EURO QOL (EQ-SD) BASED QOL (QUALITY OF LIFE) IN 5,023 JAPANESE PATIENTS WITH RHEUMATOID ARTHRITIS (RA) PATIENTS IN AN OBSERVATIONAL COHORT IORRA

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OBJECTIVES: QOL (quality of life) is critical in the management of patients with rheumatoid arthritis (RA). To evaluate the QOL of RA patients with different background, we evaluated the QOL by using Japanese version of EuroQol (EQ-SD) in a large observational cohort study of Japanese RA patients, IORRA.

METHODS: We have established a large observational cohort of RA patients IORRA (Institute Of Rheumatology Rheumatoid Arthritis) in the Institute of Rheumatology Tokyo Women’s Medical University since 2000. Essentially all RA patients who consulted there were registered, and clinical parameters including the disease activity, use of drugs and the occurrence of adverse events in daily clinical settings were assessed biannually based on patient’s report, physician’s examination and laboratory data. In this cohort, we evaluated the QOL of RA patients by EQ-SD, disease activity by DAS28, and disability by JHAQ, and then we analyzed the related factors for EQ-SD by Spearman’s correlation.

RESULTS: In September 2007, a total 5023 RA patients (female 84.2%, average 58.02-year-old, average disease duration 11.26 years, rheumatoid factor positive 74.8%, patients taking steroid, methotrexate and biologics were 51.0%, 63.6%, and 4.3%, respectively) fulfilled the questionnaire of EQ-SD. Mean ± SD of EQ-SD, DAS28 and JHAQ was 0.757 ± 0.178, 3.28 ± 1.147 and 0.737 ± 0.769, respectively, EQ-SD was worse in female (0.75 ± 0.177) than in male (0.798 ± 0.177) patients, and worse in rheumatoid factor positive (0.75 ± 0.178) than negative (0.782 ± 0.175) patients. EQ-SD became worse by older age and longer disease duration. No clear relationship was identified between EQ-SD and medications including corticosteroid, methotrexate or biologics in this cross-sectional analysis.

CONCLUSIONS: EQ-SD based QOL was analyzed in a large number of Japanese RA patients using IORRA cohort.
Abstracts

FIBROMYALgia MOLDofSKY QUESTIONnAIRE (FMQ): USE OF A TOOL TO AID DIAGNOSIS
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OBJECTIVES: To establish pertinent levels of FMQ (Fibromyalgia Moldofsky Questionnaire) score to guide a subject's further evaluation. METHODS: The FMQ questionnaire, was administered to a representative sample of 1500 subjects in the UK along with two validated questionnaires (LFESSQ London Fibromyalgia Epidemiology Study Screening Questionnaire and CES-D Center for Epidemiologic Studies Depression Scale) and a questionnaire assessing a decline in the restorative effects of sleep. The FMQ questionnaire, was administered to a representative sample of 1500 subjects in the UK along with two validated questionnaires (LFESSQ London Fibromyalgia Epidemiology Study Screening Questionnaire and CES-D Center for Epidemiologic Studies Depression Scale) and a questionnaire assessing a decline in the restorative effects of sleep. The FMQ score was 3.0 in subjects who did not report any pain and 7.1 in those who did not respond positively on the LFESSQ. The score increased to 14.7 among those who screened positive on the LFESSQ. The CES-D score increased significantly with the SQA score. The SQA score was 16.7 [13.9–17.4] among subjects who screened positive on the LFESSQ and who either experienced fatigue or depressive symptoms or both. CONCLUSIONS: The restorative effect of sleep is reduced when the SQA score is greater than 14 and good when the SQA score is less than 7. An SQA score of between 7 and 14 necessitates further examinations, which may include investigating physiological function during sleep.

RESTORATIVE EFFECT OF SLEEP: VALIDATION OF THE SQA (SLEEP QUALITY ASSESSMENT)
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OBJECTIVES: To validate the SQA (Sleep Quality Assessment) questionnaire which will help to identify subjects who have an unrestorative sleep. METHODS: The SQA questionnaire, was administered to a representative sample of 1500 subjects from the general UK population along with three questionnaires (FMQ: Fibromyalgia Moldofsky Questionnaire, LFESSQ London Fibromyalgia Epidemiology Study Screening Questionnaire, and CES-D Center for Epidemiologic Studies Depression Scale). The maximum score of 30 showed a large decline in the restorative effect of sleep. Internal consistency, structural and clinical validity were tested. RESULTS: Internal consistency was highly satisfactory (αCronbach > 0.8). The items making up each dimension were highly relevant to the dimension that they covered (R > 0.4) and no item presented a significant correlation (>0.8) with another item. Subjects responding positively on the LFESSQ had an SQA score that was significantly higher than subjects who responded negatively (14.6 vs 8.7). Similar differences were observed between subjects with and without probable depressive symptoms (15.4 vs 8.4) and a strong presumption of fibromyalgia syndrome (16.9 vs 8.0). The SQA score was 7.0 in subjects who did not report any pain and 7.1 in those who did not respond positively on the LFESSQ. It increased to 14.7 among those who screened positive on the LFESSQ. The CES-D score increased significantly with the SQA score. The SQA score was 16.7 [13.9–17.4] among subjects who screened positive on the LFESSQ and who either experienced fatigue or depressive symptoms or both. CONCLUSIONS: The restorative effect of sleep is reduced when the SQA score is greater than 14 and good when the SQA score is less than 7. An SQA score of between 7 and 14 necessitates further examinations, which may include investigating physiological function during sleep.

QUALITATIVE STEPS FOR THE DEVELOPMENT OF A QUESTIONNAIRE ASSESSING THE BURDEN OF FIBROMYALGIA ON PATIENTS' DAILY LIVES
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OBJECTIVES: To explore functional impact, limitation of daily activities, burden and handicap related to FM in order to define the burden on patients’ daily lives. To gather and organise this material to develop a new Patient-Reported Outcomes (PRO) questionnaire simultaneously in four European languages assessing FM burden on patients’ daily lives. METHODS: PRO questionnaire development follows a rigorous protocol and methodology to ensure its reliability. An international committee of three fibromyalgia experts was set up and included in the whole process. A literature review was conducted using burden- and FM-related keywords. Concepts identified were organised into a model. Exploratory interviews were performed with a total of 15 patients in France, Germany and Spain. They were recorded, transcribed word-for-word and systematically analysed using a specifically developed coding grid. Concepts were organised into a separate model. Confirmatory interviews were