strong support among the general population for reimbursing fertility treatments through the Dutch basic benefit package.

PMU97
OLDER ADULTS SATISFACTION WITH PHARMACEUTICAL CARE IN AN OUTPATIENT PHARMACY OF A NIGERIAN TEACHING HOSPITAL

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OBJECTIVES: ;To evaluate older adults' level of satisfaction with pharmaceutical care and to identify associated factors. METHODS: ;A cross sectional survey was conducted among 200 older adults attending the Pharmacy unit of the Consultant Outpatient Department, Olabisi Onabanjo University Teaching Hospital (OOUTH) Sagamu for 4 weeks. A 26- item questionnaire addressing the socio-demographic characteristics and satisfaction variables on a 5-point Likert scale of excellent (5) very good (4) good (3) fair (2) and poor (1) with a range of 20-100 score was utilized. Using IBM SPSS version 20, Unpaired t test and One way ANOVA were done for further analysis and significant P - value was set at < 0.05. RESULTS: ; Response rate was 83.5% and reliability of the questionnaire was 0.842. Most respondents were females 91(54.5%) ranging from 60-69 years 84(50.3%) and married 131(78.4%). Overall satisfaction score was 66.34±16.09. Patients were most and least satisfied with 'The privacy of conversations with the Pharmacist' 81.4±16.8 and 'The availability of the pharmacist to answer your questions'' 55 ±23.8 respectively. No significant association was observed between demographic variables and satisfaction levels. CONCLUSIONS: Overall satisfaction score with pharmaceutical care was good and there was no significant association with sociodemographic variables.

PMU99
PERCEPTIONS OF THE GREEK POPULATION CONCERNING MEDICINES — A DESCRIPTIVE ANALYSIS

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OBJECTIVES: To assess the opinions of the Greek population concerning medicines in general and innovative ones, with regard to their safety and effectiveness, their contribution to health improvements and their role as a commodity. METHODS: Primary data were extracted from the "Health and Welfare" health interview survey conducted by the Hellenic National School of Public Health and refer to year 2015. The study sample was representative of the Greek population and consisted of 2,003 adults. Participants were asked to state their level of agreement on statements over medicines in general and innovative ones in particular, on a scale of 1-10 (1=completely negative/disagree and 10=completely positive/agree). Mean agreement scores were estimated for each variable. RESULTS: Concerning medicines in general, mean score of agreement on their usefulness and importance was 8.31 (SD=2.106) and on their safety and effectiveness was 7.15 (SD=2.174). Regarding innovative medicines, mean score of agreement on their increased safety and effectiveness compared to older ones was 6.89 (SD=2.357). Mean agreement scores on whether innovative medicines are primarily developed to (a) improve the population health was 7.24 (SD=2.485), (b) address new life-threatening diseases was 7.67 (SD=2.295), (c) address chronic diseases was 7.78 (SD=2.129), (d) increase life expectancy was 7.33 (SD=2.477) and (e) increase quality of life was 7.55 (SD=2.336). Mean agreement score on whether medicines are mainly developed to create profits for the pharmaceutical industry was 8.92 (SD=1.770). CONCLUSIONS: Based on the results, perceptions concerning medicines are quite positive among the Greek population, since it is largely believed that they are useful, safe and effective, while their objective towards improving health indicators is recognized. However, the belief that innovative medicines are profit-oriented gathers the highest score among all the suggested objectives. Further investigation would be useful to understand the reasoning behind the population's perceptions concerning medicines and the factors associated to it.

PMU100
MAPPING BENEFIT-RISK DECISION-MAKING PROCESSES AND IDENTIFYING DECISION POINTS WITH THE POTENTIAL TO INCLUDE PATIENT PREFERENCE INFORMATION THROUGHOUT THE MEDICAL PRODUCT LIFECYCLE

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OBJECTIVES: Patient preference information (PPI) has not been effectively integrated in decision-making throughout the medical product lifecycle (MPLC). A first step requires an understanding of existing processes and decision points to know how to incorporate PPI to improve patient-centric decision making. The aims were to: 1) identify the decision-making processes and decision points throughout the MPLC for stakeholders, and 2) determine which decision points have potential to include PPI. METHODS: A 3-step approach was conducted, including a scoping literature review identifying relevant white and grey literature, validation meetings with stakeholders to confirm decision-making processes, and semi-structured interviews with representatives of 3 stakeholder groups (industry n=24, regulatory n=22, HTA n=24). The literature review was conducted using five scientific databases, and interviews were conducted within seven different European countries and the US. RESULTS: Six decision points were identified for industry decision-making process: 1) Select & prioritize targets and leads; 2) Prioritize studies; 3) Prioritize assets; 4) Optimize & Prioritize assets; 5) Regulatory Submission &

