95% CI: 0.53-2.07) and psoriasis (OR: 1.07; 95% CI: 0.56-2.03). **CONCLUSIONS:** More than half of the PsA patients were persistent with the index subcutaneous biologic over a 12-month period with similar persistence rates observed among those with and without psoriasis and DMARD use.

PMS69

IMPACT OF MEDICATION ADHERENCE BY USING INDIAN VERSION COMPLIANCE QUESTIONNAIRE RHEUMATOLOGY (CQR) AND MEDICATION ADHERENCE REPORT SCALE (MARS) TOOLS ON QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS

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OBJECTIVES: To assess medication adherence to DMARD in patients with Rheumatoid Arthritis using CQR and MARS tools, identification of factors affecting adherence and its effect on quality of life. **METHODS:** A randomly selected sample of 110 adult patients with RA on DMARDs admitted to hospital were asked about their medication adherence, through self-report questionnaire [CQR and MARS] and quality of life was assessed by HAQ (Health Assessment Questionnaire). Additionally, various factors affecting adherence were identified. **RESULTS:** According to the tools used, 86.4% (CQR), 74.29% (MARS -mean cut point) and 95.45% (MARS -prior study cut point) of patients showed adherence towards DMARD. Better adherence was seen in patients with primary education (COR- 94%) or secondary education (MARS -83%). Patients who suffered from RA for more than 2yrs showed better adherence (CQR- 93%) compared to those with recent disease (<2yrs) (CQR- 89%). Non adherence was seen in patients having co-morbidities compared to patients with only RA (CQR- 91% vs 94%; MARS- 62% vs 82%). Mean HAQ of adherent patients was better (2.83±1.05) than non-adherent patients (3.23 ± 0.74). Adherent patients showed moderately active disease state (Mean DAS – 5.96 ± 1.67) whereas, non-adherent patients showed highly active disease state (Mean DAS – 6.70 ± 0.84). **CONCLUSIONS:** Patient reported questionnaires showed disease duration of less of 2yrs, and patients with co-morbidities lead to Non-adherence which worsened disease activity which lead to decreased quality of life.

PMS70

QUALITY OF LIFE IN PSORIATIC ARTHRITIS: CONSISTENT AND STABLE ACROSS DATASETS

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OBJECTIVES: Psoriatic arthritis (PsA) is a multi-factorial disease that affects the skin, joints and soft tissues. Two of the commonly used measures for PsA are the Psoriasis Area and Severity Index (PASI, 0-100 scale) and the Health Assessment Questionnaire (HAQ, 0-3 scale) for skin and joints symptoms, respectively. Previous work in the area has estimated a relationship between these patient-reported instruments and utility (SF-36 mapped to the EQ-5D). The objectives of this study were to calculate patient-reported utility and investigate the consistency of the relationship between PASI, HAQ and utility with previously published estimates, based on the PSUMMIT trials of ustekinumab versus placebo. **METHODS:** Patient level data from PSUMMIT1 (anti-TNFα naïve) and PSUMMIT2 (both anti-TNFα naïve and experienced) were analysed in Stata 11. SF-36 data were converted to EQ-5D using the mapping by Rowen et al., with regression analysis used to estimate the relationship between PASI, HAQ and the resulting utility (including multiplicative terms). Goodness of fit was determined by the adjusted R^2 and Root Mean Squared Error (RMSE). **RESULTS:** Anti-TNFα naïve and experienced patients had a baseline utility of 0.50 and 0.48, respectively. Utility improved over the 24-week blinded period by 0.04/0.06 in the placebo arms for anti-TNFα naïve and experienced, and 0.11/0.13 in the treatment arms. In regression analysis utility was predicted as 0.897 – 0.004xPASI - 0.298xHAQ (adjusted R^2 0.60, RMSE 0.12), similar to previously published estimates. Adding a multiplicative term for PASI and HAQ did not improve goodness of fit statistics, although baseline methotrexate use was linked to a lower utility. **CONCLUSIONS:** Patients with PsA have a low level of health-related quality of life that improves with treatment. The determinants of utility in the PSUMMIT trials were the skin and joint symptoms faced by patients, in keeping with previous estimates.

PMS71

PATIENT PREFERENCES IN THE CHOICE OF DISEASE MODIFYING ANTI-RHEUMATIC DRUGS

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OBJECTIVES: There is a variety of biologic and non-biologic disease modifying anti-rheumatic drugs (DMARDs) available for the treatment of rheumatoid arthritis (RA). These DMARDs are associated with different characteristics in key attributes such as mode of administration, side effects, etc. The current study assessed the importance of treatment characteristics for RA patients' preferences. **METHODS:** In a discrete choice experiment (DCE), 1570 RA patients are asked to choose the most and the least preferred DMARD (best-worst-scaling) among hypothetical multi-attribute treatment alternatives with varying levels of key attributes, as defined in focus groups: mode of administration, frequency of administration, time till onset of drug effect, necessity of combination therapy with methotrexate, and side effects. The multi-profile case design simulates a real choice situation between different hypothetical treatment alternatives. Interim analysis was conducted after half the sample size had been reached. **RESULTS:** Interim analysis included 836 patients from 33 office based rheumatologists across Germany. Majority of patients were female (74%), 50 to 64 years of age (46%), with <10 years of disease duration (54%), and reported experience with injectable DMARDs (63%). Mode of administration appeared the most important attribute guiding patients' preferences, with 'oral application' being most desired (selected as best option in 51% of the cases) and infusion being least preferred (worst option in 45% of the cases). The second most relevant attribute was "necessity of combination therapy with methotrexate", with DMARDs not requiring such combination being most preferred (in 43% of the cases). **CONCLUSIONS:** Our data indicate that, of the included attributes, the most important ones are route of administration (oral being the number one choice by majority) and combination therapy with methotrexate (with DMARDs not requiring such combination being the most preferred) for RA patients' choice. This research was funded by Pfizer GmbH.

