Arthritis (RA) group with a clinical classification category of CCG 202. They were matched with an equal number of respondents without RA as controls in order to minimize the risk of a selection bias, using the Matchit package for random stratiﬁcation. Pre-disposing, enabling and need variables were matched using Chi-square tests for categorical variables and t-tests for continuous variables in SAS, version 9.

Health-related quality of life instruments used were the Physical Component Summary (PCS) and Mental Component Summary (MCS) of the 12-Item Short Form Health Survey and the EuroQol 5D index. T-tests in STAT A (R) were used to measure group differences. RESULTS: Patients were statistically matched on nine of ten variables. The mean (SD) PCS-12 scores for the RA and Non-RA groups were 43.2 (1.03) and 46.7 (1.07). The mean (SD) MCS-12 scores for the RA and Non-RA groups were 47.5 (1.01) and 51.14 (0.08). The mean (SD) MCS-12 scores for the RA and Non-RA groups were 0.74 (0.02) and 0.86 (0.01). All lower scores were signiﬁcant at an a priori alpha value of 0.05. CONCLUSIONS: Lower scores on all measures indicated that non-institutionalized adults with self-reported Rheumatoid Arthritis (RA) have a signiﬁcantly lower health-related quality of life.

EVALUATION OF FIBROMYALGIA PATIENTS IN A CLINICAL SETTING: A LITERATURE REVIEW. CARROLLINE P. LOBO, BS, ANDREA PFALZGRAF, PHD, DUQUEENS UNIVERSITY, PITTSBURGH, PA, USA

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Fibromyalgia syndrome (FMS) is a multi-symptom disorder primarily characterized by pain. In addition to pain, other symptoms include fatigue, irritable bowel disorder, psychological disturbances like anxiety, depression, cognitive dysfunction etc. The ambiguity of the symptoms and their overlapping nature with other rheumatic disorders poses a huge problem in diagnosis. Meanwhile, patient’s quality of life (Qol) is compromised and deteriorates further. Hence, a thorough exploration in a clinical setting is necessary. Generic instruments lack speciﬁcity, while the burgeoning symptoms impede in QoL evaluation tools (6 instruments); and c) Disease knowledge assessment tools (1 instrument). Most instruments possess strong psychometric properties that have been tested in fibromyalgia patients. This review describes the instruments with respect to their psychometric properties, strengths, and limitations. CONCLUSIONS: These instruments can serve as supplementary aids to researchers and clinicians for screening, evaluating, and monitoring FMS patients.

TOWARDS PATIENT-CENTERED TELEMEDICINE DESIGN: ESTIMATING PATIENTS’ PREFERENCES OF TELEMEDICINE EXERCISE SERVICES USING A CONJOINT EXPERIMENT

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These instruments seem to offer the best medium for complete evaluation of FMS patients. In order to better inform patients’ needs and preferences. Therefore, this study examines patients’ preferences of different telemedicine exercise services using a conjoint experiment. METHODS: Implemented as part of a larger survey, preferences were estimated using a choice-based conjoint experiment, spanning six relevant attributes of telemedicine exercise services. Attributes were indentiﬁed by means of qualitative interviews and an expert focus group and included a) exercise mode and location; b) face-to-face counseling sessions. Offering health care insurance reduction could be a way to further foster uptake of these future telemedicine services.

BURDEN OF DISEASE IN WOMEN WITH OSTEOPOROSIS IN BRAZIL: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)

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OBJECTIVES: Poor nutrition, low dietary calcium intake, vitamin D deﬁciency, inefﬁcient exercise, smoking and alcohol usage are modiﬁable risk factors that directly affect bones and are associated with osteoporosis. In Brazil, there are no solid estimates of the magnitude of the problem due to being a heterogeneous racial, cultural and economic background. This study is aimed to assess morbidity, quality of life (QOL), work productivity loss, and medical resource utilization in women with osteoporosis in Brazil. METHODS: A total of 12,000 individuals’ (age 18+) self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of work productivity was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, emergency room visits and hospitalization in the past six months. RESULTS: Of the 6017 female respondents, 179 (3.0%) were diagnosed with osteoporosis (with or without osteopenia) and 156 (1.8%) were diagnosed with osteopenia only. Aversity to women diagnosed with osteoporosis/osteopenia is 22.0% and 18.0% respectively. All comparisons were statistically signiﬁcant at p<0.05. CONCLUSIONS: Based on results from the Brazil NHWS, patients diagnosed with osteoporosis/osteopenia suffer from impairment in QOL, work productivity loss, greater usage of health care resources and more co-morbidities. Findings indicate there is still an unmet medical need in RA patients in Brazil.

BANYUMA THERAPY IMPROVES THE QUALITY OF LIFE OF ANKYLosing SPORIDYLI TIS PATIENTS IN CHINA

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OBJECTIVES: To measure the quality of life (QOL) in ankylosing spondylitis (AS) patients treated with Inﬂiximab in China. METHODS: Patients’ self-reported data were collected from a longitudinal survey which was conducted between June 10, 2009 and October 8, 2011 at 40 urban hospitals in China. QOL was measured by Short Form-12 (SF-12) and each follow-up visit up to 8 visits. RESULTS: Of the 609 survey respondents, 13.0% were treated with Inﬂiximab (experienced–Inﬂiximab group [EIG]) at baseline and follow-ups, while 87.0% were not treated with Inﬂiximab at baseline but went on Inﬂiximab treatment at the follow-ups (new–Inﬂiximab group [NIG]). These two groups had no signiﬁcant difference with respect to age, gender and duration. Comparing with those in the NIG at