IMPROVED QUALITY OF LIFE AMONG RELAPSING-REMITTING MULTIPLE SCLEROSIS PATIENTS TREATED LONG-TERM WITH GLATIRAMER ACETATE
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OBJECTIVE: To compare health-related quality of life (HRQoL) among relapsing-remitting multiple sclerosis (RRMS) patients receiving long-term glatiramer acetate (GA) treatment with those having similar disease duration but remaining untreated or treated short-term with GA or beta-interferons.

METHODS: Patients followed in year nine of the prospective, open-label continuation of the US pivotal study of GA were consented for this cross-sectional survey (GA Group) at office visits. MS Surveys were presented for home completion and mail-back. Concurrent RRMS comparators from the North American Research Committee on MS registry were selected by matching 4:1 (untreated) and 1:1 (per treatment) on gender, education level, present age +2 years, and duration of MS (years). Returned postcards affirming participation prompted mailed MS Surveys. Each survey included the validated MS Quality of Life Inventory (MSQLI), and Goodin’s MS Questionnaire (disability), satisfaction with life, health, therapy, and sociodemographic characteristics. Matched pair comparisons used Hotelling multivariate T-square analysis and McNemar’s test.

RESULTS: Response rates were 94.8% for GA Group and 78.4% for comparators. The GA Group reported significantly more life satisfaction (Mean [M]: 2.20 vs. 3.03; 95% CI = 0.03, 1.45) and better health on the Mental Component Summary score (M: 49.55 vs. 44.59; 95% CI = –0.43, –0.09) of the SF-36 in the MSQLI than matched untreated comparators. Relative to matched comparators treated with short-term GA or beta-interferons, the GA Group had significantly lower mean disability scores and better health on the Physical Component Summary score of the SF-36 and they reported greater satisfaction with therapy. CONCLUSION: This comparative study of HRQOL suggests that patients with RRMS who have been treated with GA long-term have realized more life satisfaction and better mental health than those with a similar disease duration who remain untreated, and their physical function may be better than those who have been treated short-term with GA or beta-interferons.

ASSOCIATION BETWEEN CHANGE IN OVERALL QUALITY OF LIFE (QOL), DISEASE LEVEL AND FUNCTIONAL STATUS SINCE NATALIZUMAB INITIATION
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OBJECTIVE: To assess multiple sclerosis (MS) patient-reported experiences with natalizumab (TYSABRI) in a real-world setting.

METHODS: MS patients who received their 3rd natalizumab infusion and were enrolled in the manufacturer’s restricted distribution program (TOUCH), participated in a 20-minute cross-sectional internet or telephone survey. Patient-reported measures included an adapted version of the Multiple Sclerosis Impact Scale-29 (MSIS-29), pre/post disease level and functional status scores and prior MS drug use. MSIS-29 responses were modified to measure patient-perceived change since initiating natalizumab. Paired t-tests assessed pre/post changes in disease level and functional status, where positive change indicated improvement.

RESULTS: Results from 319 patients in this ongoing survey (expected n ≥ 400) indicated that 75% were female and, on average, were diagnosed with MS over 11 years ago. Almost all (97%) patients used ≥1 MS drug before natalizumab. The most frequently used drugs were: interferon beta-1a (Avonex) (67%), glatiramer acetate (Copaxone) (49%), interferon beta-1b (Betaferon) (36%) and interferon beta-1a (Rebif) (35%). Despite the short treatment duration, there were significant improvements in disease level (0.30 ± 1.13; t = 4.78; p < 0.001) and functional status (0.36 ± 0.80; t = 7.96; p < 0.001). MSIS-29 items with greatest reported improvement since initiating natalizumab were: “worries related to MS” (66%), “feeling unwell” (64%), ability to do “physically demanding tasks” (63%), “problems with balance” (61%), “feeling mentally fatigued” (61%) and “difficulties moving about indoors” (60%). Items with least reported improvement were: “tremors of your arms or legs” (49%), “being stuck at home” (49%), “problems sleeping” (49%) and “problems using transport” (42%). On average, patients reported improvement on 13 of 29 (45%) MSIS-29 items. CONCLUSION: After only 3 months on natalizumab, patients reported improvements on MSIS-29 items, disease level and functional status. While preliminary, these early results are suggestive of natalizumab’s beneficial effect on patients and warrant further long term investigation of its impact on patient outcomes in a real-world setting.