Symptoms Score (IPSS). 44 articles which used the IPSS were able to detect a significant change in the symptom scores. The remaining articles used various other PRO measures for their BPH endpoints. Of the 70 articles yielded from the Phase II search, 11 were utility studies, 25 were BPH-specific articles, 29 were overactive bladder (OAB)-specific articles, and 5 were urge urinary incontinence (UUI)-specific articles. From the BPH, OAB, and UUI articles, we identified the key QOL instruments utilized to measure the various domains key to BPH. **CONCLUSIONS:** There have been a large number of PRO measures used in the literature to study BPH and related endpoints. It is clear that the IPSS has been used in the majority of the studies focused on BPH symptoms (81.25% of the ones reviewed).

PR2

IMPROVEMENT IN WORKPLACE AND HOUSEHOLD PRODUCTIVITY FOR PATIENTS WITH EARLY RHEUMATOID ARTHRITIS TREATED WITH ADALIMUMAB PLUS METHOTREXATE: WORK OUTCOMES AND THEIR CORRELATIONS WITH CLINICAL AND RADIOGRAPHIC MEASURES FROM A RANDOMIZED CONTROLLED TRIAL COMPANION STUDY

van Vollenhoven R[1], Cifaldi M[2], Ray S[2], Chen N[2], Weisman MH[3]
[1]Karolinska Institutet, Stockholm, Sweden, [2]Abbott Laboratories, Abbott Park, IL, USA, [3]Cedars Sinai Medical Center, Los Angeles, CA, USA

OBJECTIVES: To evaluate work productivity of paid workers and homemakers with rheumatoid arthritis (RA) treated with adalimumab plus methotrexate (ADA+MTX), ADA monotherapy, or MTX monotherapy, and to determine baseline predictors of work outcomes. **METHODS:** Data were from the DE032 companion study to PREMIER, a 2-year, randomized controlled trial of MTX-naïve patients with early RA (<3 years). Absenteeism (number of missed work days), presenteeism (patients' self-judgment of effects of RA on work performance), and employment status data were collected from self-reports at baseline and varying timepoints during the 2-year study. For analyses of cumulative variables, adjustments were made for duration of patients' participation in DE032. **RESULTS:** Of 799 patients in PREMIER, 664 participated in DE032 (ADA+MTX, n = 219; ADA monotherapy, n = 231; MTX monotherapy, n = 214). Percentages of paid workers and homemakers were similar across treatment groups. Among paid workers, the number of missed work days at Year 2 was significantly fewer for ADA+MTX (17.4 days) and ADA monotherapy (18.7 days) vs. MTX monotherapy (36.9 days, p < 0.0001). Improvement in presenteeism was greater with ADA+MTX vs. MTX monotherapy (p < 0.05 at most visits). The percentage of patients who retained or gained employment over the 2-year study was 57.6% (121 of 210) for ADA+MTX, 51.8% (116 of 224) for ADA monotherapy, and 47.6% (100 of 210) for MTX monotherapy. The odds of retaining/gaining employment were significantly greater for ADA+MTX vs. MTX monotherapy (odds ratio [OR] = 1.53, 95% confidence interval [CI]: 1.04–2.26, p = 0.032). Retaining/gaining employment was significantly associated with younger age, female sex, and better baseline scores on the Health Assessment Questionnaire, Short Form 36 Health Survey, and radiographic progression (joint space narrowing, joint erosion, total Sharp score). **CONCLUSIONS:** ADA+MTX was associated with more positive work outcomes vs. MTX monotherapy. Productivity outcomes were similar for paid workers and homemakers. Radiographic progression at baseline was predictive of employment status.

PR3

EFFECT OF PREHOSPITALIZATION PERIOD AND TYPE OF PESTICIDES ON OUTCOMES IN ACUTE ORGANOPHOSPHORUS POISONING

Rose Xavier V[1], Thunga G[2], Sam KGS[2], Kehra K[3]
[1]Manipal University, Udupi, karnataka, India, [2]Manipal University, Udupi, Karnataka, India, [3]Manipal Acuova, Udupi, karnataka, India

OBJECTIVES: To study the effect of prehospitalization period and type of pesticides on outcomes in acute organophosphorus poisoning **METHODS:** A prospective study was conducted with organophosphorus poisoning patients admitted to our emergency department between January 2007 and January 2008. Information regarding the age, sex, occupation, prehospitalization period, type of agent, route of poisoning, clinical, laboratory findings, type of management and subsequent outcome were recorded from the patient medical records. The outcomes were analyzed in terms of percentage of intermediate syndrome, requirement of ventilation, duration of hospitalization period, percentage of mortality, percentage of sequel and percentage of recovery. The outcomes were compared with preospitalization period and type of pesticides. **RESULTS:** During the study period, 100 patients were admitted to the emergency ward with acute organophosphorus poisoning. The estimated mean prehospitalization period after the exposure was 2.5 ± 2.1 hours. There were 68 male and 32 female patients. The most affected age group was 21–30 years (60%). Oral ingestion (99%) was found to be the most common route of poisoning. The most frequent reason for poisoning was attempted suicide (98%). The most common organophosphate compounds exposed were type Ia which was extremely hazardous (60%) and type II which was moderately hazardous (25%).Comparing the outcomes with the mean prehosptalization period showed that it did not significantly affect outcomes in acute OP poisoning, but the incidence of intermediate syndrome was higher in these patients. There was significant correlation between type of compound and outcome. The incidence of intimidate syndrome, requirement for ventilation and rate of mortality was significantly higher in type Ia compounds when compared to other type of pesticides. **CONCLUSIONS:** The prehospitalization period had no influence on outcomes in acute OP poisoning, where as type of OP compounds significantly effect incidence of intimidate syndrome, requirement for ventilation and rate of mortality.

