However, further methodological research is needed to achieve standardization of procedures.

PM55 EVAULATING THE DEGREE TO WHICH ABILITY TO PAY AND HEALTH-RELATED QUALITY OF LIFE (BIOLOGICAL) INFLUENCE WILLINGNESS TO PAY (WTP) IN PSORIASIS AND PSORIATIC ARTHRITIS PATIENTS

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OBJECTIVES: The aim of this study was to measure what matters most in WTP for a treatment, the patients' perception of their health status, their ability to pay, or a combination of both. METHODS: 395 US patients diagnosed with either psoriasis (n=191) or psoriatic arthritis (n=204) completed a questionnaire as part of a broader survey of treatment of psoriasis/psoriatic arthritis in the US. The questionnaire included the EQ-5D-5L instrument and accompanying VAS. Patients were additionally asked what they would do to ensure the amount they were willing to pay for a treatment per month they would be willing to pay for treatments that would improve their health status by 10 points, retain their current health and prevent a decline in health status by 10 points. Annual household income information was also reported. RESULTS: Household income was a better predictor of WTP for a treatment; those patients with an annual income of less than $25,000 were willing to pay the least (p<0.001), whereas patients with an annual household income over $50,000 would pay the most (p<0.001). Patients within the lowest VAS segment were prepared to pay significantly more for an improvement in their health status than patients within the other segments (p<0.001). No significant differences were noted between groups to either retain their baseline or avoid health decline. For predicting WTP for an improvement in health status, a combination of low yearly income (<$25,000) and the EQ-5D-VAS was the best (AUC<0.7), WTP for a 10 VAS point improvement = $142 + ($39.9×Low Income) + ($0.7×VAS score). CONCLUSIONS: Both ability to pay and health status are valid predictors of willingness to pay for a treatment. Yet ability to pay is a better overall predictor of willingness to pay than HRQoL.

PM56 FUNCTIONAL STATUS AND LABOR PRODUCTIVITY WITH TOFACITINIB IN PATIENTS WITH INADEQUATE RESPONSE TO NON-BIOLOGICAL DISEASE- MODIFYING ANTITHROMATIC DRUGS (DMARD) VERSUS ANTI-TUMOR NECROSIS FACTOR DRUGS (ANTI-TNF) IN COLOMBIA

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OBJECTIVES: To evaluate the benefits in functional status and labor productivity of tofacitinib in patients with inadequate response to a non-biological DMARD vs anti-TNF in Colombia. METHODS: The response to treatment was assessed by the change in baseline in the Health Assessment Questionnaire-Disability Index (HAQ-DI) from baseline and work lost productivity: absenteeism and presenteeism (productivity reduction ≥50%) due to patient’s functional status, as reported by Chaparro del Moral R. 2012 and Hazes JM. 2010 who measured absenteeism according to the questionnaires included in the OAI study. Logistic regression examined WS as a predictor of work status (working versus not working for other years with baseline WS (Self-selected 20 meters [m]) in the OAI study. Logistic regression examined WS as a predictor of work status (working versus not working due to health [NWH]) for those walking at slow (<1.10 m/s) and moderate (1.1-1.29 m/s) and normal (>1.3 m/s) speeds, adjusting for demographics and other confounders. RESULTS: The 2,634 women (mean age 60.0, Standard Deviation [SD] 9.1, years), 57.9% (1,533) were working, 36.0% (952) were not working for other reasons and 5.6% (149) were NWH. WS was significantly faster in those working compared to those NWH (mean speed 1.33 m/s vs. 1.08 m/s; p<0.001). Compared to women with normal WS (>1.3 m/s), those considered slow walkers (WS <1.10) were 12 times more likely to be NWH compared to those walking at normal speed (Odds Ratio [OR] = 12.1, 95% Confidence Interval [CI] 6.0 – 25.6; p<0.001). Further, the contribution of comorbidities in the model was significantly (p<0.001) weakened when WS entered the model. CONCLUSIONS: Walking speed was an independent predictor of NWH for non-working women in the current study and may be useful in the work setting to identify those at high risk of health related job loss. Further evaluation of the longitudinal predictive capability of WS is needed.

PM57 ASSESSMENT OF SHOULDER INSTABILITY: THE DEVELOPMENT AND VALIDATION OF A QUESTIONNAIRE – THE OXFORDBONE SCIENCE INDEX (OBSI)

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OBJECTIVES: To develop a questionnaire for completion by patients presenting with shoulder instability. METHODS: A draft 18 item questionnaire was developed using input from the Oxford Orthopaedic Research Trust shoulder service and psychometric theories. The questionnaire was then tested on further groups of 20 patients attending an outpatient clinic, to which they had been referred with instability of the shoulder. Following modification from patient feedback, the revised 12 item questionnaire was then tested in a prospective study of consecutive patients attending out-patient clinics for shoulder instability (n=98). Patients completed patient-reported and clinical assessments pre-intervention (physiotherapy or surgery) and again at 6 months following intervention. The questionnaire was evaluated relative to change in anterior instability, reproducibility, validity and responsiveness (sensitivity to change). RESULTS: The results provide evidence of good measurement properties of the questionnaire: internal consistency - Cronbach’s alpha was 0.91 at the pre-treatment assessment (n = 92) and 0.92 at follow-up (n = 64). Reproducibility - In the test-retest sample (n = 34), the correlation between the total scores for the questionnaire was high (r = 0.97, p<0.001). Content validity of the new questionnaire was strongly correlated with the Constant and Rowe clinical scores both before operation and at the six-month follow-up. It also agreed significantly with the related parts of the SF36, particularly in physical function and pain. Responsiveness - The new questionnaire and the Rowe clinical score (but not the Constant) each achieved a large standardised effect size (≥0.8) that surpassed values obtained on relevant SF36 domains. CONCLUSIONS: We developed and tested a short patient-reported 12-item questionnaire (scored 0-100) which patients have found easy to complete and which provides reliable, valid and responsive information as to their perception of shoulder instability.

