

PAR20

PEOPLES PREFERENCES FOR WHO SHOULD GET THE NEXT JOINT REPLACEMENT

Davies LM, Payne K, Fargher EA

University of Manchester, Manchester, UK

OBJECTIVES: The objectives were to identify and quantify the value of preferences for characteristics that should influence prioritisation of patients for total joint replacement (TJR). **METHODS:** Interviews, a ranking study and literature review were used to identify the attributes that should influence TJR prioritisation decisions for people with equal need and expected outcomes. A discrete choice survey was designed and piloted to value preferences for key attributes. Three attributes with two levels (comorbidity; patient provides necessary care for another person; patients tries to follow doctors instructions to maintain health and weight) and two attributes with four levels (cost to the health service; age) were identified as important characteristics. A fractional factorial design was used, giving 16 patient profiles and 8 pair-wise choices. For each pair-wise choice, respondents chose whether patient A or B should be prioritised for the next available TJR or wait 12 months. Dominance and consistency tests were included. Each attribute was also ranked in order of preference. Respondents included patients waiting for or had a TJR and the general public. **RESULTS:** There were 80 respondents. The average age was 64 years, 63% were female, 88% were patients, 66% lived with others at home and 53% were married. In the ranking exercise willingness to follow doctors instructions was the most preferred characteristic ($n = 36$, 45%) and cost the least preferred ($n = 42$, 53%). The analysis indicated that the coefficients for all characteristics except comorbidity ($p = 0.07$) were statistically significant ($p < 0.01$). Overall, people appeared to prefer patients who were willing to follow doctors instructions, provide necessary care for another person and were younger to be treated first. **CONCLUSIONS:** Respondents were willing to choose between patients profiles to prioritise who should receive the next TJR. Important attributes in the choice were willingness to follow doctors instructions and whether the patient cared for another.

PAR21

CROSS-SURVEY OF RHEUMATOLOGISTS AND GP AWARENESS AND KNOWLEDGE OF FIBROMYALGIABlotman F¹, Thomas E¹, Myon E², Taieb C²¹CHU Montpellier, Montpellier, France; ²Health Economics & Quality of Life Dept, Boulogne-Billancourt, France

OBJECTIVES: To assess the level of awareness and knowledge of fibromyalgia among General Practitioners (GP) and Rheumatologists (R). **METHODS:** A questionnaire was sent to all practicing R and 10,000 French GP randomly selected. **RESULTS:** A total of 1016 GP and 418 R (response rate: 10.2% and 16.7% respectively) returned the completed questionnaire. A random selection of 200 GP's and 200 R responses were analysed. Respectively for GP and R, FMS is an illness for 33% and 25%, a syndrome for 64% and 72% and does not exist for 3% and 3%. FMS represents for GP and R respectively 1% of their consultation for 74% and 33%; 2 to 5% for 24% and 64% and 10 to 20% for 1% and 3%. GP and R respectively recognized as being 1 of the principal syndromes of Fibromyalgia (in % of responders): diffuse pain for 83 and 92, digestive problems for 22 and 31, radiological anomaly for 6 and 1, troubled sleep for 57 and 87, lack of concentration and memory loss for 36 and 43, articular swelling for 15 and 6, muscular weakness for 76 and 45, a feeling of depression/anxiety/sadness for 78 and 82, excessive tiredness for 90 and 93 and palpitations for 15 and 19. **CONCLUSIONS:** The comparison between Rheumatologists

and General Practitioners reveals some significant differences, especially regarding the definition of FMS, which is considered as an illness by 25% and 33% of the practitioners respectively. Significant differences also appear in their appreciation of the associated symptoms (the frequency of articular swelling and radiological anomalies in particular).

PAR22

FIBROMYALGIA SYNDROM: A FRENCH EPIDEMIOLOGICAL SURVEY

Myon E, Taieb C

Health Economics & Quality of Life Dept, Boulogne-Billancourt, France

OBJECTIVES: To estimate the prevalence of possible fibromyalgia syndrome (FMS) among non-institutionalised French adults. **METHODS:** The LFES-SQ (London Fibromyalgia Epidemiology Study—Screening Questionnaire) were administered to 1018 individuals (>15 y.o.) representative of the French population (IPSOS using quota method). The LFES-SQ questionnaire allows to screen patients who might have FMS or a possible FMS; subjects are screened positive if they answered yes to all the questions. **RESULTS:** From positive subjects to have the accurate number of possible FMS patients (+) the following multiplication factors need to be used: multiplication factors of possible FM patients V number of (+) = Estimated Total FM cases in London/Number of Patients (+) in the London survey (i.e. 0.568 for the total population; 0.628 for women and 0.356 for men). On our 1018 subjects (529 women, 489 men), 133 were screened positive (80 women, 53 men). Therefore, using the multiplication factors we obtained 75.54 estimated FM cases (50.24 women, 18.87 men) i.e. an estimated prevalence of possible FM in France of 7.42%, 9.5% of women and 3.86% of men. **CONCLUSIONS:** Those data are higher than the ones obtained in the White study nor in the published prevalence of FMS in the literature, but they assess an estimated prevalence of possible FMS (without validating the diagnosis with a rheumatologist). Next step will be to calculate European multiplication factors and to generalise this survey in Europe.

PAR23

SURVEY OF GLOBAL FIBROMYALGIA MANAGEMENT BY FRENCH GENERAL PRACTITIONERSThomas E¹, Blotman F¹, Myon E², Taieb C²¹CHU Montpellier, Montpellier, France; ²Health Economics & Quality of Life Dept, Boulogne-Billancourt, France

OBJECTIVES: To describe the management by French General Practitioners (GP) of patients suffering from fibromyalgia (FMS). **METHODS:** A questionnaire was sent to 10,000 French GP randomly selected. **RESULTS:** First analysis of a random selection of 200 responses on the 1016 questionnaires received (response rate: 10.2%) showed that 34% are male with an average age of 47 years. A total of 73.5% of them have patients suffering from FMS in their care: 34% have 5 or more patients, 6% have 10 or more. Each GP has an average of 6.1 FMS patients and 88% prescribe a fundamental treatment to their FMS patients: 77% declare prescribing analgesics (A), 42% tricyclic antidepressants (TCA), 55% serotonergic antidepressants (SA), 23% hypnotics/sedatives (H/S), 21% homeopathic treatments (H) and 6% morphine derived treatments (MD). A total of 82% prescribe treatments for the symptomatic pain relief of their FMS patients: 66% prescribe A, 16% TCA, 15% SA, 34% H/S, 18% H and 9% MD. Ninety percent (90%) of GP's recommend "alternative" treatment: 42% acupuncture; 3% chiropractic treatment; 9% hypnotherapy; 31% spas; 33% osteopathy and 74% relaxation techniques. For 85% of them physical exercise is part of