data. Costs and benefits were discounted at 5% per annum as per Hungarian guidelines. **RESULTS:** With reference to the ATTAIN trial, and assuming a treatment duration of 1 year and 10 years time horizon, abatacept was cost-effective compared to MTX, yielding 0.57 additional QALY at an additional cost of 2.03 million HUF with an incremental cost-effectiveness ratio of 3.6 million HUF/QALY based on a societal perspective. From the Hungarian health insurance perspective, the incremental cost-effectiveness ratio was 4.4 million HUF/QALY gained. Compared to cycled anti-TNFs, abatacept was dominant (more effective and overall less costly), with a QALY gain of 0.48 and estimated savings of HUF 731113. From the Hungarian health insurance perspective, the savings were 479 815 HUF. The results are robust to extensive sensitivity analyses. **CONCLUSIONS:** The results of this cost-utility assessment suggest that abatacept is cost-effective compared to MTX and to cycled anti-TNFs in Hungary for the approved indication, and within the usual acceptance cost-effectiveness ranges.

PMS43

GOLIMUMAB, A HUMAN ANTI-TNF-ALPHA MONOCLONAL ANTIBODY, SIGNIFICANTLY REDUCES TIME LOST FROM WORK FOR PATIENTS WITH RHEUMATOID ARTHRITIS: POOLED RESULTS FROM THREE PHASE 3 STUDIES

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OBJECTIVES: To evaluate the effect of golimumab (GLM) treatment on time lost from work in rheumatoid arthritis (RA) patients. **METHODS:** The effect of GLM on time lost from work was evaluated in three multicenter, randomized, double-blind, placebo (PBO)-controlled RA studies (GO-BEFORE, GO-FORWARD, and GO-AFTER). Data from patients receiving GLM or PBO with or without methotrexate (MTX) were included. GLM SC injections of 50 mg or 100 mg were administered q4wks. Analyses were pooled to increase the power to detect a difference between treatment groups. Time lost from work was collected through a questionnaire at baseline and q8wks through wk24. Time lost from work was summarized cumulatively through wk16 and wk24 and compared between groups using an ANOVA on van der Waerden normal scores. The analysis was limited to patients <65 years of age and employed full-time at baseline. The proportion of patients reporting no days lost from work in the GLM +/–MTX group compared with PBO +/–MTX was calculated and compared between groups using chi-square test. **RESULTS:** There were significant differences in time lost from work (days) for patients treated with GLM +/–MTX through wk16 and wk24 compared with PBO +/–MTX. At wk24, the PBO +/–MTX group had lost on average 6.9 ± 19.7 days compared with 5.0 ± 19.4 days for the combined GLM +/–MTX group, a difference of 1.9 days ($p = 0.004$). At wk 24, the 75th percentile for the combined GLM +/–MTX group was 1.000 day (range 0–180) compared with 3.000 days (range 0–120) for the PBO +/–MTX group. A significantly higher proportion of patients in the combined GLM +/–MTX group reported no time (days) lost from work compared with PBO +/–MTX (73.1% vs. 60.7%; $p = 0.002$). **CONCLUSIONS:** GLM +/–MTX significantly reduced time lost from work for RA patients compared with PBO +/–MTX. A significantly higher proportion of patients in the GLM group reported no time lost from work compared with PBO +/–MTX.

