OBJECTIVES: The prospective multinational Survey of Osteoarthritis Real World (SOURGE) study aimed to investigate treatment adequacy of pain relief and quality of life in knee osteoarthritis (OA). This analysis describes the demographic and clinical characteristics most associated with inadequate pain relief (IPR) in knee OA in Portugal. METHODS: Male or female subjects aged ≥50 years who were primary knee OA patients treated with any therapies between January and December 2011 at seven primary care centers were enrolled. Pain was assessed using the Brief Pain Inventory (BPI). IPR was defined as a score >5 in the BPI item “What is your pain on average?” reflecting moderate to severe disease. Multivariable logistic regression model was employed to identify the subject characteristics most associated with IPR. RESULTS: Overall, 197 consecutive patients were analyzed. The mean age was 67.0 ± 8.6 years and 78.2% were women (the mean ± SD of knee OA was 62.5 ± 6.2 years). The most common comorbidities were hypertension (64.0%), hyperlipidemia (58.4%), disability (41.6%) and depression (37.6%). Nonsteroidal antiinflammatory drugs were the most frequently used analgesics. IPR was reported by 51.3% of 95% CI 44.1%, 58.4%). Disability, depression and diabetes were more frequent among patients with IPR than in patients with Non-IPR (p < 0.05). No statistically significant differences were observed in the type and mean number of different classes of medications. Female gender (adjusted odds ratio - OR 2.15 [95% CI 1.3, 4.5]), diabetes (adjusted OR 3.1 [95% CI 1.3, 7.7]) and depression (adjusted OR 2.24 [95% CI 1.2, 4.3]) were associated with higher risk of IPR. CONCLUSIONS: Our findings indicate that improvements in the management of pain in knee OA in order to achieve better outcomes and highlight the necessity for further interventions targeting frequent comorbid conditions in knee OA in Portugal.

PMS105

PATIENT REPORTED OUTCOME IN HEALTH CARE RESEARCH: A PROSPECTIVE STUDY OF ORTHOPEDIC SURGERY IN ROUTINE CARE IN SWITZERLAND

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OBJECTIVES: Rotator cuff tear of the shoulder is a common musculoskeletal disorder, may have a substantial impact on patients’ quality of life (QOL) and implies a significant cost burden. Arthroscopic rotator cuff repair (arCR) is the standard therapy, however, health services research has generated little information about the impact of arCR on QOL and on costs in real world settings. We aimed to assess the impact of arCR treatment in Switzerland. METHODS: A prospective before-after study, consecutive patients with arCR in a single tertiary orthopaedic centre were assessed for QOL using EQ-5D-5L to gain health state/ utilities (range: 0.00-1.00; multiple measurements from pre-operative enrolment until 1-year after surgery). Medical costs from Swiss (CHF) were assessed from a third party payer perspective using health insurance claims data for 3-time intervals (1 year before surgery, year 1 and 2 after surgery). RESULTS: 152 patients (mean age 57 years [range: 31-78]; male 61%, operated of which 67 were evaluat- ed for QOL up to 12 months. QOL showed a stepped improvement: 0.75 (mean utility at enrollment), 0.71 (pre-op), 0.61 (2 weeks), 0.85 (3 months), 0.91 (6 months), 0.93 (12 months). Direct medical costs (mean, SD) of the first patients with cost data available in 2011 were CHF 7,540 (6,684) in the first year; CHF 1,051 (822), outpatient: 6,658 and CHF 7,959 (3,675) in the first year after surgery [n=40: mean imputat: 4,964 [including operation]; outpatient: 4,794]. CONCLUSIONS: Patients with arCR in routine care show a significant and clinically relevant improvement of QOL and of costs after arCR. This is important information for decision makers in Switzerland. Completion of follow up of our patient cohort will allow a better understanding of the relationship between gain in QOL and involved direct medical costs.

PMS106

VALIDATION OF THE ENGLISH VERSION OF THE FORGOTTEN JOINT SCORE - 12 IN PATIENTS UNDERGOING TOTAL KNEE OR HIP ARTHROPLASTY

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OBJECTIVES: The recently developed Forgotten Joint Score - 12 (FJS-12) is increasingly being used in patients with hip or knee pathologies to assess joint aware- ness following surgical or conservative treatment. Joint awareness is a construct considered to be especially relevant in patients with good to excellent outcome. In our study we aimed at investigating reliability, validity and sensitivity to change over time of the English version of the FJS-12 in patients with total knee arthro- plasty (TKA) or total hip arthroplasty (THA). METHODS: Patients undergoing THA or TKA at the Royal Infirmary of Edinburgh were consecutively included in the study and assessed with the FJS-12 at pre-surgery, 6 months and 12 months. To determine convergent validity we administered the Oxford Hip Score (OHS) and the Oxford Knee Score (OKS). We calculated Cronbach’s Alpha as a measure of internal consistency of the FJS-12. Sensitivity to change is given as effect size (Cohen’s d). RESULTS: At pre-surgery we have recruited 219 TKA patients and 193 THA patients (recruitment ongoing). Mean age of the TKA patients was 68.3 (SD 9.3) and 54.1% were female. Mean age in the THA group was 67.6 years (SD 10.5) and 69.2% were female. Cronbach’s alpha was very high in both groups (0.95 in TKA patients and 0.96 in THA patients). Correlations with the OHS (r=0.76) and the OKS (r=0.72) indicated good convergent validity of the FJS-12. Effect sizes for change between 6 months and 12 months in FJS-12 scores were 0.40 in TKA patients and 0.53 in THA patients. CONCLUSIONS: The English version of the FJS-12 showed high internal consistency in THA and TKA patients and good convergent validity with the OHS and OKS. Our findings suggest that the FJS-12 is a reliable and valid instrument for the assessment of outcome after TKA and TKA.