were retired prematurely due to RA-related work disability and incurred costs of 8358 € per retired patient-year. Ninety-six patients were gainfully employed and incurred sick leave costs of 2835 € per employed patient-year.

CONCLUSIONS: Micro-costing based on health care payer’s data provides a relatively conservative albeit highly accurate estimate of costs in RA. It is important to take both RA-related and non-RA-related costs into account. Medication costs are the dominant direct component with an increase due to the introduction of biologic agents. In gainfully employed patients and in patients who receive RA-related retirement payments productivity costs exceed direct costs.

A COMPARISON OF COST OF INFliximAB AND ETANERCEPT IN THE TREATMENT OF RHEUMATOID ARTHRITIS IN ITALY: RESULTS OF THE IERI STUDY GROUP


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OBJECTIVE: Rheumatoid Arthritis (RA) is a disease with high socioeconomic impact. Anti-TNF drugs have provided evidence of effectiveness in treating RA patients resistant to 2 previous conventional DMARDs, including MTX, as demonstrated by a number-needed-to-treat (NNT) of 2 to produce a 20% improvement in American College of Rheumatology (ACR) score (ACR20). Anti-TNF therapy is also costly. The aim of this retrospective longitudinal cost of care analysis was to evaluate the cost of Etanercept (ETA) vs Infliximab (IFX) used at the standard dosage (according to the ANTARES Protocol) for the treatment of RA patients after DMARDs (disease-modifying anti-rheumatic drugs) failure in Italy.

METHODS: The study included subjects randomly enrolled from 7 centres participating to a prospective data collection program called ANTARES. Direct health care resources attributable to RA management (drugs, ambulatory care, day case treatments, hospitalizations) were quantified using National Health Service (NHS) tariffs expressed in Euro 2003. NHS perspective was adopted. Multiple linear regression techniques were used to investigate differences between IFX and ETA in the direct cost, adjusting for sex, age, baseline ESR (erythrocyte sedimentation rate), baseline DAS (disease activity score) and centre.

RESULTS: A total of 211 (IFX 101, ETA 110) patients affected by RA (F/M 165/46; mean age 57.4 ± 12.5 years, mean disease duration 8.2 ± 8.4 years, 77% females) every 3 months corresponding cost data were derived from 1) a RA-related patient-centered health economic questionnaire, and 2) the payer’s database (insurance and physicians’ association) over a period of 18 months. Co-payments in Germany partly can be derived by analyzing the payers’ data due to specific legal regulations. In addition to that patient-derived data was evaluated.

RESULTS: The data was composed in a matrix of different cost domains. Those led to patient co-payments/ year of 417.10 €. Visits to a physician accounted for 9.2% (38.40 €), non-physician service utilization for 46.6% (194.40 €), medication for 23.7% (99.00 €), and devices and aids for 1.2% (5.10 €) of the overall cost. In Italy the burden for RA-patients can become substantial.

ARThritis—Quality of Life/Utility/Preference Studies

Linguistic adaptation and validation of the ARTItis treatment satisfaction questionnaIRE (ARTS) INTO SPANISH

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OBJECTIVES: ARTS is a self reported instrument designed to measure four treatment satisfaction dimensions: Treatment advantages, Treatment convenience, Appreheension about treatment and Satisfaction with medical care; and is composed by 18 Likert-scale items. It is intended to be used with patients suffering osteoarthritis and undergoing oral administered treatments.

METHODS: Linguistic adaptation was performed using the standard processes for establishing conceptual equivalence. A panel of six experts supervised the process and four independent translators translated and back-translated the items. A sample of 163 patients was used to gauge psychometric properties. All patients suffered from knee, hip or column arthritis. Patients were included in 3 groups: treatment-switch because of a weak analgesic effect, treatment-switch due to poor tolerability and non-change. The ARTS was administered at baseline, 1 week later and after 4 weeks of therapy with traditional NSAIDs or Cox II-inhibitors. RESULTS: Mean age was 67.7 ± 9.2 years old. The adapted instrument showed good feasibility and reliability properties. No floor or ceiling effects where found, items where well understood and non-respond rates were below one percent (1%). Cronbach's alpha for the total scales was 0.85. Instrument was stable with a test-retest intraclass correlation coefficient of 0.83. Exploratory factor analysis yielded four dimensions coherent with those proposed by the original authors. Convergent validity was measured against SF-36, a pain VAS a treatment compliance VAS, and Morisky-Green compliance questionnaire. The adapted instrument showed good discriminant validity, being able to distinguish between patients needing a change in
treatment and those which didn’t need it. It also showed to be sensitive to changes in patients’ treatment effectiveness after a 30 days follow up. CONCLUSIONS: A psychometrically valid and conceptually equivalent version of the ARTS questionnaire has been produced to explore satisfaction with treatment in patients with osteoarthritics in Spanish speaking countries.

