gain category (3.45, 3.97) and increased with increasing categorical weight loss: B \geq 7.63, 0.05) (0.322 vs 0.844). Therefore the final model used FE and robust standard errors. RESULTS: The estimated values ranged from 3.818 groups, resulting in an average of 3.9 observations per patient. The results indicate that each unit increase in PASI is correlated with a reduction in EQ-SD, but at a decreasing rate: the estimates of PASI and EQ-SD were 0.0178 (p < 0.001) and 0.0002 (p < 0.001) respectively. This implies that an increase in PASI of 10 (20) units results in a decrease in EQ-SD of 0.1571 (0.2717) holding other variables constant at their respective means. The (adjusted) R2 was (0.5279) 0.6481. CONCLUSIONS: QoL in psoriasis patients is decreasing as disease severity increases, but at a decreasing rate.

PSY96

THE DISSOCIATION OF PATIENTS’ QUALITY OF LIFE OF PREOPERATION AND EARLY POSTOPERATION AFTER TOTAL HIP AND KNEE ARTHROPLASTY

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OBJECTIVES: Transthyretin Familial Amyloid Polyneuropathy (TTR-FAP) is a rare, progressive, debilitating and painful disorder. The aim of this study was to investigate the relationship between disease severity and quality of life (QoL) measured by the psoriasis area severity index (PASI) and EQ-SD, respectively. METHODS: Longitudinal data from a population-based registry in Sweden (PsOReg) were analyzed. PsOReg includes patients with moderate to severe psoriasis receiving systemic treatment from a specialist with data available from 2006 to 2014. The analysis was conducted using all complete observations for adult patients at each healthcare contact date. A fixed effects (FE) model was estimated, where time-invariant patient-specific effects were excluded, and variables that do not change over time, such as sex or personality, PASI, PASI squared, age, body mass index, smoking status, and presence of psoriatic arthritis were included in the regression as independent variables. The total non-linear relationship was modeled using an elastic net regression in PASI and EQ-SD. The model was tested for the appropriateness of random effects and existence of group-wise homoscedasticity, both of which were rejected at an alpha level of 0.01. Therefore the final model used FE and robust standard errors. RESULTS: The estimated values ranged from 3.818 groups, resulting in an average of 3.9 observations per patient. The results indicate that each unit increase in PASI is correlated with a reduction in EQ-SD, but at a decreasing rate: the estimates of PASI and EQ-SD were 0.0178 (p < 0.001) and 0.0002 (p < 0.001) respectively. This implies that an increase in PASI of 10 (20) units results in a decrease in EQ-SD of 0.1571 (0.2717) holding other variables constant at their respective means. The (adjusted) R2 was (0.5279) 0.6481. CONCLUSIONS: QoL in psoriasis patients is decreasing as disease severity increases, but at a decreasing rate.

PSY94

IMPACT OF PAIN SEVERITY ON PATIENT-REPORTED OUTCOMES OF INDIVIDUALS WITH CHRONIC LOWER BACK PAIN IN JAPAN

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OBJECTIVES: Cognition physical component summary scores were observed. Generalized linear models with appropriate link functions were used to assess the relationship between outcomes and self-reported all-cause healthcare visits (6 months). Generalized linear models with appropriate link functions were used to assess the relationship between outcomes and self-reported all-cause healthcare visits (6 months). The average age of participants was 55 years, 55% were male, and 55% were employed. Pain severity was 3/10 for the 1st quarter, 5/10 for the median, and 7/10 for the 3rd quarter of this sample. Increasing severity was associated with lower scores for mental (MCS) and physical (PCS) summary scores in the SF-36. Generalized linear models with appropriate link functions were used to assess the relationship between outcomes and healthcare visits. Significant differences in scores for anxiety (GAD-7) scores, greater absenteeism and presenteeism, greater anxiety impairment, more healthcare provider visits, and more emergency visits (all p < 0.05). As pain severity increased from 1st to 3rd quarter of this sample, MCS, PCS and SF-36 physical component summary scores were observed.

PSY91

COGNITIVE TESTING OF A MODIFIED VERSION OF THE FACES PAIN SCALE-REVISLED IN CHILDREN WITH SICKLE-CELL DISEASE

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OBJECTIVES: Sickle-cell disease (SCD) manifests clinically as severe pain episodes in various locations of the body. Patients with SCD also experience chronic daily pain, which profoundly affects quality of life. Cognitive interviews were conducted to evaluate comprehension and usability of a modified version of the Faces Pain Scale Revised (FPS-R), which asks children to rate their worst pain today using an electronic device. METHODS: In-person interviews were conducted in the US with children aged 4-17 years with SCD and their parent/legal guardian. Children who were unable to read or needed guidance were assisted by their parent/legal guardian using written administration guidelines. Children were asked questions about their pain experience, understanding of the instrument, and ability to use the electronic device. Parents/legal guardians were debriefed on the administration guidelines, assisting their child, use of the electronic device, and their child’s pain experience. RESULTS: The sample included 22 African American children (13 females/9 males; 7–4 years-old, 12–16 years-old and 3–12–17 year-old). Pain was most commonly reported to occur in the legs, back, arms, stomach, or head. Those aged 3–7 years were able to demonstrate good understanding of the Modified FPS-R item and response scale and ability to use the electronic device. Children 4–6 years–old were not able to use the scaled approach to “describe” pain. Children 4–6 years–old did not know the meaning of “pain.” It was unclear whether these children were able to consider their worst pain over the course of the day and respond accordingly. Parents/legal guardians noted that the instrument instructions were clear and that the administration guidelines were valuable. Overall, standardized, simplified versions were unable to use without assistance. CONCLUSIONS: The Modified FPS-R used with the administration guidelines where parental assistance is needed, is an appropriate measure of sickle-cell pain over the course of a day for children aged ≥7 years.