Abstracts

of rimonabant’s effects, showing that its beneficial impact is present even when accounting for any reductions in weight, suggesting that there is an effect beyond weight loss.

OBESITY—Patient Reported Outcomes

THE IMPACT OF BODY MASS INDEX ON HEALTH-RELATED QUALITY OF LIFE AMONG US ADULTS

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OBJECTIVES: To test the impact of body mass index (BMI) on health-related quality of life (HRQOL) in overweight and obese individuals. METHODS: Data were obtained from the 2002 Medical Expenditure Panel Survey (MEPS). MEPS collects data on health care use, insurance, access, and satisfaction, along with basic demographic and health status information for a representative sample of the US civilian non-institutionalized population. Our weighted sample consists of 207,969,360 adults. Regression analyses were used to detect independent effects of HRQOL (using EQ-5D US valuation and EQ VAS) on overweight and obese individuals. RESULTS: After adjusting for co-morbidities, smoking status, and socio-demographic variables, respondents with a self-reported BMI >25.0 kg/m² reported impaired quality of life. Health-related quality of life diminished with each increasing level of BMI (p < 0.01). Additionally, HRQOL significantly diminished with increasing age (p < 0.01). CONCLUSIONS: Our findings suggest a significant impact of BMI on changes in HRQOL that is independent of co-morbidities and socio-demographic variables.

SELF-IMAGE SCALE: A PRAGMATIC EVALUATION

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OBJECTIVES: To evaluate the self-image of women suffering from overweight, using a validated questionnaire. METHODS: Pharmacists who took part in this project gave 3 questionnaires to all their customers who had purchased a cartane oil (80% conjugated linoleic acids) treatment, explaining that the first questionnaire had to be filled in immediately after having bought the product and the others, after 6 and 10 weeks of treatment. Once completed, the questionnaire had to be mailed in its prepaid envelop by the subject. Questionnaire were then collected, typed in then analyzed anonymously. Self-image was evaluated by BISS scale. The hereby analysis was obtained from the first 118 filled in and returned questionnaires (inclusion, 6 & 10 weeks). The population was entirely made up of women with an mean age of 43.5 years, mean weight of 67.6 kg and average height of 162 cm. The BMI calculated using the two latter variables was of 25.5. RESULTS: For the SF-12 scale, mean scores upon inclusion were respectively of 47.2 and 40.6 for the physical and mental dimension. Six weeks later, these same scores were respectively of 45.6 and 45.6. Improvement is significant for the mental dimension. For the <Self-image> scale (BISS), scores were 22.8 upon inclusion and 28.46 weeks later. The difference was significant, hence putting forward an improvement in the body’s image. After 10 weeks of treatment with cartane oil the effect is sustained, self-image is significantly improved (33.1). CONCLUSIONS: This result is confirmed through the significant improvement of the physical & mental dimension of the SF-12. mean scores were respectively of 52.9 and 44.4 for the physical and mental dimension.

OBESITY AND QUALITY OF LIFE IN THE UNITED STATES: 2000–2002

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OBJECTIVES: To assess the impact of overweight/obesity on health-related quality of life (HRQOL) and health utility in the U.S. METHODS: Adults (age >18) in the 2000 and 2002 Medical Expenditure Panel Survey (MEPS) were classified as underweight (BMI < 18.5), normal weight (BMI: 18.5–24.9), overweight (BMI: 25–29.9), obese (BMI: 30–39.9), and extreme obese (BMI: > 40). HRQL was measured using the SF-12 mental score and physical score. Underweight adults were excluded from the analyses. Health utility was measured using EQ-5D index score and visual analogue scale (EQ-VAS). A stratified matching method was used to compare overweight, obese, and extreme obese samples with the corresponding normal weight samples matched by age, gender, race, current smoking status, and physical activity level. Effect sizes (ES) were estimated. Bonferroni method was used to adjust for multiple comparisons. MEPS individual weights were applied to achieve nationally representative statistics. RESULTS: Of the 36,897 adults in the study sample, 13,521 were with normal weight, 13,631 overweight, 8435 obese, and 1310 extremely obese. Descriptive results showed that normal weight sample had the highest average scores in all the HRQL and health utility measures. These findings were further supported by the results using the stratified matching method. Compared to matching normal weight adults, overweight adults had similar SF-12 mental scores and EQ-VAS scores, but significantly lower SF-12 physical scores (ES = 6.24, p < 0.01) and EQ-5D index (ES = 3.72, p < 0.01). On average, both obese and extremely obese adults had lower SF-12 mental score (ES = 5.23 and 17.23, respectively), SF-12 physical score (ES = 23.78 and 60.04, respectively), EQ-5D index (ES = 16.92 and 49.99, respectively), and EQ-VAS score (ES = 19.17 and 45.33, respectively). All differences were significant at 1%. CONCLUSIONS: Our study showed that obesity is a condition associated with significant reduction of physical and mental HRQOL and health utility among adults in the United States. Overweight had a negative impact on physical HRQOL and health utility.

IMPACT OF ABDOMINAL OBESITY ON QUALITY OF LIFE

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OBJECTIVES: To compare health-related quality of life (HRQOL) using the Impact of Weight on Quality of Life-Lite (IWQOL-Lite) questionnaire in subjects with or without abdominal obesity (AO definition: waist circumference >102/88 cm for men/women, respectively). METHODS: Prospective Obesity Cohort of Economic Evaluation and Determinants (PROCEED) is an ongoing international, Internet-based, longitudinal, observational cohort of overweight/obese subjects [body mass index (BMI) > or = 25 kg/m²], aged 35–75, intending to lose weight. The IWQOL-Lite is a validated 31-item self-reported questionnaire, specifically designed for HRQOL assessment in obesity, and comprises 5 domains (Physical Function, Self-esteem, Sexual Life, Public Distress, Work) and a total score. Using two-sample t-tests, baseline IWQOL-Lite scores for USA subjects were compared between AO groups overall; between genders within the sub-
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.

RESPIRATORY DISEASES—Clinical Outcomes Studies

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.

RESPIRATORY DISEASES—Cost Studies

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),