IMPROVED QUALITY OF LIFE AND DECREASED USE OF HEALTHCARE RESOURCES ARE MAINTAINED DURING 3 YEARS OF GROWTH HORMONE (GH) SUBSTITUTION IN HYPOPITUITARY ADULTS WITH GH DEFICIENCY
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OBJECTIVES: To investigate whether the improved well-being and quality of life (QoL) and decreased use of healthcare resources seen during the first year of GH substitution therapy in GH-deficient adults are maintained over subsequent years of treatment.

METHODS: Data were analysed from 237 Swedish hypopituitary adults with GH deficiency (GHD) who had received 2 (n = 196) or 3 (n = 130) years of GH replacement therapy (mean dose, 0.43 mg/day). All patients (117 men, 120 women; mean age at baseline, 51.5 years; range, 35–69 years; 141 (60%) with at least three additional hormone deficiencies, and 16 with isolated GHD) were included in KIMS (Pharmacia International Metabolic Database)—a pharmacoepidemiological survey of adults with GHD. None had previously received GH replacement in childhood. Eighty-five (36%) had had <10 years of formal education; 142 (60%) were in full or part-time work, and 39 (17%) had taken early retirement or were receiving a disability pension. QoL was assessed using AGHDA—a disease-specific questionnaire—and the generic PGWB index. Information on the patients’ social situation and well-being was obtained from a patient life situation form. Statistical analysis was by repeated measurements regression.

RESULTS: A significant subjective improvement in well-being was noted by 78% of patients after 1 year and by 86% after 3 years. QoL (both AGHDA and PGWB) showed statistically significant improvements after 1 year, which were sustained for up to 3 years. The VAS score for leisure-time activity also increased significantly during the whole follow-up period, as did patients’ satisfaction with their level of physical activity. Use of healthcare resources (days of reported sick-leave and doctor visits) decreased significantly during the first year of treatment.

CONCLUSIONS: Three years of GH treatment in adults with GHD has a sustained positive effect on well-being, QoL and physical activity, and decreases the consumption of healthcare resources.

A RANDOMIZED, OPEN-LABEL PREFERENCE STUDY OF GENRAF® COMPARED TO NEORAL® IN STABLE SOLID-ORGAN TRANSPLANT RECIPIENTS
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Studies in healthy volunteers and renal transplant recipients indicated that Gengraf (Abbott: cyclosporine capsule, USP Modified), had less negative attributes than Neoral (cyclosporine capsule, USP Modified). Prior research indicated patient dissatisfaction with smell, odor, taste and size of CsA capsules.

OBJECTIVE: The objective of the PREFER Study was to evaluate CsA capsule preference using a validated CsA Capsule Satisfaction Survey (CCSS) that measured the impact of CsA attributes: odor, swallowability, taste, breath and body odor on patient satisfaction.

METHOD: 1932 stable, solid-organ transplant recipients (294 heart; 1420 kidney; 154 liver; 64 other) taking stable doses of Neoral were randomized to Gengraf or Neoral, (9:1) on day 1. Subjects completed a pre-randomization, day 1, baseline CCSS and day 28, Final CCSS.

RESULTS: Subjects switched to Gengraf showed statistically significant improvement of the six CsA Capsule attributes and expressed preference for Gengraf over Neoral. P-values for satisfaction of subjects switched to Gengraf from Neoral were <0.001 in each of the attributes of capsule odor, swallowability, taste, halitosis, body odor, and overall score. Final preference outcomes of the CCSS showed the preference for Gengraf over Neoral in the attributes studied as follows (equal preferences not shown): 66.3% versus 7% for capsule odor, 51.5% versus 6.7% for swallowability, 57.1% versus 6.5% for taste, 52.5% versus 5.8% for associated halitosis, and 48.4% versus 5.3% for associated body odor. Based on overall experience, 61.9% preferred Gengraf and 13.7% preferred Neoral.

CONCLUSION: In conclusion, in this study, when comparing CsA attributes of odor, ease of swallowing, taste, halitosis, and body odor, transplant patients prefer Gengraf to Neoral. Further evaluation is necessary to determine the impact on long-term compliance.

STUDY OF SF-36V.2 IN A MONTANA NATIVE AMERICAN POPULATION
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