

baseline, patients in the EIG reported higher mean scores of physical component (PCS) (42.7 vs. 35.8) and mental component (MCS) (47.5 vs. 43.0), as well as physical functioning (48.4 vs. 42.6), role physical (39.0 vs. 30.9), bodily pain (45.2 vs. 38.2), general health (36.9 vs. 31.4), vitality (52.5 vs. 47.6), social functioning (37.4 vs. 33.0), role emotional (45.8 vs. 38.7) and mental health (52.8 vs. 46.9). All differences between the two groups were statistically significant at  $p < 0.05$ . After 14 weeks of Infliximab treatment, PCS and MCS had statistically significant improvements (10.7 and 9.8 respectively) from the baseline in the NIG, as well as all sub-domains of SF-12; in the EIG, there were significant improvements in PCS (8.1), general health (10.2) and mental health (4.1) from the baseline. **CONCLUSIONS:** The QOL was significantly better for patients who received Infliximab therapy than for those not treated with Infliximab. Infliximab initiating treatment and maintenance therapy both help improve patients QOL. The results indicate that Infliximab improves the quality of life of AS patients in China.

#### PMS62

##### PREDICTORS OF HEALTH RELATED QUALITY OF LIFE IN A COHORT OF PATIENTS WITH RHEUMATOID ARTHRITIS IN SOUTHERN INDIA

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**OBJECTIVES:** To assess the impact of Rheumatoid Arthritis (RA) and its treatment on health-related quality of life (HRQOL) of RA patients and identify factors predicting the risk of disability and their poor Quality of Life (QOL). **METHODS:** An observational cross-sectional study was carried out prospectively on 159 RA patients admitted in a tertiary care hospital. An interview questionnaire was used to collect data. Patients' medical records were reviewed. For evaluating the quality of life and to assess functional disability in RA patients PROMIS-HAQ questionnaires were used. To measure the disease activity in patients with RA Disease Activity Score (DAS28) were used. Other outcome measures of disease activity were also used. **RESULTS:** Mean age at time of admission was  $47.83 \pm 12.5$ SD years and 69.5% of patients were having rheumatoid factor positive. About 82.2% patients had active RA. The Mean scores  $\pm$  SDs on composite DAS28-ESR score was  $4.9 \pm 0.4$  reflecting moderate disease activity and Mean HAQ-DI score was  $2.3 \pm 0.3$  indicating much functional impairment. The HRQOL of all the patients was significantly ( $p < 0.05$ ) impaired with a visual analogue scale equal to 56.7. Patients with active RA had poorer scores than patients in remission. Patient's age, age at onset, disease duration, patient's assessment of pain were significantly ( $p < 0.05$ ) associated with disease severity and functional impairment. Moreover, disease activity and functional disability measures were strongly associated with HRQOL measures. DAS28 score and family history of RA were the strongest predictors for functional impairment. HAQ-DI score was the only significant predictor for QOL of RA patients. **CONCLUSIONS:** HRQOL is an important measure in the regular assessment of the disease. Present study showed a significant increase in HAQ scores as the physical disability increased and a highly significant association between the DAS 28, as well as the HAQ scores of patients with active RA.

#### PMS63

##### TREATMENT WITH INFLIXIMAB IMPROVES THE QUALITY OF LIFE OF RHEUMATOID ARTHRITIS PATIENTS IN CHINA

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**OBJECTIVES:** To assess the quality of life (QOL) in rheumatoid arthritis (RA) patients treated with Infliximab in China. **METHODS:** A longitudinal survey was conducted between June 10, 2009 and October 20, 2011 in RA patients at 37 urban hospitals in 21 cities in China. Only respondents who reported with QOL (N=363) were included in this analysis. QOL was measured by Short Form-12 (SF-12) and each follow-up visit up to 8 visits. **RESULTS:** Of the survey respondents, 12.7% were treated with Infliximab (experienced-Infliximab group(EIG)) at baseline and follow ups, while 87.3% were not treated with Infliximab at baseline but went on Infliximab treatment at the follow ups (new-Infliximab group(NIG)). There were no significant differences in age and gender between the two groups. Comparing with those in the NIG at baseline, patients in the EIG reported higher mean physical component score (PCS) (38.0 vs. 31.5) and mental component score (MCS) (46.8 vs. 38.3), as well as scores of physical functioning (44.9 vs. 36.6), role physical (34.3 vs. 26.2), bodily pain (41.3 vs. 33.5), general health (34.6 vs. 28.1), vitality (50.0 vs. 43.9), social functioning (38.6 vs. 25.2), role emotional (40.1 vs. 34.6) and mental health (50.0 vs. 43.2). All differences between the two groups were statistically significant ( $p < 0.05$ ). After 14 weeks Infliximab treatment, there were significant improvements in PCS (12.2) and MCS (11.1) as well as all sub-domains of SF-12 from the baseline in the NIG; in the EIG, there were significant improvements in PCS (10.1), physical functioning (6.14) and general health (7.7) from the baseline. **CONCLUSIONS:** RA patients treated with Infliximab have better QOL than those not treated with Infliximab. Continuing or initiating treatment with Infliximab improves patients QOL. The findings indicate that Infliximab improves the quality of life of RA patients in China.