PM58 CHARACTERISTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS SAMPLED FROM A PATIENT ADVOCACY ORGANIZATION VERSUS A CONSUMER PANEL: IMPLICATIONS FOR PATIENT-CENTERED RESEARCH

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OBJECTIVES: Much information about the disease experience can only be obtained directly from patients. However, biases may be introduced to patient-reported research depending on the source of the sample. This analysis seeks to identify differences in demographic and disease characteristics of patients with rheumatoid arthritis (RA) recruited through an advocacy organization and a consumer panel. METHODS: Data were collected online from two groups of participants through self-administered questionnaires. Patients were recruited through the patient advocacy organization CreakyJoints and the Lightspeed Research consumer panel. Patients in both groups were U.S. adults (aged ≥18), diagnosed with RA, currently treated by a rheumatologist with disease modifying anti-rheumatic drug (DMARD) therapy, and with no history of biologic use but had discussed biologic therapy with their physician. RESULTS: A total of 243 patients completed the study. Of these, 101 were from the advocacy organization and 142 were from the consumer panel. Patients from the advocacy organization were younger (mean age, 46 vs. 57) and more likely to be female (93% vs. 80%), employed (53% vs. 31%), have a college degree (59% vs. 43%), and have commercial insurance (70% vs. 51%) than patients from the consumer panel (p<0.05 for all comparisons). Patients from the advocacy organization also began experiencing RA symptoms more recently (mean age since symptom development, 10 vs. 15) and were more likely to be diagnosed by a rheumatologist (73% vs. 51%), have a caregiver (47% vs. 24%), and be non-adherent with medication (61% vs. 42%) than patients from the consumer panel (p<0.05 for all comparisons). CONCLUSIONS: Members of patient advocacy organizations and consumer panels can differ demographically and in their disease characteristics. The potential impact of these differences on study results should be considered when developing a sampling and recruitment plan for patient-centered survey research.

PM59 PATIENT-REPORTED OUTCOMES IN SURGICAL PRACTICE: PREOPERATIVE PREDICTORS OF POOR OUTCOME FOLLOWING PRIMARY TOTAL KNEE ARTHROPLASTY

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OBJECTIVES: Identifying patients at highest risk of poor outcomes is critical to population health management. The purpose of this study was to identify preoperative factors and comorbidities that are associated with that risk of poor patient-reported physical function recovery one year following total knee arthroplasty (TKA). METHODS: Primary TKA unilateral procedures from a patient-reported total


A51
OBJECTIVES: Little is known about the health-related quality of life (HRQoL) for patients with rheumatoid arthritis (RA) in Korea. This study aimed to develop a questionnaire specific to RA patients in Korea. Several studies discovered quality of life of RA patients in Korea using localized resources, not nationwide one. The aim of this study was to estimate HRQol of Korean RA patients and also discover education and treatment status of them based on nationally representative data.

METHODS: This study used data from the 2008-2010 National Health and Nutrition Examination Survey (NHANES) of Korea. HRQoL was measured by EuroQol five-dimension (EQ-5D) and its self-report visual analog scale (VAS) score in Korean RA patients compared to normal population. Multivariate linear regression was performed at p-value of 0.05 with the use of SAS software, version 9.2. RESULTS: Among 42,347 participants, 679 participants, 1.88% had diagnosed of RA and their mean EQ-5D score was 0.82. Among RA patients, 298 patients (42.4%) were treated and 25 patients (36.8%) educated in arthritis. The mean EQ-5D score of normal population was 0.93. We found that RA patients in Korea had significantly lower EQ-5D score (0.02, p-value = 0.0001) compared to normal population. This result was consistent with arthritis burden among RA patients. This study discovered nationwide information on RA: education and treatment status of RA patients as well as difference of HRQoL scores between RA patients and non-RA patients in Korea.

PMS64
THE ASSOCIATION BETWEEN DEPRESSION, HEALTH-RELATED QUALITY OF LIFE (HRQOL), AND DISABILITY STATUS AMONG ADULTS WITH ARTHRITIS

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OBJECTIVES: Limited information currently exists regarding the additional influence of mental health on the health-related quality of life (HRQOL) of adults with arthritis so that early diagnosis of depression can result in improvement in their HRQOL.

RESULTS: Screening for depression can be incorporated in routine clinical care of adults with arthritis so that early diagnosis of depression can result in improvement in their HRQOL.

PMS65
IMPACT ON HEALTH STATUS AND DISEASE SPECIFIC QUALITY OF LIFE OF TREATMENT IN PATIENTS WITH INCOMPLETE RESIDUO NON-BIOLICAL DMARD VERSUS ANTI-TNF IN COLOMBIA

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OBJECTIVES: To analyze the impact on health status and disease specific quality of life with tofacitinib for rheumatoid arthritis in patients with inadequate response to a non-biologic DMARD vs anti-TNF in Colombia. METHODS: We use the change from baseline in the Health Assessment Questionnaire-Disability Index (HAQ-DI) as effectiveness measure and grouped by disease severity levels (0.5 difference) in order to infer the changes in Quality of Life obtained with Tofacitinib and the anti-TNF available in Colombia (adalimumab, certolizumab, etanercept, golimumab and infliximab). Comparison between anti-TNF and tofacitinib (5mg BID) was done directly (PROC SURVEY procedures).

RESULTS: The study sample comprised of 168,483 individuals. 25% of the sample comprised of adults ≥18 years of arthritis. The mean age ± SD of the sample was 62.6 ± 14.6 years. In the first 12 months post-surgery.