different BEDMAr, disenrollment from health insurance, reaching March 31, 2011 or follow-up of 36 months. Exposure periods were subdivided into a quartile (90-day) repeated-measures panel dataset. Within each quarter-panel, OGC adherence (OA population covered (FDC), were measured. Multivariable generalized estimating equation models examined the association between quartely OGC use and prior quarter (lagged) FDC, adjusting for confounding variables. Multivariable-adjusted FDC use probabilities were predicted by FDC level (FDC=0 [i.e., re-funded] 90 days late), FDC=50 [refund=45 days late], FDC=100 [refund=on time/early] using the G-computation method. RESULTS: From a total of 845 unique patients; mean age 55 years, 81% female. The multivariable-adjusted OGC use probabilities decreased with time (p=0.001) and increasing FDC (p=0.006); from approximately 0.72 for all FDC levels in the first quarter-panel to 0.64 (FDC=0), 0.55 (FDC=50), and 0.47 (FDC≥100) in the last (12th) quarter-panel. CONCLUSIONS: Increasing rituximab adherence was associated with statistically significant OGC use reduction over time.

PMS45 ADHERENCE TO ORAL BISPHOSPHONATE THERAPY IN PATIENTS WITH OSTEOPOROSIS IN TIANJIN, CHINA

OBJECTIVES: To estimate the adherence to oral bisphosphonate medication use and its associated factors for patients with osteoporosis in Tianjin, China. METHODS: Data were obtained from the Tianjin Urban Employee Basic Medical Insurance (UEBMI) database (2008-2010) with 30% random selection. Patients with ≥ 1 osteoporosis diagnosis, aged 40 years and older, and who had ≥ 1 pharmacy claim for oral bisphosphonate, including alendronate and etidronate, were selected. 12-month continuous enrollment prior to and after the first pharmacy claim for bisphosphonates were required. Adherence was measured with a medication possession ratio (MPR) and accounted for 6-month and 12-month. Multivariate logistic regression (MLR) analysis was conducted to assess the odds ratios (ORs) with 95% confidence intervals (CI) of potential confounding factors. RESULTS: A total of 918 patients with osteoporosis were identified with 64.9% female and a mean age of 64.7 (±10.4) years. The mean MPR was 0.25 (±0.11) at 6-month and 0.24 (±0.10) at 12-month follow-up period respectively. 96.62% of patients with MPR <50% and 81.05% of patients with MPR <20% were found in the 12-month analyses compared with 87.25% and 62.42% in the 6-month analysis respectively. During the first 6-month period, 48.69% of patients had only one bisphosphonate pharmacy claim and decreased to 47.82% when followed to 12-month. MLR results showed that patients with prior fractures during the study period may have better compliance (OR=3.15 and CI=1.23-8.10) while patients with coronary disease may have poorer compliance (OR=0.18 and CI=0.69-0.48) after adjusting for patients demographic and comorbidity characteristics. CONCLUSIONS: The adherence of oral bisphosphonate therapy for osteoporosis patients in Tianjin was significantly poorer compared to previous research in developed countries. More attentions should be paid and policy guidance is needed to improve the medication adherence among patients with osteoporosis in China.

PMS46 EVALUATING THE DIFFERENTIAL IMPACT OF PHYSICAL VERSUS MENTAL CO-MORBIDITIES ON THE HEALTH STATE UTILITIES OF PATIENTS WITH ARTHRITIS, ASTHMA, DIABETES AND MIGRAINE
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OBJECTIVES: To compare the impact of physical versus mental co-morbidities on health state utilities in RA, OA, Asthma, and Diabetes. METHODS: Data were obtained from the National Health and Wellness Study between 2007 and 2010. HSUs, calculated based on the SF-6D, or two of the selected conditions who participated in the National Health and Functional decline. The purpose of this study was to determine whether WS differs between community-dwelling African-American (AA) and White using ARTHRITIS, ASTHMA, DIABETES AND MIGRAINE PMS49

PMS47 RACE DIFFERENCES IN WALKING SPEED
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OBJECTIVES: Physical function (PF) is an important determinant of health in the osteoporosis population suffering the greatest outcome (QoL) and functional decline. The purpose of this study was to determine whether WS differs between community-dwelling African-American (AA) and White using ARTHRITIS, ASTHMA, DIABETES AND MIGRAINE PMS49

PMS48 QUALITY OF LIFE IN RHEUMATOID ARTHRITIS: HOW MUCH DO WE REALLY KNOW?
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OBJECTIVES: To examine the impact of a psychological intervention on the health status utilities of patients with rheumatoid arthritis (RA). METHODS: A total of 429 respondents (18-75 years of age) were recruited from an observational cohort of patients with rheumatoid arthritis. They were randomly divided into group 1 and group 2. Group 1 received the psychological intervention (time frame: 3 months) and group 2 was the control group. The main outcome measures were the change in health status utilities (HSUs) and the percentage of variance in HSUs attributable to the intervention. RESULTS: The psychological intervention resulted in a significant increase in HSUs (p<0.05). The percentage of variance in HSUs attributable to the intervention was 29.5% (p<0.05). CONCLUSIONS: The psychological intervention had a significant impact on the health status utilities of patients with RA. Further research is needed to confirm these findings.
tolerance if the benefits are changed. However, DCE seems to be more sensitive for a change in benefits and risks while the MAR estimates obtained through BWS have considerably lower uncertainty than DCE.

