OBJECTIVES: To explore the impact of Dupuytren's Disease (DD) on patients' quality of life (QoL) and identify implications for clinical practice. A search of the literature failed to identify a patient-reported outcome measure for assessing the impact of DD. The study was designed to be the first stage in the development of such a measure. **METHODS:** The needs-based model of QoL was adopted and unstructured qualitative interviews were conducted with DD patients attending out-patients clinics. Data were transcribed and then underwent interpretative phenomenological analysis (IPA) to identify the key impact areas and common themes in individuals' personal experiences. **RESULTS:** Thirty-four DD patients (73.5% male; aged 41-80; mean (SD): 64.2 (12.5) years) were interviewed. The sample had a wide range of duration of DD (0.5-40; mean (SD) 12.6 (9.9) years). A total of 953 statements relating to the impact of DD were identified from the interview transcripts. These statements fell into 3 major categories of impact; emotional impairment (4 themes including having no confidence in hand and being embarrassed), activity limitations (10 themes including dressing, gripping and personal care) and QoL (11 themes including avoiding physical contact, self-consciousness and socialisation). **CONCLUSIONS:** Dupuytren's disease impacts on patients in three main areas; emotional reactions, activity limitations and QoL. In any trial designed to determine the benefits of new interventions for the disease it is important to ensure that each of these areas is assessed. It is intended to develop valid and reliable DD-specific scales to cover each of these outcomes.

PMS68

MEASURING THE HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH ADALIMUMAB IN GREECE: COMPARING THE RESULTS OF ONE GENERIC (EQ-5D) AND ONE DISEASE-SPECIFIC (HAQ) INSTRUMENT

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OBJECTIVES: Rheumatoid arthritis (RA) has been associated with significant decreases in a patient's health-related quality of life (HRQL). Our objective was to measure the HRQL of Greek RA patients treated with adalimumab. These outcomes were assessed for differences between the results of a generic (EuroQol-5 Dimension [EQ-5D]) and an RA disease–specific (Health Assessment Questionnaire [HAQ]) instrument. **METHODS:** Data were drawn from an observational 52-week, single-arm study that measured the effectiveness of adalimumab in the treatment of patients with moderate to severe RA. Two instruments were implemented for recording the HRQL during the study duration, the EQ-5D and the HAQ. All statistical analysis was performed using SPSS software. **RESULTS:** The outcome measures revealed that adalimumab is effective in treating patients with moderate to severe RA. The mean utility score, as indicated by the EQ-5D questionnaire, increased from 0.433 at baseline to 0.621 after 12 months of treatment. The mean disability index, as indicated by the HAQ, decreased from 1.341 at baseline to 0.624 at the end of treatment. Although both instruments reached the same conclusion, there was only moderate correlation between the instruments (Spearman's correlation at baseline and at 12 months, r=0.659 and r=0.793, respectively). As expected, the HAQ was more closely correlated with disease activity measures (swollen and tender joints, visual analog scale [VAS] for pain assessment, and VAS for general health assessment by both the patient and the physician) than the EQ-5D questionnaire. **CONCLUSIONS:** Adalimumab is effective in the treatment of Greek patients with moderate to severe RA. Caution should be taken in interpreting the changes in HRQL when different outcome measures are used.

PMS69

EFFECTIVENESS THE TREATMENTS WITH NATURAL MINERAL WATER IN LOW BACK PAIN FOR SPONDYLARTHROSIS

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OBJECTIVES: Determine whether treatments with Unhais da Serra natural mineral water, a Portuguese spa, are effective in low back pain for spondylarthrosis. **METHODS:** A descriptive, longitudinal, observational, uncontrolled prospective study was conducted. The 51 study participants underwent 14 days of treatment with Unhais da Serra natural mineral water. Assessment criteria were: pain intensity (Visual Analogue Scale), quality of life (SF36v2), disability (ODIv2), absenteeism, acute outbreak/relapse, drug consumption. The evaluation was conducted in four distinct stages: the first day before, 14 days, 3 and 6 months after the thermal treatment. **RESULTS:** The mean age of the sample was 60.53 years, 60.8% were female. The duration of illness was, on average, 7.35 years, 50.9% were retired and 90.2% were from a countryside district. There was a statistically significant improvement ($p < 0.05$) in pain intensity, quality of life, disability, absenteeism and drug consumption, 14 days, 3 and 6 months after thermal treatment compared to baseline. There was no effect on the number of acute outbreak/relapse. Regarding socio-demographic and clinical data, we get no consistent results, only low correlations and some differences in just a few moments of assessment. **CONCLUSIONS:** This research showed that 14 days of treatment with natural mineral water of Unhais da Serra spa, reduced pain, disability and drug consumption, improved quality of life, not influencing the number of outbreaks acute/relapse presented by the participants. All the beneficial effects were observed in the short and medium term (six months). No consistent conclusion could be drawn to the possible influence of socio-demographic and clinical variables. Thus, treatment with Unhais da Serra spa shows up as an effective complementary treatment modality in selected patients with lumbar spondylarthrosis. It seems to be justified and useful to familiarize patients and their physicians with this modality of treatment because the socio-economic impact of the pathology.

