OBJECTIVES: Five methods of measuring BLISS attainment using four pre-specified threshold levels of pain were able to statistically discriminate between treatment groups. This method may potentially provide an approach, to defining which patients not only improve but also achieve a good state of health, at low and very low levels of pain intensity. BLISS –10 is a therapeutically attainable very low symptom state at which clinically important, statistically significant between group differences are detectable, and therefore may provide a benchmark against which therapeutic interventions can be assessed. However, the value to patients, of this and other low and very low intensity pain states, requires further elaboration.

PAR16

CAN OSTEOARTHRITIS PATIENTS EVALUATE TRADEOFFS BETWEEN NSAID RISKS AND BENEFITS?
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OBJECTIVE: To evaluate osteoarthritis (OA) patients’ ability to state valid preferences for tradeoffs between treatment-related serious adverse events (SAEs) and specified treatment benefits.

METHODS: A web-enabled, choice-format, conjoint or stated-preference survey was developed to elicit OA patients’ willingness to accept tradeoffs between SAE probabilities and treatment efficacy. The treatment attributes included in the tradeoff tasks employed graphical elements indicating pain and stiffness severity on a continuous visual analog scale, mild-to-moderate gastrointestinal (GI) symptoms measured by type of intervention required, and bleeding ulcer, heart infarct, and stroke probabilities shown numerically and visually on a 100-square grid. The instrument was pretested with a convenience sample of 8 OA patients and administered to a sample of OA patients in a large-scale pilot survey. Random-parameter logit estimates were used to calculate maximum acceptable 10-year MAR various levels of clinical benefit. RESULTS: A total of 156 patients completed the pilot survey. Only 4% of subjects failed the irrational-choice and 14% failed the cross-question monotonicity internal validity tests. Patients discriminated successfully among pain and SAE risk levels. Mild-to-moderate gastrointestinal side effects had no significant effect on treatment choices. Pain control was about twice as important as control of stiffness, and stroke likelihood was the most important SAE risk. Maximum acceptable risk (MAR) increased as expected with greater therapeutic benefits and decreased inversely with the importance of SAE risks. Mean MAR for a maximal improvement from moderate daily symptoms to full symptom control was significantly greater than 0.05 for ulcer, infarct, and stroke (p < 0.001 for all). CONCLUSIONS: All medical interventions carry risks of adverse outcomes that must be evaluated against their clinical benefits. OA patients in this pilot study indicated they were willing to accept SAE risks in excess of clinical levels for sufficiently large improvements in symptom control.

PAR17

A COMPARISON OF HEALTH RELATED QUALITY OF LIFE (HRQoL) OF PERSONS WITH AND WITHOUT ARTHRITIS OR CHRONIC JOINT SYMPTOMS (CJS)
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OBJECTIVES: To characterize health related quality of life (HRQoL) among persons with and without arthritis or chronic joint symptoms (CJS). METHODS: Data obtained from the 2004 Behavioral Risk Factor Surveillance Survey (BRFSS), an ongoing, state-based, random-digit-dialed telephone survey of non-institutionalized persons aged ≥18 years conducted in all states. Data from nine states (54,116 participants) were included in the analysis as these states had included both components of arthritis and HRQoL measures (mental, physical, and poor health) in the 2004 survey. Multiple linear regression analyses were used to examine the associations between selected sociodemographic and behavioral determinants and HRQoL among participants with arthritis or CJS. RESULTS: Of the respondents 32% had been diagnosed with some form of arthritis by a health care professional and 46% had joint pain in the past 30 days. The respondents with arthritis had a mean of 6.75 physically and 4.58 mentally poor days and 6.41 poor health days during the past 30 days compared with 2.29, 3.14, and 2.76 among those without arthritis. Only 36.9% of participants with arthritis reported very good general health versus 60.9% of respondents without arthritis (p = 0.000). For each unit of age increase of participants with arthritis there was an increase in physical, mental, and poor unhealthy days. Based on WHO’s classification of obesity, the respondents with arthritis included approximately 30.9% normal weight, 37.3% overweight, 27% obese, and 4.7% severely obese respondents. Regression analysis indicated that severely obese, obese, and over weight experienced more unhealthy physical and poor days than respondents with normal weight. Active men and women were less likely to report poor unhealthy days compared with those who did not exercise in the past 30 days. CONCLUSIONS: Findings indicate that persons with arthritis or CJS experience a decrease in HRQoL as compared to those without arthritis.

PAR18

HEALTH-RELATED QUALITY OF LIFE (HRQL) IN OSTEOARTHRITIS: A SYSTEMATIC REVIEW TO ASSESS THE MEASUREMENT PROPERTIES OF THE WOMAC (WESTERN ONTARIO MCMASTER OSTEOARTHRITIS INDEX) FOR DISCRIMINATIVE AND EVALUATIVE RESEARCH
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OBJECTIVES: Osteoarthritis is prevalent and debilitating disease that affects nearly 21 million Americans. For clinicians to assess the impact of treatment strategies require reliable, valid and interpretable measures. We conducted a systematic review of WOMAC which is a disease specific instrument measuring HRQL of patients with osteoarthritis. The review considered the evaluative, discriminative properties and interpretability of the instrument. The last systematic review was published in 2001. METHODS: A structured literature review was performed to identify evidence related to measurement properties (reliability, internal consistency, responsiveness, and interpretability) of WOMAC using two databases (MEDLINE and HealthSTAR) from 1982 to December 2005. We included randomized controlled trials and observational studies. RESULTS: Of 377 and 137 papers, 14 met the inclusion criterion. Discriminative: We found high reliability (correlation coefficients) for domains of pain and physical function (>0.7), compared to the stiffness domain (0.6). All domains had generally high construct validity in differentiating among patients with better/worse HRQL. The internal consistency (Cronbach’s alpha) was high (>0.8). WOMAC generally had high construct validity. Responsiveness varied by domain and by intervention. WOMAC was more responsive in patients who underwent total hip or knee arthroplasty compared to other interventions. We found that the physical function domain was more responsive than other domains.

Abstracts

ARTHRITIS—Patient Reported Outcomes

symptom control.

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