mean age for the entire obese sub-sample was 58.8 (15.5), compared to 45.8 (18.4) for the non-obese participants. 40.4% of the obese participants suffered from at least one comorbid disease such as hypertension, diabetes, hyperlipidemia, compared to a much lower 21.1% for the remaining sample. The unadjusted SF-12 scores for obese and non-obese participants were: PCS 44.9 (12.0) and 50.5 (19.8) (Mann-Whitney, p < 0.001) and MCS 45.8 (10.1) and 49.6 (8.9) (Mann-Whitney, p < 0.001). After adjusting for confounding variables, the respective scores were PCS 48.2 and 49.8 (p < 0.05, R² = 37.9%), and MCS 47.1 and 49.3 (p < 0.01, R² = 9.7%) respectively. CONCLUSIONS: Obesity significantly affects physical and mental health, underlining the serious impact on health and HRQoL, and on the raising health care cost well, formulating effective strategies to prevent obesity should become major public health priorities.

DEFI A FRENCH PREVALENCE STUDY OF FIBROSYLAMIA (FM)

HEALTH RELATED QUALITY OF LIFE - SF36

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OBJECTIVES: This part of DEFI study aimed at assessing in FM a population whose diagnosis was suspected or clinically confirmed. METHODS: In a French cross-sectional study, both FM-positive and FM-negative subjects were screened using the French version of the London Fibromyalgia Epidemiological study Screening Questionnaire (LFE-SQ), which is positive for 23.2% of the population (LFE-SQ%). On this population 145 accepted to fill in SF36 and were proposed a rhenumatologist consultation: 49 refused but filled in questionnaires, 2096 who accepted the consultation and questionnaires (CSv) were diagnosed as FM (FMv) on the ACR criteria. RESULTS: Normalized SF36 subscales mean values of LFE-SQ% subjects are as follow: Physical Functioning (PF) 42.3 ± 10.4, Role Physical (RP) 36.7 ± 9.4, Bodily Pain (BP) 42.5 ± 7.1, General Health (GH) 39.7 ± 8.6, Vitality (VT) 41.3 ± 6.6, Social Functioning (SF) 43.5 ± 9.4, Role Emotional (RE) 43.7 ± 9.4, Mental Health (MH) 36.8 ± 7.4. Physical component score (PCS) was 42.4 ± 8.4 while mental component score (MCS) was 40.0 ± 9.5. No significant differences were observed between CSv and CS- subjects. In contrast, comparisons between the FM+ and FM- subjects showed in most cases significant differences; PF 37.7 ± 8.1 vs 44.6 ± 9.4 (p = 0.003), RP 33.6 ± 4.5 vs 36.9 ± 10.5 (p = 0.053), BP 39.6 ± 6.0 vs 43.5 ± 6.1 (p = 0.011), GH 33.2 ± 8.2 vs 42.3 ± 9.0 (p < 0.001), VT 39.2 ± 4.2 vs 44.7 ± 6.3 (p = 0.0001), SF 39.0 ± 8.3 vs 43.8 ± 9.3 (p = 0.004), RE 33.2 ± 4.1 vs 44.9 ± 14.1 (p = 0.027), MH 33.5 ± 5.2 vs 37.6 ± 7.2 (p = 0.019), PCS 38.2 ± 7.0 vs 41.6 ± 7.8 (p = 0.006), MCS 35.3 ± 7.5 vs 41.6 ± 9.4 (p = 0.008). CONCLUSIONS: This study demonstrated the alterations of SF36 in positive screened and ACR criteria confirmed FM subjects.

PELVIC PAIN IN ENDOMETRIOSIS: EFFECT OF PAINKILLERS OR SPORT TO ALLEVIATE SYMPTOMS


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OBJECTIVES: To assess potential individual factors influencing quality of life and pain scores of patients suffering from histologically confirmed endometriosis. Study using a questionnaire: among patients of reproductive age undergoing laparoscopy with a presumed diagnosis of endometriosis. METHODS: Details of fertility, previous treatments and quality of life, sexual activity, as well as linear pain scores for several symptoms, were recorded. Details of intraoperative findings were also collected and only those data were used where endometriosis was intraoperatively and histologically proven. A questionnaire before surgery gathered information from women on the following groups of variables: age, marital status, education, reproductive and medical history including previous pregnancies and parity, knowledge of accompanying pelvic disorder as well as general quality of life and body image. Pelvic pain was scored using a visual analogue scale. RESULTS: Eighty-one patients complaining about persistent pelvic pain were later intraoperatively and histologically proven to have endometriosis. Thirty-one of them (38.2%) reported regular sport as part of their daily life schedule while 30 of them (61.8%) performed no physical activity at all. Fourteen patients among regular exercisers and 33 patients among those without physical activity reported the effectiveness of painkillers for pelvic pain, corresponding to 45.1% and 66% of these subgroups, respectively (difference statistically significant, p < 0.05). CONCLUSIONS: Based on our results, we can conclude, that taking painkillers might be less effective among endometriosis patients performing regular daily sport activities, and, thus it might impose them to an unnecessary burden of possible side effects.

COST-EFFECTIVENESS OF ENZYME REPLACEMENT THERAPY FOR GAUCHER’S DISEASE IN THE URBAN ADMINISTRATION DISTRICT OF RUSSIA FEDERATION

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OBJECTIVES: To estimate effectiveness of enzyme replacement therapy (ERT) in the treatment of symptomatic Gaucher’s disease in the Ural’s cohort in Russia. METHODS: Information sources were the databases of regional registries in 3 big towns of Ural administration District of Russian Federation: Ekaterinburg, Perm, Chelyabinsk, updated January 2009. Most of the parameters were derived from the published literature. Doses of Cerezyme vary from 1200 un. till 2000 un. ERT was assumed to restore patients to full health in the base case. Regional cohort include 21 patients, middle age 23 years. Quality of life was tested by Short Form 36 (SF-36). RESULTS: Seventy percent of the patients were diagnosed in childhood and have 1 type Gaucher Disease. The clinic characteristics were typical. Bone abnormalities were the most serious. Data on this topic were obtained from the primary medical sources. The mean cost of the disease calculated about €20,000. The cost per patient considered only by dose. Nonetheless, quality of life indicate that patients treated with ERT continue to have reduced health-related quality of life 0.5 compared with the general population 0.75. And as much more younger seriously sick patients started ERT quality of life index could be higher. The social efficacy of ERT equivalent extra number of life years, in this cohort it’s about 13.7 years.Economic evaluations were found, all of which calculated a very high cost per quality-adjusted life-year (QALY). Incremental cost per QALY incremental cost-effectiveness ratio (ICER) in the base case €230,000. CONCLUSIONS: Although ERT for treating the ‘average’ Gaucher’s disease patient supported by the national program for orphan diseases, despite of it great expense. However, although doing so will be of clinical interest, it is questionable whether, within the current pricing environment, such research would have any substantive impact on policy decisions.