing recognition in some therapeutic areas in Europe, it is still considered as a secondary outcome, and product developers often gamble on finding treatment superiority and benefit by including patient-reported outcomes (PROs) only at a late stage of development. As proud sponsors of the conference, we have chosen ISPOR to launch our new "good question" campaign – "Why gamble?"

The gamble often associated with outcomes research can be minimised by working with experienced health outcomes scientists to formulate a PRO strategy early in the development of a treatment. In this way, potential PRO-related claims can be identified early and steps taken to maximise the likelihood of demonstrating treatment benefits (and related claims being approved by regulatory bodies). See [April's Good Questions](#) for further detail on developing PRO strategies.

If you are travelling to Dublin to attend ISPOR, be sure to come and say hello to us (booth 46) and try your luck at our roulette table, for the chance to win a Nintendo Wii.

This is the only kind of gambling we condone! If you are not attending, please feel free to [contact us](#) to discuss the benefit of developing a PRO strategy or to request a copy of one of the posters we will be presenting:

- A review of instruments used to assess the impact of alcoholism on quality of life
- Pilot study of clinician attitudes to insulin pump therapy: International differences and the need for a greater understanding of the patient perspective
- Measuring the impact of Restless Legs Syndrome (RLS) on quality of life: A systematic review
- A qualitative study to inform the development of a new measure assessing the individualized impact of restless legs syndrome (RLS) on quality of life

Please see page 4 for other anticipated highlights of the congress.

The key to motivating adults to exercise lies in identifying their personal goals

Brits 'dying not to exercise': so, what will motivate us?

Results of a recent survey by *YouGov*, on behalf of the British Heart Foundation (BHF), suggest that most UK adults are unwilling to exercise. Not even the threat of an early death can motivate them - only 38% said that they would do more exercise if their life depended on it¹.

Recent BHF statistics indicate that someone dies every 15 minutes as the direct result of physical inactivity and yet, many of us find reasons not to exercise (eg lack of time, bad weather). Alarming, this sedentary lifestyle is not limited to adults. Earlier in September, a study from Bath University indicated that only 2.5% of 11-year-olds meets the national target for children of one hour of physical exercise each day².

So what does motivate people to exercise? The BHF *YouGov* survey found that almost one third of 18-24 year olds would exercise more if they saw an unflattering photo of themselves or were told they looked fat. Less predictable forms of motivation included fancying someone at the gym!

These reports have been met with huge media interest this month, yet they are not entirely surprising. Personal motivation is a key issue in the uptake of any health behaviour. Similar results have been found in other areas of health promotion, where the threat of lung cancer (or even an early death) is not sufficient to motivate young people not to take up smoking - but short-term effects (eg the smell and possibility of being less attractive to the opposite sex) have much greater personal meaning.



So, it seems that the key to motivating adults to exercise is less likely to be the promise of better long-term health and more likely to be something that appeals to their own short-term priorities.

For some people, the primary motivation for weight loss is perhaps not reducing the risk of heart disease and diabetes, but feeling better about their physical appearance (eg fitting into a new outfit, looking better in family photos or on the beach, enjoying going shopping). For others, fitness benefits might be key (eg being able to have fun with grandchildren, taking up a favourite sport again).

All this promotes the importance of individualising health-related messages. For healthcare professionals encouraging adults to take up exercise, the key is to identify what matters most to the individual and help them to achieve a goal they care about.

References

1. <http://news.bbc.co.uk/1/hi/health/6994632.stm>
2. Riddochs et al. Objective measurement of levels and patterns of physical activity. *Arch Dis Child*. Sep 2007; doi:10.1136/adc.2006.112136.

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In Brief

[New NHS guidelines on childbirth](#)

New NHS guidelines have been drafted giving women greater control over where and how they give birth. The framework, published by the National Institute for health and Clinical Effectiveness (NICE) is designed to ensure labour is a positive experience for all women.

The guidelines emphasise the importance of the mother-to-be's perspective and identify improved communication between hospital staff and women as key in establishing the wishes of women in labour. Women will have the option of deciding whether they would like to give birth at home, in a midwife-led unit or a consultant led-unit at hospital. Even in hospital, the guidelines encourage minimum interventions although women who desire a medicalised birth should be offered one.

[Workplace depression screening improves productivity and lowers employers cost](#)

According to research funded by the National Institute of Mental Health (NIMH), systematic efforts to identify and treat depression in the workplace significantly improves employee health and productivity. In response to research demonstrating that depressed employees are less productive and absent more often, half of 604 employees with clinically significant depression enrolled in a managed behavioural health care plan were randomised to an intervention group involving telephone support.

At follow-up (12 months), 40% of this group were more likely to have recovered from their depression, compared to those in usual care. Consequently, the intervention group worked longer hours than those in usual care, providing productivity benefits for employers.

BMJ

In the
Journals*Patients' experiences of
screening for type 2 diabetes*

- 1** Earlier detection and treatment of Type 2 diabetes may lead to improved health outcomes but it is not clear whether population benefits outweigh psychological costs for the individual.
- 2** In RCTs, screening for Type 2 diabetes has been found to increase anxiety though effects are not clinically relevant.
- 3** The current study aimed to determine the factors that contribute to any reported increases in anxiety.
- 4** 23 participants (aged 50-69, in 7 general practices) took part in interviews at three stages of screening.
- 5** Participants' perceptions of the screening and of diabetes changed as they progressed through the programme, from 'trivial', to 'mild' to confidence in controlling it for those who received a diagnosis.
- 6** This study helps to explain the apparently limited psychological impact of screening for type 2 diabetes.
- 7** Low rates of anxiety suggest the acceptability of a national screening programme but raise concerns about the tendency not to perceive type 2 diabetes as a serious condition.