Muscular-Skeletal Disorders – Health Care Use & Policy Studies

PMS70

EVALUATION OF PRESCRIBED PAIN MEDICATIONS PRIOR TO THE INITIATION OF DULOXETINE THERAPY IN A COMMERCIALLY INSURED POPULATION

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OBJECTIVES: Duloxetine is approved for the treatment of major depressive disorder (MDD) and general anxiety disorder (GAD), and for the management of diabetic peripheral neuropathic pain (DPNP), fibromyalgia (FM), and chronic musculoskeletal pain, as studied in patients with osteoarthritis (OA) and chronic low back pain. This study assessed pain medication use prior to duloxetine initiation among patients with each of these conditions. **METHODS:** US administrative claims were used to identify commercially-insured duloxetine initiators 1/1/2009-3/31/2010 who had any of the 6 medical conditions mentioned above during the 12 months prior to duloxetine initiation (defined as no duloxetine pill coverage in the previous 90 days). Utilization of pain medications including antidepressants, anticonvulsants, opioids, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants was assessed over the 3, 6 and 12 months prior to duloxetine initiation. **RESULTS:** The study identified 19,546, 5,764, 2,334, 15,362, 12,317, and 27,781 duloxetine initiators in the MDD, GAD, DPNP, FM, OA, and low back pain (LBP) groups. Antidepressant use was high across all conditions over the 12 months prior to initiation, especially among patients with MDD (84.4%) or GAD (79.9%). Anticonvulsant utilization was highest in DPNP (63.1%) and FM (51.9%), lowest in GAD (39.5%), and similar among other groups (range: 42.8%-48.3%). Opioid use varied greatly across groups (54.5-81.6%), with the lowest use among GAD patients and the highest use among LBP patients. GAD patients had the lowest NSAID use (32.9%), while OA patients had the highest utilization (58.1%). The use of muscle relaxants ranged between 29.4% (DPNP) and 56.7% (LBP) at 12 months prior to duloxetine initiation. Pain medication use in the prior 3 and 6 months showed similar trends. **CONCLUSIONS:** Patients used several types of pain medications prior to initiating duloxetine across disease states. The trends in use were consistent 3, 6, and 12 months prior to duloxetine initiation.

PMS71

A POPULATION BASED ASSESSMENT OF OSTEOPOROSIS PREVALENCE AND TREATMENT IN PRIMARY HEALTH CARE IN MADRID (SPAIN)

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OBJECTIVES: Osteoporosis represents a significant burden both to patients that suffers from this condition, given the complications associated with this disease, as well as to the health care system, given the elevated costs to treat this conditions. Different options are considered in the treatment of osteoporosis, but there are scanty assessments of this condition in large populations. The objective of this study is to describe the population patterns of the prevalence of this disease as well as main treatment trends in primary care centres (PCC) in Madrid. **METHODS:** Information was gathered from electronic medical records of PCC of 7 areas of the region of Madrid. Cross-sectional descriptive study from PCC database. This database contains information about 1,318,020 patients who have visited PCC during 2006 and are older than 25 years-old. Patients with diagnosis of osteoporosis have been identified. The use of pharmacological interventions (biphosphonate, raloxifene, calcium) are described and compared considering sex, age, weight, height, comorbidity, concomitant treatments, number of visits to the doctor and other sociodemographic aspects. **RESULTS:** Overall, the prevalence of osteoporosis was 4.4%, being women 89.3% of reported cases. The median age was 64 years-old (interquartile range 73-57). Osteoporotic patients used biphosphonates (33.1%), raloxifene (3.29%), calcium (40,3%). A 14,3% of patients used only calcium. A 45.31% of patients did not use calcium or other pharmacological treatments. The median age of patients who used biphosphonates was 67, whereas the median age of patients who did not use any treatment, including calcium, was 61. A 7.0% of patients were referred to the traumatologist. **CONCLUSIONS:** Different treatment strategies are considered among physicans of PCC in Spain to manage osteoporotic patients. A relevant proportion of patients did not use any pharmacological intervention. The treatment strategies used in osteoporosis seem to vary by age, and should be adapted to individual risk factors.

PMS72

ASSESSMENT OF PRIOR USE OF PRESCRIBED PAIN MEDICATIONS AMONG ELDERLY PATIENTS WHO INITIATED DULOXETINE

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OBJECTIVES: Duloxetine is approved to treat major depressive disorder (MDD) and general anxiety disorder (GAD), and to manage the symptoms of diabetic peripheral neuropathic pain (DPNP), fibromyalgia (FM), and chronic musculoskeletal pain as studied in patients with osteoarthritis (OA) and chronic low back pain. This study assessed use of pain medications prior to duloxetine initiation among elderly patients with each of these conditions. **METHODS:** Duloxetine initiators aged 65+ with Medicare Supplemental Insurance in 2007, 2008 and during January 1, 2009-March 31, 2010 who had any of the 6 medical conditions listed above during the 12