**Introduction**

Rheumatoid arthritis (RA) is a chronic progressive disease which leads to severe decline in functional status and quality of life and increases morbidity and mortality. RA is an economic impact due to its expensive treatments and indirect costs urges cost-effectiveness analyses of new therapies in relation to available alternatives.

**Objectives**

- To describe HUI3 and EQ-5D utility values and their relation with HAQ score.
- To assess health related quality of life (HRQol) of RA patients using the questionnaires HAQ, HUI3 and EQ-5D.

**Material and methods**

**Study design**

Observational, cross-sectional, and multicentre study. Over a 2-month period, 14 Spanish rheumatologists recruited a total of 244 patients aged 18 or more and diagnosed with RA according to American College of Rheumatology (ACR) diagnosis criteria.

**Variables**

**Sociodemographic variables**

- Age
- Gender
- Race

**Clinical variables**

- Time of disease evolution
- Current affected joints
- RA family history

**HRQol questionnaires**

- Health Assessment Questionnaire (HAQ)
- Health Utility Index (HUI3)
- EuroQol (EQ-5D).

**Statistical analysis**

Two linear regression models were used to predict HUI3 and EQ-5D utility values as functions of HAQ scores and age and gender.

**Results**

Mean (SD) age of the sample was 57.8 (13.3) years. A total of 75.8% of the patients included in the study were women, and the Caucasian race was the most common one (96%). Regarding to educational level, 46.7%, 27.5% and 16.4% of the sample had primary, secondary and university studies respectively. A total of 33.6% of patients were working at the time of inclusion in the study and 31.2% were housewives.

Table 1 shows the clinical characteristics of the sample.

**Table 1 Patients’ clinical characteristics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean ± SD</th>
</tr>
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<tbody>
<tr>
<td>Mean age of diagnosis (SD)</td>
<td>47.0 (14.7) years</td>
</tr>
<tr>
<td>Mean time of RA evolution (SD)</td>
<td>10.8 (8.9) years</td>
</tr>
<tr>
<td>Mean number of affected joints (SD)</td>
<td>4.0 (3.7) joints</td>
</tr>
<tr>
<td>RA family history</td>
<td>Yes: 14.8%</td>
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<tr>
<td>Surgical interventions due to RA</td>
<td>Yes: 20.1%</td>
</tr>
<tr>
<td>Comorbidities</td>
<td>Yes: 52.9%</td>
</tr>
<tr>
<td>Previous RA treatments</td>
<td>Yes: 25%</td>
</tr>
<tr>
<td>Current RA treatments</td>
<td>Yes: 98.8%</td>
</tr>
</tbody>
</table>

HAQ scores range from 0 to 3 (0-1: mild to moderate impairment; 1-2: very severe impairment). The HAQ mean score (SD) obtained in the study was 1.02 (0.78). As shown in Figure 1, HAQ scores were distributed in 5 groups of severity level, being group 1 and 2 the ones that registered the higher percentage of patients.

**Figure 1** Distribution of RA patients’ severity level according to HAQ score

**References**