**PM50**

RAPI D IMPROVEMENTS IN PATIENT-REPORTED OUTCOMES WITH CERTOLIZUMAB PEGOL IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS, INCLUDING ANKYLOSING SPONDYLITIS AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: 24-WEEK RESULTS OF A PHASE 3 DOUBLE BLIND RANDOMIZED PLACEBO-CONTROLLED STUDY

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OBJECTIVES: RAPID-asPA (NCT01078772) investigated the impact of certolizumab pegol (CZP) on patient reported outcomes (PRO) in axial spondyloarthritis (axSpA), including ankylosing spondylitis (AS) and non-radiographic axSpA (nr-axSpA, axSpA with no definitive sacroiliitis on X-ray).

METHODS: The ongoing 158-week (Wk) RAPID-asPA trial was double blind and placebo-controlled to Wk24. Recruited patients had adult-onset active axSpA, including AS and nr-axSpA. Patients were randomized 1:1:1 to placebo, or 400 mg CZP at Wk0, two and four followed by either 200 mg CZP every two weeks (Q2W) or 400 mg CZP every four weeks (Q4W). PRO endpoints included, physical function (BASFI), total spinal pain, daily pain diary to Wk4, fatigue (from BASDAI), Ankylosing Spondylitis Quality of Life (ASQoL), Sleep Problems Index II domain of the MOS Sleep scale, and SF-36.

RESULTS: From baseline to Wk24, 200mg Q2W and 400mg Q4W arms (p<0.001). Differences were observed in pain (-11.2 vs. -28.6 and -28.4), fatigue (-0.6 vs. -2.2 and -1.9), HAQ, BASDAI, ASQoL, and SF-36 domains. More CZP patients reached population norms for SF-36. CZP impact on patients with psoriatic arthritis (PsA) treated with prior anti-TNF, on patient reported outcomes (PRO) in axial spondyloarthritis (axSpA), including ankylosing spondylitis (AS) and non-radiographic axSpA (nr-axSpA, axSpA with no definitive sacroiliitis on X-ray).

OBJECTIVES: To determine the impact of improvements in skin and musculoskeletal components on quality of life (QoL), we studied patients with both moderate-to-severe psoriasis and psoriatic arthritis (PsA) treated with etanercept (ETN). METHODS: Ad hoc analyses were performed on pooled data from the PRESTA trial in which patients were randomized to ETN 50 mg once weekly (QW) for 12 weeks or ETN 50 mg twice weekly for 12 weeks, followed by ETN 50 mg QW for 12 weeks. Dermatologists evaluated skin disease using the Psoriasis Area and Severity Index (PASI) endpoints of PASI80 (80% improvement in specific centers, respectively), and PASI75 (75% improvement). Rheumatologists evaluated arthritis using the American College of Rheumatology (ACR) endpoints of ACR20 and ACR50 (≥20% improvement in 2 or more components, ≥50% improvement in 1 component). For binary variables between groups.

RESULTS: Baseline PRO measures indicated a high level of impairments in both skin and musculoskeletal domains. Differences were observed from Wk1 and were irrespective of prior anti-TNF exposure. More patients on CZP reached SF-36 general population norms than placebo patients. CONCLUSIONS: CZP effectively improved PROs in PsA patients across many disease facets. The benefits of CZP treatment on physical and emotional components of HRQoL were seen across generic, PsA-specific and dermatology-specific measures. These benefits were seen in patients regardless of prior anti-TNF exposure.

**PM53**

IMPACT OF RHEUMATOID ARTHRITIS (RA) ON QUALITY OF LIFE (QOL) IN A REGIONAL RECRUITMENT: REPRESENTATIVE POPULATION IN THE UNITED STATES

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OBJECTIVES: To assess the physical component score (PCS), mental component score (MCS) of RA and non-RA.

METHODS: Retrospective analysis of civilian non-institutionalized Medical Expenditures Panel Survey (MEPS) data for the year 2006. 20,434 respondents had positive validated data. The sample was limited to respondents with RA and non-RA. The mean (SD) PCS scores for the RA and Non-RA group was 43.5 (14.3) and 45.6 (13.0). 90% of the MEPS respondents were unavailable in MEPS.

RESULTS: From baseline to Wk24, improvements at Wk24 in CZP 200mg Q2W and 400mg Q4W treated groups were observed in pain (-11.2 vs. -28.6 and -28.4), fatigue (-0.6 vs. -2.2 and -1.9), HAQ, BASDAI, Ankylosing Spondylitis Quality of Life (AsQoL), Sleep Problems Index II domain of the MOS Sleep scale, and SF-36. Change from baseline in PRO was calculated using an FAS, patient assessment of pain (VAS), health assessment questionnaire-disability index (HAQ-DI), SF-36, PsAQoL, and the Dermatology Life Quality Index (DLQI). Change from baseline for PRO was analyzed for the randomized population, with LOCF imputation.

RESULTS: A total of 409 patients were randomized. 20% of patients had received a prior anti-TNF. Baseline demographics were similar between groups. From baseline to Wk24, differences in pain (11.2 vs. -28.6 and -28.4), fatigue (-0.6 vs. -2.2 and -1.9), HAQ-DI (-0.19 vs. -0.54 and -0.46), SF-36 physical component summary (2.14 vs. 8.43 and 7.58) and mental component summary (0.73 vs. 5.49 and 3.49), PsAQoL (-1.27 vs. -4.43 and -3.30), and DLQI (1.4 vs. -6.3 and -5.2) were observed in placebo vs. CZP treated WQ and QW groups (p<0.05). Differences were observed from Wk1 and were irrespective of prior anti-TNF exposure. More patients on CZP reached SF-36 general population norms than placebo patients. CONCLUSIONS: CZP effectively improved PROs in PsA patients across many disease facets. The benefits of CZP treatment on physical and emotional components of HRQoL were seen across generic, PsA-specific and dermatology-specific measures. These benefits were seen in patients regardless of prior anti-TNF exposure.