Launch; and 6) Manage MPLC & Prioritize opportunities. Four decisions points for the regulatory decision-making process: 1) Submission and validation; 2) Scientific opinion; 3) Orphan designation; and 4) Commission decision. Six decision points for HTA decision-making: 1) Filtration; 2) Prioritization; 3) Appraisal; 4) Filtration II; 5) Prioritization II; and 6) Appraisal II. PPI is currently not considered required information to be submitted for decision-making, but has the potential to be included at most key decision points. CONCLUSIONS: Currently, PPI is not considered as obligatory information to submit for any of the MPLC decision points, nor is it a pre-set criterium for decision-making. PPI is considered an important component by most stakeholders to inform future decision-making across the MPLC. Acknowledgement: This work received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking PREFER grant n° 115966

PMU102
A MULTIVARIATE APPROACH THAT ALLOWS COMPREHENSIVE SCORING OF MULTI-FACETED CONCEPTS: FOCUS ON MEDICINE ACCEPTABILITY IN VULNERABLE POPULATIONS

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OBJECTIVES: Although inclusive judgement criteria are useful to healthcare decision making, combining multiple dimensions to provide a comprehensive score for a multi-faceted concept remains challenging. Herein we present a multivariate approach mining a large set of real word data to provide such a score. We focus on a recent crucial endpoint of drug development: medicine acceptability evaluations in vulnerable populations. METHODS: We applied the same methodology in the pediatric and the older populations. Observers reported several behaviors describing the different aspects of acceptability (intake, reaction, time, and the use of methods to achieve administration), for various medicines uses. Therefore, the evaluations corresponded to combinations of measures. Using a Multiple Correspondence Analysis, these numerous combinations were positioned on a map, wherein proximity reflects similarity. Consequently, a clustering gathered the most similar combinations, those closest on the map, to define acceptability profiles. RESULTS: Comparable coherent three-dimensional maps visualize the key relationships between the observed measures that emerged from the data collected in the pediatric (946 evaluations on 256 medicines) and the older (1079 evaluations on 280 medicines) populations. The maps juxtapose green and red zones that materialize the positively and negatively accepted profiles, respectively. Many factors of interest (e.g. medicine, formulation, patients population) were positioned on the maps at the barycenter of the related evaluations. Position was therefore due to the different combinations of measures reported. A barycenter belonging to the green zone, along with all of the 90% confidence ellipses surrounding it, was considered as accepted. CONCLUSIONS: This multivariate approach offers an intelligible reference framework providing a visual binary score integrating the different dimensions of acceptability. Using this judgement criterion, medicine features that best fit user characteristics could be studied in both vulnerable populations. This methodology is similarly used to assess and better grasp further multi-faceted concepts, such as cognitive performance.

PMU103
INCORPORATING PSYCHOLOGICAL CONSTRUCTS INTO PATIENT PREFERENCE STUDIES: WHICH YOU SHOULD CONSIDER INCLUDING IN YOUR NEXT STUDY?

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OBJECTIVES: In healthcare decision-making, patients need to deliberate on specific risks, benefits, and preferences of different healthcare options. When eliciting patient preference (PP), it is necessary to identify, measure, and account for psychosocial constructs that may influence the construction and interpretation of PPs. This study aimed to identify: 1) Psychological constructs that could influence the construction of PP and explain PP heterogeneity; 2) Motivational factors for selecting psychological constructs to be measured in PP studies. METHODS: We conducted a systematic review to identify psychological constructs affecting the construction and heterogeneity of PP. A list of motivational factors for identifying and selecting psychological constructs to be measured in PP studies was also developed. RESULTS: A total of 29 constructs were detected and categorized in these six categories: 1) cognition, 2) motivation, 3) individual differences, 4) emotion and mood, 5) health belief and 6) well-being and social support. Based on the strength of available evidence, these constructs were categorized into three class of recommendations: 1) Class I: constructs that should be measured in PP studies; 2) Class II: constructs that are reasonable to be measured in PP studies; 3) Class III: constructs that are not yet reasonable to be measured in PP studies. To help stakeholders to select psychological constructs relevant to their specific aim, the constructs were organized into 1) Constructs that may explain PP heterogeneity; 2) Constructs that may influence the formation process of preferences. CONCLUSIONS: Understanding PP heterogeneity is important for both product development and evaluation. This study indicates which psychological constructs influence PP and how healthcare stakeholders can measure them in PP studies. This work received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking PREFER grant n° 115966.