Abstracts

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months after the injury comparing with direct postfracture value: from 21.5 pts to 45.9 pts, but was significantly lower than before fracture −72.4 pts. At the final follow-up, according to descriptive part of EQ-5D: 91.5% of patients had problems with walking about and with washing or dressing self, 87.9%—had limitations performing usual activities and 74.7% had pain or discomfort. Patients treated conservatively experienced mean reduction of EQ-5D Index by 47.7 points, treated with Ender nails—by 35.3, with hemiarthroplasty—by 26.5, with total hip replacement—by 20.4 and with dynamic hip screw—by 10.3 points. CONCLUSIONS: Hip fracture leads to significant QoL reduction, observed even at 14 months after the injury. Major disabilities include walking and washing or dressing self. Conservative treatment and fixation with Ender nails lead to highest HRQoL reduction.

POS15

CHANGES IN THE HEALTH STATUS AFTER FEMORAL NECK FRACTURE MEASURED BY EQ-5D
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OBJECTIVES: The aim of our prospective study is to compare health state score of patients with femoral neck fracture at the time of primary treatment in hospital and at 1.5 years after treatment by using EQ-5D questionnaire. METHODS: The validated version of EQ-5D questionnaire was filled in at first on the 6–8th day after primary treatment of femoral neck fracture in hospitals, than later 1.5 years after surgical treatment at home. Patients filled in the questionnaires with the assistance of interviewer at 6–8th day and it was posted to them 1.5 years later to their home (control value). Patients with polytrauma were excluded from the study. We compared the health state score of patient filled in both questionnaires according to gender, activity (active/non active), marital status (married/single), education (high school/or lower), and type of operation (osteosynthesis/prosthesis). RESULTS: Altogether 134 patients (97 women and 37 men) fill in both questionnaires. Their mean age was 73.05 ± 10.75 years (min.40 years, max 92 years). The mean health status scores of all patients was 0.348 at 6–8th day and 0.433 at 1.5 years later. According to gender: female: 0.539 and 0.451; male: 0.572 and 0.383 (statistical test: P = 0.205). Type of operation: osteosynthesis: 0.395 and 0.437; arthroplasty: 0.605 and 0.431 (P = 0.073). Residence: town: 0.598 and 0.494; village: 0.5 and 0.373 (P = 0.053). Education: at least high school: 0.651 and 0.456; below high school: 0.482 and 0.417 (P = 0.160). Marital status: single: 0.481 and 0.418; married: 0.629 and 0.452 (P = 0.303). Activity: non active: 0.537 and 0.423; active: 0.702 and 0.518 (P = 0.278). Age (P=0.057).

CONCLUSIONS: The personal opinion on health status showed a deterioration 1.5 years following femoral neck fracture, which is determined mainly by age, residence, type of operation and education. Our study will be completed later by inclusion health status data from visual analogue scale.

POS16

LONG TERM QUALITY OF LIFE RELATED TO OSTEOPOROTIC FRACTURES: 13–18 MONTHS AFTER FRACTURE
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OBJECTIVES: There are few studies investigating the consequences of fractures in terms of health outcomes. A large prospective Swedish study (KOFOR) assessed quality of life related to fractures of the hip, spine, wrist the first 12 months after fracture. Data were collected using a questionnaire administered by nurses at seven study centres in Sweden. The study indicated that spine fractures are associated with lower quality of life than previously assumed. The purpose of this study is to investigate the long term quality of life data based on the period 13–18 months after fracture. METHODS: A total of 684 patients survived the whole 18 month period and were thus included in the analysis (hip:283, vertebral:76, wrist:325). Patients were asked about their quality of life (EQ-5D) directly after the fracture, at 4 months, 12 months and after 18 months. Recollected QOL before the fracture was also collected. RESULTS: Results show that the QOL-levels reached after 12 months (0.69, 0.49, and 0.88 for hip, spine and wrist respectively) were almost constant after 18 months (0.72, 0.51 and 0.90) indicating that there are persistent QOL-losses associated with osteoporotic fractures. Pre-fracture QOL-values were 0.81, 0.74 and 0.90 for hip, spine and wrist, respectively. A spine fractures are associated with lower long term quality of life levels than previously assumed, and the loss from a spine fracture doubles that of a hip fracture. CONCLUSIONS: Hip and vertebral fractures carries long term effects on QOL and the long term effects of spine fractures are more severe than previously known.

POS17

BASELINE CHARACTERISTICS OF FRENCH POSTMENOPAUSAL WOMEN WITH OSTEOPOROSIS IN THE EUROPEAN FORSTEEO OBSERVATIONAL STUDY (EFOS)
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OBJECTIVES: Describe patient characteristics, health related quality of life and back pain in postmenopausal women with severe osteoporosis who are initiating teriparatide in France. METHODS: The European Forsteo® Observational Study, EFOS is a 36-month, prospective study evaluating fracture outcomes, back pain and health-related quality of life in postmenopausal women with osteoporosis initiating teriparatide. Patients were enrolled in Austria, Denmark, France, Germany, Greece, Ireland, The Netherlands, and Sweden. Design was non-interventional with all consenting patients in the course of normal clinical practice initiating teriparatide being eligible for enrolment. QOL was assessed with the EQ-5D questionnaire, pain was assessed with the back pain questionnaire and a visual analogue scale (VAS). RESULTS: A total of 309 patients were enrolled in the study in France. The mean (SD) age was 74.5 (7.4) years. A total of 96.8% of patients had 2 or more fractures after 40 years old and 77.5% of the pre-existing fractures were vertebral ones. In 82.8% of cases, BMD T-score for lumbar spine, total hip and femoral neck was under −2.5. Back pain was frequently observed: 76.6% of patients stating that they had back pain every day or almost every day. Intensity of back pain was moderate to severe in 93.1% of cases. Back pain led to limitation of activities moderately or severely in 83.1% of cases. The corresponding mean (SD) visual analogue scale score for existing back pain in the last month was 56.2 (24.9). Patients QOL was also deteriorated with a median EQ-5D health state value of 0.52 and 30.7% of patients reporting extreme problems with pain and discomfort and 15.5% reporting extreme problems with usual activities. CONCLUSIONS: The profile of the EFOS study cohort indicates that patients initiating teriparatide have severe osteoporosis associated with back pain impacting on usual daily activities and a poor quality of life.