PMS72

ARE PATIENTS' PREFERENCES TRANSFERABLE BETWEEN COUNTRIES? A CROSS-EUROPEAN DISCRETE-CHOICE EXPERIMENT TO ELICIT PATIENTS' PREFERENCES FOR OSTEOPOROSIS DRUG TREATMENT

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OBJECTIVES: Discrete-choice experiments are increasingly used to assess preferences in health care. To date, very little is known about the transferability of patients' preferences between jurisdictions. In this study, we aim to evaluate the preferences of patients with, or at risk of, osteoporosis for medication attributes in six European countries, and to assess whether preferences are transferable across these countries **METHODS:** A discrete-choice experiment was conducted using a questionnaire in Belgium, France, Ireland, Spain, Switzerland and United Kingdom. Patients were asked to choose between two hypothetical unlabelled drug treatments (and an opt-out option) that vary in several attributes: efficacy in reducing the risk of fracture, type of potential common side-effects, mode and frequency of administration and out-of-pocket costs (only in countries with patients´ contribution on the cost of treatment). An efficient design was used to construct the treatment option choice sets and a mixed logit model was used to estimate patients' preferences. **RESULTS:** A total of 1,124 patients completed the experiment, with at least 100 patients per country. As expected, in all countries, patients preferred treatment with higher effectiveness and lower cost was preferred in the three countries in which a cost-attribute was part of the experiment. In all countries, patients preferred 6-monthly subcutaneous injection over weekly oral tablets. In most countries, patients also preferred monthly oral tablet and yearly intravenous injections over weekly oral tablets. Patients disliked being at risk of gastro-intestinal disorders more than being at risk of skin reactions and flu-like symptoms, except in Spain. There were significant differences between countries for some levels of attributes. **CONCLUSIONS:** This study suggests that the preferences of patients for osteoporotic drug therapy did not substantially differ between six European countries. However, for levels of some attributes, significant differences were observed.

PMS73

LONG-TERM MAINTENANCE OF IMPROVEMENTS IN PATIENT-REPORTED OUTCOMES WITH CERTOLIZUMAB PEGOL IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS, INCLUDING ANKYLOSING SPONDYLITIS AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: 96-WEEK RESULTS OF THE RAPID-AXSPA STUDY

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OBJECTIVES: To report the effect of certolizumab pegol (CZP), a PEGylated Fc-free anti-TNF, on patient-reported outcomes (PROs) in axial spondyloarthritis (axSpA), including ankylosing spondylitis (AS) and non-radiographic axSpA (nr-axSpA), over 96 weeks (wks) of the RAPID-axSpA trial. **METHODS:** The RAPID-axSpA trial (NCT01087762) is double-blind and placebo-controlled to Wk24, dose-blind to Wk48, and open-label to Wk204. Patients fulfilled ASAS criteria and had active axSpA. Patients originally randomized to CZP (200mg Q2W or 400mg Q4W, following 400mg loading dose at Wks 0, 2, 4) continued on their assigned dose in the dose-blind phase and OLE. Here we report PRO data for the CZP-treated randomized set, including mean change from baseline and the proportion of patients achieving a Minimal Clinically Important Difference (MCID). Missing data were imputed by LOCF. Correlations between clinical and patient-reported outcomes were also investigated. **RESULTS:** Of 218 patients randomized to CZP, 203 (93%) completed Wk24, 191 (88%) Wk48, and 174 (80%) Wk96. Rapid improvements from baseline to Wk24 were maintained to Wk96 in all patient subpopulations (overall axSpA, AS, nr-axSpA) in pain (Wk24: -3.2, -3.2, -3.3; Wk96: -3.6, -3.6, -3.7); fatigue (Wk24: -2.7, -2.5, -2.9; Wk96: -2.9, -2.8, -3.1); BASFI (Wk24: -2.4, -2.3, -2.4; Wk96: -2.6, -2.6, -2.6); ASQoL (Wk24: -5.1, -4.8, -5.5; Wk96: -5.7, -5.5, -6.1) and sleep (Wk24: -12.8, -10.5, -15.7; Wk96: -13.9, -11.6, -16.7). CZP-treated patients also maintained improvements in SF-36 components and domains. Sustained improvements in the proportion of patients (overall axSpA, AS, nr-axSpA) achieving MCID (%) were observed in fatigue (Wk24: 78.4, 76.0, 81.4; Wk96: 67.0, 70.2, 62.9); BASFI (Wk24: 67.4, 68.6, 66.0; Wk96: 64.2, 68.6, 58.8) and ASQoL (Wk24: 69.3, 71.1, 67.0; Wk96: 65.6, 66.9, 63.9). Similar outcomes were seen with both dosing regimens. Correlations were observed between improvements in PROs (pain/fatigue/SF-36) and clinical outcomes (ASDAS) (data not shown). **CONCLUSIONS:** Improvements in PROs (including pain, fatigue and ASQoL) were maintained over 96 wks in both the AS and nr-axSpA subpopulations. Sustained improvements in the proportion of patients achieving MCID were also reported.