time before switching were examined. Descriptive and Chi-Square statistical analyses were conducted to determine if differences existed among the three cohorts. RESULTS: A total of 1242 patients were analyzed: 490 (39.4%) infliximab plus MTX; 607 (48.9%) etanercept plus MTX; and 145 (11.7%) adalimumab plus MTX. Over two-thirds of the patients were female and the mean age was 50.0 years. The Charlson Co-morbidity Index and disease staging were similar among the three cohorts. During the 12 months follow-up, 39 patients (7.9%) in the infliximab plus MTX cohort switched compared to 72 patients (11.9%) in the etanercept group and 23 patients (15.9%) in the adalimumab group. Chi-Square analyses indicated the differences were statistically significant (p < 0.05) as compared to the infliximab plus MTX cohort. The infliximab group had an average time of 195.9 days before switching, compared to 183.1 days in the etanercept group, and 165.3 in the adalimumab group; this was not statistically significant. CONCLUSION: The rate of switching and time before switching are important measures of the effectiveness of RA treatment in real world practice. This study found that infliximab plus MTX is associated with a longer time before switching and a significantly lower switching rate, as compared to the other anti-TNFs. Further studies are needed to evaluate the impact of switching on clinical and economic outcomes.

PAR18
A FIVE-YEAR LONGITUDINAL ANALYSIS COMPARING DOSE CHANGES FOR PATIENTS WITH RHEUMATOID ARTHRITIS TAKING INFlixIMAB IN A MEDICARE AND IN A COMMERCIALLY INSURED POPULATION
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OBJECTIVES: To compare dosing stability and dose changes, through a retrospective database analysis, for rheumatoid arthritis (RA) patients taking infliximab over five years. METHODS: We utilitzed medical and pharmacy claims data from the Medstat MarketScan database. The sample consisted of “new starts” for infliximab users in the commercial and Medicare population: (a) with a diagnosis of Rheumatoid Arthritis (RA) (ICD-9 714.xx), (b) who had at least three documented administrations of infliximab between 1999 and 2005, (c) who had no prescription history for any TNF blocker for a 6 month period prior to the index infusion, and, (d) who were continuously enrolled for a minimum of 365 days after their index infusion. We examined the proportion of infliximab users who showed an increase, decrease, or no change in dose over time in both groups.
RESULTS: Medicare infliximab users (n = 729) were older (mean age = 73 years) with higher co-morbid scores (mean score = 9.71) than commercial users (n = 1903, mean age = 50 years, mean score = 3.83). Following the index infusion, 30.4% of commercial and 17.7% of Medicare users showed no change; 24.6% of commercial and 43.1% of Medicare users showed a decrease; and 44.9% of commercial and 39.2% of Medicare members showed an increase in their dose. For the five-year period, the total average dose change between the first and last infusion was 24 mg for the Medicare group and 44 mg for the commercial group. Medicare members also had a lower starting dose than commercial members (328 mg vs. 366 mg). CONCLUSION: This study demonstrates that there is dose stability in RA patients treated with infliximab, as the dose changed on average, by less than 3% per year over the five-year period. Further research is needed to evaluate the impact of dose changes on clinical and economic outcomes.

PAR19
ARThRITIS AND HEALTH-RELATED QUALITY OF LIFE AMONG ADULTS IN OHIo
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OBJECTIVES: Clinicians have long observed a link between physical pain and a compromised quality of life among the clinical population. However, little is known about the association between arthritis and the quality of life in the general population. This study is designed to identify the impact of arthritis on the quality of life among adults. METHODS: The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based, random-digit-dialed telephone survey of the non-institutionalized U.S. population aged 18 years and older. The Ohio BRFSS-2005 survey, containing 7498 adults was analyzed. As a measure of Health-Related Quality of Life, the number of “unhealthy days” during the preceding 30 days was surveyed. All information was self-reported. RESULTS: Approximately the same proportion of adults in different age groups experienced at least one physical unhealthy day in the general adult population (35.6%, 18-44 years old; 37.3%, 45-64 years old; 36.3%, 65 years old...