

and number of patient joints (0.649; $P < 0.0001$). **CONCLUSIONS:** The study confirms the reliability and validity of a web administered version of the RADAI questionnaire in a US community sample. It is a useful measure to assess RA disease status for patient recruitment in interventional studies and for observational study designs.

PM550**PATIENTS' STATED HEALTH-OUTCOME PREFERENCES FOR CONFOUNDED PATIENT-REPORTED OUTCOME DOMAINS FOR OSTEOARTHRITIS**

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BACKGROUND: Patient-reported outcome (PRO) instruments such as the WOMAC Index of Osteoarthritis provide scores for outcomes that cannot be measured objectively. However, such scores do not necessarily indicate patients' perception of the relative importance of the domains and scales used in such instruments. **OBJECTIVES:** To obtain valid estimates of patient preferences for osteoarthritis domains and potential adverse outcomes. **METHODS:** Residents of the United Kingdom aged 45 years or older with a self-reported physician diagnosis of osteoarthritis (OA) completed a web-enabled conjoint-analysis or discrete-choice experiment survey. Patients evaluated 10 pairs of hypothetical OA treatment-outcome profiles. Each hypothetical OA treatment was defined by 4 benefit attributes derived from the WOMAC instrument (ambulatory pain, resting pain, stiffness, and daily activities) plus 3 adverse-event risk attributes (bleeding ulcer, stroke, and coronary infarction). Choice-model parameter estimates were obtained using random-parameters logit. **RESULTS:** A total of 294 subjects provided usable data. Valid parameter estimates should indicate that better outcomes are preferred to worse outcomes. a main-effects choice model yielded correctly ordered, risk-level, preference-weight estimates for the 3 adverse-event attributes, but disordered severity estimates for all 4 PRO attributes. Implausible combinations of ambulatory-pain and daily-activity levels may cause patients to focus on only one of the attributes. a model that excludes the daily-activity attribute and includes a dummy variable to account for implausible combinations yields correctly ordered preference-weight estimates. An improvement in ambulatory pain from 25 mm to 0 mm on a 100 mm scale is approximately 1.7 times as important to patients as the same improvement in resting pain. **CONCLUSIONS:** Confounding among PRO domains can interfere with estimating valid preference weights and limit researchers' ability to populate a model based on PRO outcomes with a full set of preference weights Controlling statistically for implausible outcome combinations successfully corrects the effect of the confounding and yields plausible trade-off values.

PM551**PATIENT PREFERENCES FOR SEVERE OSTHEOPOROSIS IN SPAIN: A DISCRETE CHOICE EXPERIMENT**Darba J¹, Restovic G², Kaskens L², Martinez E³¹Universitat de Barcelona, Barcelona, Spain; ²BCN Health, Barcelona, Spain; ³Nycomed Pharma, Madrid, Spain

OBJECTIVES: This study was designed to identify patient preferences for different aspects of severe osteoporosis (SO) treatments in Spain. **METHODS:** Main attributes of SO treatments were determined from a review of the literature and consultations with nurses and patients. The discrete choice experiment included 3 attributes: type of drug administration, place of administration, plus a cost attribute in order to estimate willingness to pay (WTP) for improvements in attribute levels. a pilot study with 50 patients was carried forward to identify areas of misunderstanding. One hundred sixty-six patients with a diagnosis of SO were presented with pairs of hypothetical treatment profiles with varied levels of type of administration, place of administration and cost. Questions were also included to collect socio-demographic data. Data were analyzed using a random effects probit model. **RESULTS:** All attributes had the expected polarity and all were significant predictors of choice. Patients were willing to pay €183/month to have a subcutaneous injection once per day rather than an intravenous injection once per year. Patients were also willing to pay €121/month to have medical support when administering the drug treatment at home rather than being admitted several hours to a hospital for drug administration. **CONCLUSIONS:** Spanish SO patients have well-defined preferences among treatment attributes and are willing to accept tradeoffs among attributes. Participants indicated that they are willing to accept self medication with medical support rather than being admitted to a hospital for several hours. The perspective of the patients should be taken into account when making treatment decisions.

PM552**PREFERENCES OVER BENEFITS AND RISKS ASSOCIATED WITH THE USE OF NSAIDS: EVIDENCE FROM PATIENTS DIAGNOSED WITH OSTEOARTHRITIS (OA) IN UK**Bridges JE¹, Taylor SD², Arden N³, Hauber AB⁴, Johnson FR⁴, Watson D², Mavros P², Pellissier JM², Peloso P⁵, Sen S⁵, Mohamed A⁴, Gonzalez JM⁴¹Johns Hopkins University, Baltimore, MD, USA; ²Merck & Co., Inc., Whitehouse Station, NJ, USA; ³University of Southampton, Southampton, UK, UK; ⁴RTI Health Solutions, Research Triangle Park, NC, USA; ⁵MRL, Whitehouse Station, NJ, USA

BACKGROUND: The premise of patients' informed consent presupposes a preference structure over treatment related outcomes. **OBJECTIVES:** To assess patient preferences for treatment-related benefits and risks associated with the NSAID use in the management of OA and examine differences in patient preferences across patient subgroups. **METHODS:** Eligible study participants, identified in a chronic disease

panel in UK, were >44 yrs old with self-reported diagnosis of OA. Each patient was randomized to receive one of four blocks of choice questions, each block consisting of 10 choice tasks comparing different treatment profiles of benefits and risks consistent with NSAID use. Treatment profiles were defined by four benefits (ambulatory pain, resting pain, stiffness, difficulty doing daily activities) and four medication-related risks (bleeding ulcer, stroke, heart attack, hypertension), each varying across four clinically meaningful levels. Preference weights were estimated using mixed-effects logistic regression models and were standardized in a 0-100 (low-high) importance scale. Differences in patient preferences were assessed by stratifying age, hypertension diagnosis, and use of proton pump inhibitors (PPI). **RESULTS:** For the 294 study participants, average age was 59 years, 65% were female, 62% married, 56% diagnosed with OA > 4 years, 49% with hypertension, 76% on prescription OA medications and 36% on PPIs. Reductions in ambulatory pain (6.32; 95%CI:5.0-7.6) and difficulty doing daily activities (6.32; 95%CI:5.0-7.6) were the most important benefit attributes followed by resting pain (2.80; 95%CI:1.8-3.8) and stiffness (2.65; 95%CI:0.9-4.4). Incremental changes (3 percentage-point) in the risk of heart attack or stroke were assessed as the most important risk outcomes (10.00; 95%CI:8.2-11.8; and 8.90; 95%CI:7.3-10.5, respectively). a 2.5 percentage-point incremental change in one-year ulcer risk (3.61; 95%CI:2.6-4.6) and the risk of hypertension (3.02; 95%CI:2.8-3.2) were valued less. The hypothesis of preferences homogeneity in patient subgroups was not rejected. **CONCLUSIONS:** Patients diagnosed with OA have well defined preferences over NSAID-related benefits and risks.

PM553**QUALITY OF LIFE, PATIENTS' PREFERENCES AND INFORMED DECISION IN TREATING RHEUMATOID ARTHRITIS IN GREECE**Karageorgopoulou K¹, Seretis G¹, Papachristou E¹, Antoniadis C², Aslanidis S³, Boki K⁴, Boura P⁵, Boumpas D⁶, Ioakeimidis D⁷, Kandili A⁸, Sakkas L⁹, Settas L¹⁰, Solioti F¹¹, Tzanakakis M⁶, Tzioufas A¹², Vassilopoulos D¹³, Tountas Y¹

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OBJECTIVES: Rheumatoid Arthritis (RA) is a seriously debilitating disease affecting almost 0.7% of the adult population in Greece. Treatment options include, besides the conventional treatment with DMARDs, the use of newer biologic agents, which are available in the hospital (intravenous-iv) or the outpatient setting (subcutaneous-sc). Patients are usually perceived to be averse to the use of iv treatments that may be essential to control their disease. We assessed quality of life, patients' preferences, participation in decision making, when selecting the appropriate treatment for RA, and expected outcomes from the prescription medication. **METHODS:** Structured face-to-face and telephone interviews were conducted among 290 patients taking biologic agents. Patients were recruited from public hospitals (69.7%), office based rheumatologists (22.8%) and private clinics (7.6%). Data were analyzed using SPSS v17.0. **RESULTS:** Median patient age was 55 years. 3/4 of the sample were women (74.8%). Approximately 1/3 of respondents reported they were not informed at all on adverse events (28.9%), treatment duration (31.4%) and prognosis (24.5%). For the greater part of the patients, the main source of information was their doctor. Treatment decisions were reached by the physician without patients' involvement in most cases (70.6%). There was no statistically significant difference in patients' satisfaction between iv and sc treatments, whereas 62% of patients on sc treatment would be willing to switch to iv following their rheumatologist's suggestion. Finally, "feeling better overall" was rated as the most important expected outcome by 63.2%, followed by reduced joint pain. Only 16% rated the long term remission of the disease as a very important outcome. **CONCLUSIONS:** An important proportion of patients with RA in Greece feel that they are not informed properly on treatment options, while their expectations may be understated. To improve outcomes, it is essential that rheumatologists overcome perceptions, inform and involve patients in the treatment decision.