HGT, has contributed to advancing the understanding and management of Fabry disease—a rare lysosomal storage disorder caused by deficiency of the enzyme α-galactosidase A. METHODS: FOS—a prospective database that collects information on demographics, signs and symptoms, investigations and patient-reported outcomes for patients with a confirmed diagnosis of Fabry disease—was established in 2001. Working groups were appointed to analyse, interpret and publish data to further the understanding of the natural history of the disease and the response to enzyme replacement therapy with agalsidase alfa. 

RESULTS: As of May 2008, 19 countries have enrolled 1528 patients (799 females, 729 males). Of these, 138 are girls and 123 boys less than 18 years of age. Significant peer-reviewed published findings include evidence of the range and progression of signs and symptoms in males and females (Mehta et al., 2004; Deegan et al., 2006), which have shown that affected women are not simply ‘carriers’ of the disease, but may experience a wider range of symptoms. FOS has also demonstrated that boys and girls may experience symptoms from an early age (Ramawami et al., 2006). Evidence on the effectiveness of agalsidase alfa (≥2 years of treatment) on various signs and symptoms such as renal function (Schwarting et al., 2006), pain (Hoffmann et al., 2007a) and gastrointestinal symptoms (Hoffmann et al., 2007b) has also been reported. CONCLUSIONS: FOS has provided an important evidence base that has helped to advance the management of Fabry disease in males and females across all ages. Evidence on the onset and progression of the disease in females and children has been especially important to help achieve an early diagnosis, support clinical decision making and guide management to help optimize patient care.

**PREVALENCE OF METABOLIC ABNORMALITIES AMONG OBESE ADULTS IN KOREA**

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OBJECTIVES: The study was performed to estimate the prevalence of obesity and associated risk factors such as type 2 diabetes or dyslipidemia in the Korean adult population.

METHODS: The third Korean National Health and Nutrition Examination Survey in 2005 (KNHANES III) data was used. For the estimation of prevalence of overall obesity (defined by body mass index, BMI) in this report, subjects were selected as adults over 18 years old and completed health examinations. Each sampling weights was used for the analysis. Weights were given as an inverse of the probability of selection, and a non-response adjustment weight. Prevalence of obesity was calculated as the weighted number of obese people divided by the weighted number of all eligible people. Numbers of people with obesity and related metabolic abnormalities were estimated with multiplying the calculated prevalence by the total Korean population.

RESULTS: Among the Korean adult population (age 18 years or more), proportions of people with BMI ≥ 25.0 kg/m², ≥27.0 kg/m² and ≥30.0 kg/m² were estimated to 28.1%, 13.2% and 3.2%, respectively. Within the group BMI ≥ 27.0 kg/m², 9.1% had type 2 diabetes. Among them, 64.6% were diagnosed for T2DM and 21.5% of the diagnosed were untreated. In the same group, the people who had any HDL/TG abnormality without T2DM were 49.4% and only 8.2% of them were previously diagnosed by physician. Overall 70% of the people with BMI 27.0 kg/m² or higher had at least one metabolic abnormality like T2DM, HDL/TG, abnormality, pre-diabetes or high serum LDL-C. CONCLUSIONS: This study showed the current situation of obesity and related metabolic abnormalities among Korean population based on KNHANES III data. It will be a good reference for the development of national strategy to improve the management or treatment for obese adults with metabolic abnormalities.

**EPIDEMIOLOGY OF IDIOPATHIC THROMBOCYTOPENIC PURPURA IN BELGIUM ASSESSED USING HOSPITAL RECORDS**

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OBJECTIVES: Immune thrombocytopenic purpura (ITP) is a rare and life-threatening autoimmune disorder characterized by increased destruction and impaired production of blood platelets by auto-antibodies. International epidemiological studies reported yearly incidence and prevalence of respectively 2 and 10 cases/100,000 persons. No Belgian epidemiological data are currently available. To estimate the incidence and prevalence of adult chronic ITP in Belgium using hospital records.

METHODS: The incidence of adult chronic ITP was estimated using the National statistics on Diagnosis Related Group for splenectomy (DRG 650, year 2004). The prevalence was estimated using the longitudinalIMS Hospital Disease Database (year 2006), including data of 34.3% of Belgian hospitals. All admissions to hospital with a diagnosis of Primary Thrombocytopenia (ICD-9-CM 287.3) were retrieved for patients aged >20 years. The repartition of cases by age and sex was investigated. RESULTS: A total of 229 splenectomies were performed in adults in 2004. Assuming that 10–30% of splenectomies are ITP-related and 20–40% of chronic ITP patients are splenectomized, this results in a yearly incidence of 0.7–4.3 new ITP cases per 100,000 adults, i.e. 57–344 new cases/year. In 2006, 657 admissions for primary thrombocytopenia were recorded in the Hospital Disease database, for 350 distinct adult patients. This corresponds to an estimated prevalence of 12.6 per 100,000 adults per annum, i.e. 1020 patients. A quadratic increase of the prevalence was observed with age: from 5.8 to 39.8 cases per 100,000 per year in the age groups of 20–29 years to ≥75 years. The prevalence was 2.7 times higher in women aged 20–55 years vs. men (p < 0.001), but similar in patients aged older. CONCLUSIONS: Although non-hospitalized patients were not captured in this analysis, these Belgian incidence and prevalence data are consistent with published international data. The prevalence of ITP increases substantially with age. Prevalence is also higher in women in younger age groups.

**FACTORS ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY**

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OBJECTIVES: To determine the correlations between diseases, patients, drugs factors and systemic lupus erythematous (SLE) disease activity. To establish model for predicting SLE disease activity. METHODS: The Cross-sectional survey method was applied, SLE patients who visit rheumatologist at Nopparat Rajanathane hospital were interviewed during November 1, 2007 to February 29, 2008, disease duration, infection, SLE knowledge, self management, stress and compliance were collected and evaluated to find correlation with disease activity scores (measure by MEX-SLEDAI). Multiple Regression Analysis was applied to identify model for predict the disease activity. RESULTS: Data...