#### PMS64

##### FOQUS STUDY (STUDY ON FACTORS FOR OSTEOPOROSIS QOL IN JAPANESE SUBJECTS) - INTERIM REPORT

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**OBJECTIVES:** The objective is to investigate changes of QOL, pain, and relevant factors for Japanese osteoporosis female patients on once weekly bisphosphonates (BP) treatment. **METHODS:** A total of 6003 Japanese female osteoporosis patients (55 years old and over) on BP treatment were enrolled at 308 study centers between November 1, 2009 and April 30, 2011 and are being followed for two years. Medical record review and patient survey are being conducted at the time of enrollment (M0) as well as 3 (M3), 6 (M6), 12, and 24 months after enrollment. We are collecting information on patient background (e.g., age, concurrent diseases, pharmacotherapy), QOL scores (Japanese Osteoporosis Quality of Life Questionnaire (JOQOL), EQ-5D), and pain scores (Visual Analogue Scale (VAS), McGill Pain Questionnaire (MPQ, Japanese version)). Interim analysis was conducted on data collected from 4,938 patients for M0, 3,375 patients for M3, and 2,465 patients for M6. **RESULTS:** The average age was 73.3 (55-100) years old among the 4,938 patients, with 78.6% having concurrent diseases (e.g., hypertension, diabetes, osteoarthritis). Regarding QOL, the total JOQOL scores of M0, M3, and M6 were 65.1, 66.7, and 67.3, respectively, and the M3 and M6 scores were significantly increased in comparison with M0 ( $p < 0.001$ ). EQ-5D utility scores and EQ VAS of M3 and M6 were also significantly higher than M0 ( $p < 0.001$ ). With regard to pain, VAS scores at M3 and M6 were significantly improved from M0 ( $p < 0.001$ ) and MPQ scores of M3 and M6 also indicated relief of pain significantly from M0 ( $p < 0.01$  and  $p < 0.001$ , respectively). **CONCLUSIONS:** Improvement in QOL and pain scores of Japanese osteoporosis patients on BP treatment for 6 months was observed consistently in all indicators used.

#### PMS65

##### QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS IN BIOLOGICAL THERAPY IN COLOMBIA

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**OBJECTIVES:** Perform the measurement of quality of life related to health in patients with rheumatoid arthritis in Colombia, who are receiving biological therapy. **METHODS:** In 252 patients with rheumatoid arthritis receiving biologic therapy, in December 2010 to May 2011 - established the quality of life reported by the patient by applying the Health Assessment Questionnaire (HAQ), and its correlation with the level of disease activity scale as disease Activity Score (DAS28). The analysis was supplemented by linear regression of HAQ variable depending on other variables of interest: DAS28, population characteristics, time of use, treatment received and adverse events (AE). **RESULTS:** Linear regression showed that three variables (DAS28 and adverse events) are significant in explaining variations in the quality of life of patients with RA treated with biological therapy in Colombia. We found that 63.3% of patients with a DAS28  $< 3.2$  have less of one point in the HAQ score, while in patients with DAS28  $> 3.2$ , the 71.97% exceeded the HAQ score limit in one point. The AE is and important variable in determining the quality of life of patients, although on average only 15.6% of patients with RA showed AE regardless of biological treatment used. There were no significant differences by treatment type, age and gender on the population studied. **CONCLUSIONS:** Quality of life related to health (HAQ level) varies significantly depending on the state of disease activity (DAS28) in patients treated with biological therapy.

#### PMS66

##### SATISFACTION WITH AND PREFERENCE FOR GOLIMUMAB AND ITS AUTO-INJECTOR AMONG RHEUMATOID ARTHRITIS PATIENTS SWITCHED FROM ADALIMUMAB OR ETANERCEPT

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**OBJECTIVES:** To evaluate patient satisfaction with golimumab (GLM) and its auto-injector in rheumatoid arthritis (RA) patients switched from adalimumab (ADA) or etanercept (ETA) due to inadequate disease control. **METHODS:** Data were from an interim analysis of 200 patients enrolled in GO-SAVE, a GLM multicenter, assessor-blinded, switch study of patients with active RA. Patients receiving methotrexate and having an inadequate response to current treatment with ADA or ETA entered the screening period at week -6 and continued current treatment. After re-screening at week 0, all eligible patients were actively switched to open-label GLM 50mg subcutaneous injections. Satisfaction prior to switching was assessed at week -2 for ADA or week -1 for ETA. Satisfaction with and preference for GLM were assessed at week 8. **RESULTS:** Mean (SD) age was 55.9 (11.3) years; 81.5% were female. Mean (SD) disease duration was 9.8 (9.7) years. Prior to switch, patients were treated with ADA pen (25.5%), ADA prefilled syringe (21.5%), ETA pen (27%), ETA prefilled syringe (24%), and ETA vial and syringe (2.0%). All 200 patients completed assessment at week -2 (ADA) or -1 (ETA); 170 completed the assessment at week 8 (GLM). At week 8, 82.9% were satisfied with the overall GLM experience, 80.0% were satisfied with injection frequency, and 75.3% were satisfied with injection device. Most patients experienced lower levels of injection related burning (80.0%), stinging (75.3%), discomfort (62.4%), redness (58.8%), and pain (57.6%) with the GLM auto-injector than with the previous injection device. Patients expressed greater preference for GLM over their previous medication (74.0%) and greater preference for the auto-injector (70.6%) over their previous injection device. **CONCLUSIONS:** A majority of RA patients switched to GLM from ADA or ETA were satisfied with their overall GLM