Abstracts

The Quality of Life of Sufferers of Osteoarthritis: The Impact of Treatment
Taieb C1, Roche R2

OBJECTIVES: The French public health law of 9 August 2004 took this need into consideration and provided for the implementation of a quality of life improvement programme for those affected by chronic illnesses. Furthermore, the 87th of the 110 Public Health objectives is aimed at “Improving the quality of life of those suffering from osteoarthritis” Describe what impact treating sufferers of osteoarthritis has on their quality of life.

METHODS: Quality of life was also evaluated for subjects suffering from gonarthrosis using the SF-12 score, which is an approved generic tool for determining the physical and mental state of health of populations.

RESULTS: A total of 256 subjects suffering from gonarthrosis were randomised into 2 groups: 127 randomised subjects were placed in the group treated with ACS Avian, and 129 randomised subjects in the group receiving the placebo. Upon inclusion, the PCS-12 scores were 36.43 and 36.64 for the group treated with ACS Avian and the group receiving the placebo respectively. The 2 groups were similar upon inclusion. After 6 months of treatment, the PCS-12 scores were 42.25 and 39.47 for the group treated with ACS Avian and the group receiving the placebo respectively. There was a statistically significant improvement in the physical dimension score of the group of patients treated with ACS Avian compared with that of the placebo group (p < 0.05). CONCLUSIONS: These various studies confirm the sharp deterioration in the physical dimension of quality of life of patients with gonarthrosis. This was a statistically significant improvement in the physical dimension score of the group of patients treated with ACS Avian compared with that of the placebo group. This data confirms the pertinence of both the public health objective fixed by the health authorities, and the use of ACA Avian in the treatment of osteoarthritis.

Relief of Pain and Symptoms in Knee Cartilage Defect Is Associated with Higher SF-36 Utility Scores: Data from a Prospective Randomized Trial of ChondroCelect®
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OBJECTIVES: Characterized Chondrocytes Implantation (CCI), a knee cartilage repair technique using an autologous cell therapy product (ChondroCelect®), results in better structural repair than microfracture as demonstrated in a prospective randomized clinical trial (Saris, Vanlauwe et al. 2008). The SF-36 questionnaire collected along the trial allowed the calculation of utility scores. This analysis aims to quantify the gap in utility levels by surgery outcome. METHODS: Patients were split by response status to the self-reported Knee injury and Osteoarthritis Outcome Score (KOOS) and pain Visual Analog Scale (VAS) regardless of the treatment received. Utility scores were derived from the SF-36 via a validated algorithm and compared between responders (overall KOOS increase >10%, VAS decrease >20% vs. baseline) and non-responders at Months 24, 30 and applications of these new instruments is the self-assessment, by patients, of their state of health. Quality of life is therefore readily taken into consideration today when assessing state of health, whether in terms of understanding the consequences of a pathology, comparing the impact of alternative strategies, or evaluating the effect of health policies. The 87th of the 110 public health objectives is aimed at “Limiting the disability and improving the quality of life of those suffering from osteoarthritis” Compare the level of quality of life in sufferers of osteoarthritis with that of the population in general and other pathologies.

METHODS: In order to evaluate the quality of life of osteoarthrosis patients, SF-12 scores were calculated for 301 patients suffering from femorotibial gonarthrosis and 1,945 representative subjects of the French population aged 15 and over. The SF-12 score is a generic tool used to assess the physical and mental state of health of populations. The higher the score, the better the quality of life. RESULTS: The average PCS-12 score was considerably lower in osteoarthrosis patients (36.08 ± 7.88) compared with that of the population in general (49.87 ± 5.32). MCS-12 scores were similar for both populations (48.88 ± 10.24 and 46.77 ± 9.69 respectively). There was a strong correlation between PCS-12 scores and those of the Lequesne algorithmic index (p < 0.0001), knee pain at rest (p = 0.0013) and in activity (p < 0.0001). There was a strong correlation between MCS-12 scores and those of the Lequesne index (p < 0.003), and at the limitation of the walking perimeter in particular. For comparison purposes, PCS-12 and MCS-12 scores for an American population were 46.47 and 52.99 respectively for hypertension, 40.02 and 51.15 for a cardiac accident, and 44.84 and 52.49 for type II diabetes. Little SF-12 data exists in France. A study carried out in 2002 on the benign hypertrophy of the prostate (BHP) gave PCS-12 and MCS-12 scores of 46 and 47.2 respectively. CONCLUSIONS: These studies confirm the sharp deterioration in the quality of life of patients with gonarthrosis, both compared with the population in general and compared with patients affected by other chronic pathologies. Deterioration of the physical dimension was observed, associated with pain and functional disability. The mental dimension of quality of life seemed less affected, and was associated with the limitation of the walking perimeter. This data confirms the pertinence of the 87th public health objective.

Public Health Objective: The Quality of Life of Sufferers of Osteoarthritis Finally Taken into Consideration
Taieb C1, Roche R2

OBJECTIVES: Over the last few years, in addition to traditional mortality and morbidity indexes, new measuring instruments for assessing state of health have been developed. One of the examination and laboratory data. In this cohort, we evaluated QOL of RA patients using EQ-5D, and then analyzed the factors that influenced on EQ-5D by the analysis of variance. The factors analyzed here were gender, age, disease duration, disease activity, disability, and comorbidity. RESULTS: In September 2007, a total 5,023 RA patients (female 84.2%, average 58.0 years-old, average disease duration 11.3 years, rheumatoid factor positive 74.8%, patients taking steroid, methotrexate and biologics were 51.0%, 63.6%, and 4.3%, respectively) answered the questionnaire of EQ-5D. The factors and the percentage of their contributions on EQ-5D were as follows: i) disability assessed by JHAQ (Japanese Health Assessment Questionnaire): 57.6%, pain VAS (visual analog scale): 12.5%, female: 6.1%, joint surgery: 5.9%, non-orthopedic surgery: 5.4%, duration of disease: 1.8% and occurrence of fractures: 1.3%. CONCLUSIONS: QOL of RA patients is deeply influenced by the disability together with comorbidity. Management for the control of both disease activity and comorbidity is crucial.

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