PR4

QUALITY OF LIFE IN PATIENTS WITH EPIDERMOLYSIS BULLOSA

Tabolli S, Uras C, Paradisi A, Sampogna F, Di Pietro C, Abeni D, Zambruno G
IDI IRCCS, Rome, Italy

Epidermolysis bullosa (EB) is a rare, inherited group of disorders characterized by blistering of the skin following friction or mechanical trauma. EB has a clinical and socio-economic impact on patients and their families. **OBJECTIVES:** To assess the Quality of Life (QoL) in patients with EB and to determine disease burden. **METHODS:** The study was an observational, cross-sectional postal survey. 185 patients were invited to participate. Different sets of questionnaires (SF-36, Skindex-29, GHQ-12, EQ-5D) were sent to patients according to age. The perceived severity of the disease was evaluated by patients or by the mothers of the younger EB children, using the Patient Global Assessment 5-point scale. Caregivers received the Family Strain Questionnaire (FSQ). **RESULTS:** A total of 125 respondents were analysed. EB patients showed lower values in physical components of SF-36, while the mental ones were not significantly impaired. Among EB types, junctional EB and severe generalized recessive dystrophic EB patients reported lower values and their General Health scale was significantly different from EB simplex. There were no significant differences among EB types/subtypes for Skindex-29 values. Females had a worse QoL compared to males in each Skindex-29 and SF-36 scales (p < 0.05). GHQpositive cases were 48% among females, 16% among males (p = 0.003); GHQpositive cases had a worse QoL compared to GHQnegative. The patient QoL and the family burden increased with increasing patient's perceived disease severity and with increasing patient's body surface involved. No differences were seen among EB types for the family burden. **CONCLUSIONS:** In EB patients mental components of SF-36 scores are similar to the normal population. The perceived disease severity and skin area involved are relevant for QoL independently by EB type/subtype. EB imposes a heavy burden on the caregiver and the family. Psychological support and close monitoring of QoL may help EB patients and their caregivers.

PODIUM SESSION I: RESEARCH ON METHODS: I

MC1

VALORACIÓN SOCIAL DE LOS ESTADOS DE SALUD EQ-5D EN CHILE: ALCANCES METODOLÓGICOS

Valenzuela P[1], Vignau A[1], Olivares-Tirado P[2], Muñoz A[2], Kind P[3], Zarate V[3]
[1]Consultor DATAVOZ / STATCOM, Santiago, Chile, [2]Superintendencia de Salud, Santiago, Chile, [3]University of York, York, UK

OBJETIVOS: Obtener la valoración social de los estados de salud de EQ-5D en una muestra representativa de la población de Chile y determinar con ello, el índice social EQ-5D de la totalidad de estados de salud de EQ-5D (243). **METODOLOGÍAS:** Se entrevistaron a 2000 personas de 20 años y más, residentes de la Región Metropolitana de Chile, a las que se les aplicó el cuestionario EQ-5D/VAS, recogiéndose además datos sobre variables sociodemográficas relevantes. Luego, se evaluaron 42 estados de salud mediante los métodos VAS, ranking y equivalencia temporal (TTO). Los 42 estados de salud utilizados corresponden a los mismos utilizados en el estudio Measurement and Valuation of Health (MVH) del Reino Unido en 1993. **RESULTADOS:** Se obtuvo la valoración para los 42 estados de salud, con las diferentes metodologías señaladas. Las tasas de respuesta y niveles de consistencia fueron similares a los observados en estudios de países desarrollados. Se observó una dificultad decreciente en la aplicación de las metodologías- VAS, ranking y TTO. Los resultados obtenidos mediante las tres técnicas se encuentran muy correlacionados entre si. **CONCLUSIONES:** La colaboración de la población encuestada y el compromiso del equipo de encuestadores, al ceñirse estrictamente a la metodología del estudio, respaldan la validez y confiabilidad de la información recopilada. Un trabajo de campo con énfasis en capacitación y control constante del proceso de recopilación de datos, permite reducir la tasa de no respuesta a niveles de países desarrollados. La aplicación secuencial de las tres metodologías permite obtener muy buenos resultados tanto en consistencia interna como en sus correlaciones.

MC2

SELF-PERCEPTION OF HEALTH IN LATIN AMERICA

Cabieses Valdes B[1], Espinoza MA[2], Zarate V[3]
[1]Universidad del Desarrollo, Santiago, RM, Chile, [2]Pontificia Universidad Catolica de Chile, Santiago, RM, Chile, [3]University of York, York, North Yorkshire, UK

OBJECTIVES: The capacity for planning and implementing public health policies requires knowledge and understanding of population's health status. Information traditionally collected in population surveys is related to physical and biological measurements; however, the self-perception of health has recently gained importance. This has occurred in light of the widespread phenomenon of an aging population and increased prevalence of chronic diseases and disabilities at international level. The study compared the self-perception of health-related quality of life (HrQoL) of six Latin American countries and its relationship with socio-demographic variables. **METHODS:** This study was based on secondary data collected for World Health Survey 2005. Participating countries in the region were Brazil, Paraguay, Uruguay, Mexico, Dominican Republic and Ecuador. A probabilistic sample was collected for each country, with sex and age national representation (n = 67,734). The study outcome was HrQoL classified in 5 categories (Very Good, Good, Moderate, Bad, Very Bad). Analyses to estimate the existence of real differences on overall HrQoL between countries were performed through binary and ordinal logistic regressions. Results were adjusted by sex, age and educational level. **RESULTS:** The two countries