EQ-5D VISUAL ANALOGUE SCALE (VAS) AND UTILTY INDEX VALUES IN FRENCH WOMEN WITH A DIAGNOSIS OF POST-MENOPAUSAL OSTEOPOROSIS

Paysansso G, Lepessailles E, Gasquet P, Branchu S, Cotte FE
Saint Joseph Hospital, Paris, France, *CHR Orsain, Orleans, France, †Inserm U669, Villejuif, France, *GlaxoSmithKline France, †Marly le ROI, France

OBJECTIVES: Utility, one single value of quality of life ranged from 0 to 1, is known to differ across countries and available data in French population are sparse. This study reports on the effect of different fractures sites on self-reported EQ-5D 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-5D. For each group, the mean EQ-5D scores are reported. Univariate analysis on EQ5D index score permitted to select covariables. 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-5D scores. RESULTS: Questionnaires 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), vertebral (N=45), wrist (N=96), rib (N=65) and others (N=66). Fractured women (mean age: 70.3 ± 8.1 vs 67.0 ± 7.1 years; p < 0.001), had higher BMI values (p < 0.016) than others. When adjusted for age, the index and VAS scores of the EQ-5D were both significantly different (p < 0.01) between fractured (70.2 ± 0.5; 68.3 ± 16.4) and non fractured women (0.77 ± 0.20; 72.3 ± 14.82). Moreover, patient’s utility significantly decreased for hip and vertebral fractures with −0.16 (p < 0.01) and loss of utility for patient with other fractures was not significant (−0.017; p > 0.41). CONCLUSIONS: Both hip and vertebral fractures showed durable loss of utility, whereas other osteoporotic sites do not. Used for cost-utility analyses, mean QALYs of fractures for French osteoporotic population could be also calculated.

CERTEZUMAB PEGOL DEMONSTRATES SIGNIFICANT IMPROVEMENTS IN THE PRODUCTIVITY OF PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS, PARTICULARLY IN THE HOUSEHOLD CONTEXT

Entremont J, Parquet G, Emery P, *Medical University of Vienna, Vienna, Austria, †UCB, Brussels, Belgium, ‡Leeds General Infirmary, Leeds, UK

OBJECTIVES: The impact of rheumatoid arthritis (RA) on patients’ work ability is well established. However, there is growing recognition of the impact on patients’ households. The purpose of this study was to investigate the productivity impact of certezumab pegol (CZP) plus methotrexate (MTX) on productivity within and outside the home in patients with active RA. METHODS: In RAPID1 and 2, productivity was assessed 4-weekly from baseline using the novel validated Work Productivity (WPRA) and residence productivity (WPP-R) questionnaires. They measured productivity limited due to RA on work, outside the home, household work and social activities. Mean changes from baseline in missed days 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 (0 = no productivity impact; 10 = complete interference) were compared between treatment arms using non-parametric bootstrap methodology. RESULTS: A total of 982 and 619 patients were randomized into RAPID1, and 2, respectively. Baseline employment rates were 41.6% and 40.6%, respectively. The occupational status of 34.9% and 39.8%, respectively. The occupational status of 34.9% and 39.8%, respectively. The occupational status of 34.9% and 39.8%, respectively. 24% and 24.7% of patients were 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 arms 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 daily activities were reported. CONCLUSIONS: CZP improves productivity within and outside the home in RA patients.

IMPACT OF CERTEZUMAB PEGOL (CZP) ON HEALTH-RELATED QUALITY OF LIFE (HRQL) IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA) PATIENTS’ APPROACH POPULATION US NORMS IN MENTAL HEALTH AND VITALITY DOMAINS

*Stanford University, Portola Valley, CA, USA, †University of Texas Southwestern Medical Center, Dallas, TX, USA, §Diakonhjemmet Hospital, Oslo, Norway, ¶University of California, San Diego, CA, ¶¶Medical University of Vienna, Vienna, Austria, ‡Inserm U669, Villejuif, France, ¶¶¶Inserm U550, Paris, France, D University of California, San Francisco, USA

OBJECTIVES: CZP 200 or 400 mg Q2W + methotrexate (MTX) significantly improved HRQL in patients with active RA over 1 year. Here we evaluated HRQL in RA patients following long-term CZP+MTX treatment. METHODS: Patients who completed 2 weeks treatment in Rapid 1 (completers) were eligible to enter an open-label (OL) study with CZP 400 mg Q2W + MTX. HRQL was assessed using the SF-36 Survey that includes 8 domains (physical functioning [PF], role physical [RP], bodily pain [BP], role emotional [RE], vitality [VT], social functioning [SF], role limitations due to emotional problems [RE]), and mental health [MH]) grouped into summary scores (SF-36), Physical (PCS), and Mental (MCS). MCID s are 2.5 points for PCS/MCS and 3.0 for SF-36 scores. Mean changes from baseline in HRQL were analysed in completers at Week 100; domain scores were compared with US population norms (age/gender matched). RESULTS: CZP completers reported rapid and marked improvements in HRQL. In RAPID4, at Weeks 12 (1st assessment) and 52 that were sustained to 100 weeks. Completers originally receiving CZP 200mg + MTX had mean PCS and MCS improvements of 7.2 and 8.8 points, respectively, at Week 12, 9.1 and 8.2 points at Week 52, and 10.1 and 7.7 points at Week 100. Improvements were similar in patients originally receiving CZP 400 mg + MTX. Improvements in RE, GH and MH were sustained following long-term OL treatment, and met or exceeded MCID in PF, RP, BP and VT, which had the largest decrements at baseline. After 100 weeks of CZP+MTX, BP, VT, SF and RE scores improved or met or exceeded normative values. CONCLUSIONS: CZP+MTX treatment results in rapid and clinically meaningful improvements in PCS, MCS and all SF-36 domains that were sustained over 2 years. BP, VT, SF and MH approached or met ager/gender matched US population norms. Comparable benefits were reported in RA patients enrolled in both CZP treatment arms.