baseline and follow ups (experienced-Infliximab group, IQE) and those who were not treated with Infliximab at baseline but went on Infliximab treatment at the follow up (new-Infliximab group, NIG). RESULTS: Of the 427 RA patients, 48 (11.2%) used Infliximab before, 83% were female, and the average age was 45 years old. The average duration of RA was 6 years, with almost 40% patients suffering RA more than 5 years. At baseline, the mean scores reported from the patients in IQE were: mean SF-36 score, pain 45, HAQ 0.65, MCS 47 and PCS 38, which were all significantly better than those in patients in NIG. After 14 weeks Infliximab treatment, NIG patients improved significantly in morning stiffness (-5.5 mm), pain (-3.8), HAQ (-0.6), MCS (-16.2) and PCS (-15.6) than baseline (all P<0.0001). CONCLUSIONS: RA patients using Infliximab have better quality of life and daily living function activities than those not using Infliximab before. Our findings also indicate that, it is essen-
tial to continue or initiate treatment with Infliximab to improve outcomes and quality of life in RA patients in China.

PMS23

QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS IN AN URBAN POPULATION OF CHINA

He DY1, Yao Z2, Zhao N1, Ning Y1, Han C1
1Shanghai Guanghua Integrative Medicine Hospital, Shanghai, Shanghai, China, 2Fudan University First Hospital Address, Beijing, Xicheng District, China, 3Janssen Global Services Limited, Malvern, PA, USA, 4Xian-Janssen Pharmaceutical Ltd., Beijing, Chaoyang District, China, 5Cenvoco Ortho Biotech Services, LLC, Horsham, PA, USA

OBJECTIVES: To report results of HRQOL in Chinese patients with rheumatoid arthritis (RA) and ankylosing spondylitis (AS). METHODS: Adult patients >18yrs diagnosed with RA or AS were recruited through referrals by physicians in 11 cities, 1 in Beijing and 10 in China: Beijing, Shanghai, Guangzhou, Tianjin, Nanjing, Hangzhou, Shenyang, Chengdu, Taiyuan, and Shijiazhuang. Patients should have worked and stayed in the city >1yr. Disease severity was classified as mild, moderate and severe based on patient’s subjective assessment. A Chinese version of Short Form-36 (SF-36) version 2 was completed by patients. A norm-
ated scoring method developed from Chinese population (Hong Kong) was used to derive 8 subscales: physical functioning(PF), role-physical(RP), bodily pain(BP), gen-
eral health(GH), vitality(VT), social functioning(SF), emotional role(ER), and mental health(MH); and physical and mental component summary(PCS and MCS) scores. Each score ranges from 0 to 100 with higher scores representing better HRQOL.

Descriptive statistics are presented. RESULTS: Adult patients with RA(N=250, 94 male and 156 female) and AS(N=150, 81 male, 69 female) were enrolled and completed the SF-36 questionnaire. Overall, patients demonstrated low scores (<50 in all 8 SF-36 subscales, especially in PF (31.3 ± 16.7 vs 32.4 ± 15.1), RP (47.4 ± 9.4 vs 50.1 ± 10.0), health(MH); and physical and mental component summary(PCS and MCS) scores. Each score ranges from 0 to 100 with higher scores representing better HRQOL.

CONCLUSIONS: SF-36 scores in Chinese pa-

PMS24

A SYSTEMATIC REVIEW OF EXISTING UTILITY WEIGHT ESTIMATES IN RHEUMATOID ARTHRITIS

Feng J, Campbell S, Norris S
Springer, Sydney, NSW, Australia

OBJECTIVES: Cost-utility analysis is increasingly important to market access deci-
sions in a growing number of countries including Australia. The ability to attach utility values to health states is an essential component of cost-utility analysis. The primary aim of this review was to identify appropriate utility weights in rheuma-
toid arthritis (RA) in Australia. The review also aimed to evaluate existing quality of life (QoL) measures used in RA and identify the key issues associated with the use of these measures. METHODS: Systematic methods were used to search the En-
lish language literature for studies reporting health-related utilities for RA. The literature search covered a wide range of electronic databases (EMBASE, Medline, Cochrane Library), and included literature from the inception of database to Janu-
ary 2012. RESULTS: The search identified 28 studies: 2 from Australia and 26 from other countries. Both Australian studies reported mean EQ-5D utility values for Australian patients with RA. One of the Australian studies also found that the HAQ scores explained more of the variance in the HUI3 derived than EQ-5D derived utility weights, and that RA affected joint counts had negligible explanatory power for patient utility. Review of the other 26 studies found that a variety of QoL instru-
ment was used and the utility instruments were found to be valid measures for QoL in patients with RA and appeared to adequately discriminate across levels of RA severity. Nevertheless, each instrument revealed strengths and weaknesses, which prevented the recommendation of one instrument in favour of the other. CONCLUSIONS: The use of a case analysis was performed with the intention of un-
certainty about the evidence base that informs cost-utility analyses in this disease area. There is no conclusive evidence to date as to which measure is the best for use in RA.