only depends on the clinical effectiveness of medications, but also on how satisfied patients are with treatment information and how well their treatment expectations are managed.

THE IMPACT OF DEPRESSION ON RHEUMATOID ARTHRITIS PATIENT QUALITY OF LIFE

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OBJECTIVES: The presence of psychological distress, such as depression and negative mood is very common in patients with rheumatoid arthritis (RA). The purpose of this study was to examine the impact of depression on RA patients’ quality of life.

METHODS: The study consisted of 1130 rheumatoid arthritis patients from a Western US managed care organization. Longitudinal data on diagnosis and quality of life was collected at three annual periods. Patients’ health related quality of life was measured by the Physical Component Summary (PCS) score from the SF-36 as rheumatoid arthritis is generally considered a disease with physical impairment. We derived the effect size in order to compare the quality of life between the depressed and the non-depressed RA patients. A dynamic panel data model was further developed to examine the impact of depression on patients’ quality of life. The model contained the lagged dependent variable (quality of life of the previous year). Other covariates included in the model were demographic variables and disease severity, as measured by Chronic Disease Score (CDS).

RESULTS: The incidence of depression in RA patients increased from 10.18% to 14.42% over the study period. The effect size increased with time, indicating that the difference of quality of life between the depressed and non-depressed RA patients increases with the disease duration. Regression analysis from the Panel data model revealed that depression had significant effect on RA patients’ quality of life after controlling for demographic variables and disease severity (P < 0.01). CONCLUSIONS: Depression in patients with rheumatoid arthritis can significantly affect their perceived quality of life. This result suggested that patient intervention related to change patients’ coping style, or illness conceptions should be encouraged.

ABATACEPT (CTLA4IG) IN COMBINATION WITH METHOTREXATE DEMONSTRATES SUSTAINED IMPROVEMENTS IN PATIENT-REPORTED OUTCOMES OVER TWO YEARS IN RHEUMATOID ARTHRITIS PATIENTS WITH INADEQUATE RESPONSE TO METHOTREXATE

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OBJECTIVES: Abatacept (CTLA4ig) is the first in a new class of agents for the treatment of RA that selectively modulates the co-stimulatory signal required for full T-cell activation, has shown good and efficacy and tolerability during in a one-year, double-blind, placebo-controlled trial of Abatacept in methotrexate (MTX) inadequate responders. This analysis examined the long-term effect of Abatacept on patient-reported outcomes (PRO) in an open-label extension of this study at two-years.

METHODS: In the blinded phase of the study, patients with active RA despite MTX treatment were randomized to receive Abatacept 10mg/kg IV monthly + MTX or placebo + MTX for one-year. Patients who completed the blinded phase were eligible to enroll in the long-term extension during which patients were treated with a fixed dose of Abatacept 10mg/kg. Patients evaluated pain and disease activity using the Visual Analog Scale (VAS), physical function using the modified Health Assessment Questionnaire (mHAQ), and QOL using the SF-36.

RESULTS: In total, 115 patients were randomized to the Abatacept + MTX group; 84 patients (73%) entered the LTE and 75 (89%) of these patients completed two-years of treatment. Statistically significant improvements from baseline in pain, disease activity, and physical function were reported by Abatacept-treated patients as early as day 15, and were further improved and maintained during two-years of treatment. The improvements in patient reported outcomes preceded the improvement seen in the overall clinical response measured by the American College of Rheumatology criterion for a 50% improvement. Abatacept also sustained significant improvements in all eight domains of the SF-36, with the greatest improvements seen in physical function, role-physical, bodily pain, vitality and social function domains.

CONCLUSIONS: Abatacept rapidly and significantly improves patient-reported outcomes and these improvements are sustained during two-years of treatment.