items related to the financial aspect of caring. The objective was to test the French translation of the FQ III and evaluate its content validity considering the local health care system. METHODS: A systematic search was conducted from 1990 to 2010 using PUBMED, EBSCOhost, OVID, and ScienceDirect databases. The search was limited to English language and key search terms (e.g., fibromyalgia, quality of life) were used to identify articles of interest. Articles identified were further screened to exclude clinical studies, review papers and studies that discussed development of QoL instruments. RESULTS: The search yielded 74 articles out of which 40 were included in the final review. An additional 11 generic instruments, 6 disease-specific instruments, and 2 condition-specific instruments that were used in fibromyalgia. Short Form 36 was the most commonly used generic instrument. Among disease-specific instruments, Fibromyalgia Impact Questionnaire (FIQ) was the most commonly used and has 10 domains (physical functioning, feeling well, work missed, job ability, pain, fatigue, morning tiredness, stiffness, anxiety, depression). FIQ was found to have test-retest reliability (Pearson’s r = 0.56-0.95) and construct validity. Beck Depression Inventory was most commonly used condition-specific instrument. Most of the reviewed studies assessed pain, fatigue, and sleep disorders using visual analog scale. CONCLUSIONS: Fibromyalgia has a profound impact on patients’ quality of life. Among the QoL instruments reviewed, FIQ justifies its use in research and clinical practice given its varied domains and strong psychometric properties.

**PMG45**

**WILLINGNESS TO PAY FOR OSTEOPOROSIS TREATMENT TO PREVENT FRACTURE IN KOREAN POPULATION**

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OBJECTIVES: To examine willingness-to-pay (WTP) and factors influencing WTP for treatment to prevent osteoporotic fractures with the stated preference data in Korean population. METHODS: A patient questionnaire was administered via a trained interviewer to adult Korean general population. Subjects were selected by a non-probability sampling via a quota-sampling to reflect the national distribution of gender and age in Korea. Each respondent answered questions about eight different scenarios, each of which specified as different types of fracture (hip and verteb- ral) and different conditions of treatment (high efficacy, 100% efficacy, 50%), and subjects to whom fracture occurred (self and family). WTP per annum was elicited with an open question per scenario. The demographic characteristics of respondents were also collected. A multivariate regression using a generalized linear model with a gamma distribution and log-link function was performed to identify factors influencing the level of WTP. RESULTS: Of one hundred and one respondents who completed the survey, the average of WTP per annum for respondent itself was $550 USD and $1,125 USD for treatment with 10% and 50% efficacy to reduce vertebral fracture risk, respectively. Similarly, the average of WTP per annum for respondent’s family member was $683 USD and $1,333 USD. The annual WTP for respondent itself was $1,017 USD and $1,950 USD for treatment with 10% and 50% efficacy to reduce hip fracture risk, respectively. Education level, income level, the treatment efficacy, age, self-rated health status, and subjects to whom fracture occurred were significantly associated with the level of WTP. CONCLUSIONS: Respondents’ preferences for osteoporosis treatment to reduce fracture risk reflected health and non-health related factors. This research provides useful information to expand the coverage of osteoporosis treatment, mostly reduces the risk of fractures. Further research using a double-bounded, dichotomous-choice type questionnaires utilizing the WTP range based on this study is ongoing.

**PMG46**

**IMPACT OF ETANERCEPT ON WORK AND ACTIVITY IMPAIRMENT IN EMPLOYED PATIENTS WITH MODERATE TO SEVERE RHEUMATOID ARTHRITIS**

