group with AO; and between AO groups within overweight subgroup overall and within genders. RESULTS: Baseline analysis was conducted in overweight/obese subjects (BMI > or = 25 kg/m2) with AO (n = 674, male 42%, female 58%, mean age 50, 91% Caucasian) and without AO (n = 293, male 73%, female 27%, mean age 50, 88% Caucasian). Overall, subjects with AO reported a statistically significantly (p < 0.05) lower total score and lower scores in all 5 domains compared with subjects without AO. In subjects with AO, women had statistically significant lower scores, for all domains and total score, compared with men (p < 0.05). Overweight subjects (BMI 25–30 kg/m2) with AO (n = 220) also reported a statistically significantly (p < 0.05) lower total score compared with overweight subjects without AO (n = 254), in the overall population, as well as in women. In men, the only difference observed was in the Physical Function score. CONCLUSION: AO was associated with impaired HRQOL (assessed using the IWQOL-Lite) for both men and women, with decreases for women being more marked. The data obtained in this Internet-based cohort are consistent with those from the literature.

EFFECT OF RIMONABANT ON QUALITY OF LIFE IN OVERWEIGHT/OBSESE PATIENTS
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OBJECTIVES: To evaluate the impact of the first selective cannabinoid type 1 (CB1) receptor blocker, rimonabant, developed for the management of cardiometabolic risk factors, on health related quality of life (HRQOL). METHODS: Over 6600 overweight/obese patients, with or without comorbidities were randomized in double-blind, placebo-controlled, 2 fixed doses (5 mg and 20mg), parallel-group clinical trials. Patients completed the Impact of Weight on Quality of Life-Lite (IWQOL-Lite) and the Short-Form Health Survey (SF-36) questionnaires at baseline and every 3 months up to 1 year. The IWQOL-Lite is a validated 31-item self-reported questionnaire specifically designed for HRQOL assessment in obesity and comprises 5 domains and a total score. SF-36 is a standardized generic HRQOL measure used in general population (non-specific for obesity). Analyses presented were performed on mean score changes from baseline to 1 year in the intent-to-treat population. RESULTS: At 1 year, patients administered rimonabant 20mg once daily reported consistently greater improvement in IWQOL-Lite scores than patients in the placebo group in all domains (Physical Function, Self-esteem, Sexual Life, Public Distress, Work) and total score (p < 0.001, except Work, p = 0.03). SF-36 provided statistically significant results for 5/8 domains (p < or = 0.05); 3 of them (Physical Functioning, Bodily Pain, General Health) supported greater improvement with rimonabant, while the other 2 (Role Emotional and Mental Health) were less decreased with placebo. Overall, HRQOL results appeared to be less clinically meaningful on the SF-36 [effect sizes (ES) ranging between 0.01 and 0.33, depending on the score considered] than on the IWQOL-Lite (ES between 0.22 and 0.45). CONCLUSION: Using an obesity-specific questionnaire (IWQOL-Lite), rimonabant 20 mg was associated with a significant and sustained improvement in HRQOL up to 1 year. As expected, SF-36 appeared to be less sensitive to clinical changes in this overweight/obese population.

SURVIVAL AMONG COPD PATIENTS USING FLUTICASONE/SALMETEROL IN COMBINATION VERSUS OTHER INHALED STEROIDS AND BRONchodilATORS ALONE
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OBJECTIVES: Recent studies have suggested that use of inhaled corticosteroids (ICS) may improve survival in COPD, particularly when combined with a long-acting beta agonist (LABA). However, the methods used to conduct these retrospective studies have been questioned and none have examined what effect the newer combination ICS/LABA inhalers may have on survival. The goal of this project was to further examine the relationship between ICS treatment, with or without LABA, and survival in COPD. METHODS: COPD patients were identified from the administrative databases of four different managed care programs: Lovelace Health Plan (Albuquerque NM), Health Partners Health System (Minneapolis/St Paul MN), Henry Ford Health System’s Alliance Plan (Detroit MI), and Harvard Pilgrim Health Care (Boston MA). All patients who were diagnosed with COPD between September 1, 2000 and August 31, 2001 and who had at least 3 months treatment with either fluticasone/salmeterol (ADVAIR, N = 866), some other ICS/LABA (N = 525), ICS alone (N = 742), LABA alone (N = 531), or a short-acting bronchodilator alone (SABD, N = 1832), were included. RESULTS: In the basic Cox proportional hazards models, use of ADVAIR, ICS/LABA, and ICS alone had significant survival benefits as compared to SABD alone, after adjustment for differences in age, gender, comorbidities, asthma status, and disease severity (HRs 0.638, 0.603, and 0.784, respectively, p < 0.05). Propensity score matching to reduce the clinical differences between the treatment groups versus the SABD reference groups found very similar results. Nested case-control matching based on survival status continued to show a highly significant survival benefit for ADVAIR; other treatments also had favorable RR that did not reach statistical significance. CONCLUSIONS: Treatment with ADVAIR or another ICS with or without LABA is associated with improved survival in COPD. The treatment benefit seen with ADVAIR is robust to a number of analyses designed to adjust for differences in clinical parameters and bias by indication.

EVALUATION OF TREATMENT PATTERNS AND HEALTH CARE COSTS AMONG COPD PATIENTS USING INHALED CORTICOSTEROIDS OR ANTICHOLINERGIC AGENTS IN A MANAGED CARE POPULATION
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OBJECTIVES: Bronchodilators, including anticholinergics, are central to the management of COPD. Current guidelines recommend the use of bronchodilators in the management of mild to moderate COPD and inhaled corticosteroids for severe patients and patients with repeated exacerbations. This analysis evaluates COPD patients treated with an inhaled corticosteroid or an anticholinergic to determine the difference in treatment patterns and costs between the two groups. METHODS: In a retrospective database study, continuously enrolled patients aged 18 years and older with a COPD diagnosis (COPD only or COPD+asthma),