¹ Eborall H et al (2007) Patients' experiences of screening for type 2 diabetes: prospective qualitative study embedded in the ADDITION (Cambridge) randomised controlled trial. *BMJ* 335 (7618): 490

Readership Survey

If you haven't done so already, please remember that we want to know what you think of our e-bulletin. Copy the link below into your web browser to complete the quick questionnaire:

http://www.surveymonkey.com/s.aspx?sm=VSszVmUPUPIFFzTHo97_2ftA_3d_3d

Remember for every questionnaire completed, we will donate £1 to our chosen charity, REACT.

In the news...**Children to be weighed in bid to tackle obesity**

<http://www.hsj.co.uk/announcements/children-to-be-weighed-in-bid-to-tackle-obesity.html>

NICE should have bigger role in guiding NHS

<http://www.bmj.com/cgi/content/extract/335/7620/585-b>

Caesarean 'raises womb-tear risk'

<http://news.bbc.co.uk/1/hi/health/7024312.stm>

Doctors and medical statistics

<http://www.thelancet.com/journals/lancet/article/PIIS0140673607614214/fulltext?rss=yes>

The National Institute of Health and NASA partner for health research in space

<http://www.nih.gov/news/pr/sep2007/od-12.htm>

'Worrying' HIV ignorance in young

<http://news.bbc.co.uk/1/hi/health/7022497.stm>

Self-discipline may reduce Alzheimer's risk

<http://www.newscientist.com/article/dn12717-selfdiscipline-may-reduce-alzheimers-risk.html>

Good Answers?

Every month in "Good Questions", we give you the opportunity to benefit from your own "Good Answers". Just give some thought to the problems we pose and send your response to us.

What is the best thing about extreme memory loss?

If yours is selected for publication in our e-bulletin, you will win an Amazon voucher. Please send your responses to: info@ahpresearch.com. The closing date for entries is 12 noon on **Friday 26th October**.

ISPOR [10th Annual European Congress](#):

"Expanding European Horizons for Pharmacoeconomics and Outcomes Research"

20-23 October 2007, Dublin

Below we highlight some sessions of the ISPOR programme, which are of special interest to us and are likely to be useful to others who are interested in the field of outcomes research.

PRO sessions

Sunday, 21st October

CONTRIBUTED WORKSHOP SESSION II (17:00-18:00)

W13 Specifying the Conceptual Framework of an Instrument: Two Tools to Make Your Life Easier

The FDA draft guidance on PROs (2006) states that one of the first steps in the drug approval process is to specify the conceptual framework for each PRO instrument to be used to support a statement about treatment benefit. This workshop aims to help participants: 1) use the Conceptual Taxonomy to identify the structure of an instrument in terms of concepts and measurement approach; and 2) understand the relationship of this structure to an intended statement of treatment benefit.

W14 From Minimal Important Difference To Cumulative Response Curves: Keys To The Interpretation Of PRO Results

This workshop aims to discuss how best to present PRO data for interpretation of clinical meaningfulness and to present the use of cumulative response curves (CRC) as an alternative method to comparison with minimal important differences (MID). The great potential of CRCs for the interpretation of PRO results will be presented and illustrated using examples from respiratory medicine and ophthalmology.

Monday, 22nd October

2nd PLENARY SESSION (09:00-10:30)

Patient Reported Outcomes: A European Perspective

The use of PROs has received considerable attention recently, following the guidance issued by the FDA (2006). The objective of this session will be to discuss the role of PROs in Europe, given

the slightly different views taken by the European Medicines Evaluation Agency (EMA) and the fact that several national reimbursement agencies also consider quality of life data in reaching their decisions. Is their perspective different from that of the licensing agencies?

EDUCATIONAL SYMPOSIUM (13:30-14:30)

Can you hear me now? Techniques for effectively communicating value to internal and external decision makers

For health economics and outcomes research to be successful, effective value communication is important, both at the beginning and the end of project. The speakers will discuss the need to be more effective in communicating the value at both stages.

Other Pharmacoeconomics & Outcomes Research sessions of interest

Sunday 21st October

CONTRIBUTED WORKSHOP SESSION I (15:30-16:30)

W1 Outcomes Research - Its Role In Risk Management

W6 Interventions That Enhance Medication Compliance And Persistence: Theoretical Grounding, And Economic Assessment

W7 Compliance, Adherence & Persistence In Health Outcomes Research: Why, When, And What's The Right Choice

Tuesday, 23rd October

ISSUE PANEL SESSION I (08:30-09:30)

IP1 Pharmacoeconomics in Ireland, Scotland and Wales: A Celtic Perspective on the Appraisal of Pharmaceuticals

IP5 Value-Based Pricing: Solution Or Illusion?

ISSUE PANEL SESSION II (10:00-11:00)

IP6 The HTA "Revolution" In Europe: The Future is Bright, the Future is Cost-Effectiveness?

IP10 Are Medical Devices More Challenging to Evaluate Than Drugs?

Forthcoming events:

10 - 13 Oct 2007
ISOQOL 14th Annual Congress:
Toronto

20 - 23 Oct 2007
ISPOR 10th Annual European Congress:
Dublin

30 October 2007
UKCRN training course
"Critical Appraisal Skills":
Leeds

1 and 20 Nov 2007
Diabetes UK workshop
'Dealing with hypoglycaemia':
London and Manchester

13 Dec 2007
UKSBM 3rd Annual Scientific Meeting:
Warwick

For further details on any of these events, please visit our [events](#) webpage.