PMS44

PARAMEDICAL OR ALTERNATIVE TREATMENTS AND ASSOCIATED COSTS FOR THE MANAGEMENT OF FIBROMYALGIA IN FRANCE

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OBJECTIVES: To describe the multidisciplinary outpatient management of fibromyalgia and the paramedical resources and alternative treatments used in France, **METHODS:** A French expert panel, involving 33 general practitioners (GP) and 27 rheumatologists, was asked to describe their prescribed paramedical care and other alternative treatments in fibromyalgia patients, by means of a questionnaire covering a period of four years before diagnosis to four plus years after diagnosis, with 1-year intervals. Average reported prescriptions were calculated. Costs were calculated by multiplying prescribed resource use with corresponding French unit costs (€; 2007; societal perspective). **RESULTS:** Paramedical resource use and other alternative treatments increase substantially as from year from four years untill the first year after diagnosis, and slightly decrease in the subsequent years. In the first year after fibromyalgia diagnosis, 20% of the panel prescribes various food supplements in 59% of their patients (average duration varying between 8 and 52 weeks); 93% prescribes physiotherapy in 63% of their patients (average duration of 14 weeks); 57% prescribes thermal baths in 23% of their patients (3 weeks); 55% prescribes acupuncture in 30% of their patients (14 weeks); 48% prescribes chiropractor therapy in 28% of their patients (8 weeks); 55% prescribes relaxation therapy in 24% of patients (17 weeks); 37% prescribes psychoanalysis in 21% of patients (28 weeks); 20% prescribes hypnotherapy in 16% of patients (9 weeks); 8% prescribes biofeedback in 16% of patients (20 weeks). The average cost from a societal perspective is estimated at €387 per patient per year, ranging from €265 before diagnosis (4 year period), over €678 in the year following diagnosis, towards €453 in the period after diagnosis (3 year period). **CONCLUSIONS:** Paramedical and alternative treatment of fibromyalgia represents 387 euros per patient and per year from the societal perspective. Resource use and costs steadily increase till the year following diagnosis and decline afterwards.

PMS45

OUTPATIENT MEDICAL MANAGEMENT OF FIBROMYALGIA IN FRANCE COMPARED TO THE UNITED KINGDOM

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OBJECTIVES: To describe and compare the outpatient medical management of fibromyalgia patients in France and United-Kingdom, **METHODS:** A French expert panel, involving 33 general practitioners (GPs) and 27 rheumatologists, was questioned in 2007 by means of a questionnaire describing the UK prescriptions registered in the General Practice Research Database between January 1998 and March 2003. Participating experts were asked to describe their own clinical practice compared to the UK prescriptions in terms of diagnostic tests, drugs, consultations and referrals. over a period of four years before diagnosis to four plus years after diagnosis using one year intervals. Average reported prescriptions were calculated and compared to the UK data. **RESULTS:** Interviewed experts monitor on average 36 [24–49] fibromyalgia patients, of whom 38% [31–47] for at least 4 years. Their patients have an average age of 48 [47–49] (vs 49 in UK), 86% [84–88] are women (vs 81% in UK). French physicians are 74.4% [73.3–75.6] likely to validate the

UK-prescriptions in terms of diagnostic tests, 86.0% [84.6–87.2] in terms of consultations and referrals of GP and rheumatologists, and 64.7% [61.7–67.7] in terms of medications. NSAID, SSRI antidepressants, tricyclic antidepressants and glucocorticoids are prescribed in respectively 15%, 11%, 12% and 2% of the French patients. Patients are monitored by a GP for an average of 17 visits per patient per year. On an average annual basis, 13% of the patients are referred to a rheumatologist, 6% to a psychiatrist, 13% to a radiologist, 56% to a medical biologist, 6% to an orthopaedist, and 1% to a geriatrician. On average, 2.2 diagnostic tests per patient per year are prescribed. **CONCLUSIONS:** The French expert panel fairly agreed with the medical resources prescribed by GP in UK; agreement rates ranged between 65% and 86%. These results confirm the diversity in treatments and the multidisciplinary management of patients suffering from fibromyalgia.

