OBJECTIVES: The aim was to study differences in baseline scores of two health related quality of life (HRQOL) hip/knee osteoarthritis questionnaires, between different anxiety levels. METHODS: We applied questionnaires in a sample before intervention. The questionnaires were OAKHQOL, score from 0 (the worst) to 100 (the best); WOMAC with a range from 0 (the best) to 100 (the worst); and one item about anxiety which grouped patients into 5 levels. We categorized into 3 groups: 1) No anxiety; 2) “moderately anxious” and 3) “very/extremely anxious”. We analyzed differences through analysis of variance with Scheffé’s test. RESULTS: 729 patients were included. The anxiety groups were: 411 “no/anxiety little”, 218 “moderately anxious” and 100 “very/extremely anxious”. We found worse scores as severity level increase and statistically significant differences (p < 0.001) in nearly all OAKHQOL dimensions. In physical activity, mean (DS) of 21.97 (15.31) in the lowest group, 22.91 (15.19) in “moderately”, and 24.58 (14.29) in “very/extremely” group; pain, we observed differences (p < 0.001) and the three anxiety groups. In physical activity, mean (DS) of 21.97 (15.31) in the lowest group, 22.91 (15.19) in “moderately”, and 24.58 (14.29) in “very/extremely” group; pain, mean score (DS) of 25.69, body pain, 49.35; physical pain, 4.06 and mean number of painful joints 10.87. This tendency is related to the results shown in HAQ questionnaire where more patients due to the illness.

CONCLUSIONS: These findings show an association between anxiety levels and HRQOL baseline scores.
patients. METHODS: The scale, which was translated into English from Turkish, again translated back into English by two independent translators, was applied to 32 MSDS patients for pre-test. Non working questions applied to a target group were re-tested and then the scale was applied to the bulk of subjects (N = 82). Cronbach’s Alpha was used to assess reliability and factor analysis to assess dimensionality. The EuroQol-5D was used for concurrent validity. RESULTS: Among the patients were 15.9% ankylosing spondylitis, 6.1% rheumatoid arthritis, 24.4% osteoarthritis, 12.2% osteoporosis, 13.4% radiculitis, 9.8% fibromyalgia, 2.4% stroke, 15.9% rheumatic disease. The internal consistency coefficient (Cronbach’s alpha) of SPS was 0.68. Factor analysis of the scale revealed that it was composed of three factors with Eigen values > 1, accounting for 90.8% of the total variance. All items of the Turkish SFS had a factor load ranging from 0.40 to 0.77. There was a strong relationship between Social Functioning Scale and EuroQol 5. SD.

CONCLUSIONS: The Social Functioning Scale has good validity and reliability for Turkish MSDS patient.

PM53
COMPARISON OF A GENERIC UTILITY MEASURE (EQ-SD) AND DISEASE SPECIFIC QUALITY OF LIFE INSTRUMENTS IN PSORIATIC ARTHRITIS AND RHEUMATOID ARTHRITIS

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OBJECTIVES: Psoriatic arthritis (PsA) and rheumatoid arthritis (RA) are inflammatory diseases with severe impact on patients’ health related quality of life (HRQL). The main goal of this study is to analyse the HRQL measures in these conditions.

METHODS: Two cross sectional questionnaire surveys of consecutive patients with PsA (2008) and with RA (2004) were conducted in the same rheumatology outpatient centres. The SF-36 Health Survey filled in the general health and the disease specific domains of Quality of Life Assessment Questionnaire (HQ). Psoriatic Arthritis Quality of Life Questionnaire (PsAQoL) / Rheumatoid Arthritis Quality of Life Questionnaire (RAQoL).

Assessing construct validity, patients were grouped by disease severity based on the yearly number of admissions to hospital, being on disability pension, use of devices and resort to help from others for everyday activities. The magnitude of difference between groups, the effect size was calculated as the standardized mean difference. Convergent validity was investigated by calculating the Spearman’s correlation between clinical scale and HRQL instruments. RESULTS: A total of 183 AP and 255 RA patients were enrolled. HRQL instruments’ scores were closer to the worse end of scales in case of severe PsA and RA, the highest effect size of each HRQL instrument was detected at home care. Strong correlations (rho > 0.5) were observed between the EQ-SD and the SF-36, the HQ disability score, the patient and global VAS.

Disease duration of PA and RA correlated weakly (rho 0.114 and 0.102, respectively) with the all HRQL instruments. CONCLUSIONS: Our results confirm the good ability of EQ-SD, HQ, PsAQoL/RAQoL to describe health state in PsA and RA. Our study is the first to establish the correlation of HRQL instruments in PsA.

PM54
IMPACT OF CERTOLIZUMAB PEGOL (CZP) ON HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN RHEUMATOID ARTHRITIS (RA) PATIENTS: POPULATION APPROACH TO MSN MORMS IN MENTAL HEALTH AND VITALITY DOMAINS

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OBJECTIVES: The impact of certolizumab pegol (CZP) on patients’ activity and work capacity in RA patients with active disease was evaluated.

