

895 - Gout Characteristics, Health-Related Quality of Life and Health Care Utilization: Caucasians Vs. Non-Caucasians In An Observational Cohort of Patients with Gout

Monday, November 7, 2011: 9:00 AM-6:00 PM
Hall F2 - Poster Hall (McCormick Place West)

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Background/Purpose: Ethnic differences are well documented in patients with arthritis; however, there are no such studies in patients with gout. We sought to compare gout characteristics, health-related quality of life (HRQOL), and health care utilization (HCU) between Caucasian (Cau) and Non-Caucasian (Non-Cau) patients with gout in a cross-sectional US observational study.

Methods: Data were obtained from patients who participated in a cross-sectional validation study of a gout-specific HRQOL instrument. Patients completed the SF-36 v2 and the Gout Impact Scale (GIS), which assesses impact of gout during an attack and overall (each scale 0 to 100 [greater gout impact]), and reported gout characteristics, comorbidities, demographics, and gout-related HCU over past year. Differences were evaluated using Student t-test and chi-square analyses.

Results: Of the 308 patients, 220 (71%) were Caucasian, 37 (12%) were African American, 16 (5%) were Asian, 17 (6%) indicated Other, and 18 (6%) did not specify. The Cau vs. Non-Cau sample was older (63 vs.58, p=0.01), and had a greater proportion of males (92% vs. 83%, p=0.02) and longer duration of gout (15 vs. 11 years, p=0.05). Non-Cau appeared to have poorer gout control— higher sUA level, greater percentage of subjects experiencing attack in past 3 months, and higher pain rating for worst attack (all p<0.05). No significant difference in SF-36 or HCU was observed. However, non-Cau had significantly higher (worse, p<0.05) scores for 3 of the 5 GIS scales.

Variable [mean(SD) unless noted]	Caucasian (n=220)	Non-Caucasian (n=70)
GOUT CHARACTERISTICS		
Physician has prescribed medication (prevention &/or acute), %	94	88
Latest sUA, mg/dl	6.9 (1.9)	7.6 (1.7) *
Presence of tophi, %	24	29
Gout attack in the last 3 months, %	53.3	69.6*
Pain during (0-100 VAS)		
typical attack	64.9 (26.5)	71.1 (23.4)
worst attack	75.5 (25.4)	86.3 (16.7) *
HRQOL		
SF-36 PCS [†]	38.8 (8.5)	40.3 (7.7)
SF-36 MCS [†]	44.1 (7.2)	42.9 (6.5)
GIS: Gout concern	58.9 (28.2)	75.8 (22.6)*
GIS Medication side effects	45.4 (24.7)	57.9 (26.6)*
GAQ Unmet treatment need	37.2 (22.0)	41.4 (19.3)
GAQ Well-being during attack	54.6 (26.2)	60.9 (25.1)
GAQ Concern during attack	47.7 (23.1)	57.2 (26.2)*
HEALTH CARE UTILIZATION		
Physician or Nurse	2.2 (3.9)	3.2 (3.9)
Rheumatologist	1.6 (4.6)	2.5 (3.7)
ER or Urgent Care	0.7 (1.7)	1.2 (2.5)
*p<0.05, [†] US Normal population score mean = 50 and SD = 10. VAS=visual analogue scale. PCS=physical component summary. MCS=mental component summary.		
GAQ=gout assessment questionnaire.		
For GAQ: higher scores denotes poor HRQOL; for SF-36: higher score denotes better HRQOL		

Conclusion: In this cohort, Non-Cau appeared to have poorer gout control and experienced greater impact of gout on their HRQOL. Future studies should explore possible ethnic differences and explanatory factors.

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Keywords: economics, gout, quality of life and race/ethnicity

Disclosure: **P. Khanna**, Novartis Pharmaceutical Corporation, 5, Ardea, 5, Takeda, 8 ; **J. Hirsch**, Takeda, 2 ; **S. J. Lee**, Takeda, 2 ; **R. Terkeltaub**, Takeda, 5, URL, 5, ARDEA, 5, BioCryst, 5, Regeneron, 5, Novartis Pharmaceutical Corporation, 5, Pfizer Inc, 5, Metabolex, 5 ; **J. Singh**, takeda, 2 ; **A. F. Kavanaugh**, Takeda, 2 ; **A. Sarkin**, Takeda, 2 ; **D. Khanna**, Savient, 2, ACR, 2, Savient, 5, Novartis Pharmaceutical Corporation, 5, Ardea, 5, Takeda, 5, Takeda, 8 .

[<< Previous Abstract in Session](#) | [Next Abstract in Session >>](#)