MUSCULAR-SKELETAL DISORDERS— Patient-Reported Outcomes Studies

PMS46

DEVELOPMENT OF A SPECIFIC TOOL TO EVALUATE WOMEN'S ADHERENCE TO OSTEOPOROSIS TREATMENT

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OBJECTIVES: Women with osteoporosis do not follow their treatment strictly and it is necessary to assess, describe and explain why. A literature review did not allow specific osteoporosis questionnaires assessing adherence (i.e. significant and self-conscious involvement of patients in their treatment) to be identified. The objective was thus to develop a tool to evaluate adherence to treatment of women with osteoporosis. **METHODS:** Face-to-face semi-directive interviews were conducted with 10 women with osteoporosis. Interpretative Phenomenological Analysis (IPA) was undertaken using the full transcripts of interviews. The numerous concepts identified with IPA were discussed with experts and relevant concepts for adherence were organised into a conceptual model. Items were then generated for each detailed concept using patients' own words. The questionnaire was then tested for relevance and comprehension with 5 other women with osteoporosis, and revised accordingly. **RESULTS:** The conceptual model included various elements linked to adherence to treatment: personal data, beliefs, perceptions, behaviour and information received. Several items were generated for each general concept and organised into sections about osteoporosis, treatment, information received about osteoporosis and treatment, and osteodensitometry test. Except a few items that were modified or deleted, the majority of the items were well understood, and considered relevant and adequate by patients during comprehension tests. The revised questionnaire contained 44 items. **CONCLUSIONS:** This questionnaire is a unique and promising tool that provides a comprehensive and specific evaluation of women's adherence to osteoporosis treatment. A future pilot study with 10 clinicians and 30 women with osteoporosis is planned in real conditions of use to assess if the questionnaire is well accepted by both clinicians and patients in clinical practice. A validation study will then be undertaken to validate psychometric properties and scoring of the questionnaire, and to demonstrate that the score is predictive of patients' actual behaviour.

PMS47

USING HAQ TO ESTIMATE HUI3 AND EQ-5D UTILITY VALUES IN SPANISH RHEUMATOID ARTHRITIS PATIENTS

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OBJECTIVES: Description of HUI3 and EQ-5D utility values and their relation with HAQ score. **METHODS:** Observational, cross-sectional, naturalistic and multicentre study. A total of 244 patients aged 18 or more and with rheumatoid arthritis (RA) according to ACR diagnosis criteria were recruited by 14 Spanish rheumatologists over a 2-month period. Social (age, gender and race) and clinical variables (time of disease evolution, current affected joints and RA family history) were collected. Patients were also asked to fulfil three generic HRQoL questionnaires: Health Assessment Questionnaire (HAQ), Health Utility Index (HUI) and Euroqol (EQ-5D). Two linear regression models were used to predict HUI3 and EQ-5D utility values as functions of HAQ scores and age and gender. **RESULTS:** Mean age (SD) of patients was 57.8 (13.3) years, being 75.8% women and 96% Caucasians. Mean time of disease evolution (SD) was 10.8 (9) years. Patients' distribution according to HAQ severity level groups was: 29% in level 1 (<0.5), 28% in level 2 (0.5 < HAQ > 1.1), 16% in level 3 (1.1 < HAQ < 1.6), 15% in level 4 (1.6 < HAQ < 2.1) and 12% in level 5 (>2.1). HAQ and EQ-5D mean scores (SD) were 1.02 (0.78) and 63.1 (20.3), respectively. Mean utility values (SD) for HUI and TTO (Time-trade-off) were 0.75 (0.21) and 0.65 (0.3), respectively. The functions converting HAQ scores into utilities are $HUI3 = 0.9527 - (0.2018 \times HAQ) + \varepsilon$ ($R^2 = 0.560$, $\varepsilon = 0$ (0.14)) and $TTO = 0.9567 - (0.309 \times HAQ) + \varepsilon$ ($R^2 0.54$, $\varepsilon = 0$ (0.22). Non-normal error distribution was found. Age and gender showed no influence on this relation and only HAQ score was finally included in the functions. **CONCLUSIONS:** The relation between HUI3 and EQ-5D utility values and HAQ score has been proved. By obtaining HAQ score it is possible to calculate the utility values for the other two questionnaires. However, the resulting functions are not too robust and should be used having into consideration their limitations.

PMS48

PATIENT EXPECTATIONS IN HEALTH RELATED QUALITY OF LIFE OUTCOMES IN TOTAL JOINT REPLACEMENT

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OBJECTIVES: The goal of this study was to evaluate the relationship amongst patient expectations and outcomes measured by health related quality of life (HRQOL) questionnaires at 12 months after surgery in patient undergoing total joint replacement. **METHODS:** In this prospective study took part 15 hospitals. The questionnaire was sent to the patients while waiting for total hip (THR) or knee replacement (TKR) and 12 months post-surgery. In this questionnaire were included specific HRQOL instrument WOMAC, two generic instruments SF-12 and EQ-5D and eight questions about patient's expectations which were grouped into physic-functional (5), emotional (2) and psychological expectations (1). The responses of the expectation questions were graded on a 5 point Likert scale ranging from "no expectations" to "a lot of expectations". Given the skewed distribution of the response patterns these were catego-