were calculated for each treatment strategy and severity level. Four types of items were surveyed: treatment strategy for VCF (hospitalization only, both hospitalization and out-patient care, out-patient care only, or no treatment) and severity: low, moderate, or high. The main outcomes were annual cost, QALYs, and effectiveness (QALYs per $1000). RESULTS: The cost effectiveness analysis resulted in effectiveness for low severity of 0.53 QALYs at an additional cost of $1000, for moderate severity 0.83 QALYs at an additional cost of $3710 and for high severity 1.12 QALYs at an additional cost of $7490 resulting in an ICER of $15,588/QALY. OFRTX was preferred at all severities.

AN EXPLORATORY EVALUATION OF THE COST-EFFECTIVENESS OF RITUXIMAB AND ABATACTEPT IN THE TREATMENT OF MODERATE TO SEVERE RHEUMATOID ARTHRITIS AFTER AN INADEQUATE RESPONSE TO A TUMOUR NECROSIS FACTOR INHIBITOR IN CANADA

Abstracts

It is perceived that when the patients has access to wider information about the disease, which is one of the main objectives of a treatment support program, the therapy discontinuation rate due to side effects is lower. Because the patients are aware about the occurrence of gastric issues, they properly follow the guidelines, avoiding them and reaching the treatment final.

QUALITY OF LIFE AND COMPLIANCE IN GIRLS WITH ADOLESCENT IDIOPATHIC SCOLIOSIS

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The objective of a support program is to provide patient's support providing information about the disease, to interchange experiences with other patients, provide high calcium content nutrition tips and proper physical activities. METHODS: Quantitative study conducted through personal and individual interviews using a structured questionnaire. Two hundred and twenty interviews were conducted with female patients that concluded the bisphosphonate treatment, divided in two groups: one hundred two registered and one hundred and eighteen non-registered into a support program. RESULTS: The average treatment period with bisphosphonate between the patients registered in the program is of 11 months vs. 4 months for non-registered patients. The main causes of impact on the continuous use of bisphosphonate of the patients non-registered in a support program include the treatment side effects (28% vs. 18% in the program), patient’s disease type (12% vs. 4%). From the total of patients interrupting the intake of bisphospho- nate due to side effects the largest number are due to gastric problems. However, the patients registered in a support program reach the treatment final (34% vs. 15%; p < 0.01). CONCLUSIONS: The patients registered in a support program present the tendency to follow the prescription and remain for a longer time period in the therapy.

PATIENTS SUCCESS CRITERIA AND EXPECTATIONS IN FALLS REHABILITATION

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OBJECTIVES: Performance-based instruments commonly used in clinical settings often do not capture important aspects of the patient’s health experience. Therefore, the primary aim of this study was to use a patient reported outcomes (PRO) questionnaire to investigate patient’s success criteria and expectations when receiving rehabilitation services related to falls. METHODS: A group of patients (N = 50, age = 55+ years old) receiving physical therapy services were enrolled. Inclusion criteria consisted of: community dwellers with a history of falling (ability to walk 20 ft. and Mini-Mental State Exam score >24). The Patient’s Perspective Outcome Questionnaire (PPOQ) was administered at the initial physical therapy evaluation. PPOQ assesses current levels, success criteria and expected levels for a number of health domains including: mobility, self-care, interactions with people, community/social life, energy/drive, mental function, emotional distress, sensorial function, and pain. A 100-point scale assesses success levels of interference across different levels of health (0 = not affected and 100 = most affected). RESULTS: Participants reported highest scores in the energy/drive (53), mobility (47), and pain (44) domains. Interactions with people (21) and community/social life (31) received the lowest scores, suggesting that domains with a strong social component were not as affected as domains with a strong physical component. Participants required significant improvement to consider their treatment successful. The mobility and energy/drive domains required significantly larger reductions than the community/social life, and interactions with people domains (P < 0.006). Across all domains, patient’s expectation was the treatment would not meet their success criteria, indicating that residual levels of impairment were expected after treatment. CONCLUSION: The results of this study point out that a number of health domains are significantly affected in this population. Participants have treatment expectations that exceed the mobility problems for which they were treated. In exploring meaningful change, the patient’s expectations and success criteria must be considered.
symptom), The Health Assessment Questionnaire (HAQ) was used to measure func-
tional status (scores 0–3). QoL was measured by the mental (MCS) and physical (PCS)
component summary scores of the Short Form-8 (SF-8). Work/productivity loss was
measured by the Work Productivity and Activity Impairment (WPAI) instrument.
Comparison was well operated between patients who currently use SC biologics and those
who discontinued treatment. RESULTS: Of the 2,200 survey respondents (72% female;
average age = 49.6years), 386 (17.5%) used SC biologics. The average duration
of RA was 12.4 years, with 14% reporting severe disease. The patient-reported
mean scores were: morning stiffness 6.6, fatigue 6.8, pain 6.5, HAQ 1.5, MCS 43.1,
and PCS 36.4. Patients reported 61.0% work impairment and 59.2% impairments in
daily activity. Patients who had discontinued SC biologic therapy (N = 124, 32.1%) reported
significantly worse scores in morning stiffness, fatigue, pain, and PCS (all P < 0.05) on
patients currently treated with SC biologics (N = 2 – 23). Patients who discontinued therapy
had more work/activity loss; only activity impair-
ment was statistically significant (P < 0.05). There was no significant difference
in HAQ scores between groups. CONCLUSIONS: RA patients using current SC biolog-
ic drugs experience severe impairment in symptoms, functional status, QoL, and
work/productivity. However, patients who discontinued SC biologic therapy have sig-
nificantly worse symptom scores, physical functioning, and activity impairment com-
pared with those currently being treated. Both findings indicate there is still an unmet
medical need in RA patients.

