assessed and assigned to an ordinal scale representing ascending severity of disease. Rating scale was transformed by the Torrance transformation. Multivariate stepwise regression with a log-transformed outcome was used to calculate utilities for the health states adjusted for age, gender, viral status, co-morbidity, and short-term effect of current antiviral medication. **RESULTS:** Quality-of-life values based on RS (r = 0.24; p < 0.001) and EQ-5D (r = 0.13; p < 0.019) showed significant correlation with the severity of disease scale. Overall, RS resulted in higher utilities than EQ-5D. Depending on health state and instrument, utilities ranged from 0.92 (mild hepatitis, RS) to 0.72 (hepatocellular carcinoma, EQ-5D). Short-term relative utility reduction during the time of treatment with combination therapy was 15% for RS (p < 0.001) and 14% for EQ-5D (p < 0.001). RS and EQ-5D were highly and significantly correlated (r = 0.64, p < 0.001) suggesting that the results are robust. **CONCLUSION:** Patients with CHC appear to experience a lower quality of life compared to the general population. This study suggests that the Torrance transformation of the rating scale or EuroQol, from patient reports are feasible and robust instruments for assessing patient preferences regarding quality of life. These results can be used in cost-effectiveness analyses in studies of patients with chronic hepatitis C.

**UT5**

**COMPARISON OF THE SF6D AND THE EQ5D IN PATIENTS REQUIRING CORONARY REVASCULARISATION**

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**OBJECTIVES:** Recently, a new index score to measure health status has been developed based on items from the SF36, the so-called SF6D. To assess its merits and validity we compared baseline and change statistics of the SF6D and the EQ5D in a group of patients undergoing coronary revascularisation. **METHODS:** A consecutive cohort of 535 patients enrolled in a randomised controlled trial comparing off-pump coronary artery bypass surgery (CABG) with on-pump CABG and percutaneous transluminal coronary angioplasty (PTCA) was administered the SF-36 and the EQ-5D questionnaires pre- and post-intervention. The SF6D “utility” was computed according to the scoring system that recently became available. **RESULTS:** We observed no differences in change score across the arms of trials. Therefore, data on all patients were analysed together. There were more missing in the SF6D than in the EQ5D: 12.7% versus 4.7%. All baseline and change variables had non-normal distributions. Although baseline mean values were comparable (SF6D 0.625; EQ5D 0.645, t-test: p = 0.09) median values differed significantly (SF6D 0.603; EQ5D 0.691, Wilcoxon matched pairs test: p = 0.0009). Median change from baseline as measured with the SF6D was significantly lower than change as measured with the EQ5D (0.024 versus 0.052, p = 0.00002). **CONCLUSIONS:** The SF6D and the EQ5D appear to result in similar baseline scores using the recommended mean values. However, both the median baseline values and change scores differed significantly. This indicates that the SF6D and the EQ5D measure different concepts of health status and cannot be used as equivalents.

**UT6**

**IMPROVEMENT IN HEALTH UTILITY AMONG RHEUMATOID ARTHRITIS (RA) PATIENTS TREATED WITH ADALIMUMAB (D2E7), A FULLY HUMAN ANTI-TNF MONOCONAL ANTIBODY**

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**OBJECTIVES:** To establish whether treatment with adalimumab (D2E7, Abbott) improves health utility in patients with moderate/severe RA. **METHODS:** A total of 544 active RA patients from 10 European countries, Canada and Australia were randomized to receive adalimumab or placebo (other disease modifying anti-rheumatic drugs were discontinued). For 474 patients, the Health Utilities Index-Mark 3 (HUI3) measured health utility at baseline, month 3 and 6. An HUI3 score of 1 represents perfect health and 0 represents death. HUI3 change from baseline was estimated for each treatment group in a linear regression controlling for age, sex, country, and baseline disease severity (measured by the Disease Activity Score-28). This analysis includes the 430 patients with non-missing values for these variables. **RESULTS:** At baseline, HUI3 scores were comparable across treatment groups, but mean HUI3 (0.266) was far below population norms (patients with mild RA typically scored above 0.70). Older patients and patients with more severe arthritis had lower HUI3 (p = 0.034 and p < 0.001, respectively). U.K. patients had lower HUI3 than patients from Australia (p = 0.002), Canada (p = 0.011) or Germany (p = 0.016). Sex was not a significant predictor of baseline HUI3 scores. At month 3, least squares mean HUI3 scores (controlling for age, sex, country and baseline disease severity) improved by 0.160 for the 40mg every other week adalimumab group, a statistically significant and clinically meaningful change compared to the placebo group’s 0.064 improvement (p = 0.011). At month 6, the improvement was 0.166 for the 40mg every other week adalimumab group compared to 0.078 for the placebo group (p = 0.029). Patients with more severe RA improved more than others (p < 0.001). Age, sex, and country were not predictors of improvement. **CONCLUSIONS:** Adalimumab monotherapy improves patients’ health utility by statistically and clinically meaningful amounts within three months of treatment initiation and sustains health utility at month 6.