PODIUM SESSION III: MUSCULAR-SKELETAL DISEASE ECONOMIC EVALUATIONS

PREVALENCE OF FIBROMYALGIA IN EUROPE: A TIP OF THE ICEBERG. RESULTS FROM A LARGE-SCALE SURVEY

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OBJECTIVES: Fibromyalgia syndrome (FM) is an under diagnosed disorder of unknown etiology estimated between 0.5% and 5% in the general population. There is relatively little recent data on the epidemiology of FM world-wide, and specifically in Europe. The aim was to estimate the prevalence of Fibromyalgia Syndrome (FM) in clinical setting and in general population, in five European countries with the same methodology.

METHODS: All patients addressed to the eight participating outpatient rheumatology clinics in a month were interviewed using the London Fibromyalgia Epidemiological Study Screening Questionnaire adding two questions on fatigue. The diagnosis of FM was confirmed using American College of Rheumatology classification criteria. The questionnaire was also administered by phone to a representative community sample more than 15 years old, selected by the quota method, in each country. The questionnaire was also administered by phone to a representative community sample more than 15 years old, selected by the quota method, in each country. The prevalence of FM was estimated in the general population, applying the predictive positive value in consultation, to the positive screens. RESULTS: A total of 46% of patients seen in rheumatology outpatients clinics were found positive for chronic widespread pain, 31.9% for widespread pain and fatigue. A total of 6.2% [15.9–16.4] were confirmed to be FM. In the general population, 13.3% were found positive for widespread pain and 6.7% for widespread pain and fatigue. The prevalence of FM in the general population, was 4.7% [4.0–5.3], when patients screened positive for chronic widespread pain were considered. If fatigue is added, the prevalence was 2.9% [2.4–3.4]. FM patients had a mean age of 54 years old (SD:12.5) and 94.1% of them where females. These last have a greater risk [5.2 [2.6–10.3]] of having FM. Likewise prevalence rises with age until 75–84 years, CONCLUSIONS: The FM prevalence, similar to that observed in Canada and United States, represents 6 million sufferers in the five European countries studied.

LINGUISTIC VALIDATION OF SIX QUALITY OF LIFE QUESTIONNAIRES FOR FIBROMYALGIA PATIENTS IN TWELVE LANGUAGES

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OBJECTIVES: Fibromyalgia’s complex symptomatology means that several instruments and questionnaires for assessing Quality of Life are used to collect a wide variety of information. Six questionnaires (Multidimensional Fatigue Inventory MFI, Multiple Ability Self-report Questionnaire MASQ, State-Trait Anxiety Inventory STAI, Fibromyalgia Impact Questionnaire FIQ, Beck Depression Inventory-II BDI-II, and Patient Global Impression of Change PGIC) were validated into twelve European languages in order to use them in international studies. METHODS: The process, carried out in collaboration with the questionnaire authors, comprised a forward translation by two translators who were native speakers of the target language, a backward translation by a translator who was a native speaker of the questionnaire source language, a review of the version obtained by an expert clinician and a comprehension test involving five healthy subjects from the country. RESULTS: The MFI, MASQ and STAI were validated in the target languages. The FIQ, BDI and PGIC in the eight, four and one missing languages. Irrespective of the questionnaire and dimensions studied, the same issues were encountered in their validation. 1) Issues were encountered in translation in a narrow sense. For example, the word “rug” was translated as “carpet”; 2) Literal translation was possible but largely culturally irrelevant. For example, the expression “to walk several blocks” was translated as “to walk more than one kilometer”; 3) Tenses needed to be reformulated or changed for idiomatic reasons. For example, the present perfect does not exist in German, and so the present simple was used in the first version. The imperfect was eventually used with adverbs such as “lately”. CONCLUSIONS: Linguistic validation carried out using a rigorous and recognized method ensures that the concepts assessed are equivalent in twelve languages and allows their use in large scale studies measuring quality of life in fibromyalgia patients.

POPULATION HEALTH-STATE UTILITIES FOR FIBROMYALGIA IN THE UNITED KINGDOM

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OBJECTIVES: The aim of this research was to estimate health-state utilities for fibromyalgia in the general population in the United Kingdom (UK). METHODS: We used time-tradeoff (TTO) methods to estimate utilities among the general UK population for six Fibromyalgia health states—mild, moderate, and severe, with and without mood symptoms. Health-state descriptions included in the TTO tasks were developed using the Fibromyalgia Impact Questionnaire (FIQ) and input from clinical experts. Health-states were defined to map health-state utilities into ranges of the Brief Pain Inventory (BPI)—mild = BPI 1–3; moderate = BPI 4–6; severe = BPI 7–9. In addition to the TTO study, utilities for comparable health states were estimated using responses to the EQ-5D and UK tariffs, stratified by BPI score, from among a sample of patients enrolled in a Phase III clinical trial of duloxetine for the treatment of Fibromyalgia. RESULTS: Sixty subjects (35 women and 25 men) from the UK general population completed the TTO survey. The mean age was 42 (SD = 16). Each subject evaluated 3 health states. Thus, we had 30 evaluations of each of the six health states. Mean (SD) utilities for mild, moderate, and severe Fibromyalgia without mood symptoms were 0.86 (0.13), 0.78 (0.18), 0.53 (0.26), respectively. Mean (SD) utilities for mild, moderate, and severe Fibromyalgia with mood symptoms were 0.82 (0.16), 0.68 (0.24), 0.45 (0.30), respectively. The ordering of utilities derived from the EQ5-D was comparable, but EQ-5D utilities were consistently lower than TTO utilities. CONCLUSIONS: cFibromyalgia has significant impact on patient quality-of-life. Increasing severity of symptoms is associated with lower health-state utility. Mood symptoms cause further declines in quality-of-life. Estimates using patient responses to the EQ-5D and UK general population tariffs are consistently lower than estimates from the general population estimated using the TTO method.