between the two groups was used Chi Square Test. To evaluate differences in EQ VAS was used both Paired sample T test and a regression analysis using bootstrap estimated of standard error.

RESULTS: No statistically significant differences were reported in all dimensions between the two groups: mobility (P = 1.000), self care (P = 0.064), usual activities (P = 0.213), pain/discomfort (P = 0.213) and anxiety/depression (P = 0.512). The figures obtained using VAS to assess the global health status was: 72.8 ± 19.7 in patients treated with VKA and 73.9 (SD, ± 16.0) in matched controls; this difference was not statistically significant (p = 0.708 Paired sample T); also bootstrap confident intervals indicated that there was no statistically significant differences between the two groups. CONCLUSIONS: Even if it is conceivable that different settings would give different results, our study show that in patients on oral anticoagulant treatment the overall perception of health status was not significantly different from that of matched controls.

ENDOCRINE DISORDERS

LONG-TERM QUALITY OF LIFE (QOL) OUTCOMES IN THE TREATMENT OF ADULTS WITH GROWTH HORMONE DEFICIENCY (GHD)—A 5 YEAR STUDY

Mattsson A1, Koltowska-Haggstrom M1, Johannsson G2, Monson JP3, Kind P4
1Pfizer Health AB, Stockholm, Sweden; 2Sahlgrenska Academy at Gothenburg’s University, Gothenburg, Sweden; 3William Harvey Research Institute, St Bartholomew’s Hospital, Queen Mary University of London, London, UK; 4Uppsala University, Uppsala, Sweden

Although the beneficial effect of growth hormone replacement on QoL in adults with GHD is well recognized, the long-term effect of this therapy on QoL remains uncertain. OBJECTIVES: To determine the effect of long term GH replacement on QoL in patients compared with country-specific normative data for the general population (GP). METHODS: QoL was measured using Quality of Life Assessment for Growth Hormone Deficiency in Adults (QoL-AGHDA) in patients and GP in Sweden and England & Wales (E&W). QoL-AGHDA is a 25-item questionnaire that elicits yes/no responses that are used to compute a summary score. GP data were obtained from 1682 randomly selected individuals from Sweden and 892 from E&W. These data were compared with KIMS (Pfizer International Metabolic Database) data for 121 patients from Sweden and 77 from E&W with 5 years of complete follow-up. Age-range was 20–79 years. Linear regression methods were used to estimate age- and gender-adjusted differences between patients and the GP at one-year intervals. The significance level was set at 5%. RESULTS: The (adjusted to age 50) mean QoL-AGHDA score at baseline were 8.21 and 15.2 (SEM 0.44 and 0.68) for the Swedish and E&W patients, respectively. For the GP samples the corresponding mean scores were 3.80 and 6.6 (SEM 0.12 and 0.20). The mean difference between patient scores at baseline and GP scores were –4.4 for Sweden and –8.6 for E&W (p < 0.0001). However, these differences reduced markedly over the first year of treatment and were subsequently maintained at statistically non-significant differences compared to the general populations. CONCLUSIONS: This study shows that adults with GHD who receive long-term GH replacement benefit most with respect to QoL during the first 12 months of therapy and that this improvement was maintained at levels close to normalization in QoL over 5 years of follow up.

A PROSPECTIVE REAL-LIFE STUDY OF QUALITY OF LIFE IN PATIENTS WITH ACROMEGALY

Badia X1, Webb S2, Caron P3, Colao A4, Carvalho D5, Kadioglou P6, Reincke M7, Pokrajac-Simeunovic A8, Tsagarakis S9, Johnson I10, Caglio S11, Vincenzi B12
1Health Outcomes Research Europe, Barcelona, Spain; 2Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona, Barcelona, Spain; 3Centre Hospitalier de Rangueil, Toulouse, France; 4Federico II University of Naples, Naples, Italy; 5Hospital S. Ioao, Porto, Portugal; 6Cerrahpasa Medical School, Istanbul, Turkey; 7Klinikum der Universität München, Munich, Germany; 8Christie Hospital NHS Trust, Manchester, UK; 9Poliklinik Hospital, Athens, Greece; 10Evidence Research Unit, Macclesfield, Cheshire, UK; 11Novartis Pharma SpA, Saronno, Italy; 12Novartis Farma SpA, Saronno, Italy

OBJECTIVES: To evaluate the impact of acromegaly on health-related quality of life (HRQOL) in European patients treated with Sandostatin® LAR®. The secondary objectives were to investigate the correlation between HRQOL and subpopulations based on exploratory variables [sociodemographic and disease-