hemic joint health (0.67v. 0.73, p<0.01 or disability (0.65 vs. 0.70, p<0.01) as similar as in the results of Haemo-Qol. With patients who were either on a job or students (n=467, 77.2%), LFT was estimated at 127.81 hours per month on average. Of 467, patients with inhibitor or disability showed higher LFT compared to those without inhibitor (130.61 vs. 126.61 hours per month, p=0.06) or disability (132.27 vs. 129.03, p=0.05). Patients' statistics were a multi-centered medical chart-review of adult (16-69yrs) SLE patients was conducted among rheumatologists and internal medicine physicians in France/Germany/Italy/Spain (SEU). Physicians were recruited from a geographically representative sample in each country. Approx. 5 consecutive eligible persistent active or relapse remitting SLE patients currently managed as part of usual care were identified. Physicians abstracted de-identified patient data on disease characteristics, lab values and treatment patterns. LN and Non-LN cohorts were compared using descriptive statistics. Results: 168 LN patients and 569 non-LN patients were enrolled. 3.9/3.0. Top-5 organ manifestations were (% LN/Non-LN): musculoskeletal: 85.1/90.8, 4.5/5.0. Burden (reported via physician ratings, on a scale of 0 (most impact) to 7 (least impact)) 60.2/50.0; mean ESR scores were 40.2 (LN) and 36.8 (Non-LN). Among patients with LN, 68.9% (LN) and 69.4% (Non-LN). % patients with low C3 and C4 was LN: 66.3/48.1/Non-LN: 38.7/20.4. In comparison to their non-LN SLE counterparts. Factors influencing the observed burden, including the therapeutic strategies used in these geographies warrant further research. Hemophilia given patient-reported outcomes differed by clinical manifestations. LN and Non-LN cohorts were compared using descriptive analyses.

PSY92 BURDEN OF LUPUS NEPHRITIS (LN) AMONG PATIENTS MANAGED IN ROUTINE CLINICAL PRACTICES IN EUROPE (EU)

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OBJECTIVES: To assess the burden of LN in comparison to SLE patients without Nephritis. Physicians were recruited from rheumatologists clinical practices in 4EU (UK/FR/IT/SP). A multi-centered medical chart-review of adult (16-69yrs) SLE patients was conducted among rheumatologists and internal medicine physicians in France/Germany/Italy/Spain (SEU). Physicians were recruited from a geographically representative sample in each country. Approx. 5 consecutive eligible persistent active or relapse remitting SLE patients currently managed as part of usual care were identified. Physicians abstracted de-identified patient data on disease characteristics, lab values and treatment patterns. LN and Non-LN cohorts were compared using descriptive statistics. Results: 168 LN patients and 569 non-LN patients were enrolled. 3.9/3.0. Top-5 organ manifestations were (% LN/Non-LN): musculoskeletal: 85.1/90.8, 4.5/5.0. Burden (reported via physician ratings, on a scale of 0 (most impact) to 7 (least impact)) 60.2/50.0; mean ESR scores were 40.2 (LN) and 36.8 (Non-LN). Among patients with LN, 68.9% (LN) and 69.4% (Non-LN). % patients with low C3 and C4 was LN: 66.3/48.1/Non-LN: 38.7/20.4. In comparison to their non-LN SLE counterparts. Factors influencing the observed burden, including the therapeutic strategies used in these geographies warrant further investigation to manage SLE, and in particular, optimally.

PSY93 QUALITY OF LIFE (QOL) WITH PSORIASIS: EThNOGraPHIC STUDY EVAlUATING THE IMPACT OF PSORIASIS ON MODERATE TO SEVERE PATIENTS IN EUROPE (EU), FROM A PATIENT’S PERSPECTIVE

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OBJECTIVES: To extensively assess the impact of Psoriasis on patient Qol. Methods: An ethnographic study with moderate/severe Psoriasis patients was conducted in 4EU (UK/FR/IT/SP) and the US to explore patients’ views on treatments and general quality of life (QoL). Psoriasis impact was assessed via in-depth interviews. Patients were interviewed several hours with consented patients and filmed their behaviours inside and outside their homes in everyday situations. 175 hours of recordings/notes were analysed to identify Qol-related themes: self-image, psychological effects of psoriasis, relationships, and psoriasis impact on QoL. Results: Psoriasis impact was seen in both positive and negative ways and was related to patients’ relationships with family, friends and colleagues. Results: Study included 35 adult patients (4EU: 20, US: 15; mean age: 39 yrs; female: 65%). Patients described their appearance with a sense of disgust and self-loathing. Feelings of frustration were often expressed due to a perceived lack of control of their lives. Prior to biologic initiation, daily rituals were general, thoracic, gynecological surgery performed with open, manual laparoscopic or robotic technique. Patients submitted to surgical interventions with robotic technique in comparison with open surgery (p<0.05). Scoring for physical health (-4.9, 95%CI -9.4 to -0.4) and pain (-6.9, 95%CI -12.9 to -0.8) decreased with a major BILAG deterioration but changes with a minor deterioration were small and non-significant. The effects of improvements & deterioration in BILAG on the other LupusQol domain scores were smaller. Conclusions: Improvement and deterioration of LupusQol domain scores for physical health, pain & fatigue domain scores are significant with changes in disease activity over 1 month. Sensitivity to change of other LupusQol domains in relation to changes in disease activity may need to be evaluated over a longer interval as the more emotive response of the disease & its consequences may be latent and therefore not evident at monthly intervals.

PSY94 THE QUALITY OF LIFE OF PATIENTS TREATED WITH ROBOTIC VERSUS TRADITIONAL SURGERY RESULTS FROM AN ITALIAN OBSERVATIONAL MULTICENTER STUDY

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OBJECTIVES: To assess the Quality of Life (QoL) focusing on level of pain, of patients submitted to surgical interventions with robotic technique in comparison with traditional approach in the Italian setting. Methods: The prospective multicenter study analysed the Qol of 699 patients submitted to surgical interventions, enrolled in 8 Italian Hospitals for the period February 2011-May 2014. The specialties served were: gynecology, thoracic, urology, otorhinolaryngology, general laparoscopic or robotic technique. Patients completed two questionnaires: one related to pain intensity during the hospitalization and one fulfilled at home related to pain intensity and its impact on daily activities, mood, relationship, sleep. Pain was measured using the scale of facial expressions corresponding to the Visual Analog Scale. For each intervention and specialty, linear regression for repeated measure, corrected by length of stay and use of analgesics, were performed to explain level of pain during hospitalization and one week after home, respectively. Level of pain during hospitalization is significantly (p<0.05) lower in general and gynecological robotic surgery versus the open technique, but not versus laparoscopic, while robotic thoracic surgery presents significant differences versus open surgery (p<0.05). Level of pain at home is significantly different for robotic interventions versus open both in general and gynecological surgery; moreover, with respect to laparoscopic interventions, the differences are significant both in gynecological and thoracic surgery. Conclusions: The study gives us insightful knowledge about QoL, focusing on pain, of patients submitted to surgical interventions with robotic technique vs traditional surgery. Further analysis are in progress to combine results on QoL, not only referred to level of pain, with clinical severity and other indicators of clinical efficacy as length of stay, operating time, costs, etc.