OBJECTIVES: Little is known about the health-related quality of life (HRQoL) for patients with rheumatoid arthritis (RA) in Korea. New data were obtained in the Baltimore Longitudinal Study of Aging-Korea (BLSA-K). Several studies discovered quality of life of RA patients in Korea using localized resources, not nationwide one. The aim of this study was to estimate HRQoL of Korean RA patients and also discover education and treatment status of them based on nationally representative data. METHODS: This study was based on a random sample of 15,666 adults aged ≥20 years who were part of the 2010-2011 Korean National Health and Nutrition Examination Survey (total, 34,279 participants). HRQoL was measured by EuroQol five-dimension (EQ-5D) and its mean EQ-5D score in Korean RA patients (n=355) and in their non-RA counterparts from the same normal population. Multivariate linear regression was performed at p-value of 0.05 with the use of SAS software, version 9.2. RESULTS: Among 42,347 participants, 679 participants, 1.88% had diagnosed of RA and their mean EQ-5D score was 0.82. Among female RA patients, 288 patients (42.4%) had been treated and 25 patients (36.8%) educated in arthritis. The mean EQ-5D score of normal population was 0.93. We found that RA patients in Korea had significantly lower EQ-5D score (0.028, p-value <0.001) compared to the normal population. Moreover, HRQoL was associated with educational level, age, and treatment status of arthritis. Patients showed lower EQ-5D score (0.028) compared to the normal population. Multivariate linear regression revealed that age, treatment status of arthritis, and treatment status of arthritis had significant impact on HRQoL. The coefficient of determination was 0.052 (p-value <0.001).

OBJECTIVES: To discover nationwide information on RA: education and treatment status of RA patients in Korea as well as difference of HRQoL scores between RA patients and non-RA patients in Korea.

PM564

THE ASSOCIATION BETWEEN DEPRESSION, HEALTH-RELATED QUALITY OF LIFE (HRQOL), AND DISABILITY STATUS AMONG ADULTS WITH ARTHRITIS

Keanna R.2, Shah R.2

1University of Mississippi, University, MS, USA, 2University of Mississippi, University, MS, USA

OBJECTIVES: Limited information currently exists regarding the additional influence of depression on health-related quality of life (HRQOL) among adults with arthritis. This study aimed to determine the relationship between depression, HRQOL and disability status of adults with arthritis in the United States (US). METHODS: A cross-sectional design using the 2011 Behavioral Risk Factor Surveillance System (BRFSS) data was utilized. The sample comprised of adults (≥18 years) with arthritis. Multivariate logistic regression models were fitted to the data to examine the association between depression and different components of HRQOL (physical health, mental health, activity limitation, due to poor physical/mental health, and general health status), and disability status among adults with arthritis. Survey analyses were conducted using SAS9.3 (PROC SURVEY procedures). RESULTS: The study sample comprised of 168,483 individuals. Among 168,483 adults with arthritis, 41% were female and 59% were male. The most common types of arthritis were osteoarthritis (OA), rheumatoid arthritis (RA) and degenerative joint disease (DJD). Adults with arthritis and depression were 84% less likely to report better mental health (<14 mentally unhealthy days) and 37% less likely to report better physical health compared to those with arthritis only, after controlling for demographics and health-related covariates. Adults with arthritis and depression were 41% less likely to report good health status as compared to those with arthritis only. Adults with arthritis and depression were 1.4 times more likely to be disabled as compared to those with arthritis only. The estimated odds of being disabled were 64% lower among adults with arthritis who reported being in good health as compared to those in poor health. CONCLUSIONS: The results of this study suggest that depression among adults with arthritis is associated with reduced HRQOL. Depression for can be incorporated in routine clinical care of adults with arthritis so that early diagnosis of depression can result in improvement in their HRQOL.

PM565

IMPACT ON HEALTH STATUS AND DISEASE SPECIFIC QUALITY OF LIFE OF FTOCITIBIN IN PATIENTS WITH INADEQUATE RESPONSE TO NON-BIOLICAL DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARD) VERSUS ANT-TUMOR NECROSIS FACTOR DRUGS (ANTI-TNF) IN COLOMBIA

Vargas-Valencia J.L., Vargas Zea M., Gutierrez-Antila M.V.

1Ecompharma Consulting S.A. de C.V., Mexico City, Mexico, 2Fibrax S.A.S., Bogotá, Colombia

OBJECTIVES: To analyze the impact on health status and disease specific quality of life of tofacitinib for rheumatoid arthritis in patients with inadequate response to a non-biological DMARD vs anti-TNF in Colombia. METHODS: We use the change from baseline in the Health Assessment Questionnaire-Disability Index (HAQ-DI) as effectiveness measure and grouped by disease severity levels (0.5 difference) in order to infer the changes in Quality of Life obtained with Tofacitinib and the anti-TNF available in Colombia (adalimumab, certolizumab, etanercept, golimumab and infliximab). Comparison between anti-TNF and tofacitinib (5mg BID) was done directly to adalimumab (heart-to-heart study) and indirectly (Bucher’s indirect comparisons adjusted method) using meta-estimates as reference therapy against the rest anti-TNF. The relationship between the health status and Quality of life improvement were taken from Fentek M 2008 and projected at 52 weeks through a discrete event model. Models were fitted to data from several studies and the results were validated in the SISMED by the Health Ministry. RESULTS: Percent reduction in HAQ-DI score at 3, 6, 9 and 12 months from baseline was 61.9, 48.7, 62.5 and 53.2% with tofacitinib; and 49.5, 42.7, 57.1 and 47.1% with anti-TNF (t test at 52 weeks, p<0.001). As result of these preliminary findings, the incremental results from tofacitinib and from anti-TNF have been validated in the SISMED by the Health Ministry. RESULTS: Percent reduction in HAQ-DI score at 3, 6, 9 and 12 months from baseline was 61.9, 48.7, 62.5 and 53.2% with tofacitinib; and 49.5, 42.7, 57.1 and 47.1% with anti-TNF (t test at 52 weeks, p<0.001). As result of these preliminary findings, the incremental results from tofacitinib and from anti-TNF have been validated in the SISMED by the Health Ministry. RESULTS: Percent reduction in HAQ-DI score at 3, 6, 9 and 12 months from baseline was 61.9, 48.7, 62.5 and 53.2% with tofacitinib; and 49.5, 42.7, 57.1 and 47.1% with anti-TNF (t test at 52 weeks, p<0.001). As result of these preliminary findings, the incremental results from tofacitinib and from anti-TNF have been validated in the SISMED by the Health Ministry.