p < 0.001), adherence (0.149 and 0.17 p < 0.05), oversights (0.13; 0.01 p > 0.05). CONCLUSIONS: A brief questionnaire to evaluate global and specific domains related to satisfaction with medication was developed. Further investigation is needed to test internal consistency of adherence domain and sensitivity to change of the SAT-Q.

Fatigue Reduction and Physical Function Improvements Associated with Increased Productivity at Work and at Home in Rheumatoid Arthritis Patients

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OBJECTIVES: To quantify changes in productivity within and outside home associated with meaningful improvements in physical function or reduction of fatigue in Rheumatoid Arthritis (RA) patients treated with certolizumab pegol, the first PEGylated, Fc-free anti-TNF. METHODS: Physical function and fatigue were assessed in RAPID trials using the Health Assessment Questionnaire-Disability Index (HAQ-DI) and the Fatigue Questionnaire-Disability Index (FQDI). Physical function improvement in HAQ-DI was ≥0.22 points and for FAS was ≥1.0 point. Productivity within and outside home was evaluated with the RA-specific Work Productivity Survey (WPS-RA). Improvements in productivity were compared between responders and non-responders at wk12, irrespective of treatment assignment, using a non-parametric bootstrap-t method. RESULTS: For patients employed outside home, meaningful improvement in physical function was associated with a decrease in absenteeism; responders gained 1.95 (p ≤ 0.05) and 0.58 (NS) additional workdays/month compared to non-responders. Physical function improvements were associated with a decrease in presenteeism, a reduction of 3.26 to 4.50 workdays/month with low productivity was observed in responders compared to non-responders (p ≤ 0.05). Meaningful reduction in fatigue in employed patients was related to a decrease of 2.68 (NS) to 3.37 (p ≤ 0.05) workdays/month with low productivity compared to non-responders. For all patients, meaningful improvement in physical function was associated with a gain of 2.11 to 4.74 additional household workdays/month (p ≤ 0.05) and a decrease of 1.89 to 3.40 household workdays/month with low productivity compared to non-responders (p ≤ 0.05). Meaningful reduction in fatigue was related to a gain of 2.41 to 3.16 additional household workdays/month (p ≤ 0.05) and a decrease of 3.59 to 3.69 household workdays/month with low productivity compared to non-responders (p ≤ 0.05). CONCLUSIONS: Meaningful reduction in fatigue in RA patients was associated with improved productivity at home, whereas physical function improvements were associated with increased productivity both at work and at home.

French Normative Reference Data for the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA) Questionnaire

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OBJECTIVES: Normative data were collected for the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA) questionnaire in the French general population in order to improve the QoL-AGHDA scoring system and its interpretability, as well as prepare for health economic assessment. METHODS: A postal survey was conducted on a sample of 2,900 adults belonging to TNS-Healthcare permanent polling panel and selected to be representative of the French population. Participants were asked to complete an 8-page questionnaire including the QoL-AGHDA questionnaire, the EuroQol-5 Dimension (EQ-5D), a 5-point Likert scale for the participants to rate their overall health status (OHS) and questions about their general and medical situation. Socio-demographic data came from the permanent polling panel. A total score was calculated on the 25 dichotomous items of the QoL-AGHDA questionnaire, with a lower score indicating a better QoL. The description of the QoL-AGHDA score was performed on weighted data in order to ensure that the respondent population was representative of the French population. The QoL-AGHDA score was described according to OHS of respondents. Pearson correlation coefficient with the EQ-5D index was calculated. RESULTS: The return rate of questionnaires was 75%; 95% of respondents completed all QoL-AGHDA items. The mean age of the population was 50.1, with 54.1% respondents female. The mean weighted QoL-AGHDA score was 5.05 for women and 4.18 for men; it was 4.37 for people aged 18–40 years, 4.63 for 40–60 and 5.02 above 60. When described according to respondents’ OHS, it was: 1.54 for excellent OHS, 2.87 for very good, 4.49 for good, 7.73 for fair and 12.30 for poor OHS. Its correlation with the EQ-5D index was -0.59. CONCLUSIONS: Reference values for the QoL-AGHDA questionnaire have been collected for the French general population, completing the QoL-AGHDA normative database already available in a number of European countries.

Podium Session IV: Arthritis Outcomes Measurement

Productivity Loss at Work in Patients with Early Rheumatoid Arthritis

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OBJECTIVES: Productivity loss can be defined as time missed from work due to health reasons (absenteeism) as well as the time of impaired performance while at work (presenteeism). This study explored the impact of health problems on presenteeism in patients with rheumatoid arthritis (RA) compared to a healthy comparison group. METHODS: Patients recently diagnosed with RA were asked to participate in this cross-sectional survey. The comparison group was formed by subjects without RA matched on age and sex. Presenteeism was assessed by: 1) Quantity and Quality Questionnaire (QQ) reporting the quantity and quality of the work performed on the last working day, and 2) the Work Productivity and Activity Impairment Questionnaire General Health (WPAI-GH) measuring the degree health problems affected work productivity on the last week. Correlation coefficients between instruments were calculated and differences between groups were tested by Mann-Whitney U tests. RESULTS: Data were available from 78 patients of which 30 (42%) had a paid job (mean (SD) age 47 (±9); 47% female; mean (SD) number working hours per week 30 (±10)); and 87 healthy controls of which 47 (55%) had a paid job and could be used for analysis. Demographic characteristics as well as total working hours per week were not significantly different between groups. RA patients missed more days from work due to health reasons in the last 3 months compared to the controls (11 (±22) versus...