Arthritis (RA) group with a clinical classification category of CCG 202. They were matched with an equal number of respondents without RA as controls in order to minimize the risk of a selection bias, using greedy match propensity score method. Pre-disposing, enabling and need variables were matched using Chi-square tests for categorical variables and t-tests for continuous variables in SAS, version 9. Health-related quality of life instruments used were the Physical Component Summary (PCS) and Mental Component Summary (MCS-12) of the SF-12, the EuroQol EQ-5D and the EuroQol 5D index. t-tests in STATA (R) were used to measure group differences. RESULTS: Patients were statically matched on nine of ten variables. The mean (SD) PCS-12 scores for the RA and Non-RA groups were 43.4 (10.0) and 51.14 (0.0) and the mean (SD) MCS-12 scores for the RA and Non-RA groups were 47.50 (1.0) and 51.14 (1.0). All lower scores were significant at an a priori alpha value of 0.05. CONCLUSIONS: Lower scores on all measures indicate that non-institutionalized adults with self-reported Rheumatoid Arthritis (RA) have scored significantly lower health-related quality of life. PM556

EVALUATION OF FIBROMYALGIA PATIENTS IN A CLINICAL SETTING: A LITERATURE REVIEW. CAROLINE P. LOBO, BS, ANDREA PFALZGRAF, PHD, DUQUEENS UNIVERSITY, PITTSBURGH, PA, USA

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Fibromyalgia syndrome (FMS) is a multi-symptom disorder primarily characterized by pain. In addition to pain, other symptoms include fatigue, irritable bowel disorder, psychological disturbance like anxiety, depression, cognitive dysfunc. The ambiguity of the symptoms and their overlapping nature with other rheumatic disorders poses a huge problem in diagnosis. Meanwhile, patient’s quality of life (QoL) is compromised and deteriorates further. Hence, a thorough exploration in a clinical setting on assessment instruments using disease specific instruments are necessary. The present review aims to familiarize patients and clinicians for screening, evaluating, and monitoring FMS patients.

OBJECTIVES: To identify available validated disease-specific instruments to enable a comprehensive evaluation of fibromyalgia patients in a clinical setting. The execution of this review is to provide clinicians and researchers with summarized information on the available instruments and aid them in diagnosis of this disorder.

METHODS: A comprehensive literature review from January 1990 to June 2011 was conducted with the combination of following key words fibromyalgia, disease-specific, questionnaires, instruments etc. 58 articles that dealt with disease-specific instruments in FMS were identified of which 9 articles were included in the final review.

RESULTS: Only nine disease-specific instruments were identified in literature which can be classified as: a) Diagnostic tools (2 instruments); b) Qol, evaluation tools (6 instruments), and c) Disease knowledge assessment tools (1 instrument). Most instruments possess strong psychometric properties that have been tested in fibromyalgia patients. This review describes the instruments with respect to their psychometric properties, strengths, and limitations.

CONCLUSIONS: These instruments can serve as supplementary aids to researchers and clinicians for screening, evaluating, and monitoring FMS patients.

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TOWARDS PATIENT-CENTERED TELEMEDICINE DESIGN: ESTIMATING PATIENTS’ PREFERENCES OF TELEMEDICINE EXERCISE SERVICES USING A CONJOINT EXPERIMENT

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OBJECTIVES: Telemedicine is considered a potentially efficient and effective way to provide medical care to patients who are too far away to visit physicians in a hospital setting. To foster uptake of telemedicine exercise services and to improve treatment compliance, it is important that services address patients’ needs and preferences. Therefore, this study examines patients’ preferences of different telemedicine exercise services using a conjoint experiment.

METHODS: Implemented as part of a larger survey, preferences were estimated using a choice-based conjoint experiment, spanning six relevant attributes of telemedicine exercise services. Attributes were identified by means of qualitative interviews and an expert focus group and included a) exercise mode and location; b) presence of monitoring and feedback technology; c) counseling type; d) counseling frequency; e) flexibility of exercise hours; and f) willingness to accept as exercise pretreatment. The final survey included 32 items for each of the 15 choice tasks. The sample consisted of 15 choice tasks, consisting of two exercise service profiles and the other profile was the no exercise control. Attributes were indentified by means of qualitative analysis on the available instruments and aid them in diagnosis of this disorder.

RESULTS: Patients were statistically matched on nine of ten variables. The mean (SD) PCS-12 scores for the RA and Non-RA groups were 43.4 (10.0) and 51.14 (0.0) and the mean (SD) MCS-12 scores for the RA and Non-RA groups were 47.50 (1.0) and 51.14 (1.0). All lower scores were significant at an a priori alpha value of 0.05. CONCLUSIONS: Lower scores on all measures indicate that non-institutionalized adults with self-reported Rheumatoid Arthritis (RA) have scored significantly lower health-related quality of life. PM556