METHODS: Patients who completed 12 weeks treatment in RAPID 1 (completers) were eligible to enter an extension phase of 52 weeks or go to another trial. CZP was administered subcutaneously at a dose of 200 mg at week 0, 4, and 8, followed by 400 mg at weeks 12 and 16, and then every 12 weeks. 52% of patients were randomized into RAPID1, and 2, respectively. Baseline employment rates were 41.6% (100 patients) in RAPID1, and 70.3% (167 patients) in RAPID2. Improvements in work productivity and activity were reported with CZP 400 mg MTX treatment.

RESULTS: Changes in productivity and activity in RAPID 1 and 2 showed significant improvements at Week 24 (mean change: 2.80 and 1.61 days/month for MTX alone) and at Week 52 (mean change: 7.2 and 8.8 days/month for MTX alone). Similar improvements were reported with CZP 400 mg MTX and in RAPID2. Improvements in productivity and activity daily were reported. CONCLUSIONS: CZP improves productivity within and outside the home. Patients who were employed were able to work on a regular basis.

PM55
EQ-SD VISUAL ANALOGUE SCALE (VAS) AND UTILITY INDEX VALUES IN FRENCH WOMEN WITH A DIAGNOSIS OF POST-MENOPAUSAL OSTEOPOROSIS

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OBJECTIVES: Utility, single value of quality of life ranged from 0 to 1, is known to differ reflects consistencies and available data in French population are sparse. This study reports on the effect of different fractures sites on self-reported EQ-SD in the post-menopausal osteoporosis population.

METHODS: This cross-sectional study was carried out in general population by self completion questionnaire. Eligible women were those diagnosed for osteoporosis and aged 50 years and over. Utility was assessed using the index and VAS (range: 0–100) scores of the EQ-SD. For each group, the mean EQ-SD scores are reported. Univariate analysis on EQSD index score permitted to select coverabilities. As commonly used in health status studies, multivariate linear model including previous variables was performed in order to identify factors that most affected respondents’ EQ-SD scores. RESULTS: Questionsnaires from a total of 637 osteoporotic women were analysed. Among them, 228 already suffered a fracture. Last osteoporotic fracture sites reported were hip (N = 22), vertebrae (N = 45), wrist (N = 8), rib (N = 65), and others (N = 16). Fractured women (mean age: 70.3 ± 8.1; VAS 67.0 ± 7.1 years; p < 0.0001), had higher BMI values (p < 0.0167) than others. When adjusted for age, the index and VAS values of the EQ-SD were both significantly different (p < 0.01) between fracture (70.2 ± 0.2; 63.3 ± 16.46) and non fractured women (0.77 ± 0.20; 73.2 ± 14.82) Moreover, patient’s utility significant decreased for hip and vertebral fractures with 0.114 and 0.102, respectively (p < 0.01). However, loss of utility for patient with other fractures was not significant (0.017). CONCLUSIONS: Both hip and vertebral fractures showed durable loss of utility, whereas other osteoporotic sites do not. Use for cost-utility analyses, mean QALYs of fractures for French osteoporotic population could be also calculated.

PM56
CERTOLIZUMAB PEGOL DEMONSTRATES SIGNIFICANT IMPROVEMENTS IN THE PRODUCTIVITY OF PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS, PARTICULARLY IN THE HOUSEHOLD SETTING

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OBJECTIVES: The impact of certolizumab pegol (CZP) on patients’ work ability is well established. However, there is growing recognition of the impact on patients’ work productivity and performance of household duties.

METHODS: In RAPID1 and 2, productivity was assessed 4-weekly from baseline using the validated Work Productivity and Activity Impairment Questionnaire (WPAI-RA) that measures productivity limitations due to RA on work or with the household work and social activities. Mean changes from baseline in months of household work, days with reduced household productivity, missed days of family/social/leisure activities, self-reported work absenteeism and presenteeism (work days with productivity reduced by ≤50%) and RA impact on productivity a 0–10 scale (10 = complete interference) were compared between treatment arms using non-parametric bootstrap methodology. RESULTS: A total 982 and 619 patients were randomized into RAPID1 and RAPID2, respectively. Baseline employment rates were 41.6% and 39.1%, respectively. The only patient unable to work due to RA, and those unemployed for other reasons. Within each trial, treatment groups were comparable at baseline for productivity within and outside the home. In both trials, improvements in productivity within and outside the home were observed in the CZP group as early as Week 4, and maintained until study end (RAPID1: 12 months, RAPID2: 6 months). In RAPID1, patients on CZP 200 mg MTX reported significant decreases at Week 24 in days missed of household work (mean change -4.67 vs -1.54 days/month for MTX alone) and days with reduced productivity (mean change: -5.68 vs -2.85 days/month for MTX alone). Similar improvements were reported with CZP 400 mg MTX and in RAPID2. Improvements in work productivity and activity daily were reported. CONCLUSIONS: CZP improves productivity within and outside the home in RA patients.