ARThritis

ARThritis—Quality Of Life/Patient-Reported Outcomes/Patient Preference Studies

PAR7

ASSESSMENT OF PATIENT-REPORTED OUTCOMES AMONG OSTEOPATHITIC PATIENTS

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OBJECTIVE: To compare the psychosocial status, functional limitations and time off work between osteoarthritic patients (OAP) and non-OAP in a national sample of US adults.

METHODS: This retrospective study compared perceived health status (PHS), mental health status (MHS), physical limitations and time off work in the 2000 Medical Expenditure Panel Survey (MEPS). Patients 18 years and older who reported having osteoarthritis (ICD-9-CM = 715) were included. Non-OAP were randomly matched on age, gender and race with the OAP. Patients with other and unspecified disorders of joints (ICD-9-CM = 719) were selected for further comparison. PHS and MHS were analyzed using ANCOVA, adjusting for number of co-morbidities. Odds ratio were estimated using logistic regression for patient-reported limitations. All analyses used patient specific sampling weights provided by MEPS.

RESULTS: Approximately 1.7 million OAP and 1.8 million non-OAP were identified. PHS and MHS were reported on a scale of 1 to 5 with “1” being “excellent” and “5” being “poor”. A lower proportion of OAP (30%) reported having “excellent” or “very good” health when compared to patients with other diagnoses (79%). OAP reported poorer PHS (3.02 vs. 1.94 respectively) and MHS (2.28 vs. 1.67 respectively) than non-OAP. Mean time off work due to illness was higher among OAP than those with other diagnoses (3.07 vs. 1.83 respectively). OAP have increased odds of requiring assistance with ADL and IADL (2.19 and 2.07 respectively), while facing increased odds of social limitations (4.01).

CONCLUSIONS: Osteoarthritis has a greater impact on patients’ psychosocial status and their perception of health. OAP reported more limitations in functional abilities compared to non-OAP. These findings indicate that in addition to clinical efficacy, therapeutic effectiveness should include patient based outcome measures. Attributes like quality of life, which are important from the patients’ perspective, should be emphasized.

PAR8

THE RELATIONSHIP BETWEEN GASTROINTESTINAL SYMPTOMS AND HEALTH-RELATED QUALITY OF LIFE IN KOREAN PATIENTS WITH RHEUMATIC DISEASES

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OBJECTIVE: To evaluate the relationship between gastrointestinal (GI) symptoms and Health-Related Quality of Life (HRQoL) in patients with rheumatic diseases. METHODS: A total of 498 patients visiting outpatient clinics (RA = 98, OA = 99, SLE = 113, FM = 101, AS = 87) completed questionnaires that measure demographic and clinical characteristics, compliance, GI symptoms and a visual analog scale (VAS: 0-100) for the GI symptom severity scale. A patient with a particular disease also completed disease-specific questionnaires. We used the SF-36 mental composite score (MCS) as HRQoL score in all analyses.

RESULTS: A majority of patients (n = 349; 70.1%) reported at least one GI symptom. Mean number of symptoms was ranged from 1.82 (OA) to 4.43 (FM) during last one month. GI severity scale was ranged from 41.5 (SLE) to 56.3 (FM). Dyspepsia (58.5%) and heartburn/reflux (52.7%) were the most complained GI symptoms. Regarding compliance on GI symptoms, patients the less forgot, more careful, and less skipped taking medicine, the less they experienced GI symptoms. Those who reported GI symptoms had significantly lower HRQoL score than those who did not (56.16, b25.79 vs. 68.95, b24.47; p < 0.0001). When evaluating GI factors and non-GI factors on HRQoL in patients with GI symptoms after adjusting for age, number of GI symptoms, and GI severity scale, age and number of GI symptoms were significant (both p’s < 0.0001). Each number of GI symptom increased by 1, predicted SF-36 MCS decreased by approximately 4 points (p = 0.032) when adjusting for age.

CONCLUSIONS: Complied with medication prescribed by a physician, even if the patient feels that their GI symptoms get worse after taking medicine, is important in order to reduce number of GI symptoms. The less number of GI symptoms the patient experience, the better health-related quality of life the patient will have.

PAR9

HEALTH RELATED QUALITY OF LIFE OF CHRONIC LOW BACK PAIN AND OSTEOARTHRITIS PATIENTS RECEIVING FENTANYL TRANSDERMAL SYSTEM

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OBJECTIVES: We studied the effect of length of therapy with transdermal fentanyl (TDF) on patient reported change in physical and emotional well-being, and physical and mental component summary (PCS and MCS) scores using the Veterans SF-36, in patients with chronic low back pain and/or osteoarthritis in the Veterans Health Administration (VHA).

METHODS: We studied 441 VHA patients with 2 or more ICD-9-CM claims for osteoarthritis (OA), and/or other rheumatic conditions (ICD-9-CM: 710-719) and no TDF within 60 days of the survey. Three therapeutic groups were identified: TDF-only users, switchers-to-TDF and users of TDF with short-acting opioids. PCS, MCS, and physical change and emotional change items were derived from the Veterans SF-36. Multivariate models were developed with the following dependant variables: physical change item, mental change item, physical component summary score, and mental component summary score. Baseline covariate adjustments included TDF patch duration, therapeutic groups, age, race, disability categorization, number of physical co-morbidities, and depression.

RESULTS: Average age was 60 (SD 13), 95% were male, 76% were white, 61% were married, 5% were employed, and 38% were priority group 1 (50% or more service connected disability). Patients had an average of 3.3 (SD 2.6) medical conditions, 1.1 (SD 1.3) mental conditions, and 40% had depression. Multivariate models showed that TDF was associated with an improvement in physical change of 0.09/month (p < 0.0004), reaching a one-half standard deviation improvement (moderate effect size) in 5 months, and a 0.05 (p < 0.049)/month improvement in emotional change compared to a year ago. Each extra month on TDF was associated with 0.72 (p = 0.02) improvement in MCS, while there was no significant effect on PCS.

CONCLUSION: Results suggest that patients receiving TDF report improvement in their physical and emotional status compared to a year ago.