treatment and those which didn’t need it. It also showed to be sensitive to changes in patients’ treatment effectiveness after a 30 days follow up. CONCLUSIONS: A psychometrically valid and conceptually equivalent version of the ARTS questionnaire has been produced to explore satisfaction with treatment in patients with osteoarthritis in Spanish speaking countries.

PAR18

ASSESSMENT OF HEALTH STATUS IN A NATIONAL SAMPLE OF U.S. OSTEOARTHRITIC PATIENTS

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OBJECTIVES: To describe the impact of osteoarthritis (OA) on patients’ HRQL and examine preference-based health state differences by patient characteristics in a national sample of U.S. adults. METHODS: This retrospective study compared perceived health status and HRQL among osteoarthritis patients (OAP) in the 2000 Medical Expenditure Panel Survey. Patients ≥18 years who reported having osteoarthritis (ICD-9-CM = 715) were included. Non-OAP were matched on age, gender and race with OAP. Patients with other and unspecified disorders of joints (ICD-9-CM = 719) were selected for further comparison. HRQL responses to SF-12 and EQ-5D were compared among these groups. Perceived health status was analyzed using SF-12 PCS and MCS scores. Preference-based health states were analyzed using EQ-5D utility scores. PCS, MCS and EQ-5D utility scores were analyzed using ANCOVA, adjusting for number of comorbidities. ANOVA and t-test were used to determine if patients’ utility scores differed based on demographic characteristics. RESULTS: The mean EQ-5D Utility score (0–1 scale, 0 = death, 1 = perfect health) was significantly lower for OAP (0.5767 vs. 0.7387, p < 0.0001) and 5% of OAP rated their health state as worse than death. Among OAP, there were no significant differences in utilities by demographic characteristics. The proportion of OAP reporting impairment was highest for the Pain/Discomfort dimension (91.5%), Except for Self Care (12%), the proportion of OAP reporting impairments on the other EQ-5D dimensions was substantial: Mobility (64.1%), Usual Activities (60.7%) and Anxiety/Depression (43.6%). The mean PCS score (0–100 scale, 0 = worst health imaginable, 100 = perfect health) was significantly lower for OAP (36.464 vs. 43.223, p < 0.0001). CONCLUSIONS: OA has a significant impact on multiple dimensions of HRQL. OAP reported lower preference-based health states and physical functioning when compared to non-OAP. OAP perceive their overall health status to be poor. These findings indicate that therapeutic effectiveness should include HRQL.

PAR27

ASSESSMENT OF QUALITY OF LIFE (QOL) IN ADULTS WITH JUVENILE IDIOPATHIC ARTHRITIS (JIA) DIAGNOSIS IN MEXICO: THE DISABILITY IMPACT

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OBJECTIVES: To evaluate the quality of life measured by SF 36 in adults with juvenile idiopathic arthritis diagnosis and its association with clinical characteristics and functional status. METHODS: Sixty consecutive out patients of the rheumatology unit with juvenile idiopathic arthritis of National Rehabilitation Center (CNR) were included. For this analysis those >16 years old were included. All of them were invited to fulfill a SF-36, BASFI, and HAQ-Di questionnaires. Descriptive analysis, correlations test, Fisher exact and U Mann-Whitney’s test were applied. We compared our group with non health services users from publication sources. RESULTS: In total, 30/60 patients were included in the analysis, 56% were female, mean age 27 ± 7 years old and HAQ-DI 1.08 (range 0–3), 73% had >0.6 HAQ score (moderate-severe disability), 90% had BASFI score >5 (severe disability), 86% had any articular limitation and 48% had previous surgery. The most frequent was total hip replacement. Two groups were separated into polyarthicular juvenile idiopathic arthritis (60%) and oligoarthicular juvenile idiopathic arthritis (AIJ and JAS respectively). Both groups had functional and quality of life index significantly affected (p = 0.000). There were no differences between SF-36 affected dimensions in both groups. CONCLUSIONS: Although physical health related QOL was worse in patients with PAIJ, patients with PAIJ and JAS experienced limitations in physical role functioning, and both groups had worse QOL scores (specially Emotional Role, Social Functioning and General Health Perception) than controls.

ARTHRITIS

ARTHITIS—Health Policy

PAR19

SURVEY OF GLOBAL FIBROMYALGIA MANAGEMENT BY FRENCH RHEUMATOLOGISTS IN 2003

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OBJECTIVES: A description of the management by French rheumatologists (R) of patients suffering from fibromyalgia (FMS). METHODS: A questionnaire was sent to all practicing R in France (estimated at 2500). RESULTS: Four-hundred and eighteen (418) questionnaires were returned (16.7% response rate). Two-hundred random responses gave the following profile of the R: male 68%, mean age 49.3. Our R population is equivalent to the national profile (1). A total of 70% of the R declared treating FMS patients, 82% of which have 5 or more patients, 55% 10 or more. Each R has an average of 30 FMS patients and 94% affirm prescribing fundamental treatments to their FMS patients: 69% prescribe analgesics (A), 79% tricyclic antidepressants (TCA), 44% serotoninergic antidepressants (SA), 33% hypnotics/sedatives (HS), 5% homeopathic treatments (H) and 2% morphine derived treatments (MD). Ninety percent (90%) prescribe symptomatic relief treatments: 73% prescribe A, 25% TCA, 17% SA, 32% HS, 9% H and 3% MD. A total of 94% of R recommend or prescribe other forms of treatment: 41% recommend acupuncture, 3% chiropractic treatment, 16% hypnotherapy, 45% spas, 12% osteopathy and 90% recommend relaxation techniques while 93% physical exercise, 80% swimming, 71% going on regular walks, 67% yoga, 49% stretching and 37% bicycling. CONCLUSIONS: Most R have an important number of patients suffering from FMS in their care. The prescribing of analgesics is not systematic (69% prescribe them as a fundamental treatment and 73% as a symptomatic one); whereas antidepressants are commonly prescribed, as is the recommendation of other alternatives (acupuncture, spas . . .). Physical exercise is also strongly recommended such as stretching or bicycling.