pain or bleeding completed a pain history and five PRO instruments (EQ-5D-5L, SF-36v2, International Physical Activity Questionnaire [IPAQ], and Hemophilia Activities List [HAL]) during routine clinic visits. To assess concordance of individual questionnaire items and correlation of domain/global scores using intraclass correlation coefficient (ICC), initial patients (target 125-150) were approached to sign the informed consent and fill their HRQoL PROs. The follow-up was arranged for 3-4 hour visit in a similar non-bloating state. RESULTS: After October 2013-October 2014, 381 patients enrolled, 164 (88% of initial 187) completed the retest. Median age of retest cohort was 39.9 years (Q1: 26.9; Q3: 54.6). Median time for completion of the initial survey with five PROs was 36.0 minutes and for the retest was 21.0 minutes. Median/mean time between tests was 1.5/1.6 hours. The majority of subjects had hemophilia A (74.4%) and were white-non-Hispanic (72.6%); 48.7% were married, 62.6% had some college or graduate-level education, 80.7% were employed, 85.9% were overweight or obese. HCV was more common than HIV (49.4% vs 16.5%); 61.0% were non-smokers; 33.7% had systolic blood pressure >140 mmHg; 17.9% had diastolic blood pressure >90 mmHg; 81.7% had BMI >25; and 61.0% were overweight or obese. HCV was more common than HIV (49.4% vs 16.5%); 61.0% were non-smokers; 33.7% had systolic blood pressure >140 mmHg; 17.9% had diastolic blood pressure >90 mmHg; 81.7% had BMI >25; and 61.0% were overweight or obese. Patients were recruited from a geographically representative sample in each country. APPROX, 5 consecutive eligible persistent active or relapse remitting SLE patients currently managed as part of usual care were identified within the study observation period to determine disease characteristics, lab values and treatment patterns. Patient disease status and humanistic burden was assessed by physician clinical judgment & patient interaction. Patients experiencing a flare were identified for analysis. RESULTS: Of 50 patients enrolled; 164 (88% of initial 187) completed the retest. Median age (years) was 5EU:45/FG:22/GER:41/SP:28. Mean age (years) was 5EU:40.6/UK:44.5/FR:39.3/GER:36.9/IT:41.0/SP:37.9; % female was 5EU:78%/UK:87.8%/FR:59%/GER:75%/IT:70%/SP:86%; % full-time employment was 5EU:33%/UK:20%/FR:32%/GER:30%/IT:50%/SP:43%; % part-time employment was 5EU:18%/UK:29%/FR:9%/GER:10%/IT:10%/SP:18%; % on sick leave was 5EU:17%/UK:9%/FR:23%/GER:25%/IT:15%/SP:9%; % on long-term illness benefit was 5EU:17%/UK:15%/FR:12%/GER:19%/IT:14%/SP:7%. Of 50 patients observed were musculoskeletal disorders: UK:9.3%/FR:4.5%/GER:65%/IT:65%/SP:82%, mucocutaneous (5EU:85%/UK:96%/FR:91%/GER:65%/IT:80%/SP:82%), haematological (5EU:59%/UK:80%/FR:74%/GER:91%/IT:87%), renal (5EU:33%/UK:33%/FR:23%/GER:50%/IT:45%/SP:21%) and pulmonary (5EU:27%/FR:38%/GER:5%/IT:35%/SP:32%). Percentage of patients with comorbidities were: cardiovascular (5EU:25%/UK:24%/FR:50%/GER:25%/IT:36%/SP:9%), gastrointestinal (5EU:22%/UK:17%/FR:65%/GER:10%/IT:37%/SP:37%), endocrine (5EU:6%/UK:7%/FR:31%/GER:10%/IT:15%/SP:10%), musculoskeletal (5EU:28%/UK:17%/FR:50%/GER:18%/IT:40%/SP:55%), neurological (5EU:28%/UK:17%/FR:50%/GER:18%/IT:40%/SP:55%), psychiatric (5EU:32%/UK:22%/FR:50%/GER:18%/IT:40%/SP:55%), and respiratory (5EU:12%/UK:7%/FR:31%/GER:10%/IT:15%/SP:10%).

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSYS1

CHARACTERISTICS OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) CURRENTLY EXPERIENCING FLARES IN CLINICAL PRACTICE SETTINGS IN EUROPE (EU) 2014

Narayanan S1, Hutchings R2, Ly V3

1Ipsos Healthcare, Columbia, MD, USA, 2Ipsos Healthcare, London, UK

OBJECTIVES: To assess the characteristics of SLE patients currently experiencing flares in Europe. METHODS: A multi-center retrospective medical chart review of adult (16-89 years) SLE patients was conducted in 1Q2014 among rheumatologists/internal medicine physicians in UK/FR/Germany/Italy/Spain (SEU). Patients were recruited from a geographically representative sample in each country. APPROX, 5 consecutive eligible persistent active or relapse remitting SLE patients currently managed as part of usual care were identified within the study observation period to determine disease characteristics, lab values and treatment patterns. Patient disease status and humanistic burden was assessed by physician clinical judgment & patient interaction. Patients experiencing a flare were identified for analysis. RESULTS: Of 50 patients enrolled; 164 (88% of initial 187) completed the retest. Median age (years) was 5EU:45/FG:22/GER:41/SP:28. Mean age (years) was 5EU:40.6/UK:44.5/FR:39.3/GER:36.9/IT:41.0/SP:37.9; % female was 5EU:78%/UK:87.8%/FR:59%/GER:75%/IT:70%/SP:86%; % full-time employment was 5EU:33%/UK:20%/FR:32%/GER:30%/IT:50%/SP:43%; % part-time employment was 5EU:18%/UK:29%/FR:9%/GER:10%/IT:10%/SP:18%; % on sick leave was 5EU:17%/UK:9%/FR:23%/GER:25%/IT:15%/SP:9%; % on long-term illness benefit was 5EU:17%/UK:15%/FR:12%/GER:10%/IT:14%/SP:7%. Of 50 patients observed were musculoskeletal disorders: UK:9.3%/FR:4.5%/GER:65%/IT:65%/SP:82%, mucocutaneous (5EU:85%/UK:96%/FR:91%/GER:65%/IT:80%/SP:82%), haematological (5EU:59%/UK:80%/FR:74%/GER:91%/IT:87%), renal (5EU:33%/UK:33%/FR:23%/GER:50%/IT:45%/SP:21%) and pulmonary (5EU:27%/FR:38%/GER:5%/IT:35%/SP:32%). Percentage of patients with comorbidities were: cardiovascular (5EU:25%/UK:24%/FR:50%/GER:25%/IT:36%/SP:9%), gastrointestinal (5EU:22%/UK:17%/FR:50%/GER:10%/IT:40%/SP:55%), endocrine (5EU:6%/UK:7%/FR:31%/GER:10%/IT:15%/SP:10%), musculoskeletal (5EU:28%/UK:17%/FR:50%/GER:18%/IT:40%/SP:55%), neurological (5EU:32%/UK:22%/FR:50%/GER:18%/IT:40%/SP:55%), psychiatric (5EU:32%/UK:22%/FR:50%/GER:18%/IT:40%/SP:55%), and respiratory (5EU:12%/UK:7%/FR:31%/GER:10%/IT:15%/SP:10%).