incentives, reciprocity, and indirect/direct financial incentives for organ donation. To elucidate the values and preferences of the public regarding organ procurement systems, METHODS: Concepts and theories of altruism identified in economic literature are applied to transplantation. This theoretical overview has been extended by a comprehensive literature search that identified 48 international surveys and studies which empirically explore public attitudes towards human organ donation and financial incentives for deceased and living organ donation. RESULTS: The identification of a series of alternative approaches of human organ donation reveals that donation based on altruism alone may have become too costly for a community as voluntary donations have remained almost flat during the last decades, while the number of patients on waiting lists have attentively increased. The value of these lost lives seem to be evaluated lower than keeping altruism as the main principle of donating organs. As a consequence some stakeholders have been questioned that altruism is enough to meet increasing demand for organs and propose supplementing the principle of giving by introduction of financial incentives for donors or fully replacing it by pricing mechanism. For a community choosing any of these donation approaches it is especially important not only to be attracted by some appeal any proposal may offer but to further investigate the implicit assumptions and their potential limitations the donation policies are based on. While it is estimated that the debates on the ethics of organ donation are well understood by those involved in organ procurement and donation, the values and preferences of the public regarding organ procurement systems under scientific discussion are not that well known and therefore have to be elucidated. Though, 48 international surveys and studies to investigate public attitudes towards human organ donation and financial incentives for deceased and living organ donation have been identified in a comprehensive literature search, it is revealed that it is unknown whether e.g., the opportunity for trading one’s organ(s) is determined by community values. CONCLUSIONS: Transplant decision-makers should rather than imposing their values to the community, instead should answer to community values. It is necessary to identify the community preferences and values with respect to the organ procurement proposals and prepare on this informed basis an adequate donation policy which is in line with community values. The process of consulting the community may reveal that individuals are altruistically motivated and would donate their organs after death, and that all is missing is mutual trust. An informed ethical debate and dialogue between members of the transplant expert community and the public is needed to decide which organ procurement approach best reflect the communities’ shared values.

MUSCULAR-SKELETAL DISORDERS—Clinical Outcomes Studies

COGNITIVE IMPAIRMENT IN PATIENTS WITH FIBROMYALGIA SYNDROME AS ASSESSED BY THE MINIMENTAL STATE EXAMINATION

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OBJECTIVES: Fibromyalgia syndrome (FMS) is a painful condition which deteriorates patient’s functioning and might impair cognitive function. The goal of this analysis was to screen cognitive function of patients with FMS. METHODS: We surveyed consecutive patients with a diagnosis of FMS according to ACR criteria. Cognitive function was screened with the MiniMental State Examination (MMSE), Medical history, level of pain (Short Form-McGill Pain Questionnaire) and symptoms of depression and anxiety (Raskin and COVI scales, respectively) were also recorded. MMSE scoring was adjusted by age, sex, pain intensity and COVI and Raskin scoring by linear regression modeling. RESULTS: Forty-six patients [mean ± SD; 50.8 ± 10.1 years old (90.9% female)] with FMS were enrolled in the study. Patients had FMS for 1.9 ± 2.6 years. Most patients (60.3%) complained of severe pain (above 70) with a mean present pain intensity of 2.6 ± 1.0 (range 0–5) and a mean last-week average pain of 70.8 ± 16.0 mm (range: 0–100). Painful FMS subject’s average unadjusted MMSE score was 26.7 ± 3.1 pts, with 15.2% of patients with a scoring ≤ 24 pts (possible cognitive deficit). After adjusting, average MMSE scoring was 26.7 ± 1.2 pts, with 5.1% of subjects scoring ≤ 24 pts, which is considerable higher than in sex and age matched general population (0.05%). Frequency of possible cognitive deficit was independent of concomitant medications, pain severity, age and sex. In the bivariate analysis, frequency of subjects with depressive or anxiety symptoms (as ranked by RASKIN and COVI scales, respectively) were numerically higher in patients with MMSE ≤ 24, but statistically not significant (p = 0.235 and 0.225, respectively). CONCLUSIONS: Cognitive impairment as assessed by the MMSE may be a meaningful clinically finding in patients with Fibromyalgia. Further investigation in large samples of FMS patients should be carried out to explore to what extent cognitive function is impaired in these subjects.

PMS2

DIAGNOSIS OF OSTEOPOROSIS BY DUAL X-RAY AND LASER (DXL) DENSITOMETRY—A HEALTH TECHNOLOGY ASSESSMENT

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OBJECTIVES: Although cDXA is considered the gold standard for diagnosis of osteoporosis, it requires massive and radiation-protection-intensive radiological settings. Peripheral DXA measurements would be more practically convenient but their results do not correlate very well with that of cDXA. Against this background, DXL was developed. It combines peripheral DXA measurement with a laser-defined region of interest to correct for artefacts. In order to clarify the diagnostic accuracy and hereby the clinical utility, a literature overview was undertaken. METHODS: The systematic literature search covered Medline, Embase (including Embase Alert) and the Cochrane Library. Diagnostic studies comparing the diagnostic accuracy of DXL against cDXA were identified and their methodological qualities assessed using the QUADAS instrument. Furthermore abstract publications were included if they contained sufficient data. It was planned to calculate pooled estimates of diagnostic accuracy parameters on the condition that the studies yielded sufficiently high quality data. RESULTS: Six published trials and two meeting abstracts were appraised. Owing to diversity in the study subjects’ origins, variable risk factor constellations and the inhomogeneity of the reference method (i.e. cDXA model, measurement site, execution procedures and reference population) employed in the studies, we decided on not performing meta-analysis. One abstract publication was invalid for calculating diagnostic accuracy statistics due to data inconsistency. The ranges of sensitivities (54.6%–100.0%), specificities (64.3%–86.0%), positive predictive values (33%–82%), negative predictive values (73%–100%), positive likelihood ratios (2.20–6.25), negative likelihood ratios (0.00–0.54) and diagnostic odds ratios...