98.6% of patients had 2 or more fractures after age 40 years, the mean (SD) number of fractures was 4.2 (1.7) and median number was 4.0 (interquartile range 3.0–5.0). During the study, the mean (SD) duration of treatment by teriparatide was 443 (203) days; at the end of 17th month, 67.9% of patients were still on treatment. The main reasons of treatment discontinuation were treatment completion (69.9%), adverse events (14.5%), patient decision (14.0%), and physician decision (2.2%). Between baseline and end of study, the rate of women with back pain decreased from 93.8% to 83.3% and 37.1% had an improvement in the severity, mean (SD) back pain intensity decreased from 55.9 (24.8) to 35.0 (24.2), and mean (SD) EQ-5D VAS increased from 52.6 (19.4) at baseline to 57.8 (21.4) at end of study. CONCLUSIONS: French patients with severe osteoporosis treated with teriparatide in a routine setting had an increase in quality of life and a decrease in back pain during the teriparatide treatment period and post-treatment follow-up. The results should be interpreted in the context of a non-controlled observational study.

CONCLUSIONS: In our study, we showed that older age and more pain predicted worsening HAQ disability trends. The use of TNF therapy was the only factor that decreased the odds of having a worsening HAQ trajectory.

RESULTS: A total of 26% patients had worsening disability (when proportion >0.5). This meant that a patient's tendency of worsening disability in RA, but few studies have analyzed the impact of TNF vs. traditional DMARD therapy, sociodemographic and clinical factors on sleep disturbances and fatigue in RA patients.

METHODS: A total of 1,082 RA patients from the NDB-Portugal cohort participated in this prospective study. Patients' last observation was used. Univariate (UV) and multivariate (MV) regression models were used to assess the effect of TNF therapy, sociodemographic, and clinical factors on sleep disturbances and fatigue in RA patients.

RESULTS: In our study, we showed that older age and the use of TNF therapy provided sustained improvement in household productivity and daily activities in patients with active rheumatoid arthropathy over 2 years.

CONCLUSIONS: The proportion defined patients from the ongoing biannual NDB-Portugal cohort with at least four consecutive 6-month positive increments in HAQ scores (worsening function) in this prospective study. Patients' last observation was used. Univariate (UV) and multivariate (MV) generalized estimating equations (GEE) were used to study the predictors of a worsening disability trend. Age, education, disease duration, DMARD therapy, sociodemographic and clinical factors on sleep disturbances (measured by the sleep disturbance scale (VAS 0–10, 10 is worst)), quality of life (VASQOL 0–1, 1 is better), emotional distress (HaHsP 0–1, 1 is better), and disability affecting QoL, has a marginal adjustment (CMIN/DF = 0.026, RMSEA = 0.069). CONCLUSIONS: With the available data, the functional disability can account for the decrease in QoL. Theoretically, OA is strongly related with disability and QoL, but the model fail to fully explain this link. As statistical techniques need good measurement models correctly estimate relationships, standard clinical records seem insufficient for this purpose. Additional valid measurements of OA affection would be needed, to give evidence of its direct effect on disability and QoL.

CONCLUSIONS: The present is an observational, cross-sectional, multicenter study. OA affectation, functional disability in daily activities, and Quality of Life (QoL) were assessed using the validated Work Productivity Survey (WPS-RA). Analyses were conducted on observed data. FAST4WARD:NCT00548834; OLE:NCT00160693. RESULTS: Sixty-nine CZP completers entered the OLE. At BL, mean disease duration: 9.5 years; mean HAQ-DI: 1.42; mean DAS28-3(CRP): 5.76. Burden of RA on household productivity of RA patients at and after Week 12 were eligible to enter an open-label extension (OLE) study of CZP 400 mg Q4W. This analysis focuses on CZP completers who entered the OLE study and had 2 years (100 weeks) of CZP exposure from baseline (BL). Household productivity and impact on family/social/leisure activities were assessed using the validated Work Productivity Survey (WPS-RA). Analyses were conducted on observed data. FAST4WARD:NCT00548834; OLE:NCT00160693. RESULTS: Sixty-nine CZP completers entered the OLE. At BL, mean disease duration: 9.5 years; mean HAQ-DI: 1.42; mean DAS28-3(CRP): 5.76. Burden of RA on household productivity at BL was substantial: mean 10.1 household work days missed/diseased, mean 12.1 household work days with reduced productivity/month, mean 5 days missed/month of family/social/leisure activities. At Week 100, compared with BL, patients receiving CZP reported on average fewer household work days missed per month (1.0 vs. 1.0), fewer days with reduced productivity in the home (1.1 vs. 1.2), reduced interference of RA on household productivity (2.0 vs. 5.8 on a 0–10 scale), fewer missed days of family/social/leisure activities (0.3 vs. 5.0). Improvements were seen as early as Week 4 and were sustained until Week 100. Over 12, 52 and 100 weeks, mean annualised cumulative gains from BL were 20.5, 108.4 and 199.3 household work days with reduced productivity/month, mean 5 days missed/month of family/social/leisure activities were assessed using the validated Work Productivity Survey (WPS-RA). Analyses were conducted on observed data. FAST4WARD:NCT00548834; OLE:NCT00160693. RESULTS: Sixty-nine CZP completers entered the OLE. At BL, mean disease duration: 9.5 years; mean HAQ-DI: 1.42; mean DAS28-3(CRP): 5.76. Burden of RA on household productivity at BL was substantial: mean 10.1 household work days missed/diseased, mean 12.1 household work days with reduced productivity/month, mean 5 days missed/month of family/social/leisure activities. At Week 100, compared with BL, patients receiving CZP reported on average fewer household work days missed per month (1.0 vs. 1.0), fewer days with reduced productivity in the home (1.1 vs. 1.2), reduced interference of RA on household productivity (2.0 vs. 5.8 on a 0–10 scale), fewer missed days of family/social/leisure activities (0.3 vs. 5.0). Improvements were seen as early as Week 4 and were sustained until Week 100. Over 12, 52 and 100 weeks, mean annualised cumulative gains from BL were 20.5, 108.4 and 199.3 household work days, respectively, 25.1, 136.0 and 244.9 more productive days within the household, and 11.9, 57.7 and 107.2 days gained of family/social/leisure activities. CONCLUSIONS: CZP 400 mg Q4W monotherapy provides sustained improvement in productivity within the home and in RA patients' abilities to engage in family/social/leisure activities.