

component summary scores and clinical variables, at baseline, week 2, and week 6, were observed. A similar trend was observed between SF-12 and clinical variable change scores at week 2 and week 6.

**CONCLUSION:** The SF-12 is a psychometrically sound tool for the assessment of HQL in osteoarthritis patients.

#### PHB4

### THE RESPONSIVENESS OF DISEASE-SPECIFIC AND GENERIC HEALTH MEASURES TO CHANGES IN THE SEVERITY OF RHEUMATOID ARTHRITIS AND TO TREATMENT

Kosinski M<sup>1</sup>, Ware JE<sup>1</sup>, Zhao S<sup>2</sup>, Dedhiya S<sup>2</sup>

<sup>1</sup>Health Assessment Lab, New England Medical Center, Boston, MA, USA; <sup>2</sup>Searle, Skokie, IL, USA

**OBJECTIVE:** To compare the responsiveness of arthritis-specific and generic health outcome measures in relation to changes in rheumatoid arthritis (RA) severity and to treatment. Clinical trial patients (n = 315) were assessed at baseline and again after two weeks of treatment. Criterion measures of severity change included physician global assessment, duration of morning stiffness, number of tender and swelling joints, functional capacity classification, visual analogue pain scale, and patient global assessment.

**METHODS:** The responsiveness of each disease-specific and generic measure was estimated independently using the relative validity (RV) methodology, which compares F-ratios for average changes in specific and generic measures across groups differing in the amount of change in the criterion variables and treatment. RV coefficients estimate how each measure responded, relative to the best measure (RV = 1.0). An RA-specific measure was based on the Health Assessment Questionnaire (HAQ). Generic measures included eight scales, two summary measures, and an arthritis-specific health index (ASHI) scored from the SF-36 Health Survey.

**RESULTS:** The SF-36 ASHI was most valid (RV = 1.0) for 4 of the 8 criteria. The SF-36 bodily pain (BP) scale was most valid (RV = 1.0) for 2 of the 8 criteria, including treatment. The SF-36 vitality scale was most valid (RV = 1.0) for 1 of the 8 criteria. SF-36 scales measuring physical health were consistently more valid (RV > .30) than scales measuring mental health (RV < .20). The HAQ was highly valid for 2 of the 8 criteria (RV = .89-.92) and responded moderately well to 4 other criteria (RV = .28-.49).

**CONCLUSION:** The responsiveness of the arthritis-specific scoring of the SF-36 health profile to changes in severity of rheumatoid arthritis was equal to or better than the generically scored SF-36 health profile and disease-specific Health Assessment Questionnaire (HAQ).

#### PHB5

### THE RESPONSIVENESS OF DISEASE-SPECIFIC AND GENERIC HEALTH MEASURES TO CHANGES IN THE SEVERITY OF OSTEOARTHRITIS

Zhao S<sup>1</sup>, Dedhiya S<sup>1</sup>, Kosinski M<sup>2</sup>, Ware JE<sup>2</sup>

<sup>1</sup>Searle, Skokie, IL, USA; <sup>2</sup>Health Assessment Lab, New England Medical Center, Boston, MA, USA

**OBJECTIVE:** To compare the responsiveness of arthritis-specific and generic health outcome measures in relation to changes in the severity of osteoarthritis (OA). Clinical trial patients (n = 1,177) were assessed at baseline and again after two weeks of treatment. Criterion measures of change in severity included physician global assessment, knee pain on weight bearing, knee pain on motion, and patient global assessment.

**METHODS:** The responsiveness of each disease-specific and generic measure was estimated independently using the relative validity (RV) methodology, which compares F-ratios for average changes in specific and generic measures across groups differing in the amount of change in the criterion variables. RV coefficients estimate how each measure responded, relative to the best measure (RV = 1.0). OA-specific measures were based on the WOMAC questionnaire. Generic outcome measures included eight scales, physical and mental summary measures, and arthritis-specific health index (ASHI) scored from the SF-36 Health Survey.

**RESULTS:** The SF-36 ASHI was most valid (RV = 1.0) for 3 of the 4 clinical criteria, followed by the SF-36 bodily pain (BP) scale (RV = .74-.98) for two of the clinical criterion. SF-36 physical health (physical functioning, role physical, physical summary) and social functioning scales were consistently more valid (RV > .30) than the SF-36 mental health scales (RV < .30). The WOMAC total scale score was more valid (RV = .91-1.0) than any of the three WOMAC subscales. With the exception of the SF-36 ASHI and BP scales, the WOMAC pain (RV = .80-.83), physical functioning (RV = .76-.95), and stiffness (RV = .61-.70) subscales were more valid than SF-36 scales.

**CONCLUSION:** This study replicates results from previous studies showing that arthritis-specific scoring of the generic SF-36 health profile increases its responsiveness to changes in arthritis severity.

#### PHB6

### HEALTH CARE USE IN WOMEN AGE 45 AND OLDER

Hoerger TJ<sup>1</sup>, Eleazer KR<sup>1</sup>, Lindrooth RC<sup>1</sup>, West SL<sup>1</sup>, Ohsfeldt R<sup>2</sup>

<sup>1</sup>Research Triangle Institute, Research Triangle Park, NC, USA; <sup>2</sup>Eli Lilly and Company, Indianapolis, IN, USA

Key components of preventive health care for middle-aged and older women include evaluating the risk for osteoporosis and coronary artery disease, considering hor-