ODS: Baseline data was analyzed from the Study of New Onset Rheumatoid Arthritis (S.O.N.O.R.A.SM), a 5-year prospective, longitudinal, inception cohort study to document long-term functional, clinical, and humanistic outcomes and patterns of treatment in patients with new onset rheumatoid arthritis. Baseline data collection consisted of RADAR and SF-36 via telephone interviews by trained interviewers. To assess the correlation, Pearson product moment correlation coefficients were calculated.

RESULTS: One hundred thirty-one patients completed the baseline survey. Mean age of the sample was 56 years; 78% were female; 82% were Caucasian. SF-36’s PF, RP, and BP scales had means of 54 (SE = 0.02), 31 (SE = 0.03), and 47 (SE = 0.02), respectively. Mean scores for RADAR items were 7.2 (SE = 0.22) for “arthritis activity over the past 6 months (AA6M)”, 4.9 (SE = 0.23) for “arthritis activity today (AAT)”, 4.2 (SE = 0.22) for “arthritis pain today (APT)”, and 2.6 (SE = 0.15) for “morning stiffness today (MST)”. SF-36’s PF scale correlated with AA6M (r = 0.39, p < 0.001), APT (r = 0.51, p < 0.001), and MST (r = 0.40, p < 0.001). SF-36’s RP scale correlated with AA6M (r = 0.37, p < 0.001), AAT (r = 0.38, p < 0.001), APT (r = 0.44, p < 0.001), and MST (r = 0.33, p < 0.001). SF-36’s BP scale correlated with AA6M (r = 0.50, p < 0.001), AAT (r = 0.48, p < 0.001), APT (r = 0.59, p < 0.001), and MST (r = 0.42, p < 0.001). CONCLUSION: The SF-36’s BP domain resulted in the highest correlation with RADAR items. The APT item of RADAR had the highest correlation with all three domains of SF-36. These results suggest that the level of bodily pain is indicative of functioning and well-being of patients.

RESPIRATORY DISORDERS/DISEASES

OUTCOME ASSESSMENT IN PEDIATRIC ASTHMA: A COMPARISON OF SYMPTOM-FREE TIME AND MULTI-ATTRIBUTE SCALE
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INTRODUCTION: Most current asthma outcome measures are either not sensitive enough to detect changes caused by interventions or not broad enough to cover all health domains affected by the disease. OBJECTIVE: To develop a comprehensive measure of health outcomes for children with asthma that is in compliance with the recommendations of the U.S. Panel on Cost-Effectiveness in Health and Medicine, and compare health outcomes estimated with that measure to those estimated with the symptom-free day, the most commonly used measure. METHODS: 1) Develop a multi-attribute Pediatric Asthma Health Outcome Measure, PAHOM, that assesses the impact of asthma on children’s symptoms, emotions, and physical activity; 2) Collect data on preference weights (Ui) for asthma health states from 101 adults using the standard gamble technique; 3) Collect data on the incidence of health states (Pi) from 72 children with asthma using PAHOM calendar; and 4) Calculate the expected utility by summing all of (Ui*Pi). The expected utility can be used as a proxy of health outcome if it is assumed that health outcomes of these children are constant for the remaining life years. RESULTS: On a scale ranging from zero to one, where perfect health had a score of one, the average utility of pediatric asthma patients in the study was 0.900 when measured with the PAHOM, compared to 0.955 when measured with a symptom-free day. CONCLUSION: PAHOM, a more comprehensive measure of health outcomes than symp-
OBJECTIVES: To gain utility values for asthmatic patients, self-administered direct TTO questions may seem to be a simple option. This study examined reported TTO values by disease severity groups, and the relationship between other health status measures, and with age.

METHODS: 228 consecutive adult outpatients and inpatients at four sites in Hungary participated in the study. Doctors had to report GINA severity group and lung function values. Patients had to fill in three QoL questionnaires and a direct TTO question that offered a choice between 20 years in current health or shorter length of life in perfect health. Statistical analysis applied F-statistics.

RESULTS: Mean TTO values were 0.99, 0.96, 0.82, 0.73 in the four severity groups, respectively. These were higher than corresponding EQ-5D-index results of 0.93, 0.76, 0.65, 0.52. Correlation coefficients between TTO values and EQ-5D-index, EQ-5D-diff, SF-36(PCS), SF-36(MCS), SGRQ, and FEV1% were 0.40, 0.40, 0.34, 0.25, −0.36, and 0.36, respectively. Age explained 23% of differences in TTO values after controlling for asthma severity. Within severity groups 4 and 3, patients over 50 reported TTO values lower by 0.21 and 0.20 than those below this age. These differences were larger than corresponding differences in EQ-5D index values suggesting that direct TTO responses may incorporate different concepts of remaining life years of the older. Results were statistically significant (p < 0.0001).

CONCLUSIONS: Utility values gained from direct TTO questions can lead to higher scores than generic utility-based questionnaires, low correlation values with other measures, and to biases in patient groups of heterogeneous age.

OBJECTIVE: To forecast the discounted costs and clinical consequences of inhaled corticosteroids (ICS) in a population of adults with mild-to-moderate asthma.

METHODS: We developed a Markov, state-transition simulation of asthma patient care and its pharmacoeconomic impact. We employed this framework to compare quick relievers (e.g., β-agonists) on an as-needed basis to quick relievers plus ICS therapy targeted to one of three severity sub-populations. State-space dimensions included patient age, clinical history, and lung dysfunction (measured via forced expiratory volume in one second, FEV1). Risk functions were estimated from symptom, exacerbation, and hospitalization rates obtained from literature reviews and analyses of primary, cross-sectional data. Systematic review of published trials yielded 16 eligible studies and produced the following outcome ranges for sensitivity analysis: 1%−21% improvement in FEV1; monthly costs of $14−$76; and 0%−4% probability of major toxicity. Societal costs were derived from published economic studies of inpatient and outpatient asthma. We collected preference weights (using standard gambles, time trade-offs, and the Health Utilities Index) in a cross-sectional