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OBJECTIVES: To assess effects of etanercept (ETN) on work and activity impairment in employed patients with moderate to severe rheumatoid arthritis (RA) in US community practices. METHODS: In this prospective, observational study, 55 sites across the US enrolled employed, TNF-naïve, moderate to severe RA patients with ≥5 swollen joints and ≥5 tender joints. Patients were randomized to ETN or placebo/methotrexate treatment arm and 54% of patients (mean age, 46.6 years (SD: 10.9); 72.6% female, 83.8% in full-time employment) were included in this analysis. ETN and placebo/methotrexate patients were followed for 24 weeks. Efficacy endpoints were American College of Rheumatology 50 (ACR50) at 24 weeks; and patients with ACR20 response. Results: At Week 24, the mean ACR20 response rate was 74% versus 38% at Week 24 for etanercept/methotrexate versus placebo/methotrexate patients, respectively. The repeated measures model indicated a statistically significant difference in vitality change from baseline over time between the groups (p < 0.005). CONCLUSIONS: The vitality MID was achieved by 74% of patients on etanercept/methotrexate by Week 24 versus 38% on placebo/methotrexate.

**PMG47**

**EMPLOYABILITY-ADJUSTED-LIFE-YEARS IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH GOLIMUMAB PLUS METHOTREXATE OR METHOTREXATE ALONE**

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OBJECTIVE: To quantify the impact of etanercept (ETN) on work and activity impairment in employed patients with moderate to severe rheumatoid arthritis (RA) in US community practices. METHODS: In this prospective, observational study, 55 sites across the US enrolled employed, TNF-naïve, moderate to severe RA patients with ≥5 swollen joints and ≥5 tender joints. Patients were randomized to ETN or placebo/methotrexate treatment arm and 54% of patients (mean age, 46.6 years (SD: 10.9); 72.6% female, 83.8% in full-time employment; mean duration of RA, 5.2 years) reported that the overall work impairment (week- presenteeism) was 1.6 hours at 6 months (62.5% decrease in hours lost; p = 0.0001). In addition, mean hours lost from work over the last 7 days because of RA decreased from 3.8 hours at baseline to 1.6 hours at 6 months (63.5% decrease in hours lost, p < 0.0005). CONCLUSIONS: In working patients with moderate to severe RA, ETN had a significant impact on reducing overall work impairment, absenteeism, presenteeism, and activity impairment. Data demonstrate the positive impact of ETN on the ability to work and perform regular activities when used under real world conditions.

**PMG48**

**ASSESSING VITALITY IN PATIENTS UNDERGOING ETANERCEPT THERAPY FOR RHEUMATOID ARTHRITIS**

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OBJECTIVES: To assess effects of etanercept therapy on vitality using the Health Assessment Questionnaire (HAQ). METHODS: Eighty-nine patients with moderate to severe rheumatoid arthritis (RA) were randomized in a phase 2/3 study to evaluate efficacy/safety of 25 mg etanercept twice weekly given in combination with methotrexate and 30 to placebo/methotrexate. The HAQ was administered at baseline, Days 8/15 and every 4 weeks from Weeks 4–24. Vitality was assessed using 4 items: Feel full of pep? Feel worn out? Have enough energy to do the things you want to do? Feel tired? Patients responded on a 5-point scale ranging from All the time to Never. Using standard scoring categories, the vitality score ranged from 0 (worst) to 100 (best). Anchor and distribution-based methods were employed to estimate the minimally important difference (MID) for improvement. A repeated measures model was used to compare change from baseline over time between groups. RESULTS: At baseline, mean (SD) HAQ was 4.07 (0.67) for RA patients treated with etanercept/methotrexate versus 4.06 (0.62) for placebo/methotrexate patients. At Week 24, the overall improvement in vitality scores from baseline were 22 (95% CI 17 to 27) for etanercept/methotrexate versus 8 (95% CI 2 to 15) for placebo/methotrexate patients. The MID was established at 9.0, and 37% etanercept/methotrexate patients achieved the MID at Day 8 versus 17% placebo/ methotrexate patients. The percentage rose to 67% versus 42% at Week 12, and to 74% versus 38% at Week 24 for etanercept/methotrexate versus placebo/metho- trexate patients, respectively. The repeated measures model indicated a statistically significant difference in vitality change from baseline over time between the treatments (p = 0.025). CONCLUSIONS: The vitality MID was achieved by 74% of patients on etanercept/methotrexate by Week 24 versus 38% on placebo/methotrexate.