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THE EFFECT OF LIFESTYLE CHOICES ON THE RISK OF IMPAIRMENT IN RHEUMATOID ARTHRITIS PATIENTS: AN ANALYSIS OF AEROBIC EXERCISE AND CIGARETTE SMOKING

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OBJECTIVES: Through data analysis we will examine and identify the lifestyle factors for Rheumatoid Arthritis (RA) patients.

METHODS: Patients’ self-reported data was collected from the 2008 RA Patient Survey, an Internet survey of RA patients. We studied the effects of aerobic exercise (>20 minutes a day per week), and cigarette smoking on RA patients. Sign and symptom scores for morning stiffness, fatigue, pain, and physical activity were computed and compared with cross-sectional norms for general US adults. CONCLUSIONS: RA patients who exercise regularly have higher quality of life scores and clinical outcomes. Those that smoke cigarettes have lower quality of life scores and higher symptom/HAQ scores suggesting that this habit may be detrimental to their clinical outcomes. These results suggest that these lifestyle choices influence the overall risk of impairment in RA patients.

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IS THE HEALTH UTILITIES INDEX VALID AND RESPONSE IN ASSESSING PATIENTS WITH ANKYLOSING Spondylitis?

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OBJECTIVES: QALYs are an important outcome used in cost-effectiveness analysis. The Health Utilities Index Mark 3 (HUI-3) is a self-reported measure covering 8 attributes of health status. Our objective was to assess construct validity and responsiveness of HUI-3 in ankylosing spondylitis (AS). METHODS: Data were derived from the Adalimumab Trial Evaluating Long Term Efficacy and Safety in AS (ATLAS). We specified a priori hypotheses regarding the correlation and magnitude of associations expected between overall and single-attribute HUI-3 scores and other health status and quality of life measures—SF-36, ASQOL, EQ-5D, SF-6D, HAM/DAS, Bath AS Functional Index (BASFI), Bath AS Disease Activity Index (BASDAI), and Patient’s Global Assessment (PGA). Using baseline data, we calculated correlation coefficients and interpreted them via guidelines suggested by Guyatt for negligible, weak, moderate, and strong associations. Responsiveness was assessed by calculating standardized response means (SRMs) of HUI-3. The HUI-3 was baselined to Week 24 for patients meeting the minimum clinically important differences (MCID) for the ASQOL (~1.8). Responsiveness analysis was limited to patients with 24-week HUI-3 scores. RESULTS: A total of 295 of the 315 patients enrolled in ATLAS were included in the analysis. Mean age was 43 years, 76.3% were male, and duration of AS was 11.9 years. Correlation coefficients between HUI-3 scores and other instruments confirmed 62.2% of the a priori hypothesis, with an additional 24.5% being under- or over-estimated by only one category. Results of responsiveness analysis demonstrated that there were significant differences in overall HUI-3 (SRM 1.13) and most single-attribute change scores for patients whose change was greater than the ASQOL MCID vs. whose the change was < MCID. CONCLUSIONS: These results suggest that HUI-3 constructs are related to similar constructs in other measures, as expected. This study provides evidence of cross-sectional and longitudinal construct validity of the HUI-3 for deriving utility scores for AS patients.

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VALIDATION OF THE MULTI-ATTRIBUTE HEALTH UTILITY (MAU) DERIVED FROM A COMPUTER ADAPTIVE INSTRUMENT, CAT-5D-QOL, IN OSTEARTHRITIS PATIENTS


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OBJECTIVES: We aimed to validate the multi-attribute health utility (MAU) derived from the CAT-5D-QOL, a computer-adaptive instrument composed of 5 domains (Walking, Handling Objects, Daily Activities, Pain/Discomfort, and Feelings) in people with osteoarthritis and rheumatoid arthritis (OA) and to compare it with the WOMAC_HUI3, the utility derived from the standard disease-specific measure in OA. METHODS: Data were collected from participants (age 50+) who completed questionnaires CAT-5D-QOL in two waves and WOMAC in one wave of a Canada-wide online survey. To assess construct validity, we used multivariable regression to examine the associations

ABSTRACTS

SYMPTOMATIC RHEUMATOID ARTHRITIS PATIENTS TREATED WITH A CYCLIC OXYGENASE INHIBITOR: NITRIC OXIDE DONATOR (CINOD) NAPROXECIN

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OBJECTIVES: To estimate changes in quality of life (SF36) and utility (SF68) in patients treated with naproxen, naproxen or placebo for 13 weeks, and to explore the effect of different disease measures on utility. METHODS: SF36 and SF68 were administered at baseline, 3 and 13 clinical trials in 2738 patients with knee or hip osteoarthritis. Patients were matched to SF36 SF68 patients, comparing 2 doses of naproxen (375 and 750 mg bid) to naproxen (500 mg bid) and placebo. Efficacy was based on the pain, function and composite scales of the WOMAC™ osteoarthritis index. Co-morbidity measures included hypertension (HT) which increases with NSAID therapy, body mass index (BMI) and diabetes. Changes in the SF68 and individual SF36 domains were compared between the groups using ANOVA and Dunnet’s 2-sided test. The effect of the WOMAC™ indices, BP, BMI and diabetes on utility scores was explored using multiple regression analysis. RESULTS: All SF36 subscales except mental health as well as utility changed significantly from baseline for all groups and were correlated with changes in the WOMAC™ indices <0.001). The change in the active groups was significantly better than placebo for pain and physical function (<0.05), but not significantly different between treatments. However, absolute changes in utility, pain, physical function and general health were generally larger for naproxen 750 mg than naproxen 500 mg by around 10%. Utility scores correlated significantly with WOMAC™, and patients with high BMI and BP or diabetes had lower utility scores and worse WOMAC™ indices. Increase in utilities were larger for patients with 750 mg naproxen compared with the other groups. CONCLUSIONS: There were slightly larger utility gains for utility of life changes with naproxen 750 mg as a similar effect on naproxen on WOMAC™ may be explained by a different side-effect profile and a neutral blood pressure effect.