OBJECTIVES: Little is known about the health-related quality of life (HRQoL) for RA patients in Korea. Several studies discovered quality of life of RA patients in Korea using localized resources, not nationwide one. The aim of this study was to estimate HRQoL of Korean RA patients and also discover education and treatment status of them based on nationally representative data.

METHODS: This study was conducted using the 2010-2011 National Health and Nutrition Examination Survey (total, 247-252 participants). HRQoL was measured by EuroQol five-dimension (EQ-5D) and its mean EQ-5D score in Korean RA patient compared with normal population. Multivariate linear regression was performed at p-value of 0.05 with the use of SAS software, version 9.2. RESULTS: Among 42,347 participants, 679 participants, 1.88% had diagnosed of RA and their mean EQ-5D score was 0.82. Among RA patients, 298 patients (42.4%) were treated and 25 patients (36.8%) educated in arthritis. The mean EQ-5D score of normal population was 0.93. We found that RA patients in Korea had significantly lower EQ-5D score (0.028, 95% CI -0.053 to 0.007) compared with normal population with respect to age, sex, body mass index (BMI), education, house income, marital status, smoking, alcohol, RA treatment, and education in arthritis. Compared EQ-5D score of RA patients who were in treatment to those not in treatment, no statistically significant difference was observed. 67.4% of the sample were treated and only 4% were educated about their disease. RA is found to be negatively related with HRQoL in Korea population based on nationwide data. This study discovered nationwide information on RA-education and treatment status of RA patients as well as difference of HRQoL scores between RA patients and non-RA patients in Korea.

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THE ASOCIATION BETWEEN DEPRESSION, HEALTH-RELATED QUALITY OF LIFE (HRQOL), AND DISABILITY STATUS AMONG ADULTS WITH ARTHRITIS

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OBJECTIVES: Limited information currently exists regarding the additional influences on health quality of life (HQL) among young adults with arthritis who suffer from it. 35% of subjects are active, and the negative impact on work is expected to grow in view of the ageing of the population and the longer working lives of workers. The burden was found to be 30.04 ± 17.8. The score differed according to sex: 31.33 ± 17.4 if males and 28.34 ± 18.9 (p < 0.05) if females. The difference of score was 3.31 for men (significant) and 0.97 for women (not significant). The sex ratio favored women (65%). The average age of the population was 65.16 ± 17.4 years.

RESULTS: Knee Arthritis was diagnosed. The disability generated was evaluated by means of the Knee Arthritis Questionnaire (Knee Arthritis Questionnaire). Arthritis was diagnosed. The disability generated was evaluated by means of the Knee Arthritis Questionnaire. Arthritis was diagnosed. The disability generated was evaluated by means of the Knee Arthritis Questionnaire. Arthritis was diagnosed. The disability generated was evaluated by means of the Knee Arthritis Questionnaire. Arthritis was diagnosed. The disability generated was evaluated by means of the Knee Arthritis Questionnaire.

OBJECTIVE: To evaluate everyday disability (in the broad sense of the term) due to arthritis.

METHODS: A cross-sectional design using the 2011 Behavioral Risk Factor Surveillance System (BRFSS) data was undertaken. The sample comprised of adults (≥18 years) with arthritis. Multivariate logistic regression models were fitted to the data to examine the association between depression and different components of HRQoL (physical health, mental health, activity limitation due to poor physical/mental health, and general health status), and disability status among adults with arthritis. Survey analyses were conducted using SAV9.3 (PROCT SURVEY procedures).

RESULTS: The study sample comprised of 168,483 individuals, 15.8% were adults with arthritis. The rate of knee arthrosis, or the chance of being in pain was higher among adults with arthritis who reported being in good health as compared to those in poor health.

CONCLUSIONS: The results of the study suggest that depression among adults with arthritis is associated with reduced HRQoL. Adults with arthritis and depression were 84% less likely to report better mental health (<14 mentally unhealthy days) and 37% less likely to report better physical health as compared to those with arthritis only, after controlling for demographics and health-related covariates. Adults with arthritis and depression were 41% less likely to report good health status as compared to those with arthritis only. Adults with arthritis and depression were 1.4 times more likely to be disabled as compared to those with arthritis only. The estimated odds of being disabled were 64% lower among adults with arthritis who reported being in good health as compared to those in poor health.

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IMPACT ON HEALTH STATUS AND DISEASE SPECIFIC QUALITY OF LIFE OF TREATMENT IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE IN COLOMBIA

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OBJECTIVES: To analyze the impact on health status and disease specific quality of life with tofacitinib for rheumatoid arthritis in patients with inadequate response to a non-biological DMARD vs anti-TNF in Colombia. METHODS: We use the change from baseline in the Health Assessment Questionnaire-Disability Index (HAQ-DI) as effectiveness measure and grouped by disease severity levels (0.5 difference) in order to infer the changes in Quality of Life obtained with Tofacitinib and the anti-TNF. The relationship between the health status and quality of life improvement were taken from Pentek M 2008 and 52 weeks through a discrete event model that evaluates the model with the use of a Markov model. The result was tested by randomly changing the HAQ levels (basal and weekly mean change) and utility gains assuming a normal distribution. The results obtained with the model were grouped and compared to those obtained in the SISMED by the Health Ministry. RESULTS: Percent reduction in HAQ-DI score at 3, 6, 9, and 12 months from baseline were 61.9, 48.7, 62.5 and 53.2% with tofacitinib; and 49.5, 42.7, 57.1 and 47.1% with anti-TNF (t test at 52 weeks, p<0.001). As result of the previous findings, quality of life scores from Tofacitinib are better than with tofacitinib and from 0.5 to 0.0 (0.2) with anti-TNF. CONCLUSIONS: The superior reduction in HAQ-DI scale at 52 weeks obtained with tofacitinib in RA patients with inadequate response to non-biological DMARD results in a greater improvement in disease specific quality of life, compared to anti-TNF available in Colombia.

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HEALTH-RELATED QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS IN KOREA: COMPARISON OF KOREAN NATIONAL HEALTH AND NUTRITION SURVEY EXAMINATION SURVEY

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OBJECTIVES: To determine the prevalence of RA patients who have been followed for over 1 year. Each patient visit was evaluated by the consultant in the analysis. Additionally, preoperative patient and clinical factors were identified from the electronic medical record. Hierarchical linear models were used to assess patient and clinical risk factors associated with physical function (Physical component of the Short Form 36 (SF-36) questionnaire across the different factors, sex, age, and employment status). 7RESULTS: A total of 154 total knee arthroplasties were identified; 63.6% were females, average age was 63.7 years (standard deviation [SD] = 10.2, range 41-85 years), and 0.08 body mass index (BMI) was 29.3 ± 4.9 (SD = 2.7). Compared to those ≥ 70 years old, the physical function after surgery of those age 40-49 years was not significantly different, while those aged 50-69 years old were significantly better, in a fully adjusted model (controlling for comorbidities). Patient factors associated with lower physical function recovery were back pain (p 0.3, 95% CI 0.81 - 1.7) and preoperative physical function (p 0.39, CI 0.25 to 0.52). CONCLUSIONS: Preoperative reporting of previous back pain and low preoperative physical function were significantly associated with lower postoperative functional scores, indicating the need for the preoperative evaluation of such factors.