PAR18
ASSESSMENT OF HEALTH STATUS IN A NATIONAL SAMPLE OF U.S. OSTEOARTHRITIC PATIENTS
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OBJECTIVES: To describe the impact of osteoarthritis (OA) on patients’ HRQL and examine preference-based health state differences by patient characteristics in a national sample of U.S. adults. METHODS: This retrospective study compared perceived health status and HRQL among osteoarthritic patients (OAP) in the 2000 Medical Expenditure Panel Survey. Patients ≥18 years who reported having osteoarthritis (ICD-9-CM = 715) were included. Non-OAP were matched on age, gender and race with OAP. Patients with other and unspecified disorders of joints (ICD-9-CM = 719) were selected for further comparison. HRQL responses to SF-12 and EQ-5D were compared among these groups. Perceived health status was analyzed using SF-12 PCS and MCS scores. Preference-based health states were analyzed using EQ-5D utility scores. PCS, MCS and EQ-5D utility scores were analyzed using ANCOVA, adjusting for number of comorbidities. ANOVA and t-test were used to determine if patients’ utility scores differed based on demographic characteristics. RESULTS: The mean EQ-5D Utility score (0–1 scale, 0 = death, 1 = perfect health) was significantly lower for OAP (0.5767 vs. 0.7387, p < 0.0001) and 5% of OAP rated their health state as worse than death. Among OAP, there were no significant differences in utilities by demographic characteristics. The proportion of OAP reporting impairment was highest for the Pain/Discomfort dimension (91.5%). Except for Self Care (12%), the proportion of OAP reporting impairments on the other EQ-5D dimensions was substantial: Mobility (64.1%), Usual Activities (60.7%) and Anxiety/Depression (43.6%). The mean PCS score (0–100 scale, 0 = worst health imaginable, 100 = perfect health) was significantly lower for OAP (36.46 vs. 43.23, p < 0.0001). CONCLUSIONS: OA has a significant impact on multiple dimensions of HRQL. OAP reported lower preference-based health states and physical functioning when compared to non-OAP. OAP perceive their overall health status to be poor. These findings indicate that therapeutic effectiveness should include HRQL.

PAR27
ASSESSMENT OF QUALITY OF LIFE (QOL) IN ADULTS WITH JUVENILE IDIOPATHIC ARTHRITIS (AIJ) DIAGNOSIS IN MEXICO: THE DISABILITY IMPACT
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OBJECTIVES: To evaluate the quality of life measured by SF 36 in adults with juvenile idiopathic arthritis diagnosis and its association with clinical characteristics and functional status. METHODS: Sixty consecutive out patients of the rheumatology unit with juvenile idiopathic arthritis of National Rehabilitation Center (CNR) were included. For this analysis those ≥16 years old were included. All of them were invited to fulfill a SF-36, BASFI, and HAQ-Di questionnaires. Descriptive analysis, correlations test, Fisher exact and U Mann-Whitney’s test were applied. We compared our group with non health services users from publication sources. RESULTS: In total, 30/60 patients were included in the analysis, 56% were female, mean age 27 ± 7 years old and HAQ-DI 1.08 (range 0–3), 73% had >0.6 HAQ score (moderate-severe disability), 90% had BASFI score >5 (severe disability), 86% had any articular limitation and 48% had previous surgery. The most frequent was total hip replacement. Two groups were separated into polyarthritis juvenile idiopathic arthritis (60%) and oligoarticular juvenile idiopathic arthritis (AIJ and JAS respectively). Both groups had functional and quality of life index significantly affected (p = 0.000). There were no differences between SF-36 affected dimensions in both groups. CONCLUSIONS: Although physical health related QOL was worse in patients with PAIJ, patients with PAIJ and JAS experienced limitations in physical role functioning, and both groups had worse QOL scores (specially Emotional Role, Social Functioning and General Health Perception) than controls.

ARTHRITIS
ARTHRITIS—Health Policy
PAR19
SURVEY OF GLOBAL FIBROMYALGIA MANAGEMENT BY FRENCH RHEUMATOLOGISTS IN 2003
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OBJECTIVES: A description of the management by French rheumatologists (R) of patients suffering from fibromyalgia (FMS). METHODS: A questionnaire was sent to all practicing R in France (estimated at 2500). RESULTS: Four-hundred and eighteen (418) questionnaires were returned (16.7% response rate). Two-hundred random responses gave the following profile of the R: male 68%, mean age 49.3. Our R population is equivalent to the national profile (1). A total of 70% of the R declared treating FMS patients, 82% of which have 5 or more patients, 55% 10 or more. Each R has an average of 30 FMS patients and 94% affirm prescribing fundamental treatments to their FMS patients: 69% prescribe analgesics (A), 79% tricyclic antidepressants (TCA), 44% serotoninergic antidepressants (SA), 33% hypnotics/sedatives (H/S), 5% homeopathic treatments (H) and 2% morphine derived treatments (MD). Ninety percent (90%) prescribe symptomatic relief treatments: 73% prescribe A, 25% TCA, 17% SA, 32% HS, 9% H and 3% MD. A total of 94% of R recommend or prescribe other forms of treatment: 41% recommend acupuncture, 3% chiropractic treatment, 16% hypnotherapy, 45% spas, 12% osteopathy and 90% recommend relaxation techniques while 93% physical exercise, 80% swimming, 71% going on regular walks, 67% yoga, 49% stretching and 37% bicycling. CONCLUSIONS: Most R have an important number of patients suffering from FMS in their care. The prescribing of analgesics is not systematic (69% prescribe them as a fundamental treatment and 73% as a symptomatic one); whereas antidepressants are commonly prescribed, as is the recommendation of other alternatives (acupuncture, spas . . .). Physical exercise is also strongly recommended such as stretching or bicycling.