PMS40

UTILITY AND QUALITY OF LIFE OF PATIENTS WITH OSTEARTHROPATHY TREATED WITH TACE CYCLOXYSGLASE INHIBITING NITRIC OXIDE DONATOR (CINOD) NAPROXENOL
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OBJECTIVES: To estimate changes in quality of life (SF36b) and utility (SF6b) in patients treated with naproxenol, naproxen or placebo for 13 weeks, and to explore the effect of different disease measures on utility. METHODS: SF36b was available from 3 clinical trials in 2738 patients with knee or hip osteoarthritis comparing 2 doses of naproxenol (375 and 750 mg bid) to naproxen (500 mg bid) and placebo. Efficacy was based on the pain, function and composite scales of the WOMAC(®) osteoarthropathy index. Co-morbidity measures included hypertension (HT) which increases with NSAID therapy, body mass index (BMI) and diabetes. Changes in SF36b and individual SF36b domains were compared between the groups using ANOVA and Dunnet’s 2-sided test. The effect of the WOMAC(®) indices, BP, BMI and diabetes on utility scores was explored using multiple regression analysis. RESULTS: All SF36b subscales except mental health as well as utility changed significantly from baseline for all groups and were correlated with changes in the WOMAC(®) index (p < 0.001). The changes in the active groups was significantly better than placebo for pain and physical function (p<0.05), but not significantly different between treatments. However, absolute changes in utility, pain, physical function and general health were generally larger for naproxenol 750 mg than naproxen 500 mg by around 10%. Utility scores correlated significantly with WOMAC(®), and patients with high BMI and BP or diabetes had lower utility scores and worse WOMAC(®) indices. Increase in utilities were larger for patients with 750 mg naproxenol than for the other groups. CONCLUSIONS: A slightly larger utility and quality of life changes with naproxenol 750 mg despite a similar effect as naproxen on WOMAC(®) may be explained by a different side-effect profile and a neutral blood pressure effect.

PMS41

AN ASSESSMENT OF SELF REPORTED OUTCOMES IN A NATIONALLY REPRESENTATIVE SAMPLE OF ELDERLY PERSON DIAGNOSED WITH RHEUMATOID ARTHRITIS
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OBJECTIVES: To utilize WebTV technology as a tool to measure HRQOL in elderly persons having Rheumatoid Arthritis (RA) in a nationally representative sample and to describe their socio-demographic characteristics, medication use and other treat-
ment choices. METHODS: A cross-sectional online survey research design. Random
digit dialing (RDD) survey procedures were used to draw a sample of 530 elderly
arthritic individuals from US households across 44 states. A subsample of 79 individu-
als previously diagnosed with RA completed SF-36b survey, as part of a larger study.
Eight SF-36b domain scores and Physical and Mental Component Summary (PCS and
MCS) scores were computed and compared with cross-sectional norms for general US
population. RESULTS: Compared to the general population, our study sample per-
formed poorly with respect to all the SF-36b domains except mental health (MH) and
social functioning (SF) domains. RA is more prevalent in whites (96%) and males
reported higher scores for all the eight SF-36b domains than females. About 92% of
the sample reported the use of at least one available OTC arthritis medication; 58% of
the sample was taking prescription drugs, while about 53% reported having used
natural/herbal remedies for arthritis. A significant difference (p = 0.003) was found
between males and females with respect to only PCS scores. Age was found to correlate
negatively (p = 0.005) with PCS and MCS summary measures, particularly for indi-
viduals 70 years and older. CONCLUSIONS: WebTV is an effective survey administra-
tion tool for measuring HRQOL. As expected, elderly perform poorly on three of the
SF-36b domains (PF, RP, BP) having the most physical factor content. Prescription
drug use is fairly prevalent and use of OTC medications and other forms of treatment is
popular in the population under study.