HEALTH-RELATED QUALITY OF LIFE (HRQL) OF MODERATE TO SEVERE RHEUMATOID ARTHRITIS (RA) PATIENTS IN GREECE: PRELIMINARY RESULTS FROM THE HEOR STUDY Papagiannopoulou V, Latsou D, Boumpas D, Drosos A, Floros A, Fantopoulos I

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OBJECTIVES: In a study aimed at measuring the effectiveness of Adalimumab in HRQL of moderate to severe RA patients as prescribed by rheumatologists in normal clinical setting in Greece we examined the HRQL levels and the correlation among HRQL measures in RA patients. METHODS: An open label, 52-week follow-up study of 120 patients is being conducted in ten hospitals. In total, 36 RA patients are so far enrolled and 21 CRFs have been collected. Two generic instruments—the SF-36 Questionnaire and the Medical Outcome Study (MOS) Short-Form 36 (SF-36)—and one disease-specific—the Health Assessment Questionnaire (HAQ)—were implemented. Correlation analysis was used to identify the relationship among HRQL measures, and reliability analysis to test internal consistency. RESULTS: RA patients’ mean age was 58.3 years (SD±10.8), while 81% were women. The mean values of the SF-36 scales were: VT 35.2 (Std.D. 33.3), SF 48.2 (Std.D. 38.8), RE 34.9 (Std.D. 47.6), MH 48.7 (Std.D. 21.6), PF 34.5 (Std.D. 22.6), RP 11.9 (Std.D. 28), BP 33.5 (Std.D. 18.6), GH 38.5 (Std.D. 19.7), 81% of RA patients had moderate mobility problems and 61.9% with self-care. Moderate problems in doing usual activities had 81%, while 42.9% complained about pain/discomfort. 14.3% of RA patients were extremely anxious/depressed. The mean VAS value was 28.6 (Std.D. 27.5), while mean HAQ score 1.2 (Std.D. 1.3). A statistically significant correlation was found between HAQ and all the SF-36 scales. Correlation coefficients ranged from −0.471 (GH) to −0.786 (PF) at level 0.01. HAQ was strongly correlated with the mobility (r = 0.531), self-care (r = 0.546), and usual activity (r = 0.513) of the EQ-5D at level 0.05. Cronbach’s alpha coefficients for HAQ, SF-36 and EQ-5D were 0.856, 0.879 and 0.552 respectively.

CONCLUSIONS: RA patients recorded significantly low levels of HRQL. The study reveals a statistically significant correlation among HAQ, SF-36 and EQ-5D.
examination and laboratory data. In this cohort, we evaluated QOL of RA patients using EQ-5D, and then analyzed the factors that influenced on EQ-5D by the analysis of variance. The factors analyzed here were gender, age, disease duration, disease activity, disability, and comorbidity.

RESULTS: In September 2007, a total 5,023 RA patients (female 84.2%, average 58.0 years-old, average disease duration 11.3 years, rheumatoid factor positive 74.8%, patients taking steroid, methotrexate and biologics were 51.0%, 63.6%, and 4.3%, respectively) answered the questionnaire of EQ-5D. The factors and the percentage of their contributions on EQ-5D were as follows; i) disability assessed by JHAQ (Japanese Health Assessment Questionnaire): 57.6%, pain VAS (visual analog scale): 12.5%, female: 6.1%, joint surgery: 5.9%, non-orthopedic surgery: 5.4%, duration of disease: 1.8% and occurrence of fractures: 1.3%.

CONCLUSIONS: QOL of RA patients is deeply influenced by the disability together with comorbidity. Management for the control of both disease activity and comorbidity is crucial.

THE QUALITY OF LIFE OF SURFERS OF OSTEOARTHRITIS: THE IMPACT OF TREATMENT

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OBJECTIVES: The French public health law of 9 August 2004 took this need into consideration and provided for the implementation of a quality of life improvement programme for those affected by chronic illnesses. Furthermore, the 87th of the 110 Public Health objectives is aimed at “Improving the quality of life of those suffering from osteoarthritis” Describe what impact treating sufferers of osteoarthritis has on their quality of life.

METHODS: Quality of life was also evaluated for subjects suffering from gonarthritis using the SF-12 score, which is an approved generic tool for determining the physical and mental state of health of populations.

RESULTS: A total of 256 subjects suffering from gonarthritis were randomised into 2 groups: 127 randomised subjects were placed in the group treated with ACS Avian, and 129 randomised subjects in the group receiving the placebo. Upon inclusion, the PCS-12 scores were 36.43 and 36.64 for the group treated with ACS Avian and the group receiving the placebo respectively. The 2 groups were similar upon inclusion. After 6 months of treatment, the PCS-12 scores were 42.25 and 39.47 for the group treated with ACS Avian and the group receiving the placebo respectively. There was a statistically significant improvement in the physical dimension score of the group of patients treated with ACS Avian compared with that of the placebo group (p < 0.05).

CONCLUSIONS: These various studies confirm the sharp deterioration in the physical dimension of quality of life of patients with gonarthritis, both compared with the population in general and compared with patients affected by other chronic pathologies. Deterioration of the physical dimension was observed, associated with pain and functional disability. The mental dimension of quality of life seemed less affected, and was associated with the limitation of the walking perimeter. This data confirms the pertinence of the 87th public health objective.

RELIEF OF PAIN AND SYMPTOMS IN KNEE CARTILAGE DEFECT IS ASSOCIATED WITH HIGHER SF-36 UTILITY SCORES: DATA FROM A PROSPECTIVE RANDOMIZED TRIAL OF CHONDROCELECT®

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OBJECTIVES: Characterized Chondrocytes Implantation (CCI), a knee cartilage repair technique using an autologous cell therapy product (ChondroCelect®), results in better structural repair than microfracture as demonstrated in a prospective randomized clinical trial (Saris, Vanlauwe et al. 2008). The SF-36 questionnaire collected along the trial allowed the calculation of utility scores. This analysis aims to quantify the gap in utility levels by surgery outcome.

METHODS: Patients were split by response status to the self-reported Knee injury and Osteoarthritis Outcome Score (KOOS) and pain Visual Analog Scale (VAS) regardless of the treatment received. Utility scores were derived from the SF-36 via a validated algorithm and compared between responders (overall KOOS increase >10%, VAS decrease >20% vs. baseline) and non-responders at Months 24, 30 and