Poster 17. **Health-State Utilities in Chronic Immune Diseases: Pilot Study**

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**Background**
Utility scores are used to estimate Quality Adjusted Life Years (QALYs), applied in determining the cost-effectiveness of health care interventions. In studies where no preference based measures are collected, indirect methods have been developed to estimate utilities from clinical instruments.

**Aim**
The aim of this study was to evaluate a published method of estimating the Short Form-6D (SF-6D) (preference based) in patients with chronic immune diseases from Unidade de Imunologia Clínica do Hospital de Santo António - Centro Hospitalar do Porto and evaluate the impact of socio-demographics, economics and clinical characteristics on quality of life (QoL) and potential predictors for QoL improvements.

**Methods**
We enrolled 320 patients with chronic immune diseases (104 men and 226 women with a mean age: 45.21; 84 people living with HIV and 236 with chronic autoimmune diseases. All responders to the Portuguese SF-36 version 2.0 questionnaire can be assigned an SF-6D score provided the 11 items used in the SF-6D have been completed using a computerized administration. To assess socioeconomic status, we use the Graffer's scale, clinical and demographic variables were assessed by a questionnaire specifically designed for the present study.

**Results**
The mean utility value was .595. Male, gender, young, single, individuals with high educational attainment level and Graffer’s scale Class high reported higher utility levels. As expected, those who takes therapeutics’ or have a higher length disease reported lower mean utility levels than those who were in a less severe stadium of the disease or without therapeutic.

**Conclusion**
This paper provides the first utilities obtained from a populations leave with chronic immune diseases. The preference-based measures used in this study distinguish patient groups with chronic immune diseases’ in terms of socio-demographics characteristics and clinical groups. The normative values can be used economic evaluation and clinical studies as they incorporate patient’s preferences and translate the value attribute to patients’ health state.

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