Abstracts

Subjects were clinically typed into IBS category: constipation, diarrhea or alternating. RESULTS: Correlations between the EQ-5D visual analogue scale (EQ VAS) score and the SF-36 subscales (available in the UK studies) were moderate to high ($r = 0.33$ to $0.71$, $p < 0.01$) with lower associations seen with the mental health scores. Correlations with the IBS-QOL (available in all studies) ranged from $0.33$ to $0.54$ ($p < 0.01$). Levels of responses to EQ-5D items and the EQ VAS score were significantly better for control patients than for patients with IBS (all $p < 0.01$). The EQ VAS was able to discriminate between levels of pain severity (quartiles, $p < 0.001$; mild/moderate/severe, $p < 0.05$) and general health severity (mild/moderate/severe, $p < 0.001$). The EQ VAS was responsive in patients with both a self-perceived and physician-rated improvement in condition at 1 year (10.7-pt improvement, effect and 8.7-pt improvement, ES = 0.47, respectively). CONCLUSIONS: The EQ-5D performs quite well in comparison to the SF-36 (general) and IBS-QOL (disease-specific) patient reported outcomes. It is a brief, valid and responsive measure that can used to generate preference-based valuations of health-related quality of life in patients with IBS.

**QL7**

PREVALENCE AND QUALITY OF LIFE OF PATIENTS SUFFERING FROM RESTLESS LEGS SYNDROME IN FRANCE—INSTANT STUDY

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OBJECTIVES: Estimate the prevalence and the quality of life of restless legs syndrome (RLS) in the French population 18 years of age or older. METHODS: A population-based survey was conducted among 10,000 adults through face to face interviews by using the quota sampling method (on age, sex, geographical living area, economic working class and woman working status). The screening was made with the 4 International RLS Study Group (IRLSSG) criteria. Quality of life was assessed with the SF-36 questionnaire among subjects suffering from RLS and a control group of 540 subjects randomly selected among the global sample. RESULTS: The population surveyed was representative of the French population. The lifetime prevalence of RLS (at least one symptom episode in past life) was estimated: 9.2%, IC 95% = [8.3%; 10.2%]. The annual prevalence of RLS (at least one symptom episode in the past year) was estimated: 8.7%, IC 95% = [7.7%; 9.6%]. Among RLS population, the sex ratio women to men was 2 to 1 and the mean age at the time of the study was 48.5 years versus 46.5 years in the control group. After adjustment on age and sex, all quality of life dimensions were worse in the RLS population than in the control group: Physical Functioning: 82.7 vs. 87.2 ($p < 0.001$); Role Functioning: 74.4 vs. 84.6 ($p < 0.001$); Bodily Pain: 63.7 vs. 75.1 ($p < 0.001$); General Health: 62.7 vs. 69.6 ($p < 0.001$); Vitality: 53.4 vs. 59.6 ($p < 0.001$); Social Functioning: 77.9 vs. 85.2 ($p < 0.001$); Reported Health Transition: 75.0 vs. 84.0 ($p < 0.001$); Mental Health: 62.3 vs. 68.3 ($p < 0.001$). CONCLUSIONS: RLS is a frequent disease, it affects 9% of the French adult population. This prevalence is consistent with the findings of studies from other countries. RLS has a significant impact on quality of life, as measured by the SF-36 questionnaire.