MANAGEMENT OF KNEE OSTEOARTHRITIS: IMPACT ON PAIN ON A DAILY BASIS

Dreiser R1, Rahbani N2, Fabbriun I3, Charles T
1Department of Epidemiology, French Society for Rheumatology, Paris, France; 2Dermatology Associates, San Francisco, CA, USA; 3Stratica Medical, Edmonton, Alberta, Canada

OBJECTIVES: To observe, under actual conditions of use, the pain effect obtained in the context of management of knee osteoarthritis, combining a prescription of Avian ACS between 2 courses of treatment of 3 injections of hyaluronic acid spaced out by a maximum of 12 months. METHODS: Pragmatic, longitudinal and prospective, open label trial by rheumatologists in primary care practices; the investigator does not change the prescription or management habits. RESULTS: A total of 201 patients are treated with hyaluronic acid and Avian ACS. The average age is 65.30 years (±7.70). Average pain during activities of daily living (ADL) was measured by means of a visual analogue scale (VAS). It is 52.02 ± 20.53. At 6 months, the same average pain measured under the same conditions was 33.58 ± 25.21. A third measurement at 12 months situated at 30.44 ± 22.86. Pain during ADL is significantly reduced between inclusion and month 6 (p < 0.0001) and between inclusion and month 12 (p < 0.0001). The reduction obtained in 12 months is 41%. With regard to pain measured at rest, it was also measured at inclusion, at 6 and 12 months, by means of VAS. There is a significant reduction in pain at rest between inclusion and inclusion and 6 months (p = 0.0052) and the reduction between inclusion and 12 months is also significant (p < 0.0001). At inclusion, 6 and 12 months, the average pain observed was 29.86 ± 21.16, 20.95 ± 23.13 and 17.33 ± 6.97, respectively. CONCLUSIONS: Our study, which assesses the effect on pain obtained in the context of management of subjects with knee osteoarthritis, combining a prescription of Avian ACS between 2 courses of treatment of 3 injections of hyaluronic acid, showed a reduction in pain during ADL. This reduction in pain, which is significant at 6 months, then persisted at 12 months, shows the relevance of the treatment protocol used by the doctors.

ASSESSING HEALTH-RELATED QUALITY OF LIFE IN TAIWANESE RHEUMATOID ARTHRITIS PATIENTS BY APPLYING TIME-TRADE-OFF AND EQ-SD METHODS

Chang HC, Chen LC, Tsai WC
Kaohsiung Medical University, Kaohsiung, Taiwan

OBJECTIVES: To explore the adaption of quality-of-life (QoL) measures and recommendations of the EuroQol-5D (EQ-5D) in Taiwan for Taiwanese patients with rheumatoid arthritis (RA) patients. The primary aim of this study is to apply both direct and indirect QoL measures and assess potential influencing factors. METHODS: A cross-sectional study was conducted in a medical center in Southern Taiwan from June to November 2009. Adult RA outpatients were invited for interviews, while health-related quality of life was measured by time-trade-off (TTO), Euroqol (EQ-SD) questionnaire and visual analogue scale (EQ-SD VAS). The EQ-SD assessment was transformed into EQ-SD index using Japanese preference weight. Patients' details on demography, disease activity score 28 (DAS28) and as the five dimensions of EQ-SD. RESULTS: Seventy-nine adult RA outpatients were successfully interviewed (86% women, mean age 55.23 ± 11.30 years, and mean RA history: 9.5 ± 4.98 years). Mean utility value measured by EQ-SD VAS, EQ-SD index and TTO were 0.66 ± 0.19, 0.84 ± 0.20 and 0.72 ± 0.16, respectively. Patients with higher disease activity reported lower utility and more difficulties in the EQ-SD’s five dimensions. Stratifing by medications, patients using biological agents (N = 32) have higher disease activity (higher DAS28) than others (N = 47), but there is no significant difference in utility scores. After adjusting demographic and EQ-SD dimensions, disease activity is associated with all utility measures, but there are more factors (marriage, selfcare problems, depression and weekly dose of methotrexate) influencing the TTO score. CONCLUSIONS: For Taiwanese RA patients, EQ-SD index is only and highly associated with the above factors. Clinical utility-relaty and EQ-SD dimensions, disease activity is associated with all utility measures, but there are more factors (marriage, selfcare problems, depression and weekly dose of methotrexate) influencing the TTO score. CONCLUSIONS: For Taiwanese RA patients, EQ-SD index is only and highly associated with the above factors.