mean age for the entire obese sub-sample was 54.8 (±15.5), compared to 45.1 (±18.4) for the non-obese participants. 40.4% of the obese participants suffered from at least one comorbid disease such as hypertension, diabetes, hyperlipidemia, compared to a much lower 21.1% for the remaining sample. The unadjusted SF-12 scores for obese and non-obese participants were: PCS 44.9 (±12.0) and 50.3 (±19.8) (Mann-Whitney, P < 0.001) and MCS 45.8 (±10.0) and 49.6 ± 9.8 (Mann-Whitney, P < 0.001). After adjusting for confounding variables, the respective scores were PCS 48.2 and 49.8 (P < 0.05, R² = 37.9%), and MCS 47.1 and 49.3 (P < 0.01, R² = 9.7%) respectively. CONCLUSIONS: Obesity significantly affects physical and mental health quality, in addition to the serious impact on health and HRQoL, and on the raising health care cost well, formulating effective strategies to prevent obesity should become major public health priorities.

THE IMPACT OF OBESITY ON QUALITY OF LIFE IN POLISH POPULATION

Koppán M, Galkic D, Perkowski P, Hermanowski T, Kryszak M

[Medical University of Warsaw, Warsaw, Poland, 2National Food and Nutrition Institute, Warsaw, Poland, 3PSZOOZ STOCR, Konstancin-Jeziorna, Poland

OBJECTIVES: Obesity is a major risk factor for a number of chronic diseases, including diabetes, cardiovascular diseases and cancer. Obesity and its comorbidities significantly depress patients quality of life. The aim of this study was to estimate the impact of obesity on quality of life in Polish population. METHODS: The 20-item WSRM (Weight-Related Symptom Measure) and EQ-5D (EuroQol) questionnaires as well as VAS (visual analogue scale) were used to assess QoL in obese patients (BMI ≥ 30 kg/m²), treated in National Food and Nutrition Institute in Warsaw. We used EQ-5D TTO-value set to estimate health utility. EQ-5D utility and VAS were compared to previously published Polish population norms (age specific for EQ-5D or age and sex specific for VAS). Data are presented as mean (SD). RESULTS: Data on 68 obese patients (BMI ≥ 30) were analyzed. 18 (26.5%) being very obese (BMI ≥ 40). The mean age of observed population was 52.6 (12.6) years and mean BMI was calculated at 37.2 (6.6) kg/m². The mean state of health recorded on the visual analogue scale was 72.6 (15.3). The mean value of EQ-index was estimated at 0.868 (0.154). The mean WSRM value was estimated at 16.9 (16.6). The mean utility value was comparable to age specific data (based on population with BMI = 26.2) - 0.899; p = 0.282, however mean VAS was significantly (p = 0.003) lower to this estimated based on age and sex specific norms (78.5 in a given population). There were weak correlations between BMI and either EQ-index (R² = 0.11), VAS (R² = 0.14) or WSRM (R² = 0.15). The population of patients with severe obesity (BMI ≥ 40) had significantly lower EQ-index and VAS and significantly higher WSRM compared to the rest of obese population (p = 0.044, 0.046 and 0.016 respectively). CONCLUSIONS: Obesity has significant negative impact on patients quality of life. There is no straightforward correlation between BMI and QoL indices.

DEFI A FRENCH PREVALENCE STUDY OF FIBROMyALGIA (FM)

HEALTH RELATED QUALITY OF LIFE : SF36

Servant D, Perrot S, Raoufi P, Vicart E, Kosa M, Pichot L

[Clinique Michel Fontan, Lille, France, 2Hopital Hotel-Dieu Paris (France), Paris, France, 3Groupes Hospitaliers de Paris (France), Paris, France, 4Hopital Femand Widal Paris (France), Paris, France, 5PRIZER FRANCE, Paris, France

OBJECTIVES: This part of DEFI study aimed at assessing QoL in a FM population whose diagnosis was suspected or clinically confirmed. METHODS: In a French cross-sectional study, patients were screened using the French version of the London Fibromyalgia Epidemiological study Screening Questionnaire (LFE-SqR), which was positive for 232 of them (LFE-SqR). On this population 145 accepted to fill in SF36 and were proposed a rheumatologist consultation : 49 refused but filled in questionnaires, 20/96 who accepted the consultation and questionnaires (CS- subjects. In contrast, comorbidities were not found in 121/208 (66.7%) of the FM population. The mean pain scores of patients suffering from histologically confirmed endometriosis. Study

TO ALLEVIATE SYMPTOMS PELVIC PAIN IN ENDOMETRIOSIS: EFFECT OF PAINKILLERS OR SPORT

Koppán M, Hernánková T, Koppán T, Koppán M

[University of Pécs, Pécs, Hungary

OBJECTIVES: To assess potential individual factors influencing quality of life and pain scores of patients suffering from histologically confirmed endometriosis. Study

USING A QUESTIONNAIRE: AMONG PATIENTS OF REPRODUCTIVE AGE UNDERGOING LAPIPOLYSIS WITH A PRESUMED DIAGNOSIS OF ENDOMETRIOSIS. METHODS: Details of fertility, previous treatments and quality of life, sexual activity, as well as linear pain scores for several symptoms, were recorded. Details of intraoperative findings were also collected and only those data were used where endometriomas were intraoperatively and histologically proven. A questionnaire before surgery gathered information from women on the following groups of variables: age, marital status, education, reproductive and medical history including previous pregnancies and parity, knowledge of accompanying pelvic disorders as well as general quality of life and self-image. Pelvic pain was scored using a visual analogue scale. RESULTS: Eighty-one patients complaining about persistent pelvic pain were later intraoperatively and histologically proven to have endometriosis. Thirty-one of them (38.2%) reported regular sport as part of their daily life schedule while 30 of them (61.8%) performed no physical activity at all. Forty-one patients among regular exercisers and 33 patients among those without physical activity reported the effectiveness of painkillers for pelvic pain, corresponding to 45.1% and 66% of these subgroups, respectively (difference statistically significant, p < 0.05). CONCLUSIONS: Based on our results, we can conclude, that taking painkillers might be less effective among endometriosis patients performing regular daily sport activities, and, thus it might impose them to an unnecessary burden of possible side effects.

COST-EFFECTIVENESS OF ENZYME REPLACEMENT THERAPY FOR GAUCHER’S DISEASE IN THE URAL ADMINISTRATION DISTRICT OF RUSSIA FEDERATION

Cherevko EV, Kuznetsov AP1, Schiblik IV2, Zhub NV3

[Medical Academy, Chelyabinsk, Russia, 2Health Ministry of Chelyabinsk Region, Chelyabinsk, Russia, 3Regional Children’s Hospital, Chelyabinsk, Russia, 4Regional Children Hospital, Chelyabinsk, Russia

OBJECTIVES: To estimate effectiveness of enzyme replacement therapy (ERT) in the treatment of symptomatic Gaucher’s disease in the Ural’s cohort in Russia. METHODS: Information sources were the databases of regional registries in 3 big towns of Ural administration District of Russian Federation: Ekaterinburg, Perm, Chelyabinsk. studied January 2009. Most of the parameters were derived from the published literature. Doses of Cerzyme especially from 1200 un. till 2000 un. ERT was assumed to restore patients to full health in the base case. Regional cohort include 21 patients, middle age 23 years old. Quality of life was tested by Short Form 36 (SF-36). RESULTS: Seventy percent of the patients were diagnosed in childhood and have 1 type Gaucher Disease. The clinical characteristics were typical. Bone abnormalities were the most serious. Data on this topic were obtained from the primary medical sources. The mean cost of the disease calculated about €210,000. The cost per patient varied considerably by dose. Nonetheless, quality of life indicate that patients treated with ERT continue to have reduced health-related quality of life 0.5 compared with the general population 0.75. And as much more younger seriously sick patients started ERT-quality of life index could become higher. The social efficacy of ERT equivalent extra cost of number of life years, in this cohort it’s about 13.7 years.Economic evaluations were done, all of which calculated a very high cost per quality-adjusted life-year (QALY). Incremental cost per QALY incremental cost-effectiveness ratio (ICER) in the base case €210,000. CONCLUSIONS: Although ERT for treating the ‘average’ Gaucher’s disease patient supported by the national program for orphan diseases, despite of it great expense. However, although doing so will be of clinical interest, it is questionable whether, within the current pricing environment, such research would have any substantive impact on policy decisions.

SYSTEMATIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

IMPACT OF THE NEW RECOMMENDATIONS IN THE USE OF PROTHROMBIN COMPLEX CONCENTRATES AND VITAMIN K ANTAGONISTS IN FRANCE: ILLUSTRATION OF THE GUIDELINES RESPECT IN HOSPITAL AND ITS ECONOMIC CONSEQUENCES

Berard M, Milimon G, Arnaud P, Peytavin G

[Servicé Covid, Bernard hospital, Paris, ile de france, France

OBJECTIVES: New recommendations were elaborated in April 2008 in France regarding overdoes, situations of hemorrhagic risk and bleeding accidents occurring in patients treated with vitamin-K antagonists (VKA). Considering the necessity for hospitals to guarantee the good therapeutic use of drugs to obtain reimbursement by public health insurance, and with the significant increase of prescriptions in 2008, a systematic follow-up of correspondence between prothrombin complex concentrates use (PCC, Kaskid®) and current guidelines was analyzed. METHODS: A prospective study of patients treated with PCC in 2008 was conducted. Data collected included demographic, therapeutic (indication, dosage), biological (INR, PT), clinical (bleeding, surgery…) and pharmacoeconomic parameters. Results are expressed as median and interquartile range (IQR 25-75%). RESULTS: Ninety-one patients (41 men, median age: 76 years) received PCC, namely 78.4% compared to 2007, for a total cost €120,000 (p = 0.001). Analysis of prescriptions reveals that indications corresponded to the marketing authorisation (MA): 36% of bleeding under VKA, 30% of urgent surgery or invasive procedure and 29% of overdose (INR > 5). Fluindione was the mainly prescribed VKA (77%). Median values of INR were 4 (2.9-6.9) and PT 33.5 (24-54%). Median doses of PCC were in accordance with MA and recommendations.