

rized from 1 to 3 in “no”, “quite” and “a lot of expectations”. The ANOVA test was used to evaluate the impact of the expectations on the measured outcomes. **RESULTS:** There were 884 patients (360 hips and 524 knees) who replied the two times. In all the physic-functional expectations items patients showed statistically significant improvements in all HRQOL dimensions except in the Mental Component Summary (MCS) of the SF-12, observing an ascending gradient, so the higher the prior-surgery expectations are, the greater the improvement is, at 12 months post-surgery. Regarding the two questions about social expectations, in both of them the results were equal to the physic-functional expectations in all dimensions. The question about psychological expectations keeps on showing this significant improvement in all the dimensions with the same ascending gradient **CONCLUSIONS:** Patient expectations prior-surgery were important predictors of improvement outcomes in health related quality of life at 12 months after THR and TKR.

**PMS49****HEALTH-RELATED QUALITY OF LIFE (HRQL) OF MODERATE TO SEVERE RHEUMATOID ARTHRITIS (RA) PATIENTS IN GREECE: PRELIMINARY RESULTS FROM THE HEOR STUDY**

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**OBJECTIVES:** In a study aimed at measuring the effectiveness of Adalimumab in HRQL of moderate to severe RA patients as prescribed by rheumatologists in normal clinical setting in Greece we examined the HRQL levels and the correlation among HRQL measures in RA patients. **METHODS:** An open label, 52-week follow-up study of 120 patients is being conducted in ten hospitals. In total, 36 RA patients are so far enrolled and 21 CRFs have been collected. Two generic instruments—the EQ-5D Questionnaire and the Medical Outcome Study (MOS) Short-Form 36 (SF-36)- and one disease-specific—the Health Assessment Questionnaire (HAQ)—were implemented. Correlation analysis was used to identify the relationship among HRQL measures, and reliability analysis to test internal consistency. **RESULTS:** RA patients' mean age was 58.5 years (Std.D. 10.8), while 81% were women. The mean values of the SF-36 scales were: VT 35.2 (Std.D. 33.3), SF 48.2 (Std.D. 38.8), RE 34.9 (Std.D. 47.6), MH 48.7 (Std.D. 21.6), PF 34.5 (Std.D. 22.6), RP 11.9 (Std.D. 28), BP 33.5 (Std.D. 18.6), GH 38.5 (Std.D. 19.7). 81% of RA patients had moderate mobility problems and 61.9% with self-care. Moderate problems in doing usual activities had 81%, while 42.9% complained about pain/discomfort. 14.3% of RA patients were extremely anxious/depressed. The mean VAS value was 28.6 (Std.D. 27.5), while mean HAQ score 1.2 (Std.D. 1.3). A statistically significant correlation was found between HAQ and all the SF-36 scales. Correlation coefficients ranged from -0.471 (GH) to -0.786 (PF) at level 0.01. HAQ was strongly correlated with the mobility ( $r = 0.531$ ), self-care ( $r = 0.546$ ), and usual activity ( $r = 0.513$ ) of the EQ-5D at level 0.05. Cronbach' alpha coefficients for HAQ, SF-36 and EQ-5D were 0.856, 0.879 and 0.552 respectively. **CONCLUSIONS:** RA patients recorded significantly low levels of HRQL. The study reveals a statistically significant correlation among HAQ, SF-36 and EQ-5D.

**PMS50****FRACTURE INCIDENCE AND CHANGES IN QUALITY OF LIFE AND BACK PAIN IN WOMEN WITH OSTEOPOROSIS TREATED WITH TERIPARATIDE: EUROPEAN FORSTEO OBSERVATIONAL STUDY (EFOS) 18 MONTH RESULTS FROM PATIENTS ENROLLED IN FRANCE**

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**OBJECTIVES:** To describe the clinical fracture outcomes, health related QoL and back pain (BP) in postmenopausal women with osteoporosis treated with teriparatide (Forsteo®) in France. **METHODS:** European, prospective, observational study of 36 month duration (18 months: active treatment phase and 18 months: post-treatment follow up) in postmenopausal patients with osteoporosis that received a prescription of teriparatide. Clinical fragility fractures, QoL measured by EQ-5D and BP by a Visual Analogue Scale (VAS) and a questionnaire were collected. **RESULTS:** Among 309 patients enrolled in France, 223 (72.2%) patients completed the 18 month visit. Follow-up data were available for 292 (94.5%) patients. At baseline, mean (SD) age was 74.5 (7.4) years, 96.8% of patients had 2 or more prevalent fractures occurred after age 40, the mean number of fractures (SD) was 4.2 (1.7) and median number was 4.0 (inter-quartile range 3.0–5.0). During the study, 43 women (14.7%) sustained a total of 48 incident fractures (50.0% clinical vertebral, 50.0% non-vertebral). Between baseline and 18 months visit, EQ-5D Health State Values improved in 63.2% of patients and median (Q1;Q3) values increased from 0.52 (0.03;0.69) to 0.69 (0.52;0.76). Back pain improved between baseline and 18 months visit: Percentage of patients suffering from back pain everyday or almost everyday decreased from 76.6% to 31.4%, moderate or severe back pain from 93.1% to 66.5%, severe activities limitations from 46.9% to 12.6%. Mean back pain intensity (VAS [SD]) decreased from 56.2 (24.9) mm to 34.1 (22.5) mm and was improved in 70.3% of patients who had a baseline intensity over 67 mm. **CONCLUSIONS:** French patients with osteoporosis were treated with teriparatide. These patients had severe osteoporosis associated with back pain which impacted on daily activities Improved quality of life and back pain were observed during teriparatide treatment and 14.7% of patients had a new fracture.

**PMS51****MAJOR DETERMINANTS OF EUROQOL (EQ-5D) IN PATIENTS WITH RHEUMATOID ARTHRITIS BASED ON A LARGE JAPANESE COHORT IORRA**

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**OBJECTIVES:** To maintain good quality of life (QOL) is an important goal in the management of patients with rheumatoid arthritis (RA). Since QOL of RA patients is influenced by many factors, we quantitatively measured QOL of RA patients based on Japanese version of EuroQoL (EQ-5D), and we analyzed the major determinants of EQ-5D in RA patients using a large observational cohort of RA patients in Japan. **METHODS:** IORRA (Institute Of Rheumatology Rheumatoid Arthritis) is an observational cohort of RA patients established in the Institute of Rheumatology Tokyo Women's Medical University since 2000. Essentially all RA patients who consulted there were registered, and clinical parameters including the disease activity, use of drugs and the occurrence of adverse events in daily clinical settings were assessed biannually based on patient's report, physician's