degree to which health problems interfere with ability to perform job roles. The WPQ includes physical, mental (concentration), time (interruptions and adherence to schedule) and output (ability to handle workload) scales and a WPQ Index is computed to estimate overall productivity loss. In MATRIX, WPQ scores were compared to the King’s Health Questionnaire (KHQ), a validated OA-specific quality of life (QOL) instrument. We examined the relationship between WPQ scores and conceptually-related KHQ domains at baseline, and the sensitivity of the WPQ to change in related KHQ measures at 3 months. RESULTS: A total of 1112 employed OAB patients were enrolled in MATRIX, from 327 US sites. The number of responses available for each scale at baseline were: time (n = 830, 75%); physical (n = 866, 78%); mental (n = 818, 74%); output (n = 814, 73%). A WPQ Index was computable for 740 participants. Spearman correlations between the KHQ physical limitations domain and the WPQ physical scale was 0.297, and between the KHQ role limitations and WPQ index score was 0.356. The WPQ appears to be sensitive to change over time, with WPQ physical scale scores and KHQ physical limitations score both decreasing at three months and the WPQ Index and KHQ role limitations also both decreasing at three months. CONCLUSION: Results suggest that the WPQ is a valid measure of work productivity in patients with OAB.

PR7
RISK INDICATORS FOR SELF-REPORTED JOINT PAIN AND MOTION LIMITATION OUTCOMES IN HEMOPHILIA PATIENTS—THE HEMOPHILIA COST AND IMPACT OF DISEASE STUDY-PART V
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OBJECTIVES: To assess risk indicators for self-reported joint pain and motion limitation outcomes in hemophilia patients. STUDY DESIGN: The Hemophilia Utilization Group Study (HUGS) examines prospectively the cost and burden of hemophilia, including arthropathy, quality of life, and economic impact in patients aged 2 to 65. Parents/patients completed a standardized interview, including factor use patterns and assessment of joint pain and motion limitation. Clinical chart reviews were performed to identify the presence of inhibitor antibodies and hemophilia severity. Logistic regression was used to evaluate the association between the factors from the Health Behavioral Model (predisposing, enabling, need, and health behavior) and the likelihood of joint pain or motion limitation. RESULTS: Of the 128 patients with complete outcome data, 70 (55%) were adults, 32 (25%) reported joint pain most or all the time, 49 (39%) reported severe motion limitation in at least one joint. Mean age was 23.8 (16.2) years. Risk indicators associated with joint pain were: 1) predisposing: increasing age (OR = 1.1; 95% CI = 1.03, 1.11); parent/patient not married/without partner (OR = 3.7; 1.8, 18.3); and 2) enabling: increasing number of problems getting care at the hemophilia treatment center (OR = 1.9; 1.03, 3.6). No association was found in need (ever had inhibitor) and health behaviors (use of factor). Risk indicators associated with severe motion limitation were: 1) predisposing: increasing age (OR = 1.1; 95% CI = 1.07, 1.2); parent/patient not married/without partner (OR = 3.9; 1.3, 12.2); severe hemophilia (OR = 21.0; 2.8, 158.9). CONCLUSION: Increasing age, lack of a support system and more severe hemophilia are useful characteristics for clinicians to identify patients at greater risk for joint pain and limitation. Early identification of these factors, which are a major source of disability, may be helpful in avoiding decreased health status and increased medical costs. Addressing barriers to receipt of care is of particular import for those most at risk.

PR8
THE IMPACT OF ABNORMAL UTERINE BLEEDING ON HEALTH-RELATED QUALITY OF LIFE: A META-ANALYSIS
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OBJECTIVES: Abnormal uterine bleeding (AUB) affects up to 30% of women of reproductive age. The purpose of this study is to quantitatively estimate the impact of AUB on health-related quality of life (HRQoL). METHODS: A systematic literature review of studies reporting the impact of AUB or its treatment on HRQoL published from 1980 to 2005 was conducted from the PubMed database. We conducted a meta-analysis of eight studies providing HRQoL scores derived from the 36-item Short Form Health Survey Questionnaire (SF-36); only baseline SF-36 scores prior to treatment were analyzed. Both random-effect and fixed-effect models were created and used. The scores were compared with US national norms (weighted average across age groups 18–24, 25–34, 35–44, and 45–54, obtained from the SF-36 Health Survey Manual & Interpretation Guide). A subgroup analysis was conducted to examine whether or not the SF-36 scores differ according to the mean age of each subgroup. RESULTS: Women with AUB had lower SF-36 scores (worse health) in all eight subscales; the most significantly affected were Physical Role Functioning and Emotional Role Functioning subscales, which relate to work productivity and other daily activities. The scores in these two dimensions were approximately 20 points lower than the US population norms (60.3 vs. 84.0 and 62.3 vs. 81.1; highest score = 100). In 6 of the 8 subscales, the scores for AUB were below the 25th percentile of those for US national norms (Physical Functioning, Physical Role Functioning, Pain, Vitality, Social Functioning, and Emotional Role Functioning). The subgroup analysis suggested that older women had lower SF-36 scores than younger women; however, the small number of studies precludes the forming of a definitive conclusion. CONCLUSIONS: AUB has a significant impact on women’s HRQoL. Treatment for AUB should consider improving HRQoL status.

POD IUM SESSION III
HEALTH EXPENDITURES

HE1
ECONOMIC EVALUATION OF A 90-DAY RETAIL PRESCRIPTION DRUG PROGRAM IN A PHARMACY BENEFIT MANAGEMENT SETTING
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OBJECTIVES: To evaluate the impact of a 90-day retail program on prescription drug expenditures in a pharmacy benefit management organization. METHODS: This study was based on prescription records from pharmacy claims database for a time period from January 1, 2003 to August 31, 2005. A retrospective cohort study design with one-year pre period and one-year post period was employed. Propensity scores were used to match the study and control clients in terms of patient and client characteristics. Per prescription cost, per member per month (PMPM) total, and member costs and generic utilization rate were the targeted outcomes. RESULTS: The study group included 25 clients (106,718 lives) enrolled